



*Blue Cross Complete of Michigan LLC is an independent licensee
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Preferred Drug List

Effective August 1, 2025

The Preferred Drug List is a list of medicines that are covered by your pharmacy benefit. The list includes prescription and non-prescription medicines. In addition to this list, you can use our online search tool. You'll also find the Preferred Drug List on our website at **mibluecrosscomplete.com**. This is an easy-to-use summary of the medicines we cover.

If you have questions, please contact Blue Cross Complete of Michigan's Pharmacy Services at **1-888-288-3231**. You can call this number from 8:30 a.m. until 6 p.m., Monday through Friday.

Encl: Nondiscrimination Notice and Language Services

Blue Cross Complete participates in the Michigan Common Formulary

CURRENT AS OF 8/1/2025

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs P = PDL Preferred P-PA = PDL Preferred, requires PA Coverage Requirements and Limits		
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Antidote Therapeutics		
Acetaminophen Antidote		
acetylcysteine inhalation	F	
Alcohol Deterrents (91:02)		
acamprostate calcium	Carve-out	
disulfiram oral	Carve-out	
naltrexone hcl oral	Carve-out	
VIVITROL	Carve-out	
Antidote Therapeutics		
atropine sulfate ophthalmic ointment	F	
atropine sulfate ophthalmic solution 1 %	F	
BAQSIMI ONE PACK	P	QL
BAQSIMI TWO PACK	P	QL
CHEMET	F	
glucagon emergency	NP	PA
gnp naloxone hcl	F	OTC
GVOKE HYPOPEN 1-PACK	P	QL
GVOKE HYPOPEN 2-PACK	P	QL
GVOKE KIT	NP	PA; QL
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	NP	PA; QL
hyoscyamine sulfate er oral tablet extended release 12 hour	F	AL
hyoscyamine sulfate oral	F	AL
hyoscyamine sulfate sublingual	F	AL
KLOXXADO	F	QL
magnesium sulfate injection solution 50 %	F	

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lowercase = Generic drugs UPPERCASE = Brand name drugs			
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	F		
naloxone hcl injection solution prefilled syringe 2 mg/2ml	F		
naloxone hcl nasal	F		
NARCAN	F		
phytonadione oral	F	QL	
REXTOVY	F		
ZIMHI	F	QL	
Antidotes (91:04)			
KIONEX COMBINATION	P		
magnesium sulfate injection solution 50 %	F		
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	F		
naloxone hcl injection solution prefilled syringe 2 mg/2ml	F		
naltrexone hcl oral	Carve-out		
RENVELA	NP	PA; 102 day supply allowed	
sevelamer carbonate oral packet	NP	PA; 102 day supply allowed	
sevelamer carbonate oral tablet	P-PA	PA; 102 day supply allowed	
sevelamer hcl	NP	PA; 102 day supply allowed	
SPS (SODIUM POLYSTYRENE SULF)	P		
VIVITROL	Carve-out		
ZEGALOGUE	P		
ZIMHI	F	QL	
Chemotherapy Antidotes/Protectants			
leucovorin calcium oral	F		
Antihistamine Drugs			
Antihistamine Drugs			
promethazine hcl oral tablet 25 mg	F	AL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Ethanolamine Derivatives		
aler-cap	F	OTC; AL
allergy childrens oral liquid	F	OTC
allergy relief childrens oral liquid	F	OTC
allergy relief oral capsule 25 mg	F	OTC; AL
allergy relief oral liquid	F	OTC
allergy relief oral tablet 25 mg	F	OTC; AL
BANOPHEN ORAL CAPSULE 25 MG	F	OTC
BANOPHEN ORAL CAPSULE 50 MG	F	OTC; AL
BANOPHEN ORAL LIQUID	F	OTC
BANOPHEN ORAL TABLET	F	OTC; AL
carbinoxamine maleate oral solution	F	
carbinoxamine maleate oral tablet 4 mg	F	
complete allergy relief	F	OTC; AL
cvs allergy relief adult	F	OTC
cvs allergy relief childrens oral liquid	F	OTC
cvs allergy relief oral capsule 25 mg	F	OTC; AL
cvs allergy relief oral liquid	F	OTC
cvs allergy relief oral tablet 25 mg	F	OTC; AL
cvs childrens allergy	F	OTC
cvs sleep aid nighttime oral tablet	Carve-out	OTC
cvs sleep aid oral tablet 25 mg	Carve-out	OTC
cvs sleep-aid (doxylamine)	Carve-out	OTC
cvs sleep-aid nighttime oral capsule 25 mg	Carve-out	OTC
cvs ultra sleep	Carve-out	OTC
diphen oral tablet	F	OTC; AL
diphenhydramine hcl (sleep) oral tablet 50 mg	Carve-out	OTC
diphenhydramine hcl childrens	F	OTC
diphenhydramine hcl injection	F	AL
diphenhydramine hcl oral capsule	F	AL

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diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	F	OTC	
eq allergy relief childrens oral liquid	F	OTC	
eq allergy relief oral tablet 25 mg	F	OTC; AL	
eql allergy oral tablet 25 mg	F	OTC; AL	
eql allergy relief oral tablet 25 mg	F	OTC; AL	
eql nighttime sleep aid	Carve-out	OTC	
eql sleep aid oral capsule	Carve-out	OTC	
eql sleep aid oral liquid	Carve-out	OTC	
ft allergy relief childrens oral liquid	F	OTC	
ft allergy relief oral capsule	F	.; OTC	
ft allergy relief oral tablet 25 mg	F	OTC; AL	
ft nighttime sleep aid	Carve-out	OTC	
ft sleep aid (doxylamine)	Carve-out	OTC	
ft sleep-aid maximum strength	Carve-out	OTC	
geri-dryl oral liquid	F	OTC	
geri-dryl oral tablet	F	OTC; AL	
gnp allergy oral tablet 25 mg	F	OTC; AL	
gnp allergy relief max st	F	OTC	
gnp allergy relief oral capsule	F	OTC; AL	
gnp allergy relief oral tablet 25 mg	F	OTC; AL	
gnp childrens allergy	F	OTC	
gnp nighttime sleep-aid max st	Carve-out	OTC	
gnp sleep aid	Carve-out	OTC	
gnp sleep aid nighttime	Carve-out	OTC	
goodsense sleeptime	Carve-out	OTC	
h-e-b childrens allergy	F	OTC	
KINDERMED KIDS ALLERGY	F	OTC	
kls sleep aid	Carve-out	OTC	
liquid allergy relief	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
m-dryl	F	OTC	
night time sleep aid	Carve-out	OTC	
nighttime sleep aid oral tablet 25 mg	Carve-out	OTC	
NYTOL QUICKCAPS	Carve-out	OTC	
PEDIACARE CHILDRENS ALLERGY	F	OTC	
pharbedryl oral capsule 25 mg	F	OTC; AL	
qc allergy childrens	F	OTC	
qc rest simply	Carve-out	OTC	
qc sleep aid max st	Carve-out	OTC	
ra allergy medication oral liquid	F	OTC	
ra allergy medication oral tablet	F	OTC; AL	
ra allergy oral liquid	F	OTC	
ra allergy relief childrens oral liquid	F	OTC	
ra allergy relief oral capsule 25 mg	F	OTC; AL	
ra complete allergy	F	OTC; AL	
RA DIPHEDRYL ALLERGY	F	OTC	
ra night sleep aid	Carve-out	OTC	
ra nighttime sleep aid oral tablet	Carve-out	OTC	
ra sleep aid (diphenhydramine)	Carve-out	OTC	
ra sleep aid oral capsule	Carve-out	OTC	
ra sleep aid oral tablet	Carve-out	OTC	
sb allergy medicine oral liquid	F	OTC	
sb allergy medicine oral tablet	Carve-out	OTC	
sb sleep	Carve-out	OTC	
siladryl allergy	F	OTC	
SIMPLY SLEEP	Carve-out	OTC	
sleep aid (diphenhydramine)	Carve-out	OTC	
sleep aid (doxylamine)	Carve-out	OTC	
sleep aid oral liquid	Carve-out	OTC	
sleep aid oral tablet	Carve-out	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
sleep tabs oral tablet 25 mg	Carve-out	OTC
sleep-aid	Carve-out	OTC
sleep-tabs	Carve-out	OTC
SOMINEX	Carve-out	OTC
SOMINEX MAX ST	Carve-out	OTC
SOMINEX NIGHTTIME SLEEP-AID	Carve-out	OTC
total allergy	F	OTC; AL
TOTAL ALLERGY MEDICINE	F	OTC
UNISOM SLEEPGELS	Carve-out	OTC
UNISOM SLEEPMELTS	Carve-out	OTC
UNISOM SLEEPMINIS	Carve-out	OTC
UNISOM SLEEPTABS	Carve-out	OTC
WAL-DRYL ALLERGY ORAL LIQUID	F	OTC
WAL-SLEEP Z	Carve-out	OTC
wal-som	Carve-out	OTC
wal-som maximum strength	Carve-out	OTC
ZZZQUIL	Carve-out	OTC
First Gen. Antihist. Derivatives, Misc.		
cypheptadine hcl oral	F	AL
First Generation Antihistamines		
aler-cap	F	OTC; AL
aller-chlor oral tablet	F	OTC
allergy childrens oral liquid	F	OTC
allergy oral tablet 4 mg	F	OTC
allergy relief childrens oral liquid	F	OTC
allergy relief oral capsule 25 mg	F	OTC; AL
allergy relief oral liquid	F	OTC
allergy relief oral tablet 25 mg	F	OTC; AL
allergy relief oral tablet 4 mg	F	OTC
BANOPHEN ORAL CAPSULE 25 MG	F	OTC

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BANOPHEN ORAL CAPSULE 50 MG	F	OTC; AL	
BANOPHEN ORAL LIQUID	F	OTC	
BANOPHEN ORAL TABLET	F	OTC; AL	
carbinoxamine maleate oral solution	F		
carbinoxamine maleate oral tablet 4 mg	F		
chlorhist	F	OTC	
chlorpheniramine maleate oral	F	OTC	
complete allergy relief	F	OTC; AL	
cvs allergy relief adult	F	OTC	
cvs allergy relief childrens oral liquid	F	OTC	
cvs allergy relief oral capsule 25 mg	F	OTC; AL	
cvs allergy relief oral liquid	F	OTC	
cvs allergy relief oral tablet 25 mg	F	OTC; AL	
cvs childrens allergy	F	OTC	
cvs sleep aid nighttime oral tablet	Carve-out	OTC	
cvs sleep aid oral tablet 25 mg	Carve-out	OTC	
cvs sleep-aid (doxylamine)	Carve-out	OTC	
cvs sleep-aid nighttime oral capsule 25 mg	Carve-out	OTC	
cvs ultra sleep	Carve-out	OTC	
cyproheptadine hcl oral	F	AL	
diphen oral tablet	F	OTC; AL	
diphenhydramine hcl (sleep) oral tablet 50 mg	Carve-out	OTC	
diphenhydramine hcl childrens	F	OTC	
diphenhydramine hcl injection	F	AL	
diphenhydramine hcl oral capsule	F	AL	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	F	OTC	
eq allergy relief childrens oral liquid	F	OTC	
eq allergy relief oral tablet 25 mg	F	OTC; AL	
eq chlortabs	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
eql allergy oral tablet 25 mg	F	OTC; AL	
eql allergy relief oral tablet 25 mg	F	OTC; AL	
eql nighttime sleep aid	Carve-out	OTC	
eql sleep aid oral capsule	Carve-out	OTC	
eql sleep aid oral liquid	Carve-out	OTC	
ft allergy relief childrens oral liquid	F	OTC	
ft allergy relief oral capsule	F	.; OTC	
ft allergy relief oral tablet 25 mg	F	OTC; AL	
ft allergy relief oral tablet 4 mg	F	OTC	
ft nighttime sleep aid	Carve-out	OTC	
ft sleep aid (doxylamine)	Carve-out	OTC	
ft sleep-aid maximum strength	Carve-out	OTC	
geri-dryl oral liquid	F	OTC	
geri-dryl oral tablet	F	OTC; AL	
gnp allergy oral tablet 25 mg	F	OTC; AL	
gnp allergy relief max st	F	OTC	
gnp allergy relief oral capsule	F	OTC; AL	
gnp allergy relief oral tablet 25 mg	F	OTC; AL	
gnp allergy relief oral tablet 4 mg	F	OTC	
gnp childrens allergy	F	OTC	
gnp nighttime sleep-aid max st	Carve-out	OTC	
gnp sleep aid	Carve-out	OTC	
gnp sleep aid nighttime	Carve-out	OTC	
goodsense sleeptime	Carve-out	OTC	
h-e-b childrens allergy	F	OTC	
hydroxyzine hcl oral syrup	F	AL	
hydroxyzine hcl oral tablet	F	AL	
hydroxyzine pamoate oral	F	AL	
KINDERMED KIDS ALLERGY	F	OTC	
kls sleep aid	Carve-out	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
liquid allergy relief	F	OTC	
m-dryl	F	OTC	
meclizine hcl oral tablet 12.5 mg, 25 mg	F		
meclizine hcl oral tablet chewable	F		
night time sleep aid	Carve-out	OTC	
nighttime sleep aid oral tablet 25 mg	Carve-out	OTC	
NYTOL QUICKCAPS	Carve-out	OTC	
PEDIACARE CHILDRENS ALLERGY	F	OTC	
pharbecchlor	F	OTC	
pharbedryl oral capsule 25 mg	F	OTC; AL	
promethazine hcl oral solution 6.25 mg/5ml	F	AL	
promethazine hcl oral syrup	F		
promethazine hcl oral tablet	F	AL	
promethazine hcl rectal suppository 12.5 mg	F	QL; AL	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	F	QL; AL	
qc allergy childrens	F	OTC	
qc chlor-pheniramine	F	OTC	
qc rest simply	Carve-out	OTC	
qc sleep aid max st	Carve-out	OTC	
ra allergy medication oral liquid	F	OTC	
ra allergy medication oral tablet	F	OTC; AL	
ra allergy oral liquid	F	OTC	
ra allergy relief childrens oral liquid	F	OTC	
ra allergy relief oral capsule 25 mg	F	OTC; AL	
ra allergy relief oral tablet 4 mg	F	OTC	
ra chlorpheniramine maleate	F	OTC	
ra complete allergy	F	OTC; AL	
RA DIPHEDRYL ALLERGY	F	OTC	
ra night sleep aid	Carve-out	OTC	

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ra nighttime sleep aid oral tablet	Carve-out	OTC	
ra sleep aid (diphenhydramine)	Carve-out	OTC	
ra sleep aid oral capsule	Carve-out	OTC	
ra sleep aid oral tablet	Carve-out	OTC	
sb allergy medicine oral liquid	F	OTC	
sb allergy medicine oral tablet	Carve-out	OTC	
sb chlorpheniramine	F	OTC	
sb sleep	Carve-out	OTC	
siladryl allergy	F	OTC	
SIMPLY SLEEP	Carve-out	OTC	
sleep aid (diphenhydramine)	Carve-out	OTC	
sleep aid (doxylamine)	Carve-out	OTC	
sleep aid oral liquid	Carve-out	OTC	
sleep aid oral tablet	Carve-out	OTC	
sleep tabs oral tablet 25 mg	Carve-out	OTC	
sleep-aid	Carve-out	OTC	
sleep-tabs	Carve-out	OTC	
SOMINEX	Carve-out	OTC	
SOMINEX MAX ST	Carve-out	OTC	
SOMINEX NIGHTTIME SLEEP-AID	Carve-out	OTC	
total allergy	F	OTC; AL	
TOTAL ALLERGY MEDICINE	F	OTC	
UNISOM SLEEPGELS	Carve-out	OTC	
UNISOM SLEEPMELTS	Carve-out	OTC	
UNISOM SLEEPMINIS	Carve-out	OTC	
UNISOM SLEEPTABS	Carve-out	OTC	
WAL-DRYL ALLERGY ORAL LIQUID	F	OTC	
WAL-FINATE	F	OTC	
WAL-SLEEP Z	Carve-out	OTC	
wal-som	Carve-out	OTC	

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wal-som maximum strength	Carve-out	OTC
ZZZQUIL	Carve-out	OTC
Other Antihistamines		
acid reducer oral tablet 10 mg	F	OTC
ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION 0.035 %	P	OTC
ALAWAY OPHTHALMIC SOLUTION 0.035 %	P	OTC
bepotastine besilate	NP	PA
BEPREVE	NP	PA
cimetidine 200	F	OTC
cimetidine hcl oral solution 300 mg/5ml	F	
cimetidine oral	F	
cvs olopatadine hcl	P	OTC
eq famotidine max st	F	OTC
eye allergy itch relief	P	OTC
eye allergy itch/redness rel	P	OTC
eye itch relief ophthalmic solution 0.035 %	P	OTC
famotidine maximum strength	F	OTC
famotidine oral suspension reconstituted	F	QL; AL
famotidine oral tablet 10 mg	F	OTC
famotidine oral tablet 20 mg, 40 mg	F	
famotidine orig st	F	OTC
ft eye allergy itch & redness	P	OTC
ft eye allergy itch relief	P	OTC
gnp olopatadine hcl	P	OTC
heartburn relief oral tablet 10 mg	F	OTC
hydroxyzine hcl oral syrup	F	AL
hydroxyzine hcl oral tablet	F	AL
hydroxyzine pamoate oral	F	AL
ketotifen fumarate ophthalmic solution 0.035 %	P	OTC

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LASTACAFT	NP	PA
olopatadine hcl nasal	NP	PA
olopatadine hcl ophthalmic	P	
PATADAY	NP	PA; OTC
qc olopatadine hcl	P	OTC
ra acid reducer max st oral tablet 20 mg	F	OTC
ra acid reducer oral tablet 10 mg	F	OTC
RYALTRIS	NP	PA
ZADITOR OPHTHALMIC SOLUTION 0.035 %	NP	PA; OTC
Phenothiazine Derivatives		
promethazine hcl oral solution 6.25 mg/5ml	F	AL
promethazine hcl oral syrup	F	
promethazine hcl oral tablet	F	AL
promethazine hcl rectal suppository 12.5 mg	F	QL; AL
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	F	QL; AL
Propylamine Derivatives		
aller-chlor oral tablet	F	OTC
allergy oral tablet 4 mg	F	OTC
allergy relief oral tablet 4 mg	F	OTC
chlorhist	F	OTC
chlorpheniramine maleate oral	F	OTC
eq chlortabs	F	OTC
ft allergy relief oral tablet 4 mg	F	OTC
gnp allergy relief oral tablet 4 mg	F	OTC
pharbechlor	F	OTC
qc chlor-pheniramine	F	OTC
ra allergy relief oral tablet 4 mg	F	OTC
ra chlorpheniramine maleate	F	OTC
sb chlorpheniramine	F	OTC

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WAL-FINATE	F	OTC
Second Generation Antihistamines		
12hr allergy relief	P	OTC
24hr allergy relief	P	OTC
all-day allergy childrens	P	OTC
allergy (cetirizine)	P	OTC
allergy 24hour indoor/outdoor	P	OTC
allergy 24-hr	P	OTC
allergy childrens oral solution	P	OTC
allergy childrens oral suspension	P	OTC
allergy rel child (loratadine)	P	OTC
allergy relief (cetirizine) oral capsule	NP	PA; OTC
allergy relief (cetirizine) oral tablet	P	OTC
allergy relief (loratadine) oral tablet	P	OTC
allergy relief 24-hr	P	OTC
allergy relief cetirizine	P	OTC
allergy relief childrens oral solution 1 mg/ml	P	OTC
allergy relief oral tablet 10 mg, 180 mg, 5 mg, 60 mg	P	OTC
allergy relief/indoor/outdoor oral tablet 10 mg	P	OTC
cetirizine hcl allergy child	P	OTC
cetirizine hcl childrens alrgy oral solution	P	OTC
cetirizine hcl childrens oral solution 5 mg/5ml	NP	PA; OTC
cetirizine hcl oral solution 1 mg/ml	P	
cetirizine hcl oral tablet	P	OTC
cetirizine hcl oral tablet chewable	NP	PA; OTC
childrens 24 hour allergy	P	OTC
childrens loratadine oral solution	P	OTC
CLARINEX ORAL TABLET	NP	PA

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CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG	P	OTC	
cvs allergy childrens oral solution	P	OTC	
cvs allergy relief childrens oral solution	P	OTC	
cvs allergy relief childrens oral suspension	P	OTC	
cvs allergy relief oral tablet 10 mg, 180 mg, 5 mg	P	OTC	
cvs allergy relief(cetirizine)	P	OTC	
cvs indoor/outdoor allergy rlf oral tablet	P	OTC	
desloratadine oral tablet	NP	PA	
desloratadine oral tablet dispersible 2.5 mg	NP	PA; AL	
desloratadine oral tablet dispersible 5 mg	NP	PA	
epinastine hcl	NP	PA	
eq allerg relief child (cetir)	P	OTC	
eq allergy relief (cetirizine)	P	OTC	
eq allergy relief oral tablet 10 mg, 180 mg	P	OTC	
eq cetirizine hcl oral solution	P	OTC	
eql all day allergy	P	OTC	
eql allergy relief oral tablet 10 mg, 180 mg	P	OTC	
fexofenadine hcl oral tablet 180 mg, 60 mg	P	OTC	
ft all day allergy	P	OTC	
ft all day allergy childrens	P	OTC	
ft all day allergy relief	P	OTC	
ft allergy childrens	P	OTC	
ft allergy relief 12 hour	P	OTC	
ft allergy relief 24 hour	P	OTC	
ft allergy relief cetirizine	P	OTC	
ft allergy relief loratadine	P	OTC	
ft allergy relief oral tablet 10 mg, 180 mg	P	OTC	
gnp all day allergy childrens oral solution	P	OTC	
gnp all day allergy relief	NP	PA; OTC	

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gnp allergy relief 24 hr	P	OTC	
gnp fexofenadine hcl	P	OTC	
gnp loratadine childrens oral solution	P	OTC	
gnp loratadine oral solution	P	OTC	
gnp loratadine oral tablet	P	OTC	
gnp loratadine oral tablet dispersible	P	OTC	
goodsense all day allergy	P	OTC	
goodsense aller-ease	P	OTC	
goodsense allergy relief child	P	OTC	
goodsense allergy relief oral tablet 10 mg	P	OTC	
hm allergy relief oral tablet 60 mg	P	OTC	
KLS ALLER-TEC CHILDRENS ORAL SOLUTION 5 MG/5ML	P	OTC	
LASTACFT	NP	PA	
levocetirizine dihydrochloride oral solution	NP	PA	
levocetirizine dihydrochloride oral tablet	P		
loradamed	P	OTC	
loratadine childrens oral solution	P	OTC	
loratadine childrens oral tablet chewable	P	OTC	
loratadine oral tablet	P	OTC	
loratadine oral tablet dispersible 10 mg	P	OTC	
mm fexofenadine hcl	P	OTC	
qc all day allergy	P	OTC	
qc allergy relief oral tablet 10 mg, 180 mg	P	OTC	
qc loratadine allergy relief	P	OTC	
ra allergy relief (cetirizine)	P	OTC	
ra allergy relief (loratadine)	P	OTC	
ra allergy relief childrens oral solution 5 mg/5ml	P	OTC	
ra allergy relief oral capsule 10 mg	NP	PA; OTC	
ra allergy relief oral tablet 180 mg	P	OTC	

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA			Coverage Requirements and Limits
lowercase = Generic drugs UPPERCASE = Brand name drugs			
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
sb allergy oral tablet	P	OTC	
sb loratadine oral tablet	P	OTC	
sm allergy childrens oral solution	P	OTC	
sm allergy relief oral tablet 60 mg	P	OTC	
sm fexofenadine hcl oral tablet 60 mg	P	OTC	
sm loratadine oral solution	P	OTC	
WAL-FEX ALLERGY	P	OTC	
WAL-ITIN CHILDRENS	P	OTC	
WAL-ZYR ALL DAY ALLERGY CHILD	P	OTC	
WAL-ZYR ALLERGY CHILDRENS	P	OTC	
WAL-ZYR CHILDRENS ORAL SOLUTION	P	OTC	
WAL-ZYR CHILDRENS ORAL TABLET CHEWABLE 10 MG	NP	PA; OTC	
WAL-ZYR ORAL CAPSULE	NP	PA; OTC	
WAL-ZYR ORAL TABLET	P	OTC	
XYZAL ALLERGY 24HR CHILDRENS	NP	PA; OTC	
ZERVIAE	NP	PA	
Anti-Infective Agents			
1St Generation Cephalosporin Antibiotics			
cefadroxil oral capsule	P	QL	
cefadroxil oral suspension reconstituted	P		
cefadroxil oral tablet	NP	PA; QL	
cephalexin	P		
2Nd Generation Cephalosporin Antibiotics			
cefaclor er	NP	PA; QL	
cefaclor oral capsule	NP	PA; QL	
cefaclor oral suspension reconstituted	NP	PA	
cefprozil oral suspension reconstituted	P		

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA			Coverage Requirements and Limits
lowercase = Generic drugs UPPERCASE = Brand name drugs			
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
cefprozil oral tablet	P	QL	
cefuroxime axetil oral tablet	P	QL	
3Rd Generation Cephalosporin Antibiotics			
cefdinir oral capsule	P	QL	
cefdinir oral suspension reconstituted	P		
cefixime oral capsule	P		
cefixime oral suspension reconstituted	NP	PA	
cefpodoxime proxetil oral suspension reconstituted	NP	PA	
cefpodoxime proxetil oral tablet	NP	PA; QL	
Adamantane Antivirals			
amantadine hcl oral capsule	P	102 day supply allowed	
amantadine hcl oral solution	P	102 day supply allowed	
amantadine hcl oral tablet	NP	PA; 102 day supply allowed	
GOCOVRI	NP	PA; Specialty Drug; 102 day supply allowed	
rimantadine hcl	P		
Allylamine Antifungals			
athletes foot (terbinafine)	F	OTC	
eq athletes foot (terbinafine)	F	OTC	
eql athletes foot(terbinafine)	F	OTC	
gnp terbinafine hydrochloride	F	OTC	
terbinafine hcl external	F	OTC	
terbinafine hcl oral	P	QL	
Amebicides			
chlorhexidine gluconate mouth/throat	F		
FLAGYL ORAL CAPSULE	NP	PA	
HUMATIN	F		
LIKMEZ	NP	PA; QL	

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA			Coverage Requirements and Limits
lowercase = Generic drugs UPPERCASE = Brand name drugs			
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
metronidazole external cream	F		
metronidazole external gel 0.75 %	F		
metronidazole oral capsule	NP	PA	
metronidazole oral tablet 125 mg	NP	PA	
metronidazole oral tablet 250 mg, 500 mg	P		
metronidazole vaginal	P		
NUVESSA	P		
VANDAZOLE	NP	PA	
Aminoglycoside Antibiotics			
BETHKIS	P	Specialty Drug	
gentamicin sulfate external	F		
gentamicin sulfate ophthalmic solution	F		
HUMATIN	F		
KITABIS PAK (W/ NEBULIZER)	P	Specialty Drug	
neomycin sulfate oral	P		
TOBI	NP	PA; Specialty Drug	
TOBI PODHALER	P	Specialty Drug	
tobramycin inhalation nebulization solution 300 mg/4ml	NP	PA	
tobramycin inhalation nebulization solution 300 mg/5ml	P	Specialty Drug	
tobramycin ophthalmic	F		
tobramycin-dexamethasone	F		
Aminopenicillin Antibiotics			
amoxicill-clarithro-lansopraz oral therapy pack	NP	PA; QL	
amoxicillin oral capsule	F	102 day supply allowed	
amoxicillin oral suspension reconstituted	F	102 day supply allowed	
amoxicillin oral tablet	F	102 day supply allowed	
amoxicillin oral tablet chewable 125 mg, 250 mg	F	102 day supply allowed	
amoxicillin-pot clavulanate oral	F		

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA			Coverage Requirements and Limits
lowercase = Generic drugs UPPERCASE = Brand name drugs			
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
ampicillin oral capsule 500 mg	F		
OMECLAMOX-PAK	NP	PA	
VOQUEZNA DUAL PAK	NP	PA	
VOQUEZNA TRIPLE PAK	NP	PA	
Anthelmintics			
ivermectin oral tablet 3 mg	F	QL	
Antifungals, Miscellaneous			
BREXAFEMME	NP	PA; QL	
griseofulvin microsize oral suspension	P		
griseofulvin microsize oral tablet	NP	PA	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	NP	PA	
Anti-Infectives (Systemic), Misc.			
bis subcit-metronid-tetracyc	NP	PA	
bismuth/metronidaz/tetracyclin	NP	PA	
PYLERA	P		
Antileprosy Agents			
dapsone oral	F		
Antimalarials			
chloroquine phosphate oral	F	QL	
doxycycline hyclate oral capsule	F		
doxycycline hyclate oral tablet 100 mg, 20 mg	F		
doxycycline monohydrate oral capsule 100 mg, 50 mg	F		
doxycycline monohydrate oral suspension reconstituted	F		
doxycycline monohydrate oral tablet 100 mg, 50 mg	F		
hydroxychloroquine sulfate oral	F		
KRINTAFEL	F	PA; QL; AL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
mefloquine hcl	F	PA; QL
minocycline hcl oral capsule	F	
MONDOXYNE NL ORAL CAPSULE 100 MG	F	
primaquine phosphate oral tablet 26.3 (15 base) mg	F	
pyrimethamine oral	F	PA; QL
quinidine sulfate oral	F	
Antimycobacterials, Miscellaneous		
dapsone oral	F	
Antiprotozoals, Cryptosporidiosis		
nitazoxanide oral	NP	PA; QL
Antiprotozoals, Miscellaneous		
atovaquone oral	F	
benznidazole	F	PA
bis subcit-metronid-tetracyc	NP	PA
bismuth/metronidaz/tetracyclin	NP	PA
dapsone oral	F	
FLAGYL ORAL CAPSULE	NP	PA
LIKMEZ	NP	PA; QL
metronidazole oral capsule	NP	PA
metronidazole oral tablet 250 mg, 500 mg	P	
nitazoxanide oral	NP	PA; QL
PYLERA	P	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	F	
sulfamethoxazole-trimethoprim oral tablet	F	
SULFATRIM PEDIATRIC	F	
tinidazole oral	P	
Antiprotozoals,Nitroimidazole-Derivative		

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs Coverage Requirements and Limits		
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
tinidazole oral	P	
Antiretrovirals, Miscellaneous		
SUNLENCA ORAL TABLET THERAPY PACK	Carve-out	
SUNLENCA SUBCUTANEOUS	Carve-out	
YEZTUGO SUBCUTANEOUS	Carve-out	Specialty
Antituberculosis Agents		
CIPRO ORAL SUSPENSION RECONSTITUTED	P	
CIPRO ORAL TABLET 250 MG	NP	PA; QL
CIPRO ORAL TABLET 500 MG	NP	PA
ciprofloxacin hcl oral	P	QL
clarithromycin er	NP	PA
clarithromycin oral suspension reconstituted	P	
clarithromycin oral tablet	P	QL
cycloserine oral	F	QL
ethambutol hcl oral	F	
isoniazid oral syrup	F	AL
isoniazid oral tablet	F	
levofloxacin oral solution	P	
levofloxacin oral tablet	P	QL
moxifloxacin hcl oral	NP	PA; QL
pretomanid	F	PA
PRIFTIN	F	QL
pyrazinamide oral	F	
rifabutin	F	
rifampin oral	F	
SIRTURO	F	PA
TRECTOR	F	
Antivirals, Miscellaneous		

Tier Status		Coverage Requirements and Limits
Carve-out = Carve-out		
F = Supplemental Formulary		
NP = PDL Non-Preferred, requires PA		
lowercase = Generic drugs	P = PDL Preferred	
UPPERCASE = Brand name drugs	P-PA = PDL Preferred, requires PA	
Prescriptions Drug Name	Tier Status	
LIVTENCITY	F	Specialty Drug
PAXLOVID (150/100)	P	
PAXLOVID (300/100 & 150/100)	P	
PAXLOVID (300/100)	P	
PREVYMIS INTRAVENOUS	F	Specialty Drug
PREVYMIS ORAL PACKET	F	Specialty Drug
PREVYMIS ORAL TABLET	F	PA; Specialty Drug
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	NP	PA
XOFLUZA (80 MG DOSE)	NP	PA
Azole Antifungals		
CRESEMBA ORAL CAPSULE 186 MG	NP	PA; AL
CRESEMBA ORAL CAPSULE 74.5 MG	NP	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML	NP	PA
DIFLUCAN ORAL TABLET 100 MG	NP	PA
DIFLUCAN ORAL TABLET 150 MG	NP	PA; QL
fluconazole oral suspension reconstituted	P	
fluconazole oral tablet 100 mg, 200 mg, 50 mg	P	
fluconazole oral tablet 150 mg	P	QL
itraconazole oral	NP	PA; QL
ketoconazole external cream	P	
ketoconazole external foam	NP	PA
ketoconazole external shampoo 2 %	P	
ketoconazole oral	P	
KETODAN EXTERNAL FOAM	NP	PA
NOXAFIL ORAL PACKET	NP	PA; AL
NOXAFIL ORAL SUSPENSION	NP	PA
NOXAFIL ORAL TABLET DELAYED RELEASE	NP	PA
posaconazole oral tablet delayed release	NP	PA

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
SPORANOX	NP	PA; QL
tolsura	NP	PA
VFEND	NP	PA
VIVJOA	NP	PA; QL
voriconazole oral	NP	PA
Bacitracin Antibiotics		
bacitracin external	F	OTC
bacitracin ophthalmic	F	
bacitracin zinc external	F	OTC
bacitracin zinc-aloe	F	OTC
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	F	
bacitra-neomycin-polymyxin-hc	F	
cvs bacitracin	F	OTC
cvs bacitracin zinc	F	OTC
eq bacitracin zinc	F	OTC
eq triple antibiotic	F	OTC
eq1 bacitracin zinc	F	OTC
eq1 first aid antibiotic external ointment 3.5-400-5000	F	OTC
ft triple antibiotic	F	OTC
gnp bacitracin zinc	F	OTC
gnp triple antibiotic external ointment	F	OTC
goodsense first aid antibiotic	F	OTC
medi-first triple antibiotic	F	OTC
px triple	F	OTC
qc bacitracin	F	OTC
ra bacitracin zinc first aid	F	OTC
ra triple antibiotic external ointment	F	OTC
triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 mg-unit	F	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
Coronavirus (Covid-19)			
PAXLOVID (150/100)	P		
PAXLOVID (300/100 & 150/100)	P		
PAXLOVID (300/100)	P		
Endonuclease Inhibitors			
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	NP	PA	
XOFLUZA (80 MG DOSE)	NP	PA	
Erythromycin Antibiotics			
E.E.S. 400 ORAL TABLET	NP	PA	
E.E.S. GRANULES	NP	PA	
ERYPED 200	NP	PA	
ERYPED 400	NP	PA	
ERY-TAB	NP	PA	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	P		
erythromycin base oral capsule delayed release particles	NP	PA	
erythromycin base oral tablet	NP	PA	
erythromycin base oral tablet delayed release 250 mg, 500 mg	NP	PA	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	P		
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	NP	PA	
erythromycin ethylsuccinate oral tablet	P		
erythromycin external solution	F		
erythromycin oral	NP	PA	
Glycopeptide Antibiotics			
FIRVANQ	NP	PA	
VANCOCIN	NP	PA	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 750 mg	F	
vancomycin hcl oral	P	
Hcv Polymerase Inhibitor Antivirals		
EPCLUSA	Carve-out	
HARVONI	Carve-out	
ledipasvir-sofosbuvir	Carve-out	
sofosbuvir-velpatasvir	Carve-out	
SOVALDI	Carve-out	
VOSEVI	Carve-out	
Hcv Protease Inhibitor Antivirals		
MAVYRET	Carve-out	
VOSEVI	Carve-out	
ZEPATIER	Carve-out	
Hcv Replication Complex Inhibitors		
EPCLUSA	Carve-out	
HARVONI	Carve-out	
ledipasvir-sofosbuvir	Carve-out	
MAVYRET	Carve-out	
sofosbuvir-velpatasvir	Carve-out	
VOSEVI	Carve-out	
ZEPATIER	Carve-out	
Hiv Capsid Inhibitors		
SUNLENCA ORAL TABLET THERAPY PACK	Carve-out	
SUNLENCA SUBCUTANEOUS	Carve-out	
YEZTUGO	Carve-out	Specialty
Hiv Entry And Fusion Inhibitors		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	Carve-out	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
maraviroc	Carve-out		
RUKOBIA	Carve-out		
SELZENTRY ORAL SOLUTION	Carve-out		
SELZENTRY ORAL TABLET 150 MG, 300 MG	Carve-out		
TROGARZO	Carve-out		
Hiv Integrase Inhibitor Antiretrovirals			
APRETUDE	Carve-out		
BIKTARVY	Carve-out		
CABENUVA	Carve-out	Specialty Drug	
DOVATO	Carve-out		
GENVOYA	Carve-out		
ISENTRESS	Carve-out		
ISENTRESS HD	Carve-out		
JULUCA	Carve-out		
STRIBILD	Carve-out		
TIVICAY ORAL TABLET 50 MG	Carve-out		
TIVICAY PD	Carve-out		
TRIUMEQ	Carve-out		
trumeq pd	Carve-out		
VOCABRIA	Carve-out		
Hiv Nucleoside Rev. Transcrip. Inhib.			
BIKTARVY	Carve-out		
CABENUVA	Carve-out	Specialty Drug	
COMPLERA	Carve-out		
DELSTRIGO	Carve-out		
EDURANT	Carve-out		
efavirenz oral tablet	Carve-out		
efavirenz-emtricitab-tenofo df	Carve-out		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
efavirenz-lamivudine-tenofovir	Carve-out	
etravirine	Carve-out	
INTELENCE	Carve-out	
JULUCA	Carve-out	
methocarbamol oral tablet 500 mg	P	
nevirapine	Carve-out	
nevirapine er oral tablet extended release 24 hour 400 mg	Carve-out	
ODEFSEY	Carve-out	
PIFELTRO	Carve-out	
SYMFI	Carve-out	
Hiv Nucleoside, Nucleotide Rt Inhibitors		
abacavir sulfate	Carve-out	
abacavir sulfate-lamivudine	Carve-out	
BIKTARVY	Carve-out	
CIMDUO	Carve-out	
COMPLERA	Carve-out	
DELSTRIGO	Carve-out	
DESCOVY	Carve-out	
DOVATO	Carve-out	
efavirenz-emtricitab-tenofo df	Carve-out	
efavirenz-lamivudine-tenofovir	Carve-out	
emtricitabine	Carve-out	
emtricitabine-tenofovir df	Carve-out	
EMTRIVA	Carve-out	
EPIVIR	Carve-out	
GENVOYA	Carve-out	
lamivudine oral solution 10 mg/ml	Carve-out	
lamivudine oral tablet 100 mg	F	Specialty Drug; QL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
lamivudine oral tablet 150 mg, 300 mg	Carve-out	
lamivudine-zidovudine	Carve-out	
ODEFSEY	Carve-out	
RETROVIR INTRAVENOUS	Carve-out	
RETROVIR ORAL CAPSULE	Carve-out	
RETROVIR ORAL SYRUP	Carve-out	
STRIBILD	Carve-out	
SYMFI	Carve-out	
SYMTUZA	Carve-out	
tenofovir disoproxil fumarate	Carve-out	
TRIUMEQ	Carve-out	
trumeq pd	Carve-out	
TRUVADA	Carve-out	
VIREAD	Carve-out	
ZIAGEN ORAL SOLUTION	Carve-out	
zidovudine	Carve-out	
Hiv Protease Inhibitor Antiretrovirals		
APTIVUS ORAL CAPSULE	Carve-out	
atazanavir sulfate	Carve-out	
darunavir	Carve-out	
EVOTAZ	Carve-out	
fosamprenavir calcium	Carve-out	
KALETRA ORAL SOLUTION	Carve-out	
KALETRA ORAL TABLET	Carve-out	
lopinavir-ritonavir oral tablet	Carve-out	
NORVIR ORAL PACKET	Carve-out	
NORVIR ORAL TABLET	Carve-out	
PREZCOBIX	Carve-out	
PREZISTA ORAL SUSPENSION	Carve-out	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	Carve-out		
REYATAZ ORAL CAPSULE 200 MG, 300 MG	Carve-out		
REYATAZ ORAL PACKET	Carve-out		
ritonavir	Carve-out		
SYMTUZA	Carve-out		
VIRACEPT ORAL TABLET	Carve-out		
Interferon Antivirals			
BESREMI	F		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Carve-out		
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Carve-out		
Lincomycin Antibiotics			
ACANYA	NP	PA	
CLEOCIN VAGINAL CREAM	NP	PA	
CLEOCIN VAGINAL SUPPOSITORY	P		
clindamycin hcl oral	F		
clindamycin palmitate hcl	F	AL	
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	NP	PA	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	P		
clindamycin phosphate external solution	F	QL	
clindamycin phosphate external swab	F		
clindamycin phosphate vaginal	P		
CLINDESSE	P		
NEUAC EXTERNAL GEL	NP	PA	
ONEXTON	NP	PA	
XACIATO	NP	PA; AL	
Monobactam Antibiotics			

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
CAYSTON	P	Specialty Drug	
Monoclonal Antibodies (08:18)			
BEYFORTUS	F	PA; Specialty Drug	
ILARIS SUBCUTANEOUS SOLUTION	Carve-out		
SYNAGIS	F	PA; Specialty Drug	
Natural Penicillin Antibiotics			
penicillin v potassium	F	102 day supply allowed	
Neuraminidase Inhibitor Antivirals			
oseltamivir phosphate oral	P	QL	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	P	QL	
TAMIFLU ORAL CAPSULE	NP	PA; QL	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	NP	PA; QL	
Nitroimidazole Derivative, Trypanocidal			
benznidazole	F	PA	
Nitroimidazole Derivatives, Misc			
FLAGYL ORAL CAPSULE	NP	PA	
LIKMEZ	NP	PA; QL	
metronidazole external cream	F		
metronidazole external gel 0.75 %	F		
metronidazole oral capsule	NP	PA	
metronidazole oral tablet 125 mg	NP	PA	
metronidazole oral tablet 250 mg, 500 mg	P		
metronidazole vaginal	P		
NUVESSA	P		
VANDAZOLE	NP	PA	
Nucleoside And Nucleotide Antivirals			

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs Coverage Requirements and Limits		
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
acyclovir external	P	102 day supply allowed
acyclovir oral capsule	P	102 day supply allowed
acyclovir oral suspension 200 mg/5ml	P	102 day supply allowed
acyclovir oral tablet	P	102 day supply allowed
adefovir dipivoxil	F	Specialty Drug; QL
COMPLERA	Carve-out	
DESCOVY	Carve-out	
emtricitabine-tenofovir df	Carve-out	
entecavir	F	Specialty Drug; QL
famciclovir oral	P	102 day supply allowed
ODEFSEY	Carve-out	
ribavirin oral capsule	Carve-out	
ribavirin oral tablet 200 mg	Carve-out	
TRUVADA	Carve-out	
valacyclovir hcl oral	P	102 day supply allowed
valganciclovir hcl oral tablet	F	QL
VALTREX	NP	PA; 102 day supply allowed
VEMLIDY	F	PA; Specialty Drug; QL; AL
XERESE	NP	PA; 102 day supply allowed
ZOVIRAX EXTERNAL	NP	PA; 102 day supply allowed
Other Macrolide Antibiotics		
amoxicill-clarithro-lansopraz oral therapy pack	NP	PA; QL
azithromycin oral packet	P	QL
azithromycin oral suspension reconstituted	P	
azithromycin oral tablet 250 mg	P	
azithromycin oral tablet 500 mg, 600 mg	P	QL
clarithromycin er	NP	PA
clarithromycin oral suspension reconstituted	P	
clarithromycin oral tablet	P	QL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
DIFICID ORAL SUSPENSION RECONSTITUTED	NP	PA; AL
DIFICID ORAL TABLET	P	
OMECLAMOX-PAK	NP	PA
VOQUEZNA TRIPLE PAK	NP	PA
ZITHROMAX ORAL PACKET	NP	PA; QL
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	NP	PA
ZITHROMAX ORAL TABLET 250 MG	NP	PA
ZITHROMAX ORAL TABLET 500 MG	NP	PA; QL
ZITHROMAX TRI-PAK	NP	PA; QL
ZITHROMAX Z-PAK	NP	PA
Other Macrolides (8:12.12.92)		
amoxicill-clarithro-lansopraz oral therapy pack	NP	PA; QL
azithromycin oral packet	P	QL
azithromycin oral suspension reconstituted	P	
azithromycin oral tablet 250 mg	P	
azithromycin oral tablet 500 mg, 600 mg	P	QL
clarithromycin er	NP	PA
clarithromycin oral suspension reconstituted	P	
clarithromycin oral tablet	P	QL
DIFICID ORAL SUSPENSION RECONSTITUTED	NP	PA; AL
DIFICID ORAL TABLET	P	
OMECLAMOX-PAK	NP	PA
VOQUEZNA TRIPLE PAK	NP	PA
ZITHROMAX ORAL PACKET	NP	PA; QL
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	NP	PA
ZITHROMAX ORAL TABLET 250 MG	NP	PA
ZITHROMAX ORAL TABLET 500 MG	NP	PA; QL

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs Coverage Requirements and Limits		
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ZITHROMAX TRI-PAK	NP	PA; QL
ZITHROMAX Z-PAK	NP	PA
Oxazolidinone Antibiotics		
linezolid oral suspension reconstituted	NP	PA
linezolid oral tablet	P	QL
SIVEXTRO ORAL	NP	PA; QL
ZYVOX ORAL SUSPENSION RECONSTITUTED	NP	PA
ZYVOX ORAL TABLET	NP	PA; QL
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	F	
Polyene Antifungals		
KLAYESTA	P	
NYAMYC	P	
nystatin external	P	
nystatin mouth/throat	P	
nystatin oral tablet	P	
nystatin-triamcinolone	P	
NYSTOP	P	
Polymyxin Antibiotics		
polymyxin b-trimethoprim	F	
Pyrimidine Antifungals		
ANCOBON	NP	PA
flucytosine oral	NP	PA
Quinolone Antibiotics		
BAXDELA ORAL	NP	PA
CIPRO ORAL SUSPENSION RECONSTITUTED	P	
CIPRO ORAL TABLET 250 MG	NP	PA; QL
CIPRO ORAL TABLET 500 MG	NP	PA

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lowercase = Generic drugs UPPERCASE = Brand name drugs			
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
ciprofloxacin hcl oral	P	QL	
levofloxacin ophthalmic solution 0.5 %	NP	PA	
levofloxacin oral solution	P		
levofloxacin oral tablet	P	QL	
moxifloxacin hcl (2x day)	NP	PA	
moxifloxacin hcl ophthalmic solution	P		
moxifloxacin hcl oral	NP	PA; QL	
OCUFLOX	NP	PA	
ofloxacin ophthalmic	P		
ofloxacin oral tablet 300 mg, 400 mg	NP	PA	
ofloxacin otic	P		
VIGAMOX	NP	PA	
Rifamycin Antibiotics			
PRIFTIN	F	QL	
rifabutin	F		
rifampin oral	F		
XIFAXAN ORAL TABLET 200 MG, 550 MG	NP	PA; QL; AL	
Sulfonamide Antibiotics (Systemic)			
AZULFIDINE	NP	PA	
AZULFIDINE EN-TABS	NP	PA	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	F		
sulfamethoxazole-trimethoprim oral tablet	F		
sulfasalazine oral	P		
SULFATRIM PEDIATRIC	F		
Tetracycline Antibiotics			
bis subcit-metronid-tetracyc	NP	PA	
bismuth/metronidaz/tetracyclin	NP	PA	
doxycycline hyclate oral capsule	F		
doxycycline hyclate oral tablet 100 mg, 20 mg	F		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
doxycycline monohydrate oral capsule 100 mg, 50 mg	F	
doxycycline monohydrate oral suspension reconstituted	F	
doxycycline monohydrate oral tablet 100 mg, 50 mg	F	
minocycline hcl oral capsule	F	
MONDOXYNE NL ORAL CAPSULE 100 MG	F	
PYLERA	P	
Urinary Anti-Infectives		
methenamine hippurate	F	
methenamine mandelate oral	F	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	F	QL; AL
nitrofurantoin monohyd macro	F	QL; AL
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	F	
sulfamethoxazole-trimethoprim oral tablet	F	
SULFATRIM PEDIATRIC	F	
trimethoprim oral	F	
Antineoplastic Agents		
Antineoplastic Agents		
abiraterone acetate	F	Specialty Drug
AFINITOR	F	Specialty Drug
AFINITOR DISPERZ	F	Specialty Drug
AKEEGA	F	Specialty Drug
ALECENSA	Carve-out	
ALIMTA	F	Specialty Drug
ALUNBRIG	Carve-out	
anastrozole oral	F	
ARIMIDEX	F	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
AROMASIN	F	
ARRANON	F	Specialty Drug
ARZERRA	F	Specialty Drug
AUGTYRO	Carve-out	
AVMAPKI FAKZYNJA CO-PACK	Carve-out	
AYVAKIT	Carve-out	
azacitidine	F	Specialty Drug
BALVERSA	Carve-out	
BESREMI	F	
bexarotene	F	Specialty Drug
bicalutamide	F	
BLINCYTO	F	Specialty Drug
bortezomib injection	Carve-out	
BOSULIF	Carve-out	
BRAFTOVI ORAL CAPSULE 75 MG	F	Specialty Drug
BRUKINSA	Carve-out	
CABOMETYX	Carve-out	
CALQUENCE ORAL TABLET	Carve-out	
CAMCEVI	F	
capecitabine	F	Specialty Drug
CAPRELSA	Carve-out	
CARAC	F	Specialty Drug
CASODEX	F	
cladribine intravenous solution 10 mg/10ml	F	Specialty Drug
clofarabine	F	Specialty Drug
CLOLAR	F	Specialty Drug
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Carve-out	
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Carve-out	
COMETRIQ (60 MG DAILY DOSE)	Carve-out	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
COPIKTRA	Carve-out		
COTELLIC	Carve-out		
cyclophosphamide oral	F		
CYRAMZA	F		
cytarabine (pf)	F	Specialty Drug	
cytarabine injection solution	F	Specialty Drug	
DANZITEN	Carve-out		
DAURISMO	F	Specialty Drug	
decitabine	F	Specialty Drug	
DROXIA	F	102 day supply allowed	
EFUDEX EXTERNAL CREAM	F	Specialty Drug	
ELIGARD	F	Specialty Drug	
EMCYT	F	Specialty Drug	
ERIVEDGE	F	Specialty Drug	
ERLEADA	F	Specialty Drug	
erlotinib hcl	Carve-out		
etoposide oral	F	Specialty Drug	
EULEXIN	F		
everolimus	F	Specialty Drug	
exemestane	F		
FARESTON	F		
FEMARA	F		
floxuridine injection	F	Specialty Drug	
fludarabine phosphate intravenous solution 25 mg/ml	F		
fludarabine phosphate intravenous solution 50 mg/2ml	F	Specialty Drug	
fludarabine phosphate intravenous solution reconstituted	F	Specialty Drug	
fluorouracil external	F	Specialty Drug	
fluorouracil intravenous	F	Specialty Drug	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
FOLOTYN	F	Specialty Drug
FOTIVDA	Carve-out	
FRUZAQLA	Carve-out	
GAVRETO	Carve-out	
GAZYVA	F	Specialty Drug
gefitinib	Carve-out	
gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml	F	Specialty Drug
gemcitabine hcl intravenous solution reconstituted	F	Specialty Drug
GILOTRIF	Carve-out	
GLEEVEC	Carve-out	
GOMEKLI	Carve-out	
HYCANTIN ORAL	F	Specialty Drug
HYDREA	F	102 day supply allowed
hydroxyprogesterone caproate intramuscular solution	F	Specialty Drug
hydroxyurea oral	F	102 day supply allowed
IBRANCE	Carve-out	
ICLUSIG	Carve-out	
IDHIFA	F	Specialty Drug
imatinib mesylate oral	Carve-out	
IMBRUVICA ORAL CAPSULE	Carve-out	
IMBRUVICA ORAL SUSPENSION	Carve-out	
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Carve-out	
imkeldi	Carve-out	
INLYTA	Carve-out	
INQOVI	F	Specialty Drug
INREBIC	Carve-out	
IRESSA	Carve-out	
ITOVEBI	Carve-out	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
IWILFIN	Carve-out	
JAKAFI	F	Specialty Drug
JAYPIRCA	Carve-out	
JYLAMVO	F	Specialty Drug
KEYTRUDA INTRAVENOUS SOLUTION	F	Specialty Drug
KISQALI (200 MG DOSE)	Carve-out	
KISQALI (400 MG DOSE)	Carve-out	
KISQALI (600 MG DOSE)	Carve-out	
KISQALI FEMARA (200 MG DOSE)	F	
KISQALI FEMARA (400 MG DOSE)	F	
KISQALI FEMARA (600 MG DOSE)	F	
KOSELUGO	Carve-out	
KRAZATI	F	Specialty Drug
KYPROLIS	Carve-out	
lapatinib ditosylate	Carve-out	
LAZCLUZE	Carve-out	
lenalidomide	F	Specialty Drug
LENVIMA (10 MG DAILY DOSE)	Carve-out	
LENVIMA (12 MG DAILY DOSE)	Carve-out	
LENVIMA (14 MG DAILY DOSE)	Carve-out	
LENVIMA (18 MG DAILY DOSE)	Carve-out	
LENVIMA (20 MG DAILY DOSE)	Carve-out	
LENVIMA (24 MG DAILY DOSE)	Carve-out	
LENVIMA (4 MG DAILY DOSE)	Carve-out	
LENVIMA (8 MG DAILY DOSE)	Carve-out	
letrozole oral	F	
leuprolide acetate injection	F	Specialty Drug
LONSURF	F	Specialty Drug
LOQTORZI	F	Specialty Drug
LORBRENA	Carve-out	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
LUMAKRAS	F	Specialty Drug	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	F	Specialty Drug	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	F	Specialty Drug	
LUPRON DEPOT (4-MONTH)	F	Specialty Drug	
LUPRON DEPOT (6-MONTH)	F	Specialty Drug	
LUTRATE DEPOT	F		
LYNPARZA ORAL TABLET	Carve-out		
LYSODREN	F	Specialty Drug	
LYTGOBI (12 MG DAILY DOSE)	Carve-out		
LYTGOBI (16 MG DAILY DOSE)	Carve-out		
LYTGOBI (20 MG DAILY DOSE)	Carve-out		
MATULANE	F	Specialty Drug	
MAVENCLAD (10 TABS)	NP	PA	
MAVENCLAD (4 TABS)	NP	PA	
MAVENCLAD (5 TABS)	NP	PA	
MAVENCLAD (6 TABS)	NP	PA	
MAVENCLAD (7 TABS)	NP	PA	
MAVENCLAD (8 TABS)	NP	PA	
MAVENCLAD (9 TABS)	NP	PA	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	P		
megestrol acetate oral suspension 625 mg/5ml	NP	PA	
megestrol acetate oral tablet	F		
MEKINIST	Carve-out		
MEKTOVI	Carve-out		
mercaptopurine oral	F	Specialty Drug	
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml	F		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
methotrexate sodium (pf) injection solution 50 mg/2ml	F	Specialty Drug
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	F	Specialty Drug
methotrexate sodium injection solution reconstituted	F	Specialty Drug
methotrexate sodium oral	F	
nelarabine	F	Specialty Drug
NERLYNX	Carve-out	
NEXAVAR	Carve-out	
NILANDRON	F	Specialty Drug
nilutamide	F	Specialty Drug
NINLARO	Carve-out	
NIPENT	F	Specialty Drug
NUBEQA	F	Specialty Drug
ODOMZO	F	Specialty Drug
OGSIVEO ORAL TABLET 50 MG	Carve-out	
OJJAARA	Carve-out	
ONUREG	F	Specialty Drug
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 40 MG/4ML	F	Specialty Drug
OPZELURA	NP	PA; QL; AL
ORGOVYX	F	Specialty Drug
ORSERDU	F	Specialty Drug
oxaliplatin intravenous solution 100 mg/20ml, 50 mg/10ml	F	Specialty Drug
oxaliplatin intravenous solution reconstituted	F	Specialty Drug
pazopanib hcl	Carve-out	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Carve-out	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Carve-out	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
PEMAZYRE	Carve-out		
pemetrexed disodium intravenous solution reconstituted 100 mg, 500 mg	F		
PIQRAY (200 MG DAILY DOSE)	Carve-out		
PIQRAY (250 MG DAILY DOSE)	Carve-out		
PIQRAY (300 MG DAILY DOSE)	Carve-out		
POMALYST	F	Specialty Drug	
pralatrexate	F		
PURIXAN	F	Specialty Drug	
QINLOCK	Carve-out		
RETEVMO ORAL TABLET	Carve-out		
REVLIMID	F	Specialty Drug	
REVUFORJ ORAL TABLET 110 MG, 160 MG	Carve-out		
REZLIDHIA	F		
RIABNI	F	Specialty Drug	
ROMVIMZA	Carve-out		
ROZLYTREK	Carve-out		
RUBRACA	Carve-out		
RYDAPT	Carve-out		
SCSEMBLIX	Carve-out		
SIKLOS	F	Specialty; 102 day supply allowed	
SOLTAMOX	F		
sorafenib tosylate	Carve-out		
SPRYCEL	Carve-out		
STIVARGA	Carve-out		
sunitinib malate	Carve-out		
SUTENT	Carve-out		
TABLOID	F		
TABRECTA	Carve-out		
TAFINLAR	Carve-out		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TAGRISSE	Carve-out	
TALZENNA	Carve-out	
tamoxifen citrate oral	F	
TARCEVA ORAL TABLET 100 MG	Carve-out	
TARGRETIN	F	Specialty Drug
TASIGNA	Carve-out	
TAZVERIK	F	Specialty Drug
TECENTRIQ	F	Specialty Drug
TECENTRIQ HYBREZA	F	Specialty Drug
temozolomide	F	Specialty Drug
TEPMETKO	Carve-out	
THALOMID	F	
TIBSOVO	F	Specialty Drug
toremifene citrate	F	
TORPENZ	F	Specialty Drug
TRELSTAR MIXJECT	F	
tretinoin external cream 0.025 %, 0.05 %	F	QL; AL
tretinoin oral	F	Specialty Drug
TREXALL	F	
TRUQAP ORAL TABLET 200 MG	Carve-out	
TRUQAP ORAL TABLET THERAPY PACK	Carve-out	
TUKYSA	Carve-out	
TURALIO ORAL CAPSULE 125 MG	Carve-out	
TYKERB	Carve-out	
VANFLYTA	Carve-out	
VELCADE INJECTION	Carve-out	
VENCLEXTA	F	Specialty Drug
VENCLEXTA STARTING PACK	F	Specialty Drug
VERZENIO	Carve-out	
VIDAZA	F	Specialty Drug

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
VITRAKVI	Carve-out		
VIZIMPRO	Carve-out		
VONJO	Carve-out		
VORANIGO	F	Specialty Drug	
VOTRIENT	Carve-out		
WELIREG	Carve-out		
XALKORI	Carve-out		
XATMEP	F		
XELODA	F	Specialty Drug	
XOSPATA	Carve-out		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	F	Specialty Drug	
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	F	Specialty Drug	
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	F	Specialty Drug	
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	F	Specialty Drug	
XPOVIO (60 MG TWICE WEEKLY)	F	Specialty Drug	
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	F	Specialty Drug	
XPOVIO (80 MG TWICE WEEKLY)	F	Specialty Drug	
XROMI	F	102 day supply allowed	
XTANDI	F	Specialty Drug	
YERVOY	F		
YONSA	F	Specialty Drug	
ZEJULA ORAL TABLET	Carve-out		
ZELBORAF	Carve-out		
ZOLINZA	F	Specialty Drug	
ZORTRESS	F	Specialty Drug	
ZYDELIG	Carve-out		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ZYKADIA ORAL TABLET	Carve-out	
ZYTIGA	F	Specialty Drug
Antitoxins,Immune Glob,Toxoids,Vaccines		
Allergenic Extracts (Therapeutic)		
PALFORZIA (12 MG DAILY DOSE)	F	PA; Specialty Drug; AL
PALFORZIA (120 MG DAILY DOSE)	F	PA; Specialty Drug; AL
PALFORZIA (160 MG DAILY DOSE)	F	PA; Specialty Drug; AL
PALFORZIA (20 MG DAILY DOSE)	F	PA; Specialty Drug; AL
PALFORZIA (200 MG DAILY DOSE)	F	PA; Specialty Drug; AL
PALFORZIA (240 MG DAILY DOSE)	F	PA; Specialty Drug; AL
PALFORZIA (3 MG DAILY DOSE)	F	PA; Specialty Drug; AL
PALFORZIA (300 MG MAINTENANCE)	F	PA; Specialty Drug; AL
PALFORZIA (300 MG TITRATION)	F	PA; Specialty Drug; AL
PALFORZIA (40 MG DAILY DOSE)	F	PA; Specialty Drug; AL
PALFORZIA (6 MG DAILY DOSE)	F	PA; Specialty Drug; AL
PALFORZIA (80 MG DAILY DOSE)	F	PA; Specialty Drug; AL
PALFORZIA INITIAL ESCALATION	F	PA; Specialty Drug; AL
Toxoids		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	F	QL; AL
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	F	QL; AL
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	F	QL; AL
INFANRIX	F	QL; AL
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	F	QL; AL
QUADRACEL INTRAMUSCULAR SUSPENSION	F	QL; AL
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
TDVAX	F	QL; AL
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	F	QL; AL
VAXELIS INTRAMUSCULAR SUSPENSION	F	QL; AL
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
Vaccines		
ACTHIB	F	QL; AL
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	F	QL; AL
AFLURIA	F	QL; AL
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
AREXVY	F	QL; AL
BEXSERO	F	QL; AL
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	F	QL; AL
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	AL
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	F	QL; AL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	F	QL; AL
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	F	QL; AL
FLUAD	F	QL; AL
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	F	QL; AL
FLUCELVAX INTRAMUSCULAR SUSPENSION	F	QL; AL
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
FLUMIST	F	QL; AL
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
FLUZONE INTRAMUSCULAR SUSPENSION	F	QL; AL
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
GARDASIL 9	F	QL; AL
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	F	QL; AL
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	F	QL; AL
HIBERIX INJECTION	F	QL; AL
INFANRIX	F	QL; AL
IPOL INJECTION INJECTABLE	NP	QL; AL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL	
MENQUADFI INTRAMUSCULAR SOLUTION	F	QL; AL	
MENVEO INTRAMUSCULAR SOLUTION	F	QL; AL	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	F	QL; AL	
M-M-R II INJECTION	F	QL; AL	
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	AL	
MRESVIA	F	AL	
novavax covid-19 vaccine intramuscular suspension prefilled syringe	F	AL	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	F	QL; AL	
PENBRAYA	F	QL; AL	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	F	QL; AL	
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	F	AL	
pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml	F	AL	
PNEUMOVAX 23 INJECTION SOLUTION	F	QL; AL	
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE	F	QL; AL	
PREHEVBRIO	F	QL; AL	
PREVNAR 20	F	QL; AL	
PRIORIX	F	QL; AL	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	F	QL; AL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
QUADRACEL INTRAMUSCULAR SUSPENSION	F	QL; AL	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	F	QL; AL	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	F	QL; AL	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	F	QL; AL	
SPIKEVAX INTRAMUSCULAR SUSPENSION	F	QL; AL	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	AL	
TRUMENBA	F	QL; AL	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	F	PA; QL; AL	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	F	QL; AL	
VARIVAX INJECTION	F	QL; AL	
VAXELIS INTRAMUSCULAR SUSPENSION	F	QL; AL	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	F	QL; AL	
VAXNEUVANCE	F	QL; AL	
VIVOTIF	F	PA; QL; AL	
Autonomic Drugs			
Alpha- And Beta-Adrenergic Agonists			
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	NP	PA; QL	
epinephrine injection solution auto-injector	P	QL	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	P	QL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	P	QL	
NEFFY	NP	PA; QL	
Alpha-Adrenergic Agonists			
clonidine	P	102 day supply allowed; QL	
clonidine er	P		
clonidine hcl er oral tablet extended release 12 hour	Carve-out		
clonidine hcl oral	P	102 day supply allowed	
dexmedetomidine hcl	Carve-out		
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 400 mcg/100ml, 80 mcg/20ml	Carve-out		
dexmedetomidine hcl in nacl intravenous solution prefilled syringe 20-0.9 mcg/5ml-%	Carve-out		
dexmedetomidine hcl-dextrose	Carve-out		
IGALMI	Carve-out		
lofexidine hcl	F		
LUCEMYRA	P		
methyldopa oral	P	102 day supply allowed	
midodrine hcl	F	QL	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	P	102 day supply allowed	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML	Carve-out		
Antimuscarinics/Antispasmodics			
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	P	102 day supply allowed; QL	
atropine sulfate ophthalmic ointment	F		
atropine sulfate ophthalmic solution 1 %	F		
ATROVENT HFA	P	102 day supply allowed; QL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
BEVESPI AEROSPHERE	P	102 day supply allowed; QL	
BREZTRI AEROSPHERE	NP	PA; 102 day supply allowed; QL	
COMBIVENT RESPIMAT	P	102 day supply allowed; QL	
dicyclomine hcl oral capsule	F	AL	
dicyclomine hcl oral solution 10 mg/5ml	F	AL	
dicyclomine hcl oral tablet	F	AL	
diphenoxylate-atropine oral liquid	P		
diphenoxylate-atropine oral tablet 2.5-0.025 mg	P		
DUAKLIR PRESSAIR	NP	PA	
glycopyrrolate oral solution	F	AL	
glycopyrrolate oral tablet 1 mg, 2 mg	F		
hyoscyamine sulfate er oral tablet extended release 12 hour	F	AL	
hyoscyamine sulfate oral	F	AL	
hyoscyamine sulfate sublingual	F	AL	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	P	102 day supply allowed; QL	
ipratropium bromide inhalation	P	102 day supply allowed	
ipratropium bromide nasal	P		
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	P	102 day supply allowed	
scopolamine	F	PA	
SPIRIVA HANDIHALER	P	102 day supply allowed; QL	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	P	102 day supply allowed; QL	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	P	102 day supply allowed; QL	
tiotropium bromide monohydrate	NP	PA; 102 day supply allowed; QL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	P	102 day supply allowed; QL	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	NP	PA; 102 day supply allowed	
umeclidinium-vilanterol	NP	PA; 102 day supply allowed; QL	
YUPELRI	NP	PA	
Antiparkinsonian Agents			
aler-cap	F	OTC; AL	
allergy childrens oral liquid	F	OTC	
allergy relief childrens oral liquid	F	OTC	
allergy relief oral capsule 25 mg	F	OTC; AL	
allergy relief oral liquid	F	OTC	
allergy relief oral tablet 25 mg	F	OTC; AL	
BANOPHEN ORAL CAPSULE 25 MG	F	OTC	
BANOPHEN ORAL CAPSULE 50 MG	F	OTC; AL	
BANOPHEN ORAL LIQUID	F	OTC	
BANOPHEN ORAL TABLET	F	OTC; AL	
benztropine mesylate injection	Carve-out		
benztropine mesylate oral	Carve-out		
complete allergy relief	F	OTC; AL	
cvs allergy relief adult	F	OTC	
cvs allergy relief childrens oral liquid	F	OTC	
cvs allergy relief oral capsule 25 mg	F	OTC; AL	
cvs allergy relief oral liquid	F	OTC	
cvs allergy relief oral tablet 25 mg	F	OTC; AL	
cvs childrens allergy	F	OTC	
cvs sleep aid nighttime oral tablet	Carve-out	OTC	
cvs sleep aid oral tablet 25 mg	Carve-out	OTC	
cvs sleep-aid nighttime oral capsule 25 mg	Carve-out	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
diphen oral tablet	F	OTC; AL	
diphenhydramine hcl (sleep) oral tablet 50 mg	Carve-out	OTC	
diphenhydramine hcl childrens	F	OTC	
diphenhydramine hcl injection	F	AL	
diphenhydramine hcl oral capsule	F	AL	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	F	OTC	
eq allergy relief childrens oral liquid	F	OTC	
eq allergy relief oral tablet 25 mg	F	OTC; AL	
eql allergy oral tablet 25 mg	F	OTC; AL	
eql allergy relief oral tablet 25 mg	F	OTC; AL	
eql nighttime sleep aid	Carve-out	OTC	
eql sleep aid oral capsule	Carve-out	OTC	
eql sleep aid oral liquid	Carve-out	OTC	
ft allergy relief childrens oral liquid	F	OTC	
ft allergy relief oral capsule	F	.; OTC	
ft allergy relief oral tablet 25 mg	F	OTC; AL	
ft nighttime sleep aid	Carve-out	OTC	
ft sleep-aid maximum strength	Carve-out	OTC	
geri-dryl oral liquid	F	OTC	
geri-dryl oral tablet	F	OTC; AL	
gnp allergy oral tablet 25 mg	F	OTC; AL	
gnp allergy relief max st	F	OTC	
gnp allergy relief oral capsule	F	OTC; AL	
gnp allergy relief oral tablet 25 mg	F	OTC; AL	
gnp childrens allergy	F	OTC	
gnp nighttime sleep-aid max st	Carve-out	OTC	
gnp sleep aid nighttime	Carve-out	OTC	
gnp sleep aid oral liquid	Carve-out	OTC	
GOCOVRI	NP	PA; Specialty Drug; 102 day supply allowed	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
goodsense sleeptime	Carve-out	OTC	
h-e-b childrens allergy	F	OTC	
KINDERMED KIDS ALLERGY	F	OTC	
liquid allergy relief	F	OTC	
m-dryl	F	OTC	
night time sleep aid	Carve-out	OTC	
nighttime sleep aid oral tablet 25 mg	Carve-out	OTC	
NYTOL QUICKCAPS	Carve-out	OTC	
PEDIACARE CHILDRENS ALLERGY	F	OTC	
pharbedryl oral capsule 25 mg	F	OTC; AL	
qc allergy childrens	F	OTC	
qc rest simply	Carve-out	OTC	
qc sleep aid max st	Carve-out	OTC	
ra allergy medication oral liquid	F	OTC	
ra allergy medication oral tablet	F	OTC; AL	
ra allergy oral liquid	F	OTC	
ra allergy relief childrens oral liquid	F	OTC	
ra allergy relief oral capsule 25 mg	F	OTC; AL	
ra complete allergy	F	OTC; AL	
RA DIPHEDRYL ALLERGY	F	OTC	
ra nighttime sleep aid oral tablet	Carve-out	OTC	
ra sleep aid (diphenhydramine)	Carve-out	OTC	
ra sleep aid oral capsule	Carve-out	OTC	
sb allergy medicine oral liquid	F	OTC	
sb allergy medicine oral tablet	Carve-out	OTC	
sb sleep	Carve-out	OTC	
siladryl allergy	F	OTC	
SIMPLY SLEEP	Carve-out	OTC	
sleep aid (diphenhydramine)	Carve-out	OTC	
sleep aid oral liquid	Carve-out	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
sleep tabs oral tablet 25 mg	Carve-out	OTC
sleep-aid oral capsule	Carve-out	OTC
sleep-tabs	Carve-out	OTC
SOMINEX	Carve-out	OTC
SOMINEX MAX ST	Carve-out	OTC
SOMINEX NIGHTTIME SLEEP-AID	Carve-out	OTC
total allergy	F	OTC; AL
TOTAL ALLERGY MEDICINE	F	OTC
trihexyphenidyl hcl	Carve-out	
UNISOM SLEEPGELS	Carve-out	OTC
UNISOM SLEEPMELTS	Carve-out	OTC
UNISOM SLEEPMINIS	Carve-out	OTC
WAL-DRYL ALLERGY ORAL LIQUID	F	OTC
WAL-SLEEP Z	Carve-out	OTC
wal-som maximum strength	Carve-out	OTC
wal-som oral tablet dispersible	Carve-out	OTC
ZZZQUIL	Carve-out	OTC
Autonomic Drugs, Miscellaneous		
cvs nicotine mouth/throat gum	F	OTC; QL
cvs nicotine mouth/throat lozenge	F	OTC
cvs nicotine polacrilex mouth/throat gum	F	OTC; QL
cvs nicotine polacrilex mouth/throat lozenge 2 mg	F	OTC
cvs nicotine polacrilex mouth/throat lozenge 4 mg	F	OTC; QL
cvs nicotine transdermal	F	OTC; QL
eq nicotine mouth/throat lozenge	F	OTC; QL
eq nicotine polacrilex mouth/throat gum 2 mg	F	OTC; QL
eq nicotine polacrilex mouth/throat lozenge 2 mg	F	OTC; QL
eq nicotine polacrilex mouth/throat lozenge 4 mg	F	OTC
eq nicotine step 3	F	OTC; QL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	F	OTC; QL	
eq nicotine polacrilex mouth/throat lozenge 2 mg	F	OTC; QL	
ft nicotine mini	F	OTC; QL	
ft nicotine mouth/throat gum 4 mg	F	OTC; QL	
ft nicotine mouth/throat lozenge 2 mg	F	OTC; QL	
ft nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr	F	OTC; QL	
gnp nicotine	F	OTC; QL	
gnp nicotine mini	F	OTC; QL	
gnp nicotine polacrilex	F	OTC; QL	
goodsense nicotine mouth/throat gum	F	OTC; QL	
goodsense nicotine mouth/throat lozenge 2 mg	F	OTC	
goodsense nicotine mouth/throat lozenge 4 mg	F	OTC; QL	
nicotine mini	F	OTC; QL	
nicotine polacrilex mini	F	OTC	
nicotine polacrilex mouth/throat gum 4 mg	F	OTC; QL	
nicotine polacrilex mouth/throat lozenge	F	OTC; QL	
nicotine step 1	F	OTC; QL	
nicotine step 2	F	OTC; QL	
nicotine step 3	F	OTC; QL	
nicotine transdermal kit	F	OTC; QL	
nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr	F	OTC; QL	
NICOTROL	F	QL	
NICOTROL NS	F	QL	
qc nicotine transdermal system	F	OTC; QL	
ra mini nicotine	F	OTC; QL	
ra nicotine gum mouth/throat gum 2 mg, 4 mg	F	OTC; QL	
ra nicotine mouth/throat	F	OTC; QL	
ra nicotine polacrilex mouth/throat lozenge	F	OTC; QL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
ra nicotine transdermal patch 24 hour 21 mg/24hr	F	OTC; QL	
sm nicotine mouth/throat lozenge	F	OTC; QL	
sm nicotine polacrilex mouth/throat gum 4 mg	F	OTC; QL	
sm nicotine polacrilex mouth/throat lozenge 4 mg	F	OTC; QL	
THRIVE MOUTH/THROAT GUM 2 MG	F	OTC; QL	
varenicline tartrate (starter)	F	QL	
varenicline tartrate oral tablet 0.5 mg, 1 mg	F	QL	
varenicline tartrate(continue)	F	QL	
Centrally Acting Skeletal Muscle Relaxnt			
AMRIX	NP	PA	
chlorzoxazone oral	NP	PA	
cyclobenzaprine hcl er	NP	PA	
cyclobenzaprine hcl oral	P		
FEXMID	NP	PA	
metaxalone	NP	PA	
methocarbamol oral	P		
TANLOR	NP	PA	
tizanidine hcl oral capsule	NP	PA	
tizanidine hcl oral tablet	P		
ZANAFLEX	NP	PA	
Direct-Acting Skeletal Muscle Relaxants			
DANTRIUM ORAL CAPSULE 25 MG	NP	PA	
dantrolene sodium oral	NP	PA	
Gaba-Derivative Skeletal Muscle Relaxant			
baclofen oral solution 5 mg/5ml	P-PA	PA	
baclofen oral suspension	NP	PA	
baclofen oral tablet	P		
FLEQSUVY	NP	PA	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
LYVISPAH	NP	PA
Indirect-Acting Skeletal Muscle Relaxant		
NORGESIC	NP	PA
norgesic forte	NP	PA
orphenadrine citrate er	P	
orphenadrine-aspirin-cafeine oral tablet 25-385-30 mg	NP	PA
Non-Sel. Beta-Adrenergic Blocking Agents		
BETAPACE AF	NP	PA; 102 day supply allowed
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	NP	PA; 102 day supply allowed
BETIMOL	NP	PA
BYSTOLIC	NP	PA; 102 day supply allowed
carvedilol	P	102 day supply allowed
carvedilol phosphate er	NP	PA; 102 day supply allowed
HEMANGEOL	P	Specialty Drug; 102 day supply allowed; AL
INDERAL LA	NP	PA; 102 day supply allowed
INDERAL XL	NP	PA; 102 day supply allowed
INNOPRAN XL	NP	PA; 102 day supply allowed
ISTALOL	NP	PA
labetalol hcl oral	P	102 day supply allowed
nadolol oral tablet 20 mg, 40 mg, 80 mg	P	102 day supply allowed
nebivolol hcl	P	102 day supply allowed
pindolol	NP	PA; 102 day supply allowed
propranolol hcl er	P	102 day supply allowed
propranolol hcl oral	P	102 day supply allowed
sotalol hcl (af)	P	102 day supply allowed
sotalol hcl oral	P	102 day supply allowed

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SOTYLIZE	NP	PA; 102 day supply allowed
timolol hemihydrate	NP	PA
timolol maleate (once-daily)	NP	PA
TIMOLOL MALEATE OCUDOSE	NP	PA
timolol maleate ophthalmic	P	
timolol maleate oral	NP	PA; 102 day supply allowed
timolol maleate pf	NP	PA
TIMOPTIC OCUDOSE	NP	PA
TIMOPTIC-XE	NP	PA
Non-Sel.Alpha-1-Adrenergic Blocking Agts		
CARDURA	NP	PA; 102 day supply allowed
CARDURA XL	NP	PA; 102 day supply allowed
doxazosin mesylate oral	P	102 day supply allowed
prazosin hcl oral	P	102 day supply allowed
terazosin hcl oral	P	102 day supply allowed
Parasympathomimetic (Cholinergic Agents)		
ADLARITY	F	PA
ARICEPT	NP	PA
bethanechol chloride oral	F	QL
donepezil hcl oral tablet 10 mg, 5 mg	P	
donepezil hcl oral tablet 23 mg	NP	PA
donepezil hcl oral tablet dispersible	P	
EXELON TRANSDERMAL	P	
FIRDAPSE	Carve-out	
galantamine hydrobromide er	NP	PA
galantamine hydrobromide oral solution	NP	PA
galantamine hydrobromide oral tablet	P	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
memantine hcl-donepezil hcl oral capsule extended release 24 hour 28-10 mg	NP	PA
NAMZARIC	NP	PA
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	F	
pilocarpine hcl oral	F	
pyridostigmine bromide oral tablet 60 mg	F	
rivastigmine	NP	PA
rivastigmine tartrate	P	
Selective Alpha-1-Adrenergic Block.Agent		
alfuzosin hcl er	P	
carvedilol	P	102 day supply allowed
carvedilol phosphate er	NP	PA; 102 day supply allowed
dutasteride-tamsulosin hcl	NP	PA
labetalol hcl oral	P	102 day supply allowed
RAPAFLO	NP	PA
silodosin	NP	PA
tamsulosin hcl	P	
Selective Beta-2-Adrenergic Agonists		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	P	102 day supply allowed; QL
ADVAIR HFA	P	102 day supply allowed; QL
AIRDUO DIGIHALER	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 113/14	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 232/14	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 55/14	NP	PA; 102 day supply allowed; QL
AIRSUPRA	NP	PA; 102 day supply allowed; QL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	P	102 day supply allowed; QL	
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	P	102 day supply allowed	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	P	102 day supply allowed; QL	
arformoterol tartrate	NP	PA; 102 day supply allowed	
BEVESPI AEROSPHERE	P	102 day supply allowed; QL	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	NP	PA; 102 day supply allowed; QL	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	NP	PA; 102 day supply allowed; QL; AL	
BREYNA	NP	PA; 102 day supply allowed; QL	
BREZTRI AEROSPHERE	NP	PA; 102 day supply allowed; QL	
BROVANA	NP	PA; 102 day supply allowed	
budesonide-formoterol fumarate	NP	PA; 102 day supply allowed; QL	
COMBIVENT RESPIMAT	P	102 day supply allowed; QL	
DUAKLIR PRESSAIR	NP	PA	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	P	102 day supply allowed; QL	
DULERA INHALATION AEROSOL 50-5 MCG/ACT	P	102 day supply allowed; QL; AL	
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	NP	PA; 102 day supply allowed; QL	
fluticasone-salmeterol inhalation aerosol	NP	PA; 102 day supply allowed; QL	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	NP	PA; 102 day supply allowed; QL	

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formoterol fumarate inhalation	NP	PA; 102 day supply allowed
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	P	102 day supply allowed
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	NP	PA; 102 day supply allowed
levalbuterol tartrate	NP	PA; 102 day supply allowed; QL
PERFOROMIST	NP	PA; 102 day supply allowed
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	NP	PA; 102 day supply allowed; QL
PROAIR RESPICLICK	NP	PA; 102 day supply allowed; QL
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	P	102 day supply allowed; QL
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	P	102 day supply allowed; QL
STRIVERDI RESPIMAT	NP	PA; 102 day supply allowed
SYMBICORT	P	102 day supply allowed; QL
terbutaline sulfate oral	F	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	P	102 day supply allowed; QL
umeclidinium-vilanterol	NP	PA; 102 day supply allowed; QL
VENTOLIN HFA	P	102 day supply allowed; QL
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	NP	PA; 102 day supply allowed; QL
XOPENEX HFA	P	102 day supply allowed; QL
Selective Beta-Adrenergic Blocking Agent		
acebutolol hcl oral	NP	PA; 102 day supply allowed

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs Coverage Requirements and Limits		
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
atenolol oral	P	102 day supply allowed
betaxolol hcl ophthalmic	NP	PA
betaxolol hcl oral	NP	PA; 102 day supply allowed
BETOPTIC-S	P	
bisoprolol fumarate oral	P	102 day supply allowed
KAPSPARGO SPRINKLE	NP	PA; 102 day supply allowed
LOPRESSOR ORAL TABLET	NP	PA; 102 day supply allowed
metoprolol succinate er	P	102 day supply allowed
metoprolol tartrate oral	P	102 day supply allowed
nadolol oral tablet 20 mg, 40 mg, 80 mg	P	102 day supply allowed
TENORMIN	NP	PA; 102 day supply allowed
TOPROL XL	NP	PA; 102 day supply allowed
Skeletal Muscle Relaxants, Miscellaneous		
NORGESIC	NP	PA
norgesic forte	NP	PA
orphenadrine citrate er	P	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	NP	PA
Smoking Cessation Agents		
bupropion hcl er (smoking det)	F	QL
cvs nicotine mouth/throat gum	F	OTC; QL
cvs nicotine mouth/throat lozenge	F	OTC
cvs nicotine polacrilex mouth/throat gum	F	OTC; QL
cvs nicotine polacrilex mouth/throat lozenge 2 mg	F	OTC
cvs nicotine polacrilex mouth/throat lozenge 4 mg	F	OTC; QL
cvs nicotine transdermal	F	OTC; QL
eq nicotine mouth/throat lozenge	F	OTC; QL
eq nicotine polacrilex mouth/throat gum 2 mg	F	OTC; QL
eq nicotine polacrilex mouth/throat lozenge 2 mg	F	OTC; QL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
eq nicotine polacrilex mouth/throat lozenge 4 mg	F	OTC	
eq nicotine step 3	F	OTC; QL	
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	F	OTC; QL	
eql nicotine polacrilex mouth/throat lozenge 2 mg	F	OTC; QL	
ft nicotine mini	F	OTC; QL	
ft nicotine mouth/throat gum 4 mg	F	OTC; QL	
ft nicotine mouth/throat lozenge 2 mg	F	OTC; QL	
ft nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr	F	OTC; QL	
gnp nicotine	F	OTC; QL	
gnp nicotine mini	F	OTC; QL	
gnp nicotine polacrilex	F	OTC; QL	
goodsense nicotine mouth/throat gum	F	OTC; QL	
goodsense nicotine mouth/throat lozenge 2 mg	F	OTC	
goodsense nicotine mouth/throat lozenge 4 mg	F	OTC; QL	
naltrexone hcl oral	Carve-out		
nicotine mini	F	OTC; QL	
nicotine polacrilex mini	F	OTC	
nicotine polacrilex mouth/throat gum 4 mg	F	OTC; QL	
nicotine polacrilex mouth/throat lozenge	F	OTC; QL	
nicotine step 1	F	OTC; QL	
nicotine step 2	F	OTC; QL	
nicotine step 3	F	OTC; QL	
nicotine transdermal kit	F	OTC; QL	
nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr	F	OTC; QL	
NICOTROL	F	QL	
NICOTROL NS	F	QL	
qc nicotine transdermal system	F	OTC; QL	
ra mini nicotine	F	OTC; QL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ra nicotine gum mouth/throat gum 2 mg, 4 mg	F	OTC; QL
ra nicotine mouth/throat	F	OTC; QL
ra nicotine polacrilex mouth/throat lozenge	F	OTC; QL
ra nicotine transdermal patch 24 hour 21 mg/24hr	F	OTC; QL
sm nicotine mouth/throat lozenge	F	OTC; QL
sm nicotine polacrilex mouth/throat gum 4 mg	F	OTC; QL
sm nicotine polacrilex mouth/throat lozenge 4 mg	F	OTC; QL
THRIVE MOUTH/THROAT GUM 2 MG	F	OTC; QL
TYRVAYA	NP	PA; QL
varenicline tartrate (starter)	F	QL
varenicline tartrate oral tablet 0.5 mg, 1 mg	F	QL
varenicline tartrate(continue)	F	QL
VIVITROL	Carve-out	
Blood Derivatives		
Blood Derivatives		
ALBUKED 25	Carve-out	
ALBUKED 5	Carve-out	
albumin human	Carve-out	
ALBUMINEX	Carve-out	
albumin-zlb	Carve-out	
alburx	Carve-out	
ALBUTEIN	Carve-out	
FLEXBUMIN	Carve-out	
kedbumin	Carve-out	
OCTAPLAS BLOOD GROUP A	Carve-out	
OCTAPLAS BLOOD GROUP AB	Carve-out	
OCTAPLAS BLOOD GROUP B	Carve-out	
OCTAPLAS BLOOD GROUP O	Carve-out	
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	Carve-out	

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA		Coverage Requirements and Limits
lowercase = Generic drugs		
UPPERCASE = Brand name drugs		
Prescriptions Drug Name	Tier Status	
RYPLAZIM	Carve-out	
Blood Formation, Coagulation, Thrombosis		
Antianemia Drugs		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	P-PA	PA; Specialty Drug
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	P-PA	PA; Specialty Drug
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	P-PA	PA; Specialty Drug
JESDUVROQ	NP	PA; Specialty Drug; AL
PROCRT	NP	PA; Specialty Drug
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	P-PA	PA; Specialty Drug
Anticoagulants, Miscellaneous		
ARIXTRA	NP	PA; Specialty Drug; 102 day supply allowed
CEPROTIN	Carve-out	
fondaparinux sodium	NP	PA; Specialty Drug; 102 day supply allowed
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Carve-out	
Antithrombin Replacements		
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Carve-out	
Blood Form.,Coag,Thrombosis Agents Misc.		
ENJAYMO	Carve-out	
PYRUKYND	Carve-out	

Tier Status		Coverage Requirements and Limits
Carve-out = Carve-out		
F = Supplemental Formulary		
NP = PDL Non-Preferred, requires PA		
lowercase = Generic drugs	P = PDL Preferred	
UPPERCASE = Brand name drugs	P-PA = PDL Preferred, requires PA	
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
PYRUKYND TAPER PACK	Carve-out	
Coumarin Derivatives		
JANTOVEN	P	102 day supply allowed
warfarin sodium oral	P	102 day supply allowed
Direct Factor Xa Inhibitors		
ELIQUIS	P	102 day supply allowed; QL
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	P	QL
rivaroxaban oral tablet	NP	PA; 102 day supply allowed; QL
SAVAYSA	NP	PA; 102 day supply allowed
XARELTO	P	102 day supply allowed; QL
XARELTO STARTER PACK	P	QL
Direct Thrombin Inhibitors		
dabigatran etexilate mesylate	P	102 day supply allowed; QL
PRADAXA ORAL CAPSULE	NP	PA; 102 day supply allowed; QL
PRADAXA ORAL PACKET	NP	PA; 102 day supply allowed; AL
Hematopoietic Agents		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	P-PA	PA; Specialty Drug
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	P-PA	PA; Specialty Drug
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	P-PA	PA; Specialty Drug
FULPHILA	NP	PA; Specialty Drug; QL
FYLNETRA	NP	PA; Specialty Drug; QL
GRANIX	NP	PA; Specialty Drug
JESDUVROQ	NP	PA; Specialty Drug; AL
LEUKINE INJECTION SOLUTION RECONSTITUTED	NP	PA; Specialty Drug

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
NEULASTA ONPRO	NP	PA; Specialty Drug; QL
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug; QL
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	P	Specialty Drug
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	P	Specialty Drug
NIVESTYM	NP	PA; Specialty Drug
NYVEPRIA	P	Specialty Drug; QL
PROCRT	NP	PA; Specialty Drug
RELEUKO INJECTION SOLUTION 300 MCG/ML	NP	PA; Specialty Drug
releuko injection solution 480 mcg/1.6ml	NP	PA; Specialty Drug
releuko subcutaneous	NP	PA; Specialty Drug
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	P-PA	PA; Specialty Drug
STIMUFEND	F	PA; Specialty Drug; QL
UDENYCA	NP	PA; Specialty Drug; QL
UDENYCA ONBODY	NP	PA; Specialty Drug; QL
VAFSEO	NP	PA; AL
XOLREMDI	Carve-out	
ZARXIO	NP	PA; Specialty Drug; QL
ZIEXTENZO	NP	PA; Specialty Drug; QL
Hemorrhologic Agents		
pentoxifylline er	F	
Hemostatics		
ADVATE	Carve-out	
adynovate	Carve-out	
AFSTYLA	Carve-out	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ALHEMO	Carve-out	
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Carve-out	
ALPHANINE SD	Carve-out	
ALPROLIX	Carve-out	
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Carve-out	
aminocaproic acid intravenous	Carve-out	
aminocaproic acid oral solution	Carve-out	
aminocaproic acid oral tablet	Carve-out	
BALFAXAR	Carve-out	
BENEFIX INTRAVENOUS KIT	Carve-out	
COAGADEX	Carve-out	
CORIFACT	Carve-out	
CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML	Carve-out	
desmopressin ace spray refrig	F	PA
desmopressin acetate oral	F	QL
desmopressin acetate spray	F	PA
ELOCTATE	Carve-out	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	Carve-out	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	Carve-out	
FIBRYGA	Carve-out	
HEMLIBRA	Carve-out	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	Carve-out	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	Carve-out	
IDELVION	Carve-out	
IXINITY	Carve-out	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	Carve-out	
KCENTRA	Carve-out	
KOATE	Carve-out	
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	Carve-out	
KOGENATE FS	Carve-out	
KOVALTRY	Carve-out	
NOVOEIGHT	Carve-out	
NOVOSEVEN RT	Carve-out	
NUWIQ	Carve-out	
obizur	Carve-out	
PROFILNINE	Carve-out	
QFITLIA	Carve-out	
REBINYN	Carve-out	
RECOMBINATE	Carve-out	
RIASTAP	Carve-out	
rixubis	Carve-out	
ROCTAVIAN	Carve-out	
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG	Carve-out	
tranexamic acid intravenous solution 1000 mg/10ml	Carve-out	
tranexamic acid oral	Carve-out	
tranexamic acid-nacl	Carve-out	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT	Carve-out	
VONVENDI	Carve-out	
WILATE INTRAVENOUS KIT	Carve-out	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Carve-out	
XYNTHA SOLOFUSE	Carve-out	
Heparins		
enoxaparin sodium injection solution 300 mg/3ml	P	Specialty Drug; 102 day supply allowed
enoxaparin sodium injection solution prefilled syringe	P	Specialty Drug; 102 day supply allowed
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	NP	PA; Specialty Drug; 102 day supply allowed
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug; 102 day supply allowed
heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml	F	
LOVENOX INJECTION	NP	PA; Specialty Drug; 102 day supply allowed
Indirect Factor Xa Inhibitors		
ARIXTRA	NP	PA; Specialty Drug; 102 day supply allowed
fondaparinux sodium	NP	PA; Specialty Drug; 102 day supply allowed
Iron Preparations		
BPROTECTED PEDIA IRON	F	OTC
classic prenatal	F	OTC; QL; AL
completenate	F	QL; AL
cvs iron oral tablet 240 (27 fe) mg, 325 (65 fe) mg	F	OTC
FEOSOL ORAL TABLET 200 (65 FE) MG	F	OTC
FERATE ORAL TABLET 240 (27 FE) MG	F	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
FERGON	F	OTC	
FER-IN-SOL	F	OTC	
FEROSUL ORAL TABLET	F	OTC	
ferrous gluconate oral tablet 240 (27 fe) mg, 324 (37.5 fe) mg, 324 (38 fe) mg	F	OTC	
ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 300 mg/6.8ml, 75 (15 fe) mg/ml	F	OTC; AL	
ferrous sulfate oral tablet 325 (65 fe) mg	F	OTC	
ferrous sulfate oral tablet delayed release	F	OTC	
fe-vite iron	F	OTC	
gnp iron oral tablet 200 (65 fe) mg	F	OTC	
gnp iron oral tablet extended release 45 mg	F	OTC	
iron (ferrous sulfate) oral solution	F	OTC	
iron 100 plus	F	OTC; AL	
iron 27	F	OTC	
iron high-potency oral tablet	F	OTC	
iron infant & toddler	F	OTC	
iron infant/toddler	F	OTC	
iron oral tablet 325 (65 fe) mg	F	OTC	
iron supplement oral solution 220 (44 fe) mg/5ml	F	OTC; AL	
kp ferrous sulfate	F	OTC	
m-natal plus	F	QL; AL	
multi-vit/iron/fluoride	F	OTC; QL; AL	
multi-vitamin/fluoride/iron	F	QL; AL	
NEPHRON FA	F		
NESTABS	F	QL; AL	
NIVA-PLUS	F	QL; AL	
one daily multivitamin/iron	F	OTC	
pc pediatric iron drops	F	OTC	
PRENATABS RX	F	OTC; QL; AL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
prenatal 19 oral tablet	F	OTC; QL; AL	
prenatal oral tablet 27-1 mg	F	QL; AL	
prenatal plus	F	QL; AL	
prenatal vitamin and mineral	F	OTC; QL; AL	
prenatal vitamins oral tablet 28-0.8 mg	F	OTC; QL; AL	
qc prenatal	F	OTC; QL; AL	
ra iron oral tablet 325 (65 fe) mg	F	OTC	
ra slow release iron oral tablet extended release 45 mg	F	OTC	
se-natal 19 oral tablet	F	QL; AL	
slow release iron oral tablet extended release 45 mg	F	OTC	
tab-a-vite/iron	F	OTC	
TAB-A-VITE/IRON/BETA CAROTENE	F	OTC	
thrivite rx	F	QL; AL	
TRICARE	F	QL; AL	
trinatal rx 1	F	QL; AL	
true ferrous sulfate	F	OTC	
westab plus	F	QL; AL	
Liver And Stomach Preparations			
cyanocobalamin injection solution 1000 mcg/ml	F		
DODEX	F		
Platelet-Aggregation Inhibitors			
aspirin 81	F	OTC; QL	
aspirin adult low dose	F	OTC; QL	
aspirin adult low strength oral tablet delayed release	F	OTC; QL	
aspirin buf(cacarb-mgcarb-mgo)	F	OTC; AL	
aspirin childrens	F	OTC; QL	
aspirin ec adult low dose	F	OTC; QL	
aspirin ec low dose	F	OTC; QL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
aspirin ec low strength	F	OTC; QL	
aspirin low dose oral tablet chewable	F	OTC; QL	
aspirin low dose oral tablet delayed release	F	OTC; QL	
aspirin low strength	F	OTC; QL	
aspirin oral tablet 325 mg	F	OTC; QL; AL	
aspirin oral tablet chewable	F	OTC; QL	
aspirin oral tablet delayed release 325 mg	F	OTC; QL; AL	
aspirin oral tablet delayed release 81 mg	F	OTC; QL	
aspirin rectal suppository 300 mg	F	OTC	
aspirin regimen	F	OTC; QL	
aspirin-dipyridamole er	NP	PA; 102 day supply allowed	
BAYER ASPIRIN EC LOW DOSE	F	OTC; QL	
BAYER ASPIRIN ORAL TABLET	F	OTC; QL; AL	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE	F	OTC; QL; AL	
BAYER LOW DOSE	F	OTC; QL	
BRILINTA	P	102 day supply allowed	
BUFFERIN	F	OTC; AL	
childrens aspirin	F	OTC; QL	
cilostazol	F	QL	
clopidogrel bisulfate oral	P	102 day supply allowed; QL	
cvs aspirin adult low dose	F	OTC; QL	
cvs aspirin ec oral tablet delayed release 81 mg	F	OTC; QL	
cvs aspirin low dose	F	OTC; QL	
cvs aspirin low strength oral tablet delayed release	F	OTC; QL	
cvs aspirin oral tablet 325 mg	F	OTC; QL; AL	
cvs genuine aspirin	F	OTC; QL; AL	
dipyridamole oral	NP	PA; 102 day supply allowed	
ECOTRIN LOW STRENGTH	F	OTC; QL	
EFFIENT	NP	PA; 102 day supply allowed; AL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
eq aspirin adult low dose	F	OTC; QL	
eq aspirin low dose oral tablet chewable	F	OTC; QL	
eq aspirin oral tablet	F	OTC; QL; AL	
eql aspirin low dose	F	OTC; QL	
ft aspirin low dose	F	OTC	
ft aspirin oral tablet	F	OTC; QL; AL	
ft enteric coated aspirin	F	OTC; QL; AL	
gnp aspirin low dose	F	OTC; QL	
gnp aspirin oral tablet 325 mg	F	OTC; QL; AL	
gnp aspirin oral tablet delayed release 325 mg	F	OTC; QL; AL	
goodsense aspirin adults	F	OTC; QL; AL	
goodsense aspirin oral tablet	F	OTC; QL; AL	
goodsense aspirin oral tablet chewable	F	OTC; QL	
kp aspirin	F	OTC; QL	
MEDI-FIRST ASPIRIN	F	OTC; QL; AL	
MEDIQUE ASPIRIN	F	OTC; QL; AL	
PLAVIX ORAL TABLET 75 MG	NP	PA; 102 day supply allowed; QL	
prasugrel hcl	P	102 day supply allowed; AL	
px aspirin oral tablet chewable	F	OTC; QL	
qc aspirin	F	OTC; QL; AL	
qc aspirin low dose	F	OTC; QL	
qc enteric aspirin	F	OTC; QL; AL	
ra aspirin adult low dose	F	OTC; QL	
ra aspirin adult low strength oral tablet chewable	F	OTC; QL	
ra aspirin childrens	F	OTC; QL	
ra aspirin ec oral tablet delayed release 325 mg	F	OTC; QL; AL	
ra aspirin ec oral tablet delayed release 81 mg	F	OTC; QL	
ra aspirin oral tablet 325 mg	F	OTC; QL; AL	
sb aspirin oral tablet	F	OTC; QL; AL	
sb childrens aspirin	F	OTC; QL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
sb low dose asa ec	F	OTC; QL	
ST JOSEPH LOW DOSE	F	OTC; QL	
ticagrelor	NP	PA; 102 day supply allowed	
tri-buffered aspirin oral tablet 325 mg	F	OTC; AL	
Platelet-Reducing Agents			
anagrelide hcl	F		
Thrombolytic Agents			
aspirin 81	F	OTC; QL	
aspirin adult low dose	F	OTC; QL	
aspirin adult low strength oral tablet delayed release	F	OTC; QL	
aspirin buf(cacarb-mgcarb-mgo)	F	OTC; AL	
aspirin childrens	F	OTC; QL	
aspirin ec adult low dose	F	OTC; QL	
aspirin ec low dose	F	OTC; QL	
aspirin ec low strength	F	OTC; QL	
aspirin low dose oral tablet chewable	F	OTC; QL	
aspirin low dose oral tablet delayed release	F	OTC; QL	
aspirin low strength	F	OTC; QL	
aspirin oral tablet 325 mg	F	OTC; QL; AL	
aspirin oral tablet chewable	F	OTC; QL	
aspirin oral tablet delayed release 325 mg	F	OTC; QL; AL	
aspirin oral tablet delayed release 81 mg	F	OTC; QL	
aspirin rectal suppository 300 mg	F	OTC	
aspirin regimen	F	OTC; QL	
BAYER ASPIRIN EC LOW DOSE	F	OTC; QL	
BAYER ASPIRIN ORAL TABLET	F	OTC; QL; AL	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE	F	OTC; QL; AL	
BAYER LOW DOSE	F	OTC; QL	

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs			Coverage Requirements and Limits
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
BUFFERIN	F	OTC; AL	
childrens aspirin	F	OTC; QL	
cvs aspirin adult low dose	F	OTC; QL	
cvs aspirin ec oral tablet delayed release 81 mg	F	OTC; QL	
cvs aspirin low dose	F	OTC; QL	
cvs aspirin low strength oral tablet delayed release	F	OTC; QL	
cvs aspirin oral tablet 325 mg	F	OTC; QL; AL	
cvs genuine aspirin	F	OTC; QL; AL	
ECOTRIN LOW STRENGTH	F	OTC; QL	
eq aspirin adult low dose	F	OTC; QL	
eq aspirin low dose oral tablet chewable	F	OTC; QL	
eq aspirin oral tablet	F	OTC; QL; AL	
eql aspirin low dose	F	OTC; QL	
ft aspirin low dose	F	OTC	
ft aspirin oral tablet	F	OTC; QL; AL	
ft enteric coated aspirin	F	OTC; QL; AL	
gnp aspirin low dose	F	OTC; QL	
gnp aspirin oral tablet 325 mg	F	OTC; QL; AL	
gnp aspirin oral tablet delayed release 325 mg	F	OTC; QL; AL	
goodsense aspirin adults	F	OTC; QL; AL	
goodsense aspirin oral tablet	F	OTC; QL; AL	
goodsense aspirin oral tablet chewable	F	OTC; QL	
kp aspirin	F	OTC; QL	
MEDI-FIRST ASPIRIN	F	OTC; QL; AL	
MEDIQUE ASPIRIN	F	OTC; QL; AL	
px aspirin oral tablet chewable	F	OTC; QL	
qc aspirin	F	OTC; QL; AL	
qc aspirin low dose	F	OTC; QL	
qc enteric aspirin	F	OTC; QL; AL	

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA			Coverage Requirements and Limits
lowercase = Generic drugs UPPERCASE = Brand name drugs			
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
ra aspirin adult low dose	F	OTC; QL	
ra aspirin adult low strength oral tablet chewable	F	OTC; QL	
ra aspirin childrens	F	OTC; QL	
ra aspirin ec oral tablet delayed release 325 mg	F	OTC; QL; AL	
ra aspirin ec oral tablet delayed release 81 mg	F	OTC; QL	
ra aspirin oral tablet 325 mg	F	OTC; QL; AL	
sb aspirin oral tablet	F	OTC; QL; AL	
sb childrens aspirin	F	OTC; QL	
sb low dose asa ec	F	OTC; QL	
ST JOSEPH LOW DOSE	F	OTC; QL	
tri-buffered aspirin oral tablet 325 mg	F	OTC; AL	
Cardiovascular Drugs			
Acl Inhibitors			
NEXLETOL	NP	PA; 102 day supply allowed; AL	
NEXLIZET	NP	PA; 102 day supply allowed; AL	
Alpha-Adrenergic Blocking Agents			
CARDURA	NP	PA; 102 day supply allowed	
doxazosin mesylate oral	P	102 day supply allowed	
nadolol oral tablet 20 mg, 40 mg, 80 mg	P	102 day supply allowed	
prazosin hcl oral	P	102 day supply allowed	
terazosin hcl oral	P	102 day supply allowed	
Alpha-Adrenergic Blocking Agt.(Hypoten)			
CARDURA	NP	PA; 102 day supply allowed	
CARDURA XL	NP	PA; 102 day supply allowed	
carvedilol	P	102 day supply allowed	
carvedilol phosphate er	NP	PA; 102 day supply allowed	
doxazosin mesylate oral	P	102 day supply allowed	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	P	102 day supply allowed	
prazosin hcl oral	P	102 day supply allowed	

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs Coverage Requirements and Limits		
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
terazosin hcl oral	P	102 day supply allowed
Angiotensin Ii Recep Antagonist/Neprolys		
ENTRESTO ORAL CAPSULE SPRINKLE	NP	PA; QL
ENTRESTO ORAL TABLET	P	102 day supply allowed; QL
Angiotensin Ii Receptor Antagon.(Hypotn)		
ATACAND	NP	PA; 102 day supply allowed
AVAPRO	NP	PA; 102 day supply allowed
BENICAR	NP	PA; 102 day supply allowed
candesartan cilexetil	NP	PA; 102 day supply allowed
COZAAR	NP	PA; 102 day supply allowed
DIOVAN	NP	PA; 102 day supply allowed
EDARBI	NP	PA; 102 day supply allowed
irbesartan	NP	PA; 102 day supply allowed
losartan potassium oral	P	102 day supply allowed
MICARDIS	NP	PA; 102 day supply allowed
olmesartan medoxomil oral	P	102 day supply allowed
telmisartan	NP	PA; 102 day supply allowed
valsartan oral solution	NP	PA; 102 day supply allowed
valsartan oral tablet	P	102 day supply allowed
Angiotensin Ii Receptor Antagonists		
amlodipine besylate-valsartan	P	102 day supply allowed
amlodipine-olmesartan	P	102 day supply allowed
amlodipine-valsartan-hctz	P	102 day supply allowed
ATACAND	NP	PA; 102 day supply allowed
ATACAND HCT	NP	PA; 102 day supply allowed
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	NP	PA; 102 day supply allowed
AVAPRO	NP	PA; 102 day supply allowed

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs			Coverage Requirements and Limits
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
AZOR	NP	PA; 102 day supply allowed	
BENICAR	NP	PA; 102 day supply allowed	
BENICAR HCT	NP	PA; 102 day supply allowed	
candesartan cilexetil	NP	PA; 102 day supply allowed	
candesartan cilexetil-hctz	NP	PA; 102 day supply allowed	
COZAAR	NP	PA; 102 day supply allowed	
DIOVAN	NP	PA; 102 day supply allowed	
DIOVAN HCT	NP	PA; 102 day supply allowed	
EDARBI	NP	PA; 102 day supply allowed	
EDARBYCLOR	NP	PA; 102 day supply allowed	
ENTRESTO ORAL CAPSULE SPRINKLE	NP	PA; QL	
ENTRESTO ORAL TABLET	P	102 day supply allowed; QL	
EXFORGE	NP	PA; 102 day supply allowed	
EXFORGE HCT	NP	PA; 102 day supply allowed	
HYZAAR	NP	PA; 102 day supply allowed	
irbesartan	NP	PA; 102 day supply allowed	
irbesartan-hydrochlorothiazide	NP	PA; 102 day supply allowed	
losartan potassium oral	P	102 day supply allowed	
losartan potassium-hctz	P	102 day supply allowed	
MICARDIS	NP	PA; 102 day supply allowed	
MICARDIS HCT	NP	PA; 102 day supply allowed	
olmesartan medoxomil oral	P	102 day supply allowed	
olmesartan medoxomil-hctz	P	102 day supply allowed	
olmesartan-amlodipine-hctz	NP	PA; 102 day supply allowed	
telmisartan	NP	PA; 102 day supply allowed	
telmisartan-amlodipine	NP	PA; 102 day supply allowed	
telmisartan-hctz	NP	PA; 102 day supply allowed	
TRIBENZOR	NP	PA; 102 day supply allowed	
valsartan oral solution	NP	PA; 102 day supply allowed	
valsartan oral tablet	P	102 day supply allowed	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
valsartan-hydrochlorothiazide	P	102 day supply allowed
Angiotensin-Convert.Enzyme Inhib(Hypotn)		
ACCUPRIL	NP	PA; 102 day supply allowed
ALTACE ORAL CAPSULE	NP	PA; 102 day supply allowed
benazepril hcl oral	P	102 day supply allowed
captopril oral	NP	PA; 102 day supply allowed
enalapril maleate oral solution	NP	PA; 102 day supply allowed
enalapril maleate oral tablet	P	102 day supply allowed
EPANED ORAL SOLUTION	NP	PA; 102 day supply allowed
fosinopril sodium	NP	PA; 102 day supply allowed
lisinopril oral	P	102 day supply allowed
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	NP	PA; 102 day supply allowed
moexipril hcl	NP	PA; 102 day supply allowed
perindopril erbumine	NP	PA; 102 day supply allowed
quinapril hcl	NP	PA; 102 day supply allowed
ramipril	P	102 day supply allowed
trandolapril	NP	PA; 102 day supply allowed
VASOTEC	NP	PA; 102 day supply allowed
ZESTRIL	NP	PA; 102 day supply allowed
Angiotensin-Converting Enzyme Inhibitors		
ACCUPRIL	NP	PA; 102 day supply allowed
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	NP	PA; 102 day supply allowed
ALTACE ORAL CAPSULE	NP	PA; 102 day supply allowed
amlodipine besy-benazepril hcl	P	102 day supply allowed
benazepril hcl oral	P	102 day supply allowed
benazepril-hydrochlorothiazide	P	102 day supply allowed
captopril oral	NP	PA; 102 day supply allowed

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA			Coverage Requirements and Limits
lowercase = Generic drugs UPPERCASE = Brand name drugs			
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
captopril-hydrochlorothiazide	NP	PA; 102 day supply allowed	
enalapril maleate oral solution	NP	PA; 102 day supply allowed	
enalapril maleate oral tablet	P	102 day supply allowed	
enalapril-hydrochlorothiazide	P	102 day supply allowed	
EPANED ORAL SOLUTION	NP	PA; 102 day supply allowed	
fosinopril sodium	NP	PA; 102 day supply allowed	
fosinopril sodium-hctz	NP	PA; 102 day supply allowed	
lisinopril oral	P	102 day supply allowed	
lisinopril-hydrochlorothiazide	P	102 day supply allowed	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	NP	PA; 102 day supply allowed	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	NP	PA; 102 day supply allowed	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	NP	PA; 102 day supply allowed	
moexipril hcl	NP	PA; 102 day supply allowed	
perindopril erbumine	NP	PA; 102 day supply allowed	
QBRELIS	NP	PA; 102 day supply allowed	
quinapril hcl	NP	PA; 102 day supply allowed	
quinapril-hydrochlorothiazide	NP	PA; 102 day supply allowed	
ramipril	P	102 day supply allowed	
trandolapril	NP	PA; 102 day supply allowed	
trandolapril-verapamil hcl er	NP	PA; 102 day supply allowed	
VASERETIC	NP	PA; 102 day supply allowed	
VASOTEC	NP	PA; 102 day supply allowed	
ZESTORETIC	NP	PA; 102 day supply allowed	
ZESTRIL	NP	PA; 102 day supply allowed	
Antiarrhythmics, Miscellaneous			
digoxin oral tablet 125 mcg, 250 mcg	F		
magnesium sulfate injection solution 50 %	F		
Antilipemic Agents, Miscellaneous			

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
icosapent ethyl	NP	PA; 102 day supply allowed
NEXLETOL	NP	PA; 102 day supply allowed; AL
NEXLIZET	NP	PA; 102 day supply allowed; AL
niacin er (antihyperlipidemic)	NP	PA; 102 day supply allowed
niacin er oral tablet extended release 1000 mg	F	OTC
omega-3-acid ethyl esters	NP	PA; 102 day supply allowed
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 250 MG	F	OTC
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG	P	OTC
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 750 MG	P	102 day supply allowed; OTC
Beta-Adrenergic Blocking Agents		
acebutolol hcl oral	NP	PA; 102 day supply allowed
atenolol oral	P	102 day supply allowed
atenolol-chlorthalidone	P	102 day supply allowed
BETAPACE AF	NP	PA; 102 day supply allowed
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	NP	PA; 102 day supply allowed
betaxolol hcl oral	NP	PA; 102 day supply allowed
BETIMOL	NP	PA
bisoprolol fumarate oral	P	102 day supply allowed
bisoprolol-hydrochlorothiazide	P	102 day supply allowed
BYSTOLIC	NP	PA; 102 day supply allowed
CARDURA	NP	PA; 102 day supply allowed
CARDURA XL	NP	PA; 102 day supply allowed
carvedilol	P	102 day supply allowed
carvedilol phosphate er	NP	PA; 102 day supply allowed
doxazosin mesylate oral	P	102 day supply allowed
HEMANGEOL	P	Specialty Drug; 102 day supply allowed; AL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
INDERAL LA	NP	PA; 102 day supply allowed	
INDERAL XL	NP	PA; 102 day supply allowed	
INNOPRAN XL	NP	PA; 102 day supply allowed	
ISTALOL	NP	PA	
KAPSPARGO SPRINKLE	NP	PA; 102 day supply allowed	
labetalol hcl oral	P	102 day supply allowed	
LOPRESSOR ORAL TABLET	NP	PA; 102 day supply allowed	
metoprolol succinate er	P	102 day supply allowed	
metoprolol tartrate oral	P	102 day supply allowed	
metoprolol-hydrochlorothiazide	NP	PA; 102 day supply allowed	
nadolol oral tablet 20 mg, 40 mg, 80 mg	P	102 day supply allowed	
nebivolol hcl	P	102 day supply allowed	
pindolol	NP	PA; 102 day supply allowed	
prazosin hcl oral	P	102 day supply allowed	
propranolol hcl er	P	102 day supply allowed	
propranolol hcl oral	P	102 day supply allowed	
sotalol hcl (af)	P	102 day supply allowed	
sotalol hcl oral	P	102 day supply allowed	
SOTYLIZE	NP	PA; 102 day supply allowed	
TENORETIC 100	NP	PA; 102 day supply allowed	
TENORETIC 50	NP	PA; 102 day supply allowed	
TENORMIN	NP	PA; 102 day supply allowed	
terazosin hcl oral	P	102 day supply allowed	
timolol hemihydrate	NP	PA	
timolol maleate (once-daily)	NP	PA	
TIMOLOL MALEATE OCUDOSE	NP	PA	
timolol maleate ophthalmic	P		
timolol maleate oral	NP	PA; 102 day supply allowed	
timolol maleate pf	NP	PA	
TIMOPTIC OCUDOSE	NP	PA	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TIMOPTIC-XE	NP	PA
TOPROL XL	NP	PA; 102 day supply allowed
Bile Acid Sequestrants		
cholestyramine light	P	102 day supply allowed
cholestyramine oral	P	102 day supply allowed
colesevelam hcl	NP	PA; 102 day supply allowed
COLESTID ORAL GRANULES	NP	PA; 102 day supply allowed
COLESTID ORAL TABLET	NP	PA; 102 day supply allowed
colestipol hcl oral granules	NP	PA; 102 day supply allowed
colestipol hcl oral packet	NP	PA; 102 day supply allowed
colestipol hcl oral tablet	P	102 day supply allowed
PREVALITE	P	102 day supply allowed
QUESTRAN	NP	PA; 102 day supply allowed
QUESTRAN LIGHT ORAL POWDER	NP	PA; 102 day supply allowed
WELCHOL	NP	PA; 102 day supply allowed
Calcium-Channel Block.Agt,Misc(Hypoten)		
CARDIZEM CD	NP	PA; 102 day supply allowed
CARDIZEM LA	NP	PA; 102 day supply allowed
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	NP	PA; 102 day supply allowed
CARTIA XT	P	102 day supply allowed
diltiazem hcl er beads	P	102 day supply allowed
diltiazem hcl er coated beads oral capsule extended release 24 hour	P	102 day supply allowed
diltiazem hcl er oral capsule extended release 12 hour	P	102 day supply allowed
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 240 mg	P	102 day supply allowed
diltiazem hcl er oral tablet extended release 24 hour	NP	PA; 102 day supply allowed

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
diltiazem hcl oral	P	102 day supply allowed
dilt-xr	P	102 day supply allowed
MATZIM LA	NP	PA; 102 day supply allowed
TAZTIA XT	P	102 day supply allowed
TIADYLT ER	NP	PA; 102 day supply allowed
TIAZAC	NP	PA; 102 day supply allowed
verapamil hcl er oral capsule extended release 24 hour	NP	PA; 102 day supply allowed
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	P	102 day supply allowed
verapamil hcl oral	P	102 day supply allowed
VERELAN PM	NP	PA; 102 day supply allowed
Calcium-Channel Blocking Agents		
CARDIZEM CD	NP	PA; 102 day supply allowed
CARDIZEM LA	NP	PA; 102 day supply allowed
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	NP	PA; 102 day supply allowed
CARTIA XT	P	102 day supply allowed
diltiazem hcl er beads	P	102 day supply allowed
diltiazem hcl er coated beads oral capsule extended release 24 hour	P	102 day supply allowed
diltiazem hcl er oral capsule extended release 12 hour	P	102 day supply allowed
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 240 mg	P	102 day supply allowed
diltiazem hcl er oral tablet extended release 24 hour	NP	PA; 102 day supply allowed
diltiazem hcl oral	P	102 day supply allowed
dilt-xr	P	102 day supply allowed
MATZIM LA	NP	PA; 102 day supply allowed
TAZTIA XT	P	102 day supply allowed
TIADYLT ER	NP	PA; 102 day supply allowed

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA			Coverage Requirements and Limits
lowercase = Generic drugs UPPERCASE = Brand name drugs			
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
TIAZAC	NP	PA; 102 day supply allowed	
verapamil hcl er oral capsule extended release 24 hour	NP	PA; 102 day supply allowed	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	P	102 day supply allowed	
verapamil hcl oral	P	102 day supply allowed	
VERELAN PM	NP	PA; 102 day supply allowed	
Calcium-Channel Blocking Agents, Misc.			
CARDIZEM CD	NP	PA; 102 day supply allowed	
CARDIZEM LA	NP	PA; 102 day supply allowed	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	NP	PA; 102 day supply allowed	
CARTIA XT	P	102 day supply allowed	
diltiazem hcl er beads	P	102 day supply allowed	
diltiazem hcl er coated beads oral capsule extended release 24 hour	P	102 day supply allowed	
diltiazem hcl er oral capsule extended release 12 hour	P	102 day supply allowed	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 240 mg	P	102 day supply allowed	
diltiazem hcl er oral tablet extended release 24 hour	NP	PA; 102 day supply allowed	
diltiazem hcl oral	P	102 day supply allowed	
dilt-xr	P	102 day supply allowed	
MATZIM LA	NP	PA; 102 day supply allowed	
TAZTIA XT	P	102 day supply allowed	
TIADYLT ER	NP	PA; 102 day supply allowed	
TIAZAC	NP	PA; 102 day supply allowed	
trandolapril-verapamil hcl er	NP	PA; 102 day supply allowed	
verapamil hcl er oral capsule extended release 24 hour	NP	PA; 102 day supply allowed	

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lowercase = Generic drugs UPPERCASE = Brand name drugs			
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	P	102 day supply allowed	
verapamil hcl oral	P	102 day supply allowed	
VERELAN PM	NP	PA; 102 day supply allowed	
Carbonic Anhydrase Inhibitors (24:36)			
acetazolamide er	F	QL	
acetazolamide oral	F	QL	
Carbonic Anhydrase Inhibitors(Hypoten)			
acetazolamide er	F	QL	
acetazolamide oral	F	QL	
Cardiac Drugs, Miscellaneous			
ASPRUZYO SPRINKLE	F	PA; QL; AL	
CAMZYOS	F	PA; QL; AL	
CORLANOR ORAL SOLUTION	F	PA	
ivabradine hcl	F	PA; Specialty Drug	
ranolazine er	F	PA; QL	
Cardiotonic Agents			
CORLANOR ORAL SOLUTION	F	PA	
digoxin oral tablet 125 mcg, 250 mcg	F		
ivabradine hcl	F	PA; Specialty Drug	
Central Alpha-Agonists			
acebutolol hcl oral	NP	PA; 102 day supply allowed	
atenolol oral	P	102 day supply allowed	
atenolol-chlorthalidone	P	102 day supply allowed	
BETAPACE AF	NP	PA; 102 day supply allowed	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	NP	PA; 102 day supply allowed	
betaxolol hcl oral	NP	PA; 102 day supply allowed	
bisoprolol fumarate oral tablet 10 mg, 5 mg	P	102 day supply allowed	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
bisoprolol-hydrochlorothiazide	P	102 day supply allowed	
BYSTOLIC	NP	PA; 102 day supply allowed	
carvedilol	P	102 day supply allowed	
carvedilol phosphate er	NP	PA; 102 day supply allowed	
clonidine	P	102 day supply allowed; QL	
clonidine er	P		
clonidine hcl oral	P	102 day supply allowed	
guanfacine hcl oral	P	102 day supply allowed	
HEMANGEOL	P	Specialty Drug; 102 day supply allowed; AL	
INDERAL LA	NP	PA; 102 day supply allowed	
INDERAL XL	NP	PA; 102 day supply allowed	
INNOPRAN XL	NP	PA; 102 day supply allowed	
KAPSPARGO SPRINKLE	NP	PA; 102 day supply allowed	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	P	102 day supply allowed	
LOPRESSOR ORAL TABLET	NP	PA; 102 day supply allowed	
methyldopa oral	P	102 day supply allowed	
metoprolol succinate er	P	102 day supply allowed	
metoprolol tartrate oral	P	102 day supply allowed	
metoprolol-hydrochlorothiazide	NP	PA; 102 day supply allowed	
nadolol oral tablet 20 mg, 40 mg, 80 mg	P	102 day supply allowed	
nebivolol hcl	P	102 day supply allowed	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	P	102 day supply allowed	
pindolol	NP	PA; 102 day supply allowed	
propranolol hcl er	P	102 day supply allowed	
propranolol hcl oral	P	102 day supply allowed	
sotalol hcl (af)	P	102 day supply allowed	
sotalol hcl oral	P	102 day supply allowed	
SOTYLIZE	NP	PA; 102 day supply allowed	
TENORETIC 100	NP	PA; 102 day supply allowed	

		Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA	
lowercase = Generic drugs UPPERCASE = Brand name drugs			Coverage Requirements and Limits
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
TENORETIC 50	NP	PA; 102 day supply allowed	
TENORMIN	NP	PA; 102 day supply allowed	
timolol maleate oral	NP	PA; 102 day supply allowed	
TOPROL XL	NP	PA; 102 day supply allowed	
Cgmp Synthesis Agent			
VERQUVO	F	PA; QL; AL	
Cholesterol Absorption Inhibitors			
ezetimibe	P		
ezetimibe-simvastatin	P	QL	
NEXLIZET	NP	PA; 102 day supply allowed; AL	
VYTORIN	NP	PA; QL	
ZETIA	NP	PA	
Class Ia Antiarrhythmics			
disopyramide phosphate oral	F	AL	
quinidine sulfate oral	F		
Class Ib Antiarrhythmics			
DILANTIN INFATABS	Carve-out		
DILANTIN ORAL CAPSULE	Carve-out		
mexiletine hcl oral	F		
PHENYTEK	Carve-out		
PHENYTOIN INFATABS	Carve-out		
phenytoin oral suspension 125 mg/5ml	Carve-out		
phenytoin oral tablet chewable	Carve-out		
phenytoin sodium extended	Carve-out		
phenytoin sodium injection	Carve-out		
Class Ic Antiarrhythmics			
flecainide acetate	F		
propafenone hcl	F		
Class Ii Antiarrhythmics			

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
acebutolol hcl oral	NP	PA; 102 day supply allowed	
atenolol oral	P	102 day supply allowed	
BETAPACE AF	NP	PA; 102 day supply allowed	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	NP	PA; 102 day supply allowed	
betaxolol hcl ophthalmic	NP	PA	
betaxolol hcl oral	NP	PA; 102 day supply allowed	
BETIMOL	NP	PA	
BETOPTIC-S	P		
bisoprolol fumarate oral	P	102 day supply allowed	
BYSTOLIC	NP	PA; 102 day supply allowed	
carvedilol	P	102 day supply allowed	
carvedilol phosphate er	NP	PA; 102 day supply allowed	
HEMANGEOL	P	Specialty Drug; 102 day supply allowed; AL	
INDERAL LA	NP	PA; 102 day supply allowed	
INDERAL XL	NP	PA; 102 day supply allowed	
INNOPRAN XL	NP	PA; 102 day supply allowed	
ISTALOL	NP	PA	
KAPSPARGO SPRINKLE	NP	PA; 102 day supply allowed	
labetalol hcl oral	P	102 day supply allowed	
LOPRESSOR ORAL TABLET	NP	PA; 102 day supply allowed	
metoprolol succinate er	P	102 day supply allowed	
metoprolol tartrate oral	P	102 day supply allowed	
nadolol oral tablet 20 mg, 40 mg, 80 mg	P	102 day supply allowed	
nebivolol hcl	P	102 day supply allowed	
pindolol	NP	PA; 102 day supply allowed	
propranolol hcl er	P	102 day supply allowed	
propranolol hcl oral	P	102 day supply allowed	
sotalol hcl (af)	P	102 day supply allowed	
sotalol hcl oral	P	102 day supply allowed	

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA		Coverage Requirements and Limits
lowercase = Generic drugs UPPERCASE = Brand name drugs		
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
SOTYLIZE	NP	PA; 102 day supply allowed
TENORMIN	NP	PA; 102 day supply allowed
timolol hemihydrate	NP	PA
timolol maleate (once-daily)	NP	PA
TIMOLOL MALEATE OCUDOSE	NP	PA
timolol maleate ophthalmic	P	
timolol maleate oral	NP	PA; 102 day supply allowed
timolol maleate pf	NP	PA
TIMOPTIC OCUDOSE	NP	PA
TIMOPTIC-XE	NP	PA
TOPROL XL	NP	PA; 102 day supply allowed
Class Iii Antiarrhythmics		
amiodarone hcl oral tablet 100 mg	F	QL
amiodarone hcl oral tablet 200 mg, 400 mg	F	
BETAPACE AF	NP	PA; 102 day supply allowed
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	NP	PA; 102 day supply allowed
dofetilide	F	Specialty Drug
sotalol hcl (af)	P	102 day supply allowed
sotalol hcl oral	P	102 day supply allowed
SOTYLIZE	NP	PA; 102 day supply allowed
Class Iv Antiarrhythmics		
CARDIZEM CD	NP	PA; 102 day supply allowed
CARDIZEM LA	NP	PA; 102 day supply allowed
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	NP	PA; 102 day supply allowed
CARTIA XT	P	102 day supply allowed
diltiazem hcl er beads	P	102 day supply allowed
diltiazem hcl er coated beads oral capsule extended release 24 hour	P	102 day supply allowed

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
diltiazem hcl er oral capsule extended release 12 hour	P	102 day supply allowed
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 240 mg	P	102 day supply allowed
diltiazem hcl er oral tablet extended release 24 hour	NP	PA; 102 day supply allowed
diltiazem hcl oral	P	102 day supply allowed
dilt-xr	P	102 day supply allowed
MATZIM LA	NP	PA; 102 day supply allowed
TAZTIA XT	P	102 day supply allowed
TIADYLT ER	NP	PA; 102 day supply allowed
TIAZAC	NP	PA; 102 day supply allowed
verapamil hcl er oral capsule extended release 24 hour	NP	PA; 102 day supply allowed
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	P	102 day supply allowed
verapamil hcl oral	P	102 day supply allowed
VERELAN PM	NP	PA; 102 day supply allowed
Dihydropyridines		
amlodipine besy-benazepril hcl	P	102 day supply allowed
amlodipine besylate oral	P	102 day supply allowed
amlodipine besylate-valsartan	P	102 day supply allowed
amlodipine-atorvastatin	NP	PA; 102 day supply allowed; QL
amlodipine-olmesartan	P	102 day supply allowed
amlodipine-valsartan-hctz	P	102 day supply allowed
AZOR	NP	PA; 102 day supply allowed
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	NP	PA; 102 day supply allowed; QL
EXFORGE	NP	PA; 102 day supply allowed
EXFORGE HCT	NP	PA; 102 day supply allowed
felodipine er	NP	PA; 102 day supply allowed

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
isradipine	NP	PA; 102 day supply allowed
KATERZIA	NP	PA; 102 day supply allowed; AL
levamlodipine maleate	NP	PA; 102 day supply allowed
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	NP	PA; 102 day supply allowed
nicardipine hcl oral	NP	PA; 102 day supply allowed
nifedipine er	P	102 day supply allowed
nifedipine er osmotic release	P	102 day supply allowed
nifedipine oral	P	102 day supply allowed
nimodipine oral capsule	F	QL
nisoldipine er	NP	PA; 102 day supply allowed
NORLIQVA	P-PA	PA; 102 day supply allowed; AL
NORVASC	NP	PA; 102 day supply allowed
olmesartan-amlodipine-hctz	NP	PA; 102 day supply allowed
PROCARDIA XL	NP	PA; 102 day supply allowed
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	NP	PA; 102 day supply allowed
telmisartan-amlodipine	NP	PA; 102 day supply allowed
TRIBENZOR	NP	PA; 102 day supply allowed
Dihydropyridines (Antihypertensive)		
amlodipine besylate oral	P	102 day supply allowed
felodipine er	NP	PA; 102 day supply allowed
isradipine	NP	PA; 102 day supply allowed
KATERZIA	NP	PA; 102 day supply allowed; AL
levamlodipine maleate	NP	PA; 102 day supply allowed
nicardipine hcl oral	NP	PA; 102 day supply allowed
nifedipine er	P	102 day supply allowed
nifedipine er osmotic release	P	102 day supply allowed
nifedipine oral	P	102 day supply allowed
nimodipine oral capsule	F	QL

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs			Coverage Requirements and Limits
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
nisoldipine er	NP	PA; 102 day supply allowed	
NORLIQVA	P-PA	PA; 102 day supply allowed; AL	
NORVASC	NP	PA; 102 day supply allowed	
PROCARDIA XL	NP	PA; 102 day supply allowed	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	NP	PA; 102 day supply allowed	
Direct Vasodilators			
clonidine	P	102 day supply allowed; QL	
clonidine er	P		
clonidine hcl er oral tablet extended release 12 hour	Carve-out		
clonidine hcl oral	P	102 day supply allowed	
guanfacine hcl oral	P	102 day supply allowed	
hydralazine hcl injection	F		
hydralazine hcl oral	F	QL	
methyldopa oral	P	102 day supply allowed	
minoxidil oral	F		
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	P	102 day supply allowed	
Diuretics, Miscellaneous (Hypotensive)			
theophylline er	F		
theophylline oral	F		
Fibric Acid Derivatives			
fenofibrate micronized oral capsule 130 mg, 43 mg, 90 mg	NP	PA; 102 day supply allowed	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	P	102 day supply allowed	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	P	102 day supply allowed	
fenofibrate oral capsule 150 mg, 50 mg	NP	PA; 102 day supply allowed	
fenofibrate oral tablet 120 mg, 40 mg	NP	PA; 102 day supply allowed	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	P	102 day supply allowed
fenofibric acid	NP	PA; 102 day supply allowed
FENOGLIDE	NP	PA; 102 day supply allowed
FIBRICOR ORAL TABLET 105 MG	NP	PA; 102 day supply allowed
gemfibrozil oral	P	102 day supply allowed
LIPOFEN	NP	PA; 102 day supply allowed
LOPID	NP	PA; 102 day supply allowed
TRICOR	NP	PA; 102 day supply allowed
TRILIPIX	NP	PA; 102 day supply allowed
Hmg-Coa Reductase Inhibitors		
ALTOPREV	NP	PA; 102 day supply allowed; QL
amlodipine-atorvastatin	NP	PA; 102 day supply allowed; QL
ATORVALIQ	NP	PA; 102 day supply allowed; QL
atorvastatin calcium oral	P	102 day supply allowed; QL
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	NP	PA; 102 day supply allowed; QL
CRESTOR	NP	PA; 102 day supply allowed; QL
EZALLOR SPRINKLE	NP	PA; 102 day supply allowed; QL
ezetimibe-simvastatin	P	QL
fluvastatin sodium	NP	PA; 102 day supply allowed; QL
fluvastatin sodium er	NP	PA; 102 day supply allowed; QL
LESCOL XL	NP	PA; 102 day supply allowed; QL
LIPITOR	NP	PA; 102 day supply allowed; QL
LIVALO	NP	PA; 102 day supply allowed; QL
lovastatin oral	P	102 day supply allowed; QL
pitavastatin calcium	NP	PA; 102 day supply allowed; QL
pravastatin sodium	P	102 day supply allowed; QL
rosuvastatin calcium oral	P	102 day supply allowed; QL
simvastatin oral tablet	P	102 day supply allowed; QL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
VYTORIN	NP	PA; QL
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	NP	PA; 102 day supply allowed; QL
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	NP	PA; 102 day supply allowed; QL
Kallikrein		
KALBITOR	Carve-out	
ORLADEYO	Carve-out	
TAKHZYRO	Carve-out	
Loop Diuretics (24:36)		
furosemide oral solution 10 mg/ml, 8 mg/ml	F	AL
furosemide oral tablet	F	
toremide oral	F	
Loop Diuretics (Hypotensive Agents)		
furosemide oral solution 10 mg/ml, 8 mg/ml	F	AL
furosemide oral tablet	F	
toremide oral	F	
Mineralocorticoid (Aldosterone) Antagnts		
KERENDIA ORAL TABLET 10 MG, 20 MG	F	PA; QL; AL
spironolactone oral tablet	F	
spironolactone-hctz	F	
Mineralocorticoid(Aldoster.)Antag(Hypot)		
spironolactone oral tablet	F	
Nitrates And Nitrites		
acebutolol hcl oral	NP	PA; 102 day supply allowed
atenolol oral	P	102 day supply allowed
BETAPACE AF	NP	PA; 102 day supply allowed
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	NP	PA; 102 day supply allowed

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
betaxolol hcl oral	NP	PA; 102 day supply allowed	
bisoprolol fumarate oral tablet 10 mg, 5 mg	P	102 day supply allowed	
carvedilol	P	102 day supply allowed	
carvedilol phosphate er	NP	PA; 102 day supply allowed	
HEMANGEOL	P	Specialty Drug; 102 day supply allowed; AL	
INDERAL LA	NP	PA; 102 day supply allowed	
INDERAL XL	NP	PA; 102 day supply allowed	
INNOPRAN XL	NP	PA; 102 day supply allowed	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	F		
isosorbide mononitrate	F		
isosorbide mononitrate er	F	QL	
KAPSPARGO SPRINKLE	NP	PA; 102 day supply allowed	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	P	102 day supply allowed	
LOPRESSOR ORAL TABLET	NP	PA; 102 day supply allowed	
metoprolol succinate er	P	102 day supply allowed	
metoprolol tartrate oral	P	102 day supply allowed	
nadolol oral tablet 20 mg, 40 mg, 80 mg	P	102 day supply allowed	
NITRO-BID	F		
nitroglycerin sublingual	F		
nitroglycerin transdermal patch 24 hour	F	QL	
nitroglycerin translingual solution	F		
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 9 MG	F		
pindolol	NP	PA; 102 day supply allowed	
propranolol hcl er	P	102 day supply allowed	
propranolol hcl oral	P	102 day supply allowed	
sotalol hcl (af)	P	102 day supply allowed	
sotalol hcl oral	P	102 day supply allowed	
SOTYLIZE	NP	PA; 102 day supply allowed	

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lowercase = Generic drugs UPPERCASE = Brand name drugs			
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
TENORMIN	NP	PA; 102 day supply allowed	
timolol maleate oral	NP	PA; 102 day supply allowed	
TOPROL XL	NP	PA; 102 day supply allowed	
Omega-3-Mediated Antilipemics			
icosapent ethyl	NP	PA; 102 day supply allowed	
omega-3-acid ethyl esters	NP	PA; 102 day supply allowed	
Pcsk9 Inhibitors			
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P-PA	PA; Specialty Drug; 102 day supply allowed; QL	
REPATHA	P-PA	PA; Specialty Drug; 102 day supply allowed; QL	
REPATHA PUSHTRONEX SYSTEM	P-PA	PA; Specialty Drug; 102 day supply allowed; QL	
REPATHA SURECLICK	P-PA	PA; Specialty Drug; 102 day supply allowed; QL	
Phosphodiesterase Type 5 Inhibitors			
ADCIRCA	NP	PA; Specialty Drug; 102 day supply allowed	
ALYQ	P-PA	PA; Specialty Drug; 102 day supply allowed	
aspirin-dipyridamole er	NP	PA; 102 day supply allowed	
cilostazol	F	QL	
dipyridamole oral	NP	PA; 102 day supply allowed	
LIQREV	NP	PA; Specialty Drug; 102 day supply allowed	
REVATIO ORAL	NP	PA; Specialty Drug; 102 day supply allowed	
sildenafil citrate oral suspension reconstituted	P-PA	PA; Specialty Drug; 102 day supply allowed	
sildenafil citrate oral tablet 20 mg	P-PA	PA; Specialty Drug; 102 day supply allowed	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
tadalafil (pah)	P-PA	PA; Specialty Drug; 102 day supply allowed
TADLIQ	NP	PA; Specialty Drug; 102 day supply allowed; AL
Potassium-Sparing Diuretic		
amiloride hcl oral	F	
spironolactone oral tablet	F	
spironolactone-hctz	F	
Potassium-Sparing Diuretics (Hypoten)		
amiloride hcl oral	F	
spironolactone oral tablet	F	
Renin Inhibitors		
aliskiren fumarate	NP	PA; 102 day supply allowed
TEKTURN	NP	PA; 102 day supply allowed
Renin-Angioten.-Aldost. Sys. Inhib, Misc		
ENTRESTO ORAL CAPSULE SPRINKLE	NP	PA; QL
ENTRESTO ORAL TABLET	P	102 day supply allowed; QL
Sodium-Gluc (Sglt) Cotransporter Inhib		
INPEFA ORAL TABLET 200 MG	NP	PA; 102 day supply allowed
INPEFA ORAL TABLET 400 MG	NP	PA; 102 day supply allowed
Steroidal Mineralocorticoid Receptor Ant		
spironolactone oral tablet	F	
spironolactone-hctz	F	
Thiazide Diuretics (24:36)		
DIURIL	F	AL
hydrochlorothiazide oral	F	
Thiazide Diuretics(Hypotensive Agents)		
DIURIL	F	AL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
hydrochlorothiazide oral	F		
Thiazide-Like Diuretics (24:36)			
chlorthalidone oral tablet 25 mg, 50 mg	F		
indapamide oral	F		
metolazone	F		
Thiazide-Like Diuretics(Hypotensive Agt)			
chlorthalidone oral tablet 25 mg, 50 mg	F		
indapamide oral	F		
metolazone	F		
Vasodilating Agents, Miscellaneous			
ambrisentan	P-PA	PA; Specialty Drug; 102 day supply allowed	
amlodipine besylate oral	P	102 day supply allowed	
bosentan	NP	PA; Specialty Drug; 102 day supply allowed	
CARDIZEM CD	NP	PA; 102 day supply allowed	
CARDIZEM LA	NP	PA; 102 day supply allowed	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	NP	PA; 102 day supply allowed	
CARTIA XT	P	102 day supply allowed	
CORLANOR ORAL SOLUTION	F	PA	
diltiazem hcl er beads	P	102 day supply allowed	
diltiazem hcl er coated beads oral capsule extended release 24 hour	P	102 day supply allowed	
diltiazem hcl er oral capsule extended release 12 hour	P	102 day supply allowed	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 240 mg	P	102 day supply allowed	
diltiazem hcl er oral tablet extended release 24 hour	NP	PA; 102 day supply allowed	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
diltiazem hcl oral	P	102 day supply allowed	
dilt-xr	P	102 day supply allowed	
dipyridamole oral	NP	PA; 102 day supply allowed	
eql niacin flush free	F	OTC	
ivabradine hcl	F	PA; Specialty Drug	
KATERZIA	NP	PA; 102 day supply allowed; AL	
LETAIRIS	NP	PA; Specialty Drug; 102 day supply allowed	
levamlodipine maleate	NP	PA; 102 day supply allowed	
MATZIM LA	NP	PA; 102 day supply allowed	
niacin flush free oral capsule 500 mg	F	OTC	
nicardipine hcl oral	NP	PA; 102 day supply allowed	
nifedipine er	P	102 day supply allowed	
nifedipine er osmotic release	P	102 day supply allowed	
nifedipine oral	P	102 day supply allowed	
nimodipine oral capsule	F	QL	
NORLIQVA	P-PA	PA; 102 day supply allowed; AL	
NORVASC	NP	PA; 102 day supply allowed	
OPSUMIT	P-PA	PA; Specialty Drug; 102 day supply allowed	
ORENITRAM	NP	PA; Specialty Drug; 102 day supply allowed	
ORENITRAM MONTH 1	NP	PA; Specialty Drug	
ORENITRAM MONTH 2	NP	PA; Specialty Drug	
ORENITRAM MONTH 3	NP	PA; Specialty Drug	
PROCARDIA XL	NP	PA; 102 day supply allowed	
qc niacin oral capsule	F	OTC	
TAZTIA XT	P	102 day supply allowed	
TIADYLT ER	NP	PA; 102 day supply allowed	
TIAZAC	NP	PA; 102 day supply allowed	

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Prescriptions	Drug Name	Tier Status	Coverage Requirements and Limits	
	TRACLEER ORAL TABLET	P-PA	PA; Specialty Drug; 102 day supply allowed	
	TRACLEER ORAL TABLET SOLUBLE	NP	PA; Specialty Drug; 102 day supply allowed	
	TYVASO	P-PA	PA; Specialty Drug; 102 day supply allowed	
	TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	NP	PA; Specialty Drug; 102 day supply allowed	
	TYVASO DPI TITRATION KIT	NP	PA; Specialty Drug; 102 day supply allowed	
	TYVASO REFILL KIT	P-PA	PA; Specialty Drug; 102 day supply allowed	
	TYVASO STARTER KIT	P-PA	PA; Specialty Drug; 102 day supply allowed	
	VENTAVIS	P-PA	PA; Specialty Drug; 102 day supply allowed	
	verapamil hcl er oral capsule extended release 24 hour	NP	PA; 102 day supply allowed	
	verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	P	102 day supply allowed	
	verapamil hcl oral	P	102 day supply allowed	
	VERELAN PM	NP	PA; 102 day supply allowed	
	VERQUVO	F	PA; QL; AL	
Cellular And Gene Therapy				
Gene Therapy				
	CASGEVY	Carve-out		
	ELEVIDYS 10.0-10.4 KG	Carve-out		
	ELEVIDYS 10.5-11.4 KG	Carve-out		
	ELEVIDYS 11.5-12.4 KG	Carve-out		
	ELEVIDYS 12.5-13.4 KG	Carve-out		
	ELEVIDYS 13.5-14.4 KG	Carve-out		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
ELEVIDYS 14.5-15.4 KG	Carve-out		
ELEVIDYS 15.5-16.4 KG	Carve-out		
ELEVIDYS 16.5-17.4 KG	Carve-out		
ELEVIDYS 17.5-18.4 KG	Carve-out		
ELEVIDYS 18.5-19.4 KG	Carve-out		
ELEVIDYS 19.5-20.4 KG	Carve-out		
ELEVIDYS 20.5-21.4 KG	Carve-out		
ELEVIDYS 21.5-22.4 KG	Carve-out		
ELEVIDYS 22.5-23.4 KG	Carve-out		
ELEVIDYS 23.5-24.4 KG	Carve-out		
ELEVIDYS 24.5-25.4 KG	Carve-out		
ELEVIDYS 25.5-26.4 KG	Carve-out		
ELEVIDYS 26.5-27.4 KG	Carve-out		
ELEVIDYS 27.5-28.4 KG	Carve-out		
ELEVIDYS 28.5-29.4 KG	Carve-out		
ELEVIDYS 29.5-30.4 KG	Carve-out		
ELEVIDYS 30.5-31.4 KG	Carve-out		
ELEVIDYS 31.5-32.4 KG	Carve-out		
ELEVIDYS 32.5-33.4 KG	Carve-out		
ELEVIDYS 33.5-34.4 KG	Carve-out		
ELEVIDYS 34.5-35.4 KG	Carve-out		
ELEVIDYS 35.5-36.4 KG	Carve-out		
ELEVIDYS 36.5-37.4 KG	Carve-out		
ELEVIDYS 37.5-38.4 KG	Carve-out		
ELEVIDYS 38.5-39.4 KG	Carve-out		
ELEVIDYS 39.5-40.4 KG	Carve-out		
ELEVIDYS 40.5-41.4 KG	Carve-out		
ELEVIDYS 41.5-42.4 KG	Carve-out		
ELEVIDYS 42.5-43.4 KG	Carve-out		
ELEVIDYS 43.5-44.4 KG	Carve-out		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ELEVIDYS 44.5-45.4 KG	Carve-out	
ELEVIDYS 45.5-46.4 KG	Carve-out	
ELEVIDYS 46.5-47.4 KG	Carve-out	
ELEVIDYS 47.5-48.4 KG	Carve-out	
ELEVIDYS 48.5-49.4 KG	Carve-out	
ELEVIDYS 49.5-50.4 KG	Carve-out	
ELEVIDYS 50.5-51.4 KG	Carve-out	
ELEVIDYS 51.5-52.4 KG	Carve-out	
ELEVIDYS 52.5-53.4 KG	Carve-out	
ELEVIDYS 53.5-54.4 KG	Carve-out	
ELEVIDYS 54.5-55.4 KG	Carve-out	
ELEVIDYS 55.5-56.4 KG	Carve-out	
ELEVIDYS 56.5-57.4 KG	Carve-out	
ELEVIDYS 57.5-58.4 KG	Carve-out	
ELEVIDYS 58.5-59.4 KG	Carve-out	
ELEVIDYS 59.5-60.4 KG	Carve-out	
ELEVIDYS 60.5-61.4 KG	Carve-out	
ELEVIDYS 61.5-62.4 KG	Carve-out	
ELEVIDYS 62.5-63.4 KG	Carve-out	
ELEVIDYS 63.5-64.4 KG	Carve-out	
ELEVIDYS 64.5-65.4 KG	Carve-out	
ELEVIDYS 65.5-66.4 KG	Carve-out	
ELEVIDYS 66.5-67.4 KG	Carve-out	
ELEVIDYS 67.5-68.4 KG	Carve-out	
ELEVIDYS 68.5-69.4 KG	Carve-out	
ELEVIDYS 69.5 KG PLUS	Carve-out	
LYFGENIA	Carve-out	
ROCTAVIAN	Carve-out	
ZYNTEGLO	Carve-out	
Central Nervous System Agents		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
Adamantanes (Cns)			
amantadine hcl oral capsule	P	102 day supply allowed	
amantadine hcl oral solution	P	102 day supply allowed	
amantadine hcl oral tablet	NP	PA; 102 day supply allowed	
GOCOVRI	NP	PA; Specialty Drug; 102 day supply allowed	
Adenosine A2a Receptor Antagonists			
NOURIANZ	NP	PA; 102 day supply allowed	
Amphetamine Derivatives			
ADIPEX-P	P-PA	PA; AL	
diethylpropion hcl er	P-PA	PA; AL	
diethylpropion hcl oral	P-PA	PA; AL	
LOMAIRA	P-PA	PA; AL	
phendimetrazine tartrate	P-PA	PA; AL	
phendimetrazine tartrate er	P-PA	PA; AL	
phentermine hcl oral	P-PA	PA; AL	
Amphetamines			
ADDERALL	Carve-out		
ADDERALL XR	Carve-out		
ADZENYS XR-ODT	Carve-out		
amphetamine sulfate	Carve-out		
amphetamine-dextroamphet er	Carve-out		
amphetamine-dextroamphetamine	Carve-out		
amphet-dextroamphet 3-bead er	Carve-out		
benzphetamine hcl oral tablet 50 mg	P-PA	PA; AL	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG	Carve-out		
dextroamphetamine sulfate er	Carve-out		
dextroamphetamine sulfate oral	Carve-out		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE	Carve-out	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	Carve-out	
EVEKEO	Carve-out	
lisdexamfetamine dimesylate	Carve-out	
methamphetamine hcl	Carve-out	
MYDAYIS	Carve-out	
PROCENTRA	Carve-out	
VYVANSE	Carve-out	
XELSTRYM	Carve-out	
ZENZEDI	Carve-out	
Amyotrophic Lateral Sclerosis(Als)		
Agent		
EXSERVAN	F	PA; AL
riluzole	F	
TIGLUTIK	F	PA; AL
Analgesics And Antipyretics, Misc.		
8 hr arthritis pain relief	F	OTC
acetaminophen 8 hour oral tablet extended release	F	OTC
acetaminophen childrens oral suspension 160 mg/5ml	F	OTC
acetaminophen extra strength oral tablet	F	OTC
acetaminophen infants	F	OTC
acetaminophen junior strength	F	OTC
acetaminophen oral liquid	F	OTC
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml	F	OTC
acetaminophen oral suspension 160 mg/5ml	F	OTC
acetaminophen oral tablet 325 mg	F	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
acetaminophen rectal suppository 120 mg, 650 mg	F	OTC	
acetaminophen-codeine oral solution	P	AL	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	P	AL	
acetaminophen-ibuprofen	NP	PA; OTC	
ADVIL DUAL ACTION	NP	PA; OTC	
apap-caff-dihydrocodeine oral capsule	NP	PA; AL	
APHEN	F	OTC	
arthritis pain reliever oral	F	OTC	
BAC (BUTALBITAL-ACETAMIN-CAFF)	F	QL; AL	
betatemp childrens	F	OTC	
butalbital-acetaminophen oral tablet 50-325 mg	F	QL; AL	
butalbital-apap-caff-cod	NP	PA; AL	
butalbital-apap-caffeine oral tablet 50-325-40 mg	F	QL; AL	
childrens apap	F	OTC	
childrens non-aspirin oral tablet chewable	F	OTC	
childrens silapap	F	OTC	
cvs 8hr arthritis pain relief	F	OTC	
cvs 8hr muscle aches & pain	F	OTC	
cvs acetaminophen ex st oral tablet	F	OTC	
cvs acetaminophen oral tablet	F	OTC	
cvs arthritis pain relief oral	F	OTC	
cvs pain & fever childrens	F	OTC	
cvs pain relief extra strength	F	OTC	
dual action pain relief	NP	PA; OTC	
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	P		
eq 8hr arthritis pain relief	F	OTC	
eq acetaminophen oral tablet 500 mg	F	OTC	
eq pain & fever childrens oral suspension	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
eq pain & fever infants	F	OTC	
eq pain reliever ex st oral tablet	F	OTC	
eq pain reliever oral tablet 325 mg	F	OTC	
eql acetaminophen childrens	F	OTC	
eql acetaminophen ex st	F	OTC	
ESGIC ORAL TABLET	F	QL; AL	
FEVERALL ADULTS	F	OTC	
FEVERALL CHILDRENS	F	OTC	
FEVERALL JUNIOR STRENGTH	F	OTC	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	NP	PA; AL	
ft dual action	NP	PA; OTC	
ft pain & fever childrens	F	OTC	
ft pain & fever infants	F	OTC	
ft pain relief adult extra st	F	OTC	
ft pain relief extra strength	F	OTC	
ft pain relief oral tablet 325 mg	F	OTC	
ft pain reliever children	F	OTC	
ft pain reliever ex str adult	F	OTC	
ft rapid release pain relief	F	OTC	
gabapentin oral capsule	Carve-out		
gabapentin oral solution	Carve-out		
gabapentin oral tablet 600 mg, 800 mg	Carve-out		
GABARONE	Carve-out		
gnp 8 hour arthritis relief	F	OTC	
gnp 8 hour pain reliever	F	OTC	
gnp acetaminophen oral tablet	F	OTC	
gnp acetaminophen/ibuprofen	NP	PA; OTC	
gnp children's pain & fever	F	OTC	
gnp infants pain/fever	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
gnp pain & fever childrens oral suspension 160 mg/5ml	F	OTC	
gnp pain & fever infants	F	OTC	
goodsense arthritis pain oral	F	OTC	
goodsense dual action	NP	PA; OTC	
goodsense pain & fever child	F	OTC	
goodsense pain & fever infants	F	OTC	
goodsense pain relief extra st	F	OTC	
goodsense pain relief oral tablet	F	OTC	
GRALISE ORAL TABLET	P		
HEALTHY MAMA SHAKE THAT ACHE	F	OTC	
hm pain relief	F	OTC	
HORIZANT ORAL TABLET EXTENDED RELEASE	P		
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	P		
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	P		
ILARIS SUBCUTANEOUS SOLUTION	Carve-out		
infants pain & fever	F	OTC	
kls acetaminophen ex st	F	OTC	
liquid acetaminophen	F	OTC	
LITTLE REMEDIES FOR FEVER ORAL LIQUID	F	OTC	
LYRICA CR	Carve-out		
MAPAP CHILDRENS ORAL TABLET CHEWABLE 80 MG	F	OTC	
mapap oral capsule	F	OTC	
mapap oral tablet chewable	F	OTC	
MM ACETAMINOPHEN EX STR	F	OTC	
m-pap	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
nalocet	NP	PA	
NEURONTIN	Carve-out		
non-aspirin extra strength oral tablet	F	OTC	
non-aspirin oral tablet	F	OTC	
non-aspirin pain relief	F	OTC	
oxycodone-acetaminophen oral solution 5-325 mg/5ml	P		
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	P		
pain & fever infants	F	OTC	
pain relief regular strength	F	OTC	
pain reliever extra strength oral tablet 500 mg	F	OTC	
pain reliever oral tablet 325 mg	F	OTC	
pain reliever/fever reducer	F	OTC	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	NP	PA	
PHARBETOL EXTRA STRENGTH	F	OTC	
PHARBETOL ORAL TABLET 325 MG	F	OTC	
pregabalin er	Carve-out		
PROLATE	NP	PA	
qc acetaminophen 8 hours	F	OTC	
qc acetaminophen infants	F	OTC	
qc arthritis pain relief	F	OTC	
qc non-aspirin extra strength	F	OTC	
qc pain relief childrens	F	OTC	
qc pain relief extra strength oral tablet 500 mg	F	OTC	
qc pain relief oral tablet	F	OTC	
ra acetaminophen ex st	F	OTC	
ra acetaminophen oral tablet	F	OTC	
ra arthritis pain relief oral	F	OTC	
ra fever reducer/pain reliever	F	OTC	

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ra pain relief acetaminophen	F	OTC
sb non-aspirin extra strength	F	OTC
sb non-aspirin oral tablet	F	OTC
sb pain reliever ex st	F	OTC
TENCON ORAL TABLET 50-325 MG	F	QL; AL
tramadol-acetaminophen	P	AL
TYLENOL 8 HOUR	F	OTC
TYLENOL CHILDRENS ORAL SUSPENSION	F	OTC
TYLENOL CHILDRENS PAIN + FEVER ORAL SUSPENSION	F	OTC
TYLENOL EXTRA STRENGTH ORAL TABLET	F	OTC
TYLENOL FOR CHILDREN + ADULTS	F	OTC
TYLENOL INFANTS PAIN+FEVER	F	OTC
Anorexic Agents		
phentermine-topiramate er	P-PA	PA; AL
Anorexic Agents And Stimulants, Misc		
phentermine-topiramate er	P-PA	PA; AL
Anorexic Agents, Miscellaneous		
IMCIVREE	Carve-out	
liraglutide	NP	PA; 102 day supply allowed; QL
SAXENDA	P-PA	PA; QL; AL
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	P-PA	PA; 102 day supply allowed; QL
WEGOVY	P-PA	PA; QL; AL
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	P	PA; QL; AL
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P-PA	PA; QL; AL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Anticholinergic Agents (Cns)		
aler-cap	F	OTC; AL
allergy childrens oral liquid	F	OTC
allergy relief childrens oral liquid	F	OTC
allergy relief oral capsule 25 mg	F	OTC; AL
allergy relief oral liquid	F	OTC
allergy relief oral tablet 25 mg	F	OTC; AL
BANOPHEN ORAL CAPSULE 25 MG	F	OTC
BANOPHEN ORAL CAPSULE 50 MG	F	OTC; AL
BANOPHEN ORAL LIQUID	F	OTC
BANOPHEN ORAL TABLET	F	OTC; AL
benztropine mesylate injection	Carve-out	
benztropine mesylate oral	Carve-out	
complete allergy relief	F	OTC; AL
cvs allergy relief adult	F	OTC
cvs allergy relief childrens oral liquid	F	OTC
cvs allergy relief oral capsule 25 mg	F	OTC; AL
cvs allergy relief oral liquid	F	OTC
cvs allergy relief oral tablet 25 mg	F	OTC; AL
cvs childrens allergy	F	OTC
cvs sleep aid nighttime oral tablet	Carve-out	OTC
cvs sleep aid oral tablet 25 mg	Carve-out	OTC
cvs sleep-aid nighttime oral capsule 25 mg	Carve-out	OTC
diphen oral tablet	F	OTC; AL
diphenhydramine hcl (sleep) oral tablet 50 mg	Carve-out	OTC
diphenhydramine hcl childrens	F	OTC
diphenhydramine hcl injection	F	AL
diphenhydramine hcl oral capsule	F	AL
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	F	OTC

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eq allergy relief childrens oral liquid	F	OTC	
eq allergy relief oral tablet 25 mg	F	OTC; AL	
eq allergy relief oral tablet 25 mg	F	OTC; AL	
eq allergy relief oral tablet 25 mg	F	OTC; AL	
eq nighttime sleep aid	Carve-out	OTC	
eq sleep aid oral capsule	Carve-out	OTC	
eq sleep aid oral liquid	Carve-out	OTC	
ft allergy relief childrens oral liquid	F	OTC	
ft allergy relief oral capsule	F	.; OTC	
ft allergy relief oral tablet 25 mg	F	OTC; AL	
ft nighttime sleep aid	Carve-out	OTC	
ft sleep-aid maximum strength	Carve-out	OTC	
geri-dryl oral liquid	F	OTC	
geri-dryl oral tablet	F	OTC; AL	
gnp allergy oral tablet 25 mg	F	OTC; AL	
gnp allergy relief max st	F	OTC	
gnp allergy relief oral capsule	F	OTC; AL	
gnp allergy relief oral tablet 25 mg	F	OTC; AL	
gnp childrens allergy	F	OTC	
gnp nighttime sleep-aid max st	Carve-out	OTC	
gnp sleep aid nighttime	Carve-out	OTC	
gnp sleep aid oral liquid	Carve-out	OTC	
goodsense sleeptime	Carve-out	OTC	
h-e-b childrens allergy	F	OTC	
KINDERMED KIDS ALLERGY	F	OTC	
liquid allergy relief	F	OTC	
m-dryl	F	OTC	
night time sleep aid	Carve-out	OTC	
nighttime sleep aid oral tablet 25 mg	Carve-out	OTC	
NYTOL QUICKCAPS	Carve-out	OTC	

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orphenadrine citrate er	P		
PEDIACARE CHILDRENS ALLERGY	F	OTC	
pharbedryl oral capsule 25 mg	F	OTC; AL	
qc allergy childrens	F	OTC	
qc rest simply	Carve-out	OTC	
qc sleep aid max st	Carve-out	OTC	
ra allergy medication oral liquid	F	OTC	
ra allergy medication oral tablet	F	OTC; AL	
ra allergy oral liquid	F	OTC	
ra allergy relief childrens oral liquid	F	OTC	
ra allergy relief oral capsule 25 mg	F	OTC; AL	
ra complete allergy	F	OTC; AL	
RA DIPHEDRYL ALLERGY	F	OTC	
ra nighttime sleep aid oral tablet	Carve-out	OTC	
ra sleep aid (diphenhydramine)	Carve-out	OTC	
ra sleep aid oral capsule	Carve-out	OTC	
sb allergy medicine oral liquid	F	OTC	
sb allergy medicine oral tablet	Carve-out	OTC	
sb sleep	Carve-out	OTC	
siladryl allergy	F	OTC	
SIMPLY SLEEP	Carve-out	OTC	
sleep aid (diphenhydramine)	Carve-out	OTC	
sleep aid oral liquid	Carve-out	OTC	
sleep tabs oral tablet 25 mg	Carve-out	OTC	
sleep-aid oral capsule	Carve-out	OTC	
sleep-tabs	Carve-out	OTC	
SOMINEX	Carve-out	OTC	
SOMINEX MAX ST	Carve-out	OTC	
SOMINEX NIGHTTIME SLEEP-AID	Carve-out	OTC	
total allergy	F	OTC; AL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TOTAL ALLERGY MEDICINE	F	OTC
trihexyphenidyl hcl	Carve-out	
UNISOM SLEEPGELS	Carve-out	OTC
UNISOM SLEEPMELTS	Carve-out	OTC
UNISOM SLEEPMINIS	Carve-out	OTC
WAL-DRYL ALLERGY ORAL LIQUID	F	OTC
WAL-SLEEP Z	Carve-out	OTC
wal-som maximum strength	Carve-out	OTC
wal-som oral tablet dispersible	Carve-out	OTC
ZZZQUIL	Carve-out	OTC
Anticonvulsants, Miscellaneous		
acetazolamide er	F	QL
acetazolamide oral	F	QL
APTIOM	Carve-out	
BANZEL	Carve-out	
BRIVIACT	Carve-out	
carbamazepine er	Carve-out	
carbamazepine oral suspension 100 mg/5ml	Carve-out	
carbamazepine oral tablet	Carve-out	
carbamazepine oral tablet chewable 100 mg	Carve-out	
CARBATROL	Carve-out	
DEPAKOTE	Carve-out	
DEPAKOTE ER	Carve-out	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	Carve-out	
DIACOMIT	Carve-out	
divalproex sodium er oral tablet extended release 24 hour	Carve-out	
divalproex sodium oral capsule delayed release sprinkle	Carve-out	
divalproex sodium oral tablet delayed release	Carve-out	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ELEPSIA XR	Carve-out	
EPIDIOLEX	Carve-out	
EPITOL	Carve-out	
EPRONTIA	Carve-out	
EQUETRO	Carve-out	
felbamate	Carve-out	
FELBATOL ORAL TABLET	Carve-out	
FINTEPLA	Carve-out	
FYCOMPA	Carve-out	
gabapentin oral capsule	Carve-out	
gabapentin oral solution	Carve-out	
gabapentin oral tablet 600 mg, 800 mg	Carve-out	
GRALISE ORAL TABLET	P	
HORIZANT ORAL TABLET EXTENDED RELEASE	P	
KEPPRA	Carve-out	
KEPPRA XR	Carve-out	
lacosamide intravenous	Carve-out	
lacosamide oral solution 10 mg/ml	Carve-out	
lacosamide oral tablet	Carve-out	
LAMICTAL ODT	Carve-out	
LAMICTAL ORAL TABLET	Carve-out	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	Carve-out	
LAMICTAL STARTER	Carve-out	
LAMICTAL XR	Carve-out	
lamotrigine er	Carve-out	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	Carve-out	
lamotrigine oral tablet	Carve-out	
lamotrigine oral tablet chewable	Carve-out	

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lamotrigine oral tablet dispersible	Carve-out		
lamotrigine starter kit-blue	Carve-out		
lamotrigine starter kit-green	Carve-out		
lamotrigine starter kit-orange	Carve-out		
levetiracetam er	Carve-out		
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml	Carve-out		
levetiracetam intravenous	Carve-out		
levetiracetam oral solution	Carve-out		
levetiracetam oral tablet	Carve-out		
LYRICA	Carve-out		
magnesium sulfate injection solution 50 %	F		
MOTPOLY XR	Carve-out		
NEURONTIN	Carve-out		
oxcarbazepine	Carve-out		
OXTELLAR XR	Carve-out		
pregabalin oral	Carve-out		
ROWEEPRA ORAL TABLET 500 MG	Carve-out		
rufinamide	Carve-out		
SABRIL	Carve-out		
SPRITAM	Carve-out		
SUBVENITE	Carve-out		
SUBVENITE STARTER KIT-BLUE	Carve-out		
SUBVENITE STARTER KIT-GREEN	Carve-out		
SUBVENITE STARTER KIT-ORANGE	Carve-out		
TEGRETOL ORAL SUSPENSION	Carve-out		
TEGRETOL ORAL TABLET	Carve-out		
TEGRETOL-XR	Carve-out		
tiagabine hcl	Carve-out		
TOPAMAX	Carve-out		

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TOPAMAX SPRINKLE	Carve-out	
topiramate er	Carve-out	
topiramate oral capsule sprinkle 15 mg, 25 mg	Carve-out	
topiramate oral tablet	Carve-out	
TRILEPTAL	Carve-out	
TROKENDI XR	Carve-out	
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	Carve-out	
valproic acid oral capsule	Carve-out	
valproic acid oral solution 250 mg/5ml	Carve-out	
vigabatrin	Carve-out	
VIGADRONE	Carve-out	
VIGPODER	Carve-out	
VIMPAT	Carve-out	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Carve-out	
XCOPRI (350 MG DAILY DOSE)	Carve-out	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Carve-out	
XCOPRI ORAL TABLET THERAPY PACK	Carve-out	
ZONEGRAN	Carve-out	
ZONISADE	Carve-out	
zonisamide oral	Carve-out	
ZTALMY	Carve-out	
Antidepressants, Miscellaneous		
APLENZIN	Carve-out	
AUVELITY	Carve-out	
bupropion hcl er (smoking det)	F	QL
bupropion hcl er (sr)	Carve-out	
bupropion hcl er (xl)	Carve-out	
bupropion hcl oral	Carve-out	

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FORFIVO XL	Carve-out	
mirtazapine oral	Carve-out	
REMERON ORAL TABLET 15 MG, 30 MG	Carve-out	
REMERON SOLTAB	Carve-out	
SPRAVATO (56 MG DOSE)	Carve-out	
SPRAVATO (84 MG DOSE)	Carve-out	
WELLBUTRIN SR	Carve-out	
WELLBUTRIN XL	Carve-out	
ZURZUVAE	Carve-out	Specialty Drug
Antimanic Agents		
ABILIFY ASIMTUFII	Carve-out	Specialty Drug
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	Carve-out	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Carve-out	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	Carve-out	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	Carve-out	
ABILIFY ORAL TABLET	Carve-out	
aripiprazole	Carve-out	
ARISTADA	Carve-out	
ARISTADA INITIO	Carve-out	
asenapine maleate	Carve-out	
carbamazepine er	Carve-out	
carbamazepine oral suspension 100 mg/5ml	Carve-out	
carbamazepine oral tablet	Carve-out	
carbamazepine oral tablet chewable 100 mg	Carve-out	
CARBATROL	Carve-out	
DEPAKOTE	Carve-out	
DEPAKOTE ER	Carve-out	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	Carve-out		
divalproex sodium er oral tablet extended release 24 hour	Carve-out		
divalproex sodium oral capsule delayed release sprinkle	Carve-out		
divalproex sodium oral tablet delayed release	Carve-out		
EPITOL	Carve-out		
EQUETRO	Carve-out		
GEODON	Carve-out		
LAMICTAL ODT	Carve-out		
LAMICTAL ORAL TABLET	Carve-out		
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	Carve-out		
LAMICTAL STARTER	Carve-out		
LAMICTAL XR	Carve-out		
lamotrigine er	Carve-out		
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	Carve-out		
lamotrigine oral tablet	Carve-out		
lamotrigine oral tablet chewable	Carve-out		
lamotrigine oral tablet dispersible	Carve-out		
lamotrigine starter kit-blue	Carve-out		
lamotrigine starter kit-green	Carve-out		
lamotrigine starter kit-orange	Carve-out		
lithium	Carve-out		
lithium carbonate er	Carve-out		
lithium carbonate oral	Carve-out		
LITHOBID	Carve-out		
LYBALVI	Carve-out		
olanzapine	Carve-out		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg	Carve-out	
OPIPZA	Carve-out	
PERSERIS	Carve-out	
quetiapine fumarate	Carve-out	
quetiapine fumarate er	Carve-out	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Carve-out	
RISPERDAL ORAL SOLUTION	Carve-out	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Carve-out	
risperidone	Carve-out	
risperidone microspheres er	Carve-out	
RYKINDO	Carve-out	
SAPHRIS	Carve-out	
SECUADO	Carve-out	
SEROQUEL	Carve-out	
SEROQUEL XR	Carve-out	
SUBVENITE	Carve-out	
SUBVENITE STARTER KIT-BLUE	Carve-out	
SUBVENITE STARTER KIT-GREEN	Carve-out	
SUBVENITE STARTER KIT-ORANGE	Carve-out	
SYMBYAX ORAL CAPSULE 3-25 MG	Carve-out	
TEGRETOL ORAL SUSPENSION	Carve-out	
TEGRETOL ORAL TABLET	Carve-out	
TEGRETOL-XR	Carve-out	
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	Carve-out	
valproic acid oral capsule	Carve-out	
valproic acid oral solution 250 mg/5ml	Carve-out	
ziprasidone hcl	Carve-out	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ziprasidone mesylate	Carve-out	
ZYPREXA INTRAMUSCULAR	Carve-out	
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG	Carve-out	
Antimigraine Agents, Miscellaneous		
8 hr arthritis pain relief	F	OTC
acetaminophen 8 hour oral tablet extended release	F	OTC
acetaminophen childrens oral suspension 160 mg/5ml	F	OTC
acetaminophen extra strength oral tablet	F	OTC
acetaminophen infants	F	OTC
acetaminophen junior strength	F	OTC
acetaminophen oral liquid	F	OTC
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml	F	OTC
acetaminophen oral suspension 160 mg/5ml	F	OTC
acetaminophen oral tablet 325 mg	F	OTC
acetaminophen rectal suppository 120 mg, 650 mg	F	OTC
ADVIL JUNIOR STRENGTH	P	OTC
ADVIL MIGRAINE	P	OTC
ADVIL ORAL TABLET	P	OTC
all day pain relief	P	OTC
all day relief	P	OTC
ANAPROX DS	NP	PA
APHEN	F	OTC
arthritis pain reliever oral	F	OTC
aspirin 81	F	OTC; QL
aspirin adult low dose	F	OTC; QL
aspirin adult low strength oral tablet delayed release	F	OTC; QL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
aspirin buf(cacarb-mgcarb-mgo)	F	OTC; AL	
aspirin childrens	F	OTC; QL	
aspirin ec adult low dose	F	OTC; QL	
aspirin ec low dose	F	OTC; QL	
aspirin ec low strength	F	OTC; QL	
aspirin low dose oral tablet chewable	F	OTC; QL	
aspirin low dose oral tablet delayed release	F	OTC; QL	
aspirin low strength	F	OTC; QL	
aspirin oral tablet 325 mg	F	OTC; QL; AL	
aspirin oral tablet chewable	F	OTC; QL	
aspirin oral tablet delayed release 325 mg	F	OTC; QL; AL	
aspirin oral tablet delayed release 81 mg	F	OTC; QL	
aspirin rectal suppository 300 mg	F	OTC	
aspirin regimen	F	OTC; QL	
BAYER ASPIRIN EC LOW DOSE	F	OTC; QL	
BAYER ASPIRIN ORAL TABLET	F	OTC; QL; AL	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE	F	OTC; QL; AL	
BAYER LOW DOSE	F	OTC; QL	
betatemp childrens	F	OTC	
BUFFERIN	F	OTC; AL	
butorphanol tartrate nasal	NP	PA; QL	
caffeine citrate oral solution 60 mg/3ml	F	AL	
childrens apap	F	OTC	
childrens aspirin	F	OTC; QL	
childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	P	OTC	
childrens non-aspirin oral tablet chewable	F	OTC	
childrens silapap	F	OTC	
cvs 8hr arthritis pain relief	F	OTC	
cvs 8hr muscle aches & pain	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
cvs acetaminophen ex st oral tablet	F	OTC	
cvs acetaminophen oral tablet	F	OTC	
cvs all day pain relief	P	OTC	
cvs arthritis pain relief oral	F	OTC	
cvs aspirin adult low dose	F	OTC; QL	
cvs aspirin ec oral tablet delayed release 81 mg	F	OTC; QL	
cvs aspirin low dose	F	OTC; QL	
cvs aspirin low strength oral tablet delayed release	F	OTC; QL	
cvs aspirin oral tablet 325 mg	F	OTC; QL; AL	
cvs genuine aspirin	F	OTC; QL; AL	
cvs ibuprofen	P	OTC	
cvs ibuprofen childrens oral suspension 100 mg/5ml	P	OTC	
cvs naproxen sodium	P	OTC	
cvs pain & fever childrens	F	OTC	
cvs pain relief extra strength	F	OTC	
DEPAKOTE	Carve-out		
DEPAKOTE ER	Carve-out		
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	Carve-out		
divalproex sodium er oral tablet extended release 24 hour	Carve-out		
divalproex sodium oral capsule delayed release sprinkle	Carve-out		
divalproex sodium oral tablet delayed release	Carve-out		
ec-naproxen	NP	PA	
ECOTRIN LOW STRENGTH	F	OTC; QL	
ELYXYB	NP	PA; QL; AL	
EPRONTIA	Carve-out		
eq 8hr arthritis pain relief	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
eq acetaminophen oral tablet 500 mg	F	OTC
eq all day pain relief	P	OTC
eq aspirin adult low dose	F	OTC; QL
eq aspirin low dose oral tablet chewable	F	OTC; QL
eq aspirin oral tablet	F	OTC; QL; AL
eq ibuprofen childrens	P	OTC
eq ibuprofen junior	P	OTC
eq ibuprofen oral tablet	P	OTC
eq pain & fever childrens oral suspension	F	OTC
eq pain & fever infants	F	OTC
eq pain reliever ex st oral tablet	F	OTC
eq pain reliever oral tablet 325 mg	F	OTC
eq acetaminophen childrens	F	OTC
eq acetaminophen ex st	F	OTC
eq aspirin low dose	F	OTC; QL
eq childrens ibuprofen	P	OTC
eq ibuprofen	P	OTC
eq ibuprofen infants	P	OTC
FEVERALL ADULTS	F	OTC
FEVERALL CHILDRENS	F	OTC
FEVERALL JUNIOR STRENGTH	F	OTC
ft all day pain relief	P	OTC
ft aspirin low dose	F	OTC
ft aspirin oral tablet	F	OTC; QL; AL
ft enteric coated aspirin	F	OTC; QL; AL
ft ibuprofen childrens	P	OTC
ft ibuprofen infants	P	OTC
ft ibuprofen minis	P	OTC
ft ibuprofen oral capsule	P	OTC
ft naproxen sodium	P	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
ft pain & fever childrens	F	OTC	
ft pain & fever infants	F	OTC	
ft pain relief adult extra st	F	OTC	
ft pain relief extra strength	F	OTC	
ft pain relief oral tablet 200 mg	P	OTC	
ft pain relief oral tablet 325 mg	F	OTC	
ft pain reliever children	F	OTC	
ft pain reliever ex str adult	F	OTC	
ft rapid release pain relief	F	OTC	
gnp 8 hour arthritis relief	F	OTC	
gnp 8 hour pain reliever	F	OTC	
gnp acetaminophen oral tablet	F	OTC	
gnp aspirin low dose	F	OTC; QL	
gnp aspirin oral tablet 325 mg	F	OTC; QL; AL	
gnp aspirin oral tablet delayed release 325 mg	F	OTC; QL; AL	
gnp childrens ibuprofen	P	OTC	
gnp children's pain & fever	F	OTC	
gnp ibuprofen childrens	P	OTC	
gnp ibuprofen infants	P	OTC	
gnp infants pain/fever	F	OTC	
gnp naproxen sodium oral tablet	P	OTC	
gnp pain & fever childrens oral suspension 160 mg/5ml	F	OTC	
gnp pain & fever infants	F	OTC	
goodsense arthritis pain oral	F	OTC	
goodsense aspirin adults	F	OTC; QL; AL	
goodsense aspirin oral tablet	F	OTC; QL; AL	
goodsense aspirin oral tablet chewable	F	OTC; QL	
goodsense ibuprofen	P	OTC	
goodsense ibuprofen childrens	P	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
goodsense ibuprofen infants	P	OTC	
goodsense naproxen sodium	P	OTC	
goodsense pain & fever child	F	OTC	
goodsense pain & fever infants	F	OTC	
goodsense pain relief extra st	F	OTC	
goodsense pain relief oral tablet	F	OTC	
HEALTHY MAMA SHAKE THAT ACHE	F	OTC	
HEMANGEOL	P	Specialty Drug; 102 day supply allowed; AL	
hm naproxen sodium oral capsule	P	OTC	
hm pain relief	F	OTC	
IBU	P		
ibuprofen childrens	P	OTC	
ibuprofen infants	P	OTC	
ibuprofen junior strength oral tablet chewable	P	OTC	
ibuprofen oral capsule	P	OTC	
ibuprofen oral suspension 100 mg/5ml	P		
ibuprofen oral tablet 200 mg	P	OTC	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	P		
INDERAL LA	NP	PA; 102 day supply allowed	
INDERAL XL	NP	PA; 102 day supply allowed	
INFANTS ADVIL	P	OTC	
infants ibuprofen	P	OTC	
infants pain & fever	F	OTC	
INNOPRAN XL	NP	PA; 102 day supply allowed	
ketoprofen er	NP	PA	
ketoprofen oral capsule 50 mg	NP	PA	
KIPROFEN	NP	PA	
kls acetaminophen ex st	F	OTC	
kls ibuprofen	P	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
kp aspirin	F	OTC; QL	
liquid acetaminophen	F	OTC	
LITTLE REMEDIES FOR FEVER ORAL LIQUID	F	OTC	
MAPAP CHILDRENS ORAL TABLET CHEWABLE 80 MG	F	OTC	
mapap oral capsule	F	OTC	
mapap oral tablet chewable	F	OTC	
MEDI-FIRST ASPIRIN	F	OTC; QL; AL	
MEDI-FIRST IBUPROFEN	P	OTC	
MEDIPROXEN	P	OTC	
MEDIQUE ASPIRIN	F	OTC; QL; AL	
meijer ibuprofen	P	OTC	
MM ACETAMINOPHEN EX STR	F	OTC	
MOTRIN IB ORAL CAPSULE	P	OTC	
m-pap	F	OTC	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	NP	PA	
NAPROSYN ORAL SUSPENSION	NP	PA	
naproxen dr oral tablet delayed release 500 mg	NP	PA	
naproxen oral suspension	NP	PA	
naproxen oral tablet	P		
naproxen oral tablet delayed release	NP	PA	
naproxen sodium er	NP	PA	
naproxen sodium oral capsule	P	OTC	
naproxen sodium oral tablet 220 mg	P	OTC	
naproxen sodium oral tablet 275 mg, 550 mg	NP	PA	
non-aspirin extra strength oral tablet	F	OTC	
non-aspirin oral tablet	F	OTC	
non-aspirin pain relief	F	OTC	
pain & fever infants	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
pain relief regular strength	F	OTC	
pain reliever extra strength oral tablet 500 mg	F	OTC	
pain reliever oral tablet 325 mg	F	OTC	
pain reliever/fever reducer	F	OTC	
PHARBETOL EXTRA STRENGTH	F	OTC	
PHARBETOL ORAL TABLET 325 MG	F	OTC	
propranolol hcl er	P	102 day supply allowed	
propranolol hcl oral	P	102 day supply allowed	
px aspirin oral tablet chewable	F	OTC; QL	
px ibuprofen	P	OTC	
qc acetaminophen 8 hours	F	OTC	
qc acetaminophen infants	F	OTC	
qc arthritis pain relief	F	OTC	
qc aspirin	F	OTC; QL; AL	
qc aspirin low dose	F	OTC; QL	
qc enteric aspirin	F	OTC; QL; AL	
qc ibuprofen ib	P	OTC	
qc ibuprofen oral tablet	P	OTC	
qc naproxen sodium oral tablet	P	OTC	
qc non-aspirin extra strength	F	OTC	
qc pain relief childrens	F	OTC	
qc pain relief extra strength oral tablet 500 mg	F	OTC	
qc pain relief oral tablet	F	OTC	
ra acetaminophen ex st	F	OTC	
ra acetaminophen oral tablet	F	OTC	
ra arthritis pain relief oral	F	OTC	
ra aspirin adult low dose	F	OTC; QL	
ra aspirin adult low strength oral tablet chewable	F	OTC; QL	
ra aspirin childrens	F	OTC; QL	
ra aspirin ec oral tablet delayed release 325 mg	F	OTC; QL; AL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
ra aspirin ec oral tablet delayed release 81 mg	F	OTC; QL	
ra aspirin oral tablet 325 mg	F	OTC; QL; AL	
ra fever reducer/pain reliever	F	OTC	
ra ibuprofen childrens	P	OTC	
ra ibuprofen infants	P	OTC	
ra ibuprofen junior strength	P	OTC	
ra ibuprofen oral tablet	P	OTC	
ra pain relief acetaminophen	F	OTC	
ra pain relief ibuprofen	P	OTC	
sb aspirin oral tablet	F	OTC; QL; AL	
sb childrens aspirin	F	OTC; QL	
sb ibuprofen	P	OTC	
sb low dose asa ec	F	OTC; QL	
sb naproxen sodium	P	OTC	
sb non-aspirin extra strength	F	OTC	
sb non-aspirin oral tablet	F	OTC	
sb pain reliever ex st	F	OTC	
sm ibuprofen ib oral tablet	P	OTC	
sm ibuprofen oral capsule	P	OTC	
ST JOSEPH LOW DOSE	F	OTC; QL	
timolol maleate oral	NP	PA; 102 day supply allowed	
TOPAMAX	Carve-out		
TOPAMAX SPRINKLE	Carve-out		
topiramate er oral capsule extended release 24 hour	Carve-out		
topiramate oral capsule sprinkle 15 mg, 25 mg	Carve-out		
topiramate oral tablet	Carve-out		
tri-buffered aspirin oral tablet 325 mg	F	OTC; AL	
TROKENDI XR	Carve-out		
TYLENOL 8 HOUR	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TYLENOL CHILDRENS ORAL SUSPENSION	F	OTC
TYLENOL CHILDRENS PAIN + FEVER ORAL SUSPENSION	F	OTC
TYLENOL EXTRA STRENGTH ORAL TABLET	F	OTC
TYLENOL FOR CHILDREN + ADULTS	F	OTC
TYLENOL INFANTS PAIN+FEVER	F	OTC
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	Carve-out	
valproic acid oral capsule	Carve-out	
valproic acid oral solution 250 mg/5ml	Carve-out	
WAL-PROFEN ORAL CAPSULE	P	OTC
Antipsychotics, Miscellaneous		
ADASUVE	Carve-out	
COBENFY	Carve-out	
COBENFY STARTER PACK	Carve-out	
loxapine succinate oral	Carve-out	
molindone hcl	Carve-out	
pimozide	Carve-out	
Anxiolytics,Sedatives,And Hypnotics,Misc		
aler-cap	F	OTC; AL
allergy childrens oral liquid	F	OTC
allergy relief childrens oral liquid	F	OTC
allergy relief oral capsule 25 mg	F	OTC; AL
allergy relief oral liquid	F	OTC
allergy relief oral tablet 25 mg	F	OTC; AL
AMBIEN	Carve-out	
AMBIEN CR	Carve-out	
BANOPHEN ORAL CAPSULE 25 MG	F	OTC
BANOPHEN ORAL CAPSULE 50 MG	F	OTC; AL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
BANOPHEN ORAL LIQUID	F	OTC	
BANOPHEN ORAL TABLET	F	OTC; AL	
BELSOMRA	Carve-out		
buspirone hcl oral	Carve-out		
complete allergy relief	F	OTC; AL	
cvs allergy relief adult	F	OTC	
cvs allergy relief childrens oral liquid	F	OTC	
cvs allergy relief oral capsule 25 mg	F	OTC; AL	
cvs allergy relief oral liquid	F	OTC	
cvs allergy relief oral tablet 25 mg	F	OTC; AL	
cvs childrens allergy	F	OTC	
cvs sleep aid nighttime oral tablet	Carve-out	OTC	
cvs sleep aid oral tablet 25 mg	Carve-out	OTC	
cvs sleep-aid (doxylamine)	Carve-out	OTC	
cvs sleep-aid nighttime oral capsule 25 mg	Carve-out	OTC	
cvs ultra sleep	Carve-out	OTC	
DAYVIGO	Carve-out		
dexmedetomidine hcl	Carve-out		
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 400 mcg/100ml, 80 mcg/20ml	Carve-out		
dexmedetomidine hcl in nacl intravenous solution prefilled syringe 20-0.9 mcg/5ml-%	Carve-out		
dexmedetomidine hcl-dextrose	Carve-out		
diphen oral tablet	F	OTC; AL	
diphenhydramine hcl (sleep) oral tablet 50 mg	Carve-out	OTC	
diphenhydramine hcl childrens	F	OTC	
diphenhydramine hcl injection	F	AL	
diphenhydramine hcl oral capsule	F	AL	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	F	OTC	
droperidol injection	Carve-out		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
EDLUAR	Carve-out		
eq allergy relief childrens oral liquid	F	OTC	
eq allergy relief oral tablet 25 mg	F	OTC; AL	
eql allergy oral tablet 25 mg	F	OTC; AL	
eql allergy relief oral tablet 25 mg	F	OTC; AL	
eql nighttime sleep aid	Carve-out	OTC	
eql sleep aid oral capsule	Carve-out	OTC	
eql sleep aid oral liquid	Carve-out	OTC	
eszopiclone	Carve-out		
ft allergy relief childrens oral liquid	F	OTC	
ft allergy relief oral capsule	F	.; OTC	
ft allergy relief oral tablet 25 mg	F	OTC; AL	
ft nighttime sleep aid	Carve-out	OTC	
ft sleep aid (doxylamine)	Carve-out	OTC	
ft sleep-aid maximum strength	Carve-out	OTC	
geri-dryl oral liquid	F	OTC	
geri-dryl oral tablet	F	OTC; AL	
gnp allergy oral tablet 25 mg	F	OTC; AL	
gnp allergy relief max st	F	OTC	
gnp allergy relief oral capsule	F	OTC; AL	
gnp allergy relief oral tablet 25 mg	F	OTC; AL	
gnp childrens allergy	F	OTC	
gnp nighttime sleep-aid max st	Carve-out	OTC	
gnp sleep aid	Carve-out	OTC	
gnp sleep aid nighttime	Carve-out	OTC	
goodsense sleeptime	Carve-out	OTC	
h-e-b childrens allergy	F	OTC	
HETLIOZ	Carve-out		
HETLIOZ LQ	Carve-out		
hydroxyzine hcl oral syrup	F	AL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
hydroxyzine hcl oral tablet	F	AL	
hydroxyzine pamoate oral	F	AL	
IGALMI	Carve-out		
KINDERMED KIDS ALLERGY	F	OTC	
kls sleep aid	Carve-out	OTC	
liquid allergy relief	F	OTC	
l-tryptophan oral	Carve-out	OTC	
LUNESTA	Carve-out		
m-dryl	F	OTC	
meprobamate	Carve-out		
night time sleep aid	Carve-out	OTC	
nighttime sleep aid oral tablet 25 mg	Carve-out	OTC	
NYTOL QUICKCAPS	Carve-out	OTC	
PEDIACARE CHILDRENS ALLERGY	F	OTC	
pharbedryl oral capsule 25 mg	F	OTC; AL	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/2ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML	Carve-out		
promethazine hcl oral solution 6.25 mg/5ml	F	AL	
promethazine hcl oral syrup	F		
promethazine hcl oral tablet	F	AL	
promethazine hcl rectal suppository 12.5 mg	F	QL; AL	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	F	QL; AL	
qc allergy childrens	F	OTC	
qc rest simply	Carve-out	OTC	
qc sleep aid max st	Carve-out	OTC	
ra allergy medication oral liquid	F	OTC	
ra allergy medication oral tablet	F	OTC; AL	
ra allergy oral liquid	F	OTC	
ra allergy relief childrens oral liquid	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ra allergy relief oral capsule 25 mg	F	OTC; AL
ra complete allergy	F	OTC; AL
RA DIPHEDRYL ALLERGY	F	OTC
ra night sleep aid	Carve-out	OTC
ra nighttime sleep aid oral tablet	Carve-out	OTC
ra sleep aid (diphenhydramine)	Carve-out	OTC
ra sleep aid oral capsule	Carve-out	OTC
ra sleep aid oral tablet	Carve-out	OTC
ramelteon	Carve-out	
ROZEREM	Carve-out	
sb allergy medicine oral liquid	F	OTC
sb allergy medicine oral tablet	Carve-out	OTC
sb sleep	Carve-out	OTC
siladryl allergy	F	OTC
SIMPLY SLEEP	Carve-out	OTC
sleep aid (diphenhydramine)	Carve-out	OTC
sleep aid (doxylamine)	Carve-out	OTC
sleep aid oral liquid	Carve-out	OTC
sleep aid oral tablet	Carve-out	OTC
sleep tabs oral tablet 25 mg	Carve-out	OTC
sleep-aid	Carve-out	OTC
sleep-tabs	Carve-out	OTC
SOMINEX	Carve-out	OTC
SOMINEX MAX ST	Carve-out	OTC
SOMINEX NIGHTTIME SLEEP-AID	Carve-out	OTC
tasimelteon	Carve-out	
total allergy	F	OTC; AL
TOTAL ALLERGY MEDICINE	F	OTC
UNISOM SLEEPGELS	Carve-out	OTC
UNISOM SLEEPMELTS	Carve-out	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
UNISOM SLEEPMINIS	Carve-out	OTC
UNISOM SLEEPTABS	Carve-out	OTC
WAL-DRYL ALLERGY ORAL LIQUID	F	OTC
WAL-SLEEP Z	Carve-out	OTC
wal-som	Carve-out	OTC
wal-som maximum strength	Carve-out	OTC
zaleplon	Carve-out	
zolpidem tartrate	Carve-out	
zolpidem tartrate er	Carve-out	
ZZZQUIL	Carve-out	OTC
Atypical Antipsychotics		
ABILIFY ASIMTUFII	Carve-out	Specialty Drug
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	Carve-out	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Carve-out	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	Carve-out	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	Carve-out	
ABILIFY ORAL TABLET	Carve-out	
aripiprazole	Carve-out	
ARISTADA	Carve-out	
ARISTADA INITIO	Carve-out	
asenapine maleate	Carve-out	
CAPLYTA	Carve-out	
clozapine	Carve-out	
CLOZARIL ORAL TABLET 100 MG, 25 MG	Carve-out	
FANAPT	Carve-out	
FANAPT TITRATION PACK	Carve-out	
FANAPT TITRATION PACK A	Carve-out	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
GEODON	Carve-out		
INVEGA HAFYERA	Carve-out		
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG	Carve-out		
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Carve-out		
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	Carve-out		
LATUDA	Carve-out		
lurasidone hcl	Carve-out		
LYBALVI	Carve-out		
NUPLAZID ORAL CAPSULE	Carve-out		
NUPLAZID ORAL TABLET 10 MG	Carve-out		
olanzapine	Carve-out		
olanzapine-fluoxetine hcl	Carve-out		
OPIPZA	Carve-out		
paliperidone er	Carve-out		
PERSERIS	Carve-out		
quetiapine fumarate	Carve-out		
quetiapine fumarate er	Carve-out		
REXULTI	Carve-out		
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Carve-out		
RISPERDAL ORAL SOLUTION	Carve-out		
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Carve-out		
risperidone	Carve-out		
risperidone microspheres er	Carve-out		
RYKINDO	Carve-out		
SAPHRIS	Carve-out		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
SECUADO	Carve-out	
SEROQUEL	Carve-out	
SEROQUEL XR	Carve-out	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	Carve-out	
UZEDY	Carve-out	Specialty Drug
VERSACLOZ	Carve-out	
VRAYLAR ORAL CAPSULE	Carve-out	
ziprasidone hcl	Carve-out	
ziprasidone mesylate	Carve-out	
ZYPREXA INTRAMUSCULAR	Carve-out	
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG	Carve-out	
Barbiturates (Anticonvulsants)		
MYSOLINE	Carve-out	
phenobarbital oral elixir	Carve-out	
phenobarbital oral tablet	Carve-out	
phenobarbital sodium injection	Carve-out	
primidone oral	Carve-out	
SEZABY	Carve-out	
Barbiturates (Anxiolytic, Sedative/Hyp)		
ASCOMP-CODEINE	NP	PA; AL
BAC (BUTALBITAL-ACETAMIN-CAFF)	F	QL; AL
butalbital-acetaminophen oral tablet 50-325 mg	F	QL; AL
butalbital-apap-caff-cod	NP	PA; AL
butalbital-apap-caffeine oral tablet 50-325-40 mg	F	QL; AL
butalbital-asa-caff-codeine	NP	PA; AL
butalbital-aspirin-caffeine oral capsule	F	AL
ESGIC ORAL TABLET	F	QL; AL
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	NP	PA; AL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
pentobarbital sodium injection	Carve-out	
phenobarbital oral elixir	Carve-out	
phenobarbital oral tablet	Carve-out	
phenobarbital sodium injection	Carve-out	
SEZABY	Carve-out	
TENCON ORAL TABLET 50-325 MG	F	QL; AL
Benzodiazepines (Anticonvulsants)		
ATIVAN	Carve-out	
clobazam oral suspension 2.5 mg/ml	Carve-out	
clobazam oral tablet	Carve-out	
clonazepam oral	Carve-out	
clorazepate dipotassium	Carve-out	
diazepam injection	Carve-out	
DIAZEPAM INTENSOL	Carve-out	
diazepam oral concentrate	Carve-out	
diazepam oral solution 5 mg/5ml	Carve-out	
diazepam oral tablet	Carve-out	
diazepam rectal	Carve-out	
KLONOPIN	Carve-out	
lorazepam injection	Carve-out	
LORAZEPAM INTENSOL	Carve-out	
lorazepam oral	Carve-out	
LOREEV XR	Carve-out	
NAYZILAM	Carve-out	
ONFI ORAL SUSPENSION	Carve-out	
ONFI ORAL TABLET 10 MG, 20 MG	Carve-out	
SYMPAZAN	Carve-out	
VALIUM	Carve-out	
VALTOCO 10 MG DOSE	Carve-out	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	Carve-out	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	Carve-out	
VALTOCO 5 MG DOSE	Carve-out	
Benzodiazepines (Anxiolytic,Sedativ/Hyp)		
alprazolam er	Carve-out	
ALPRAZOLAM INTENSOL	Carve-out	
alprazolam oral	Carve-out	
alprazolam xr	Carve-out	
ATIVAN	Carve-out	
chlordiazepoxide hcl	Carve-out	
chlordiazepoxide-amitriptyline	Carve-out	
clobazam oral suspension 2.5 mg/ml	Carve-out	
clobazam oral tablet	Carve-out	
clonazepam oral	Carve-out	
clorazepate dipotassium	Carve-out	
diazepam injection	Carve-out	
DIAZEPAM INTENSOL	Carve-out	
diazepam oral concentrate	Carve-out	
diazepam oral solution 5 mg/5ml	Carve-out	
diazepam oral tablet	Carve-out	
diazepam rectal	Carve-out	
estazolam	Carve-out	
flurazepam hcl	Carve-out	
HALCION	Carve-out	
KLONOPIN	Carve-out	
lorazepam injection	Carve-out	
LORAZEPAM INTENSOL	Carve-out	
lorazepam oral	Carve-out	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
LOREEV XR	Carve-out	
NAYZILAM	Carve-out	
ONFI ORAL SUSPENSION	Carve-out	
ONFI ORAL TABLET 10 MG, 20 MG	Carve-out	
oxazepam	Carve-out	
quazepam	Carve-out	
RESTORIL	Carve-out	
SYMPAZAN	Carve-out	
temazepam	Carve-out	
triazolam	Carve-out	
VALIUM	Carve-out	
XANAX	Carve-out	
XANAX XR	Carve-out	
Butyrophenones		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML	Carve-out	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	Carve-out	
haloperidol lactate injection solution 5 mg/ml	Carve-out	
haloperidol lactate oral	Carve-out	
haloperidol oral	Carve-out	
Calcitonin Gene-Related Peptide Antag.		
AIMOVIG	P-PA	PA; 102 day supply allowed; QL; AL
AJOVY	P-PA	PA; 102 day supply allowed; QL; AL
EMGALITY	P-PA	PA; 102 day supply allowed; QL; AL
NURTEC	P-PA	PA; 102 day supply allowed; QL; AL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
QULIPTA	NP	PA; 102 day supply allowed; QL; AL	
UBRELVY	NP	PA; QL; AL	
ZAVZPRET	NP	PA; QL; AL	
Catechol-O-Methyltransferase(Comt)Inhib.			
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	NP	PA; 102 day supply allowed	
entacapone	P	102 day supply allowed	
ONGENTYS	NP	PA; 102 day supply allowed	
TASMAR ORAL TABLET 100 MG	NP	PA; 102 day supply allowed	
tolcapone	NP	PA; 102 day supply allowed	
Central Nervous System Agents, Misc.			
acamprosate calcium	Carve-out		
atomoxetine hcl	Carve-out		
DAYBUE	Carve-out	Specialty Drug	
EXSERVAN	F	PA; AL	
guanfacine hcl er	Carve-out		
guanfacine hcl oral	P	102 day supply allowed	
INTUNIV	Carve-out		
memantine hcl er	NP	PA	
memantine hcl oral	P		
memantine hcl-donepezil hcl oral capsule extended release 24 hour 28-10 mg	NP	PA	
NAMENDA ORAL TABLET 5 MG	NP	PA	
NAMENDA TITRATION PAK	NP	PA	
NAMENDA XR	NP	PA	
NAMZARIC	NP	PA	
NOURIANZ	NP	PA; 102 day supply allowed	

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Prescriptions Drug Name	Tier Status	
QELBREE	Carve-out	
riluzole	F	
sodium oxybate	F	PA; QL; AL
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 60 MG	Carve-out	
TIGLUTIK	F	PA; AL
XYWAV	F	PA; Specialty Drug; QL; AL
Cyclooxygenase-2 (Cox-2) Inhibitors		
CELEBREX	NP	PA; QL
celecoxib oral	P	QL
ELYXYB	NP	PA; QL; AL
SEGLENTIS	NP	PA; QL; AL
Dibenzoxapines		
ADASUVE	Carve-out	
loxapine succinate oral	Carve-out	
Dihydroindolones		
molindone hcl	Carve-out	
Diphenylbutylperidines		
pimozide	Carve-out	
Dopamine Precursors		
carbidopa oral	NP	PA; 102 day supply allowed
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	P	102 day supply allowed
carbidopa-levodopa oral tablet	P	102 day supply allowed
carbidopa-levodopa oral tablet dispersible	NP	PA; 102 day supply allowed
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	NP	PA; 102 day supply allowed
CREXONT	NP	PA; AL
DHIVY ORAL TABLET 25-100 MG	NP	PA; 102 day supply allowed

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
DUOPA ENTERAL	NP	PA; 102 day supply allowed
INBRIJA	NP	PA; 102 day supply allowed
LODOSYN	NP	PA; 102 day supply allowed
RYTARY	NP	PA; 102 day supply allowed
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	NP	PA; 102 day supply allowed
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML	NP	PA; AL
Ergot-Deriv. Dopamine Receptor Agonists		
bromocriptine mesylate oral	NP	PA; 102 day supply allowed
cabergoline	F	
Fibromyalgia Agents		
CYMBALTA	Carve-out	
duloxetine hcl oral	Carve-out	
LYRICA	Carve-out	
LYRICA CR	Carve-out	
pregabalin er	Carve-out	
pregabalin oral	Carve-out	
SAVELLA	P	
SAVELLA TITRATION PACK	P	
Gaba-Mediated Anticonvulsants		
DEPAKOTE	Carve-out	
DEPAKOTE ER	Carve-out	
DIACOMIT	Carve-out	
divalproex sodium er oral tablet extended release 24 hour	Carve-out	
divalproex sodium oral tablet delayed release	Carve-out	
gabapentin oral capsule	Carve-out	
gabapentin oral solution	Carve-out	
gabapentin oral tablet 600 mg, 800 mg	Carve-out	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
GABARONE	Carve-out	
GRALISE ORAL TABLET	P	
HORIZANT ORAL TABLET EXTENDED RELEASE	P	
LYRICA	Carve-out	
LYRICA CR	Carve-out	
NEURONTIN	Carve-out	
pregabalin er	Carve-out	
pregabalin oral	Carve-out	
SABRIL	Carve-out	
tiagabine hcl	Carve-out	
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	Carve-out	
valproic acid oral solution 250 mg/5ml	Carve-out	
vigabatrin	Carve-out	
VIGADRONE	Carve-out	
VIGPODER	Carve-out	
ZTALMY	Carve-out	
General Anesthetics, Miscellaneous		
ketamine hcl sublingual	Carve-out	
Hydantoins		
CEREBYX	Carve-out	
DILANTIN INFATABS	Carve-out	
DILANTIN ORAL CAPSULE	Carve-out	
fosphenytoin sodium	Carve-out	
PHENYTEK	Carve-out	
PHENYTOIN INFATABS	Carve-out	
phenytoin oral suspension 125 mg/5ml	Carve-out	
phenytoin oral tablet chewable	Carve-out	
phenytoin sodium extended	Carve-out	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
phenytoin sodium injection	Carve-out	
Ion Channel Inhibition Agents		
APTiom	Carve-out	
BANZEL	Carve-out	
lacosamide intravenous	Carve-out	
lacosamide oral solution 10 mg/ml	Carve-out	
lacosamide oral tablet	Carve-out	
MOTPOLY XR	Carve-out	
oxcarbazepine	Carve-out	
OXTELLAR XR	Carve-out	
rufinamide	Carve-out	
TRILEPTAL	Carve-out	
VIMPAT	Carve-out	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Carve-out	
XCOPRI (350 MG DAILY DOSE)	Carve-out	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Carve-out	
XCOPRI ORAL TABLET THERAPY PACK	Carve-out	
ZONEGRAN	Carve-out	
ZONISADE	Carve-out	
zonisamide oral	Carve-out	
Melatonin Receptor Agonists		
HETLIOZ	Carve-out	
HETLIOZ LQ	Carve-out	
ramelteon	Carve-out	
ROZEREM	Carve-out	
tasimelteon	Carve-out	
Monoamine Oxidase B Inhibitors		
AZILECT	NP	PA; 102 day supply allowed; AL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
EMSAM	Carve-out	
rasagiline mesylate oral	P-PA	PA; 102 day supply allowed; AL
selegiline hcl oral	NP	PA; 102 day supply allowed
XADAGO	NP	PA; 102 day supply allowed
ZELAPAR	NP	PA; 102 day supply allowed
Monoamine Oxidase Inhibitors		
AZILECT	NP	PA; 102 day supply allowed; AL
EMSAM	Carve-out	
MARPLAN	Carve-out	
NARDIL	Carve-out	
PARNATE	Carve-out	
phenelzine sulfate oral	Carve-out	
rasagiline mesylate oral	P-PA	PA; 102 day supply allowed; AL
selegiline hcl oral	NP	PA; 102 day supply allowed
tranylcypromine sulfate	Carve-out	
XADAGO	NP	PA; 102 day supply allowed
ZELAPAR	NP	PA; 102 day supply allowed
Nmda Antagonists		
SPRAVATO (56 MG DOSE)	Carve-out	
SPRAVATO (84 MG DOSE)	Carve-out	
Non-Barbiturates		
ketamine hcl sublingual	Carve-out	
Non-Benzodiazepine Anxiolytics		
buspirone hcl oral	Carve-out	
meprobamate	Carve-out	
Non-Benzodiazepine Hypnotics		
AMBIEN	Carve-out	
AMBIEN CR	Carve-out	
EDLUAR	Carve-out	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
eszopiclone	Carve-out	
LUNESTA	Carve-out	
zaleplon	Carve-out	
zolpidem tartrate	Carve-out	
zolpidem tartrate er	Carve-out	
Nonergot-Deriv.Dopamine Receptor Agonist		
NEUPRO	NP	PA; 102 day supply allowed; QL
pramipexole dihydrochloride	P	102 day supply allowed
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg	NP	PA; 102 day supply allowed
ropinirole hcl	P	102 day supply allowed
ropinirole hcl er	NP	PA; 102 day supply allowed
Non-Opioid Analgesics		
8 hr arthritis pain relief	F	OTC
acetaminophen 8 hour oral tablet extended release	F	OTC
acetaminophen childrens oral suspension 160 mg/5ml	F	OTC
acetaminophen extra strength oral tablet	F	OTC
acetaminophen infants	F	OTC
acetaminophen junior strength	F	OTC
acetaminophen oral liquid	F	OTC
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml	F	OTC
acetaminophen oral suspension 160 mg/5ml	F	OTC
acetaminophen oral tablet 325 mg	F	OTC
acetaminophen rectal suppository 120 mg, 650 mg	F	OTC
acetaminophen-codeine oral solution	P	AL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	P	AL	
acetaminophen-ibuprofen	NP	PA; OTC	
ADVIL DUAL ACTION	NP	PA; OTC	
apap-caff-dihydrocodeine oral capsule	NP	PA; AL	
APHEN	F	OTC	
arthritis pain reliever oral	F	OTC	
BAC (BUTALBITAL-ACETAMIN-CAFF)	F	QL; AL	
betatemp childrens	F	OTC	
butalbital-acetaminophen oral tablet 50-325 mg	F	QL; AL	
butalbital-apap-caff-cod	NP	PA; AL	
butalbital-apap-caffeine oral tablet 50-325-40 mg	F	QL; AL	
childrens apap	F	OTC	
childrens non-aspirin oral tablet chewable	F	OTC	
childrens silapap	F	OTC	
cvs 8hr arthritis pain relief	F	OTC	
cvs 8hr muscle aches & pain	F	OTC	
cvs acetaminophen ex st oral tablet	F	OTC	
cvs acetaminophen oral tablet	F	OTC	
cvs arthritis pain relief oral	F	OTC	
cvs pain & fever childrens	F	OTC	
cvs pain relief extra strength	F	OTC	
dual action pain relief	NP	PA; OTC	
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	P		
eq 8hr arthritis pain relief	F	OTC	
eq acetaminophen oral tablet 500 mg	F	OTC	
eq pain & fever childrens oral suspension	F	OTC	
eq pain & fever infants	F	OTC	
eq pain reliever ex st oral tablet	F	OTC	
eq pain reliever oral tablet 325 mg	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
eql acetaminophen childrens	F	OTC	
eql acetaminophen ex st	F	OTC	
ESGIC ORAL TABLET	F	QL; AL	
FEVERALL ADULTS	F	OTC	
FEVERALL CHILDRENS	F	OTC	
FEVERALL JUNIOR STRENGTH	F	OTC	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	NP	PA; AL	
ft dual action	NP	PA; OTC	
ft pain & fever childrens	F	OTC	
ft pain & fever infants	F	OTC	
ft pain relief adult extra st	F	OTC	
ft pain relief extra strength	F	OTC	
ft pain relief oral tablet 325 mg	F	OTC	
ft pain reliever children	F	OTC	
ft pain reliever ex str adult	F	OTC	
ft rapid release pain relief	F	OTC	
gnp 8 hour arthritis relief	F	OTC	
gnp 8 hour pain reliever	F	OTC	
gnp acetaminophen oral tablet	F	OTC	
gnp acetaminophen/ibuprofen	NP	PA; OTC	
gnp children's pain & fever	F	OTC	
gnp infants pain/fever	F	OTC	
gnp pain & fever childrens oral suspension 160 mg/5ml	F	OTC	
gnp pain & fever infants	F	OTC	
goodsense arthritis pain oral	F	OTC	
goodsense dual action	NP	PA; OTC	
goodsense pain & fever child	F	OTC	
goodsense pain & fever infants	F	OTC	
goodsense pain relief extra st	F	OTC	

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs			Coverage Requirements and Limits
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
goodsense pain relief oral tablet	F	OTC	
HEALTHY MAMA SHAKE THAT ACHE	F	OTC	
hm pain relief	F	OTC	
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	P		
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	P		
infants pain & fever	F	OTC	
kls acetaminophen ex st	F	OTC	
liquid acetaminophen	F	OTC	
LITTLE REMEDIES FOR FEVER ORAL LIQUID	F	OTC	
MAPAP CHILDRENS ORAL TABLET CHEWABLE 80 MG	F	OTC	
mapap oral capsule	F	OTC	
mapap oral tablet chewable	F	OTC	
MM ACETAMINOPHEN EX STR	F	OTC	
m-pap	F	OTC	
nalocet	NP	PA	
non-aspirin extra strength oral tablet	F	OTC	
non-aspirin oral tablet	F	OTC	
non-aspirin pain relief	F	OTC	
oxycodone-acetaminophen oral solution 5-325 mg/5ml	P		
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	P		
pain & fever infants	F	OTC	
pain relief regular strength	F	OTC	
pain reliever extra strength oral tablet 500 mg	F	OTC	
pain reliever oral tablet 325 mg	F	OTC	
pain reliever/fever reducer	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	NP	PA	
PHARBETOL EXTRA STRENGTH	F	OTC	
PHARBETOL ORAL TABLET 325 MG	F	OTC	
PROLATE	NP	PA	
qc acetaminophen 8 hours	F	OTC	
qc acetaminophen infants	F	OTC	
qc arthritis pain relief	F	OTC	
qc non-aspirin extra strength	F	OTC	
qc pain relief childrens	F	OTC	
qc pain relief extra strength oral tablet 500 mg	F	OTC	
qc pain relief oral tablet	F	OTC	
ra acetaminophen ex st	F	OTC	
ra acetaminophen oral tablet	F	OTC	
ra arthritis pain relief oral	F	OTC	
ra fever reducer/pain reliever	F	OTC	
ra pain relief acetaminophen	F	OTC	
sb non-aspirin extra strength	F	OTC	
sb non-aspirin oral tablet	F	OTC	
sb pain reliever ex st	F	OTC	
TENCON ORAL TABLET 50-325 MG	F	QL; AL	
tramadol-acetaminophen	P	AL	
TYLENOL 8 HOUR	F	OTC	
TYLENOL CHILDRENS ORAL SUSPENSION	F	OTC	
TYLENOL CHILDRENS PAIN + FEVER ORAL SUSPENSION	F	OTC	
TYLENOL EXTRA STRENGTH ORAL TABLET	F	OTC	
TYLENOL FOR CHILDREN + ADULTS	F	OTC	
TYLENOL INFANTS PAIN+FEVER	F	OTC	

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lowercase = Generic drugs UPPERCASE = Brand name drugs			
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
Nonsteroidal Anti-Inflamm. Agents, Misc			
acetaminophen-ibuprofen	NP	PA; OTC	
ADVIL DUAL ACTION	NP	PA; OTC	
ADVIL JUNIOR STRENGTH	P	OTC	
ADVIL MIGRAINE	P	OTC	
ADVIL ORAL TABLET	P	OTC	
all day pain relief	P	OTC	
all day relief	P	OTC	
ANAPROX DS	NP	PA	
ARTHROTEC ORAL TABLET DELAYED RELEASE	NP	PA	
childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	P	OTC	
cvs all day pain relief	P	OTC	
cvs ibuprofen	P	OTC	
cvs ibuprofen childrens oral suspension 100 mg/5ml	P	OTC	
cvs naproxen sodium	P	OTC	
DAYPRO	NP	PA	
diclofenac epolamine external	NP	PA; QL	
diclofenac potassium oral capsule	NP	PA	
diclofenac potassium oral tablet	NP	PA	
diclofenac sodium er	NP	PA	
diclofenac sodium oral	P		
diclofenac-misoprostol oral tablet delayed release	NP	PA	
diflunisal oral	NP	PA	
dual action pain relief	NP	PA; OTC	
ec-naproxen	NP	PA	
eq all day pain relief	P	OTC	
eq ibuprofen childrens	P	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
eq ibuprofen junior	P	OTC	
eq ibuprofen oral tablet	P	OTC	
eql childrens ibuprofen	P	OTC	
eql ibuprofen	P	OTC	
eql ibuprofen infants	P	OTC	
etodolac er	NP	PA	
etodolac oral	NP	PA	
fenoprofen calcium oral capsule 400 mg	NP	PA	
fenoprofen calcium oral tablet	NP	PA	
flurbiprofen oral tablet 100 mg	NP	PA	
ft all day pain relief	P	OTC	
ft dual action	NP	PA; OTC	
ft ibuprofen childrens	P	OTC	
ft ibuprofen infants	P	OTC	
ft ibuprofen minis	P	OTC	
ft ibuprofen oral capsule	P	OTC	
ft naproxen sodium	P	OTC	
ft pain relief oral tablet 200 mg	P	OTC	
gnp acetaminophen/ibuprofen	NP	PA; OTC	
gnp childrens ibuprofen	P	OTC	
gnp ibuprofen childrens	P	OTC	
gnp ibuprofen infants	P	OTC	
gnp naproxen sodium oral tablet	P	OTC	
goodsense dual action	NP	PA; OTC	
goodsense ibuprofen	P	OTC	
goodsense ibuprofen childrens	P	OTC	
goodsense ibuprofen infants	P	OTC	
goodsense naproxen sodium	P	OTC	
hm naproxen sodium oral capsule	P	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	NP	PA	
IBU	P		
ibuprofen childrens	P	OTC	
ibuprofen infants	P	OTC	
ibuprofen junior strength oral tablet chewable	P	OTC	
ibuprofen oral capsule	P	OTC	
ibuprofen oral suspension 100 mg/5ml	P		
ibuprofen oral tablet 200 mg	P	OTC	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	P		
ibuprofen-famotidine	NP	PA	
indomethacin er	NP	PA	
indomethacin oral capsule 25 mg, 50 mg	P		
indomethacin oral suspension	NP	PA	
INFANTS ADVIL	P	OTC	
infants ibuprofen	P	OTC	
ketoprofen er	NP	PA	
ketoprofen oral capsule 50 mg	NP	PA	
ketorolac tromethamine injection solution 15 mg/ml	P		
ketorolac tromethamine oral	P	QL	
KIPROFEN	NP	PA	
cls ibuprofen	P	OTC	
LODINE	NP	PA	
LOFENA	NP	PA	
meclofenamate sodium oral	NP	PA	
MEDI-FIRST IBUPROFEN	P	OTC	
MEDIPROXEN	P	OTC	
mefenamic acid oral	NP	PA	
meijer ibuprofen	P	OTC	
meloxicam oral capsule	NP	PA	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
meloxicam oral tablet	P	
MOTRIN IB ORAL CAPSULE	P	OTC
nabumetone oral	P	
NALFON ORAL CAPSULE 400 MG	NP	PA
NALFON ORAL TABLET	NP	PA
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	NP	PA
NAPROSYN ORAL SUSPENSION	NP	PA
naproxen dr oral tablet delayed release 500 mg	NP	PA
naproxen oral suspension	NP	PA
naproxen oral tablet	P	
naproxen oral tablet delayed release	NP	PA
naproxen sodium er	NP	PA
naproxen sodium oral capsule	P	OTC
naproxen sodium oral tablet 220 mg	P	OTC
naproxen sodium oral tablet 275 mg, 550 mg	NP	PA
naproxen-esomeprazole mg	NP	PA
oxaprozin oral tablet	NP	PA
piroxicam oral	NP	PA
px ibuprofen	P	OTC
qc ibuprofen ib	P	OTC
qc ibuprofen oral tablet	P	OTC
qc naproxen sodium oral tablet	P	OTC
ra ibuprofen childrens	P	OTC
ra ibuprofen infants	P	OTC
ra ibuprofen junior strength	P	OTC
ra ibuprofen oral tablet	P	OTC
ra pain relief ibuprofen	P	OTC
RELAFEN DS	NP	PA
sb ibuprofen	P	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
sb naproxen sodium	P	OTC
sm ibuprofen ib oral tablet	P	OTC
sm ibuprofen oral capsule	P	OTC
sulindac oral	P	
sumatriptan-naproxen sodium	NP	PA
TOLECTIN 600	NP	PA
tolmetin sodium oral capsule	NP	PA
tolmetin sodium oral tablet 600 mg	NP	PA
VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG	NP	PA
WAL-PROFEN ORAL CAPSULE	P	OTC
Opioid Agonists (28:08)		
acetaminophen-codeine oral solution	P	AL
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	P	AL
apap-caff-dihydrocodeine oral capsule	NP	PA; AL
ASCOMP-CODEINE	NP	PA; AL
butalbital-apap-caff-cod	NP	PA; AL
butalbital-asa-caff-codeine	NP	PA; AL
codeine sulfate oral tablet	P	QL; AL
CONZIP	NP	PA; AL
DILAUDID ORAL	NP	PA; QL
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	P	
fentanyl citrate buccal lozenge on a handle 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	NP	PA; QL
fentanyl citrate buccal tablet	NP	PA; QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	P	QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	NP	PA

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	NP	PA; QL	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	NP	PA; AL	
hydrocodone bitartrate er oral capsule extended release 12 hour	NP	PA	
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	NP	PA	
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	P		
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	P		
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	NP	PA	
hydromorphone hcl er oral tablet extended release 24 hour	NP	PA	
hydromorphone hcl oral	P	QL	
hydromorphone hcl rectal	NP	PA	
HYSINGLA ER	NP	PA	
levorphanol tartrate oral	NP	PA	
meperidine hcl oral solution	NP	PA; QL	
meperidine hcl oral tablet 50 mg	NP	PA; QL	
METHADONE HCL INTENSOL	NP	PA	
methadone hcl oral	NP	PA	
METHADOSE ORAL CONCENTRATE 10 MG/ML	NP	PA	
METHADOSE ORAL TABLET SOLUBLE	NP	PA	
METHADOSE SUGAR-FREE	NP	PA	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	P	QL	
morphine sulfate er beads	NP	PA	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	NP	PA	
morphine sulfate er oral tablet extended release	P		
morphine sulfate oral	P	QL	
morphine sulfate rectal	P		
MS CONTIN ORAL TABLET EXTENDED RELEASE	NP	PA	
nalocet	NP	PA	
NUCYNTA	NP	PA	
NUCYNTA ER	NP	PA	
oxycodone hcl oral capsule	NP	PA; QL	
oxycodone hcl oral concentrate 10 mg/0.5ml, 100 mg/5ml	NP	PA; QL	
oxycodone hcl oral solution	P	QL	
oxycodone hcl oral tablet 10 mg, 15 mg, 5 mg	P	QL	
oxycodone hcl oral tablet 20 mg, 30 mg	NP	PA; QL	
oxycodone-acetaminophen oral solution 5-325 mg/5ml	P		
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	P		
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	P	QL	
oxymorphone hcl	NP	PA; QL	
oxymorphone hcl er	NP	PA	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	NP	PA	
PROLATE	NP	PA	
ROXICODONE ORAL TABLET 15 MG, 30 MG	NP	PA; QL	
ROXYBOND	NP	PA; QL	
SEGLENTIS	NP	PA; QL; AL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	NP	PA; AL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	P	AL
tramadol hcl er	P	AL
tramadol hcl oral solution	NP	PA; QL; AL
tramadol hcl oral tablet 100 mg, 50 mg	P	AL
tramadol-acetaminophen	P	AL
XTAMPZA ER	NP	PA; QL
Opioid Antagonists (28:10)		
buprenorphine hcl-naloxone hcl	Carve-out	
gnp naloxone hcl	F	OTC
KLOXXADO	F	QL
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	F	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	F	
naloxone hcl nasal	F	
naltrexone hcl oral	Carve-out	
NARCAN	F	
OPVEE	F	QL
pentazocine-naloxone hcl	NP	PA
RELISTOR ORAL	NP	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	NP	PA
REXTOVY	F	
SUBOXONE SUBLINGUAL FILM	Carve-out	
VIVITROL	Carve-out	
ZIMHI	F	QL
ZUBSOLV	Carve-out	
Opioid Partial Agonists		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
BELBUCA	NP	PA; QL
BRIXADI	Carve-out	Specialty Drug
BRIXADI (WEEKLY)	Carve-out	Specialty Drug
buprenorphine hcl sublingual	Carve-out	
buprenorphine hcl-naloxone hcl	Carve-out	
buprenorphine transdermal	NP	PA; QL
butorphanol tartrate nasal	NP	PA; QL
BUTRANS	P	QL
pentazocine-naloxone hcl	NP	PA
SUBLOCADE	Carve-out	
SUBOXONE SUBLINGUAL FILM	Carve-out	
ZUBSOLV	Carve-out	
Orexin Receptor Antagonists		
BELSOMRA	Carve-out	
DAYVIGO	Carve-out	
QUVIVIQ	Carve-out	
Phenothiazines		
chlorpromazine hcl injection	Carve-out	
chlorpromazine hcl oral	Carve-out	
fluphenazine decanoate injection	Carve-out	
fluphenazine hcl injection	Carve-out	
fluphenazine hcl oral	Carve-out	
perphenazine oral	Carve-out	
perphenazine-amitriptyline	Carve-out	
prochlorperazine	F	QL
prochlorperazine maleate oral	F	QL
thioridazine hcl oral	Carve-out	
trifluoperazine hcl oral	Carve-out	
Respiratory And Cns Stimulants		
ammonia inhalants	Carve-out	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
apap-caff-dihydrocodeine oral capsule	NP	PA; AL	
APTENSIO XR	Carve-out		
ASCOMP-CODEINE	NP	PA; AL	
atomoxetine hcl	Carve-out		
AZSTARYS	Carve-out		
BAC (BUTALBITAL-ACETAMIN-CAFF)	F	QL; AL	
butalbital-apap-caff-cod	NP	PA; AL	
butalbital-apap-cafeine oral tablet 50-325-40 mg	F	QL; AL	
butalbital-asa-caff-codeine	NP	PA; AL	
butalbital-aspirin-cafeine oral capsule	F	AL	
cafeine citrate oral solution 60 mg/3ml	F	AL	
CONCERTA	Carve-out		
COTEMPLA XR-ODT	Carve-out		
DAYTRANA	Carve-out		
dexmethylphenidate hcl	Carve-out		
dexmethylphenidate hcl er	Carve-out		
DOPRAM	Carve-out		
ESGIC ORAL TABLET	F	QL; AL	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	NP	PA; AL	
FOCALIN	Carve-out		
FOCALIN XR	Carve-out		
JORNAY PM	Carve-out		
METADATE CD	Carve-out		
METHYLIN ORAL SOLUTION	Carve-out		
methylphenidate	Carve-out		
methylphenidate hcl er	Carve-out		
methylphenidate hcl er (cd)	Carve-out		
methylphenidate hcl er (la)	Carve-out		
methylphenidate hcl er (osm)	Carve-out		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
methlyphenidate hcl er (xr)	Carve-out	
methlyphenidate hcl oral	Carve-out	
NORGESIC	NP	PA
norgesic forte	NP	PA
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	NP	PA
qc aromatic ammonia	Carve-out	OTC
QELBREE	Carve-out	
QUILLICHEW ER	Carve-out	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	Carve-out	
RELEXXII	Carve-out	
RITALIN	Carve-out	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	Carve-out	
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 60 MG	Carve-out	
theophylline er	F	
theophylline oral	F	
Reversible Cox-1/Cox-2 Inhibitors		
acetaminophen-ibuprofen	NP	PA; OTC
ACULAR	NP	PA
ACULAR LS	NP	PA
ACUVAIL	NP	PA
ADVIL DUAL ACTION	NP	PA; OTC
ADVIL JUNIOR STRENGTH	P	OTC
ADVIL MIGRAINE	P	OTC
ADVIL ORAL TABLET	P	OTC
all day pain relief	P	OTC
all day relief	P	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ANAPROX DS	NP	PA
childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	P	OTC
cvs all day pain relief	P	OTC
cvs ibuprofen	P	OTC
cvs ibuprofen childrens oral suspension 100 mg/5ml	P	OTC
cvs naproxen sodium	P	OTC
DAYPRO	NP	PA
diclofenac sodium external gel 3 %	F	
diflunisal oral	NP	PA
DOLOBID	NP	PA
dual action pain relief	NP	PA; OTC
ec-naproxen	NP	PA
eq all day pain relief	P	OTC
eq ibuprofen childrens	P	OTC
eq ibuprofen junior	P	OTC
eq ibuprofen oral tablet	P	OTC
eql childrens ibuprofen	P	OTC
eql ibuprofen	P	OTC
eql ibuprofen infants	P	OTC
etodolac er	NP	PA
etodolac oral	NP	PA
fenoprofen calcium oral capsule 400 mg	NP	PA
fenoprofen calcium oral tablet	NP	PA
flurbiprofen oral tablet 100 mg	NP	PA
flurbiprofen sodium	P	
ft all day pain relief	P	OTC
ft dual action	NP	PA; OTC
ft ibuprofen childrens	P	OTC
ft ibuprofen infants	P	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ft ibuprofen minis	P	OTC
ft ibuprofen oral capsule	P	OTC
ft naproxen sodium	P	OTC
ft pain relief oral tablet 200 mg	P	OTC
gnp acetaminophen/ibuprofen	NP	PA; OTC
gnp childrens ibuprofen	P	OTC
gnp ibuprofen childrens	P	OTC
gnp ibuprofen infants	P	OTC
gnp naproxen sodium oral tablet	P	OTC
goodsense dual action	NP	PA; OTC
goodsense ibuprofen	P	OTC
goodsense ibuprofen childrens	P	OTC
goodsense ibuprofen infants	P	OTC
goodsense naproxen sodium	P	OTC
hm naproxen sodium oral capsule	P	OTC
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	NP	PA
IBU	P	
ibuprofen childrens	P	OTC
ibuprofen infants	P	OTC
ibuprofen junior strength oral tablet chewable	P	OTC
ibuprofen oral capsule	P	OTC
ibuprofen oral suspension 100 mg/5ml	P	
ibuprofen oral tablet 200 mg	P	OTC
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	P	
ibuprofen-famotidine	NP	PA
indomethacin er	NP	PA
indomethacin oral capsule 25 mg, 50 mg	P	
indomethacin oral suspension	NP	PA
INFANTS ADVIL	P	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
infants ibuprofen	P	OTC	
ketorolac tromethamine injection solution 15 mg/ml	P		
ketorolac tromethamine ophthalmic solution 0.4 %	NP	PA	
ketorolac tromethamine ophthalmic solution 0.5 %	P		
ketorolac tromethamine oral	P	QL	
kls ibuprofen	P	OTC	
LODINE	NP	PA	
meclofenamate sodium oral	NP	PA	
MEDI-FIRST IBUPROFEN	P	OTC	
MEDIPROXEN	P	OTC	
mefenamic acid oral	NP	PA	
meijer ibuprofen	P	OTC	
meloxicam oral capsule	NP	PA	
meloxicam oral tablet	P		
MOTRIN IB ORAL CAPSULE	P	OTC	
nabumetone oral	P		
NALFON ORAL CAPSULE 400 MG	NP	PA	
NALFON ORAL TABLET	NP	PA	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	NP	PA	
NAPROSYN ORAL SUSPENSION	NP	PA	
naproxen dr oral tablet delayed release 500 mg	NP	PA	
naproxen oral suspension	NP	PA	
naproxen oral tablet	P		
naproxen oral tablet delayed release	NP	PA	
naproxen sodium er	NP	PA	
naproxen sodium oral capsule	P	OTC	
naproxen sodium oral tablet 220 mg	P	OTC	

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs Coverage Requirements and Limits		
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
naproxen sodium oral tablet 275 mg, 550 mg	NP	PA
naproxen-esomeprazole mg	NP	PA
oxaprozin oral tablet	NP	PA
piroxicam oral	NP	PA
px ibuprofen	P	OTC
qc ibuprofen ib	P	OTC
qc ibuprofen oral tablet	P	OTC
qc naproxen sodium oral tablet	P	OTC
ra ibuprofen childrens	P	OTC
ra ibuprofen infants	P	OTC
ra ibuprofen junior strength	P	OTC
ra ibuprofen oral tablet	P	OTC
ra pain relief ibuprofen	P	OTC
RELAFEN DS	NP	PA
sb ibuprofen	P	OTC
sb naproxen sodium	P	OTC
sm ibuprofen ib oral tablet	P	OTC
sm ibuprofen oral capsule	P	OTC
sulindac oral	P	
sumatriptan-naproxen sodium	NP	PA
VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG	NP	PA
WAL-PROFEN ORAL CAPSULE	P	OTC
Salicylates		
ASCOMP-CODEINE	NP	PA; AL
aspirin 81	F	OTC; QL
aspirin adult low dose	F	OTC; QL
aspirin adult low strength oral tablet delayed release	F	OTC; QL
aspirin buf(cacarb-mgcarb-mgo)	F	OTC; AL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
aspirin childrens	F	OTC; QL	
aspirin ec adult low dose	F	OTC; QL	
aspirin ec low dose	F	OTC; QL	
aspirin ec low strength	F	OTC; QL	
aspirin low dose oral tablet chewable	F	OTC; QL	
aspirin low dose oral tablet delayed release	F	OTC; QL	
aspirin low strength	F	OTC; QL	
aspirin oral tablet 325 mg	F	OTC; QL; AL	
aspirin oral tablet chewable	F	OTC; QL	
aspirin oral tablet delayed release 325 mg	F	OTC; QL; AL	
aspirin oral tablet delayed release 81 mg	F	OTC; QL	
aspirin rectal suppository 300 mg	F	OTC	
aspirin regimen	F	OTC; QL	
aspirin-dipyridamole er	NP	PA; 102 day supply allowed	
BAYER ASPIRIN EC LOW DOSE	F	OTC; QL	
BAYER ASPIRIN ORAL TABLET	F	OTC; QL; AL	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE	F	OTC; QL; AL	
BAYER LOW DOSE	F	OTC; QL	
BUFFERIN	F	OTC; AL	
butalbital-asa-caff-codeine	NP	PA; AL	
butalbital-aspirin-caffeine oral capsule	F	AL	
childrens aspirin	F	OTC; QL	
cvs aspirin adult low dose	F	OTC; QL	
cvs aspirin ec oral tablet delayed release 81 mg	F	OTC; QL	
cvs aspirin low dose	F	OTC; QL	
cvs aspirin low strength oral tablet delayed release	F	OTC; QL	
cvs aspirin oral tablet 325 mg	F	OTC; QL; AL	
cvs genuine aspirin	F	OTC; QL; AL	
ECOTRIN LOW STRENGTH	F	OTC; QL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
eq aspirin adult low dose	F	OTC; QL	
eq aspirin low dose oral tablet chewable	F	OTC; QL	
eq aspirin oral tablet	F	OTC; QL; AL	
eql aspirin low dose	F	OTC; QL	
ft aspirin low dose	F	OTC	
ft aspirin oral tablet	F	OTC; QL; AL	
ft enteric coated aspirin	F	OTC; QL; AL	
gnp aspirin low dose	F	OTC; QL	
gnp aspirin oral tablet 325 mg	F	OTC; QL; AL	
gnp aspirin oral tablet delayed release 325 mg	F	OTC; QL; AL	
goodsense aspirin adults	F	OTC; QL; AL	
goodsense aspirin oral tablet	F	OTC; QL; AL	
goodsense aspirin oral tablet chewable	F	OTC; QL	
kp aspirin	F	OTC; QL	
MEDI-FIRST ASPIRIN	F	OTC; QL; AL	
MEDIQUE ASPIRIN	F	OTC; QL; AL	
NORGESIC	NP	PA	
norgesic forte	NP	PA	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	NP	PA	
px aspirin oral tablet chewable	F	OTC; QL	
qc aspirin	F	OTC; QL; AL	
qc aspirin low dose	F	OTC; QL	
qc enteric aspirin	F	OTC; QL; AL	
ra aspirin adult low dose	F	OTC; QL	
ra aspirin adult low strength oral tablet chewable	F	OTC; QL	
ra aspirin childrens	F	OTC; QL	
ra aspirin ec oral tablet delayed release 325 mg	F	OTC; QL; AL	
ra aspirin ec oral tablet delayed release 81 mg	F	OTC; QL	
ra aspirin oral tablet 325 mg	F	OTC; QL; AL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
sb aspirin oral tablet	F	OTC; QL; AL
sb childrens aspirin	F	OTC; QL
sb low dose asa ec	F	OTC; QL
ST JOSEPH LOW DOSE	F	OTC; QL
tri-buffered aspirin oral tablet 325 mg	F	OTC; AL
Sel.Serotonin,Norepi Reuptake Inhibitor		
CYMBALTA	Carve-out	
desvenlafaxine er	Carve-out	
desvenlafaxine succinate er	Carve-out	
DRIZALMA SPRINKLE	Carve-out	
duloxetine hcl oral	Carve-out	
DULOXICaine	Carve-out	
EFFEXOR XR	Carve-out	
FETZIMA	Carve-out	
FETZIMA TITRATION	Carve-out	
PRISTIQ	Carve-out	
SAVELLA	P	
SAVELLA TITRATION PACK	P	
venlafaxine besylate er	Carve-out	
venlafaxine hcl	Carve-out	
venlafaxine hcl er	Carve-out	
Selective Serotonin Agonists		
almotriptan malate	NP	PA; QL
eletriptan hydrobromide	NP	PA; QL
FROVA	NP	PA; QL
frovatriptan succinate	NP	PA; QL
IMITREX ORAL	NP	PA; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	NP	PA; QL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; QL
MAXALT ORAL TABLET 10 MG	NP	PA; QL
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	NP	PA; QL
naratriptan hcl	NP	PA; QL
RELPAX	NP	PA; QL
REYVOW	NP	PA; QL; AL
rizatriptan benzoate oral tablet	P	QL
rizatriptan benzoate oral tablet dispersible 10 mg	P	
sumatriptan nasal	P	QL
sumatriptan succinate oral	P	QL
sumatriptan succinate refill subcutaneous solution cartridge	P	QL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	P	QL
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	P	QL
sumatriptan-naproxen sodium	NP	PA
TOSYMRA	NP	PA; QL
ZEMBRACE SYMTOUCH	NP	PA
zolmitriptan nasal	NP	PA
zolmitriptan oral	NP	PA; QL
ZOMIG NASAL	NP	PA
ZOMIG ORAL	NP	PA; QL
Selective-Serotonin Reuptake Inhibitors		
CELEXA ORAL TABLET	Carve-out	
citalopram hydrobromide	Carve-out	
escitalopram oxalate oral solution 5 mg/5ml	Carve-out	
escitalopram oxalate oral tablet	Carve-out	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
fluoxetine hcl (pmdd) oral tablet	Carve-out		
fluoxetine hcl oral	Carve-out		
fluvoxamine maleate	Carve-out		
fluvoxamine maleate er	Carve-out		
LEXAPRO ORAL TABLET	Carve-out		
olanzapine-fluoxetine hcl	Carve-out		
paroxetine hcl	Carve-out		
paroxetine hcl er	Carve-out		
paroxetine mesylate	Carve-out		
PAXIL CR	Carve-out		
PAXIL ORAL TABLET	Carve-out		
PROZAC ORAL CAPSULE	Carve-out		
sertraline hcl oral	Carve-out		
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	Carve-out		
ZOLOFT	Carve-out		
Serotonin Modulators			
mirtazapine oral	Carve-out		
nefazodone hcl	Carve-out		
REMERON ORAL TABLET 15 MG, 30 MG	Carve-out		
REMERON SOLTAB	Carve-out		
trazodone hcl oral	Carve-out		
TRINTELLIX	Carve-out		
VIIBRYD ORAL TABLET	Carve-out		
vilazodone hcl	Carve-out		
Succinimides			
CELONTIN	Carve-out		
ethosuximide oral	Carve-out		
methsuximide	Carve-out		
ZARONTIN	Carve-out		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
Thioxanthenes			
thiothixene oral	Carve-out		
Tricyclics, Other Norepi-Ru Inhibitors			
amitriptyline hcl oral	Carve-out		
amoxapine	Carve-out		
ANAFRANIL	Carve-out		
chlordiazepoxide-amitriptyline	Carve-out		
clomipramine hcl oral	Carve-out		
desipramine hcl oral	Carve-out		
doxepin hcl oral	Carve-out		
imipramine hcl oral	Carve-out		
imipramine pamoate	Carve-out		
NORPRAMIN ORAL TABLET 10 MG, 25 MG	Carve-out		
nortriptyline hcl oral	Carve-out		
PAMELOR ORAL CAPSULE	Carve-out		
perphenazine-amitriptyline	Carve-out		
protriptyline hcl	Carve-out		
SILENOR	Carve-out		
trimipramine maleate oral	Carve-out		
Vesicular Monoamine Transport2 Inhibitor			
AUSTEDO	F	PA; Specialty Drug; AL	
AUSTEDO XR	F	PA; Specialty Drug; AL	
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	F	PA; Specialty Drug; AL	
INGREZZA ORAL CAPSULE	F	PA; Specialty Drug; AL	
INGREZZA ORAL CAPSULE THERAPY PACK	F	PA; Specialty Drug; AL	
Wakefulness-Promoting Agents			

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
armodafinil	Carve-out	
diclofenac sodium oral tablet delayed release 75 mg	P	
modafinil oral	Carve-out	
NUVIGIL	Carve-out	
PROVIGIL	Carve-out	
sodium oxybate	F	PA; QL; AL
SUNOSI	Carve-out	
WAKIX	Carve-out	
Dental Agents		
Dental Agents		
DENTA 5000 PLUS	F	
denta 5000 plus sensitive dental gel	F	
DENTAGEL	F	
fraiche 5000 dental	F	
multi-vitamin/fluoride oral solution	F	QL; AL
multivitamin/fluoride oral solution 0.5 mg/ml	F	OTC; QL; AL
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	F	QL; AL
sf	F	
sf 5000 plus	F	
sod fluoride-potassium nitrate	F	
sodium fluoride 5000 plus	F	
sodium fluoride 5000 ppm dental cream	F	
sodium fluoride 5000 ppm dental gel	F	
sodium fluoride dental cream	F	
sodium fluoride dental gel 1.1 %	F	
sodium fluoride oral solution 0.5 mg/ml	F	OTC; QL; AL
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	F	QL; AL
sodium fluoride oral tablet chewable	F	QL; AL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
tri-vitamin/fluoride oral solution 0.25 mg/ml	F	QL; AL
tri-vite/fluoride	F	QL; AL
vitamins acd-fluoride	F	OTC; QL; AL
Nutritional Supplements		
DENTA 5000 PLUS	F	
DENTAGEL	F	
fraiche 5000 dental	F	
multi-vitamin/fluoride oral solution	F	QL; AL
multivitamin/fluoride oral solution 0.5 mg/ml	F	OTC; QL; AL
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	F	QL; AL
sf	F	
sf 5000 plus	F	
sodium fluoride 5000 plus	F	
sodium fluoride 5000 ppm dental cream	F	
sodium fluoride 5000 ppm dental gel	F	
sodium fluoride dental cream	F	
sodium fluoride dental gel 1.1 %	F	
sodium fluoride oral solution 0.5 mg/ml	F	OTC; QL; AL
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	F	QL; AL
sodium fluoride oral tablet chewable	F	QL; AL
tri-vitamin/fluoride oral solution 0.25 mg/ml	F	QL; AL
tri-vite/fluoride	F	QL; AL
vitamins acd-fluoride	F	OTC; QL; AL
Devices		
Devices		
ACCU-CHEK AVIVA IN VITRO SOLUTION	F	OTC
ACCU-CHEK FASTCLIX LANCETS	F	OTC; QL
ACCU-CHEK GUIDE	F	OTC; QL
ACCU-CHEK GUIDE CONTROL	F	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
ACCU-CHEK GUIDE ME	F	OTC; QL	
ACCU-CHEK SMARTVIEW CONTROL	F	OTC	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	F	OTC; QL	
ACCU-CHEK SOFTCLIX LANCETS	F	OTC; QL	
ACE AEROSOL CLOUD ENHANCER	F	QL	
adult mask large	F	QL	
AEROCHAMBER MINI CHAMBER	F	QL	
AEROCHAMBER MV	F	QL	
AEROCHAMBER PLS FLOVU MTHPIECE	F	QL	
AEROCHAMBER PLUS FLO-VU	F	QL	
AEROCHAMBER PLUS FLO-VU INTERM	F	QL	
AEROCHAMBER PLUS FLO-VU LARGE	F	QL	
AEROCHAMBER PLUS FLO-VU MEDIUM	F	QL	
AEROCHAMBER PLUS FLO-VU SMALL	F	QL	
AEROCHAMBER PLUS FLO-VU W/MASK	F	QL	
AEROCHAMBER PLUS FLOW VU	F	QL	
AEROCHAMBER W/FLOWSIGNAL	F	QL	
AEROCHAMBER Z-STAT PLUS	F	QL	
AEROCHAMBER Z-STAT PLUS CHAMBR	F	QL	
AEROCHAMBER Z-STAT PLUS/LARGE	F	QL	
AEROCHAMBER Z-STAT PLUS/MEDIUM	F	QL	
AEROCHAMBER Z-STAT PLUS/SMALL	F	QL	
AEROTRACH PLUS	F	QL	
AEROVENT PLUS	F	QL	
AIRZONE PEAK FLOW METER	F	OTC; QL	
alcohol prep	F	OTC; QL	
alcohol swabs	F	OTC; QL	
BD AUTOSHIELD DUO	F	OTC; QL	
BD INS SYR ULTRAFINE 1/2UNIT	F	OTC; QL	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	F	OTC; QL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
BD INSULIN SYRINGE U-500	F	QL	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	F	OTC; QL	
BD PEN NEEDLE MICRO ULTRAFINE	F	OTC; QL	
BD PEN NEEDLE MINI U/F	F	OTC; QL	
BD PEN NEEDLE MINI ULTRAFINE	F	OTC; QL	
BD PEN NEEDLE NANO 2ND GEN	F	OTC; QL	
BD PEN NEEDLE NANO ULTRAFINE	F	OTC; QL	
BD PEN NEEDLE ORIG ULTRAFINE	F	OTC; QL	
BD PEN NEEDLE SHORT ULTRAFINE	F	OTC; QL	
BD SWAB SINGLE USE REGULAR	F	OTC; QL	
BD VEO INSULIN SYR U/F 1/2UNIT	F	OTC; QL	
BD VEO INSULIN SYR ULTRAFINE	F	OTC; QL	
BD VEO INSULIN SYRINGE U/F	F	QL	
blood pressure monitor	F	OTC; QL	
blood pressure monitor device	F	OTC; QL	
blood pressure monitor/arm	F	OTC; QL	
BREATHERITE VALVED MDI CHAMBER	F	QL	
CLEVER CHOICE BP MONITOR/ARM	F	OTC; QL	
CLEVER CHOICE HOLDING CHAMBER	F	QL	
COMPACT SPACE CHAMBER	F	QL	
COMPACT SPACE CHAMBER/LG MASK	F	QL	
COMPACT SPACE CHAMBER/MED MASK	F	QL	
COMPACT SPACE CHAMBER/SM MASK	F	QL	
cvs alcohol prep pads	F	OTC; QL	
cvs blood pressure monitor	F	OTC; QL	
cvs prep	F	OTC; QL	
DEXCOM G6 RECEIVER	F	ST; QL	
DEXCOM G6 SENSOR	F	ST; QL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
DEXCOM G6 TRANSMITTER	F	ST; QL
DEXCOM G7 RECEIVER	F	ST; QL
DEXCOM G7 SENSOR	F	ST; QL
DIASCREEN 1K	F	OTC; QL
EASIVENT	F	QL
EASIVENT MASK LARGE	F	QL
EASIVENT MASK MEDIUM	F	QL
EASIVENT MASK SMALL	F	QL
EASY TOUCH ALCOHOL PREP MEDIUM	F	OTC; QL
EMBECTA AUTOSHIELD DUO	F	OTC; QL
EMBECTA INS SYR U/F 1/2 UNIT	F	OTC; QL
EMBECTA INSULIN SYR ULTRAFINE	F	OTC; QL
EMBECTA INSULIN SYRINGE	F	QL
EMBECTA INSULIN SYRINGE U-100	F	OTC; QL
EMBECTA INSULIN SYRINGE U-500	F	QL
EMBECTA PEN NEEDLE NANO	F	OTC; QL
EMBECTA PEN NEEDLE NANO 2 GEN	F	OTC; QL
EMBECTA PEN NEEDLE ULTRAFINE	F	OTC; QL
eq space chamber anti-static	F	QL
eq space chamber anti-static l	F	QL
eq space chamber anti-static m	F	QL
eq space chamber anti-static s	F	QL
EVERSENSE SENSOR/HOLDER	F	PA; QL
EVERSENSE SMART TRANSMITTER	F	PA; QL
FLEXICHAMBER ADULT MASK/SMALL	F	QL
FLEXICHAMBER CHILD MASK/LARGE	F	QL
FLEXICHAMBER CHILD MASK/SMALL	F	QL
FORA P20 BP MONITOR SYSTEM	F	OTC; QL
FREESTYLE LIBRE 14 DAY READER	F	ST; QL
FREESTYLE LIBRE 14 DAY SENSOR	F	ST; QL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
FREESTYLE LIBRE 2 READER	F	ST; QL
FREESTYLE LIBRE 2 SENSOR	F	ST; QL
FREESTYLE LIBRE 3 PLUS SENSOR	F	ST; QL
FREESTYLE LIBRE 3 READER	F	ST; QL
FREESTYLE LIBRE 3 SENSOR	F	ST; QL
FREESTYLE LIBRE READER	F	ST; QL
gnp alcohol swabs pad 70 %	F	OTC; QL
health sense bp monitor	F	OTC; QL
H-E-B INCONTROL BP MONITOR	F	OTC; QL
hm blood pressure monitor	F	OTC; QL
IN-CHECK INSPIRATORY FLOW MTR	F	QL
groger blood pressure monitor	F	OTC; QL
LITETOUCH MASK LARGE	F	QL
LITETOUCH MASK MEDIUM	F	QL
LITETOUCH MASK SMALL	F	QL
MICROCHAMBER	F	QL
microlife bp monitor	F	OTC; QL
microlife deluxe bp monitor device	F	OTC; QL
MICROLIFE DIGITAL PEAK FLOW	F	OTC; QL
MICROSPACER	F	QL
MINI WRIGHT PEAK FLOW METER	F	OTC; QL
one-way valved expiratory	F	OTC; QL
one-way valved inspiratory	F	OTC; QL
OPTICHAMBER DIAMOND	F	QL
OPTICHAMBER DIAMOND-LG MASK	F	QL
OPTICHAMBER DIAMOND-MD MASK	F	QL
OPTICHAMBER DIAMOND-SM MASK	F	QL
PANDA MASK LARGE	F	OTC; QL
PANDA MASK MEDIUM	F	OTC; QL
PANDA MASK SMALL	F	OTC; QL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
PARI VORTEX ADULT MASK	F	OTC; QL
PEAK AIR PEAK FLOW METER	F	OTC; QL
pediatric medium mask	F	OTC; QL
pediatric mouthpiece	F	OTC; QL
PEDIATRIC PANDA MASK	F	OTC; QL
pediatric small mask	F	OTC; QL
PERSONAL BEST FULL RANGE	F	OTC; QL
PIKO 1	F	OTC; QL
POCKET CHAMBER	F	QL
POCKET PEAK FLOW METER	F	OTC; QL
pro comfort spacer adult	F	OTC; QL
pro comfort spacer child	F	OTC; QL
PRO HEALTH MINI TALKING MONITR	F	OTC; QL
procare spacer/adult mask	F	OTC; QL
procare spacer/child mask	F	OTC; QL
prochamber vhc	F	QL
qc blood pressure monitor	F	OTC; QL
ra alcohol swabs	F	OTC; QL
ra blood pressure cuff monitor	F	OTC; QL
RITEFLO	F	QL
SIDESTREAM PEDIATRIC FACE MASK	F	QL
silicone mask/infant	F	QL
silicone mask/pediatric	F	QL
sm blood pressure monitor	F	OTC; QL
SURELIFE BP MONITOR/ARM	F	OTC; QL
SURELIFE BP MONITOR/WRIST	F	OTC; QL
talking sense bp monitor	F	OTC; QL
TRIVIX	NP	PA
TRUZONE PEAK FLOW METER	F	QL
ULTICARE ALCOHOL SWABS	F	OTC; QL

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lowercase = Generic drugs UPPERCASE = Brand name drugs			
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
VORTEX HOLD CHMBR/MASK/TODDLER	F	QL	
VORTEX VALVED HOLDING CHAMBER	F	QL	
Diagnostic Agents			
Adrenocortical Insufficiency			
ACTHAR	Carve-out		
CORTROPHIN	Carve-out		
CORTROSYN	Carve-out		
cosyntropin injection	Carve-out		
Cardiac Function			
aspirin-dipyridamole er	NP	PA; 102 day supply allowed	
dipyridamole oral	NP	PA; 102 day supply allowed	
Diabetes Mellitus			
ACCU-CHEK AVIVA PLUS IN VITRO	F	OTC; QL	
ACCU-CHEK GUIDE TEST	F	OTC; QL	
ACCU-CHEK SMARTVIEW	F	OTC; QL	
Ketones			
CHEMSTRIP K	F	OTC; QL	
ketone test	F	OTC; QL	
KETOSTIX	F	OTC; QL	
RELION KETONE TEST	F	OTC; QL	
Urine And Feces Contents			
CVS KETONE CARE	F	OTC; QL	
Electrolytic, Caloric, And Water Balance			
Acidifying Agents			
K-PHOS NO 2	F		
Alkalinizing Agents			
cytra-2	F	OTC	
potassium citrate er	F		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
potassium citrate-citric acid oral solution	F		
sod citrate-citric acid	F		
Ammonia Detoxicants			
BUPHENYL ORAL POWDER 3 GM/TSP	Carve-out		
BUPHENYL ORAL TABLET	Carve-out		
CARBAGLU ORAL TABLET SOLUBLE	Carve-out		
carglumic acid oral tablet soluble	Carve-out		
constulose	F		
enulose	Carve-out		
generlac	Carve-out		
lactulose encephalopathy oral solution 10 gm/15ml	Carve-out		
lactulose oral solution	F		
LITHOSTAT	Carve-out		
OLPRUVA (2 GM DOSE)	Carve-out		
OLPRUVA (3 GM DOSE)	Carve-out		
OLPRUVA (4 GM DOSE)	Carve-out		
OLPRUVA (5 GM DOSE)	Carve-out		
OLPRUVA (6 GM DOSE)	Carve-out		
OLPRUVA (6.67 GM DOSE)	Carve-out		
PHEBURANE	Carve-out	Specialty Drug	
RAVICTI	Carve-out		
sod benz-sod phenylacet	Carve-out		
sodium phenylbutyrate oral powder 3 gm/tsp	Carve-out		
sodium phenylbutyrate oral tablet	Carve-out		
Carbonic Anhydrase Inhibitors			
acetazolamide er	F	QL	
acetazolamide oral	F	QL	
Diuretics, Miscellaneous			
theophylline er	F		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
theophylline oral	F		
Loop Diuretics (40:28)			
furosemide oral solution 10 mg/ml, 8 mg/ml	F	AL	
furosemide oral tablet	F		
torsemide oral	F		
Phosphate-Removing Agents			
AURYXIA	NP	PA; 102 day supply allowed	
calcium acetate (phos binder)	P-PA	PA; 102 day supply allowed	
calcium acetate oral tablet 667 mg	P-PA	PA; 102 day supply allowed	
ferric citrate oral	NP	PA; 102 day supply allowed	
FOSRENOL ORAL PACKET	NP	PA; 102 day supply allowed	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	NP	PA; 102 day supply allowed	
lanthanum carbonate	NP	PA; 102 day supply allowed	
RENVELA	NP	PA; 102 day supply allowed	
sevelamer carbonate oral packet	NP	PA; 102 day supply allowed	
sevelamer carbonate oral tablet	P-PA	PA; 102 day supply allowed	
sevelamer hcl	NP	PA; 102 day supply allowed	
VELPHORO	NP	PA; 102 day supply allowed	
XPHOZAH	NP	PA; 102 Day Supply Allowed	
Potassium-Removing Agents			
KIONEX COMBINATION	P		
LOKELMA	P		
SPS (SODIUM POLYSTYRENE SULF)	P		
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	NP	PA; 102 day supply allowed	
XPHOZAH ORAL TABLET 30 MG	NP	PA; 102 Day Supply Allowed	
Potassium-Sparing Diuretics			
amiloride hcl oral	F		
amiloride-hydrochlorothiazide	F		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
spironolactone oral tablet	F	
spironolactone-hctz	F	
triamterene-hctz oral capsule 37.5-25 mg	F	
triamterene-hctz oral tablet	F	
Replacement Preparations		
600+d3	F	OTC
a thru z select 50+ advanced	F	OTC
a thru z select 50+ mens	F	OTC
ADVANTAGE CARE ELECTROLYTE PED	F	OTC
BACMIN	F	
BEELITH	F	OTC
calcium + d3 oral tablet 250-3 mg-mcg	F	OTC
calcium + vitamin d3 oral tablet 600-10 mg-mcg, 600-5 mg-mcg	F	OTC
calcium 500 + d oral tablet 500-5 mg-mcg	F	OTC
calcium 500 + d3 oral tablet 500-15 mg-mcg	F	OTC
calcium 500+d high potency oral tablet 500-10 mg-mcg	F	OTC
calcium 500+d oral tablet 500-10 mg-mcg, 500-5 mg-mcg	F	OTC
calcium 500+d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg	F	OTC
calcium 600	F	OTC
calcium 600 + d oral tablet 600-5 mg-mcg	F	OTC
calcium 600 +d high potency oral tablet 600-10 mg-mcg	F	OTC
calcium 600/vitamin d oral tablet 600-10 mg-mcg	F	OTC
calcium 600/vitamin d3 oral tablet 600-20 mg-mcg	F	OTC
calcium 600+d high potency oral tablet 600-10 mg-mcg	F	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
calcium 600+d oral tablet 600-10 mg-mcg, 600-5 mg-mcg	F	OTC
calcium 600+d3 oral tablet 600-10 mg-mcg, 600-20 mg-mcg, 600-5 mg-mcg	F	OTC
calcium acetate (phos binder)	P-PA	PA; 102 day supply allowed
calcium acetate oral tablet 667 mg	P-PA	PA; 102 day supply allowed
calcium carb-cholecalciferol oral tablet 500-10 mg-mcg, 500-5 mg-mcg, 600-10 mg-mcg, 600-20 mg-mcg	F	OTC
calcium carbonate oral tablet 1500 (600 ca) mg	F	OTC
calcium carbonate-vitamin d oral tablet 600-5 mg-mcg	F	OTC
calcium citrate oral tablet 250 mg, 950 (200 ca) mg	F	OTC
calcium citrate+d3	F	OTC
calcium citrate-vitamin d3 oral tablet 315-6.25 mg-mcg	F	OTC
calcium gluconate intravenous solution	F	
calcium high potency oral tablet 1500 (600 ca) mg	F	OTC
calcium high potency/vitamin d oral tablet 600-5 mg-mcg	F	OTC
calcium plus vitamin d oral tablet	F	OTC
calcium plus vitamin d3 oral tablet 600-20 mg-mcg	F	OTC
calcium+d3 oral tablet 500-10 mg-mcg, 500-15 mg-mcg, 600-20 mg-mcg	F	OTC
CALTRATE 600+D3 ORAL TABLET 600-20 MG-MCG	F	OTC
CENTRUM ADULTS ORAL TABLET	F	OTC
CENTRUM SILVER 50+MEN	F	OTC
CENTRUM SILVER ADULT 50+	F	OTC
CENTRUM SILVER MEN 50+	F	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
CENTRUM ULTRA WOMENS	F	OTC	
CENTRUM WOMEN	F	OTC	
CEROVITE SENIOR	F	OTC	
CERTAVITE SENIOR	F	OTC	
CERTAVITE SENIOR/ANTIOXIDANT	F	OTC	
CERTAVITE/ANTIOXIDANTS ORAL TABLET	F	OTC	
chelated magnesium	F	OTC	
CITRACAL MAXIMUM	F	OTC	
cvs calcium + d3 oral tablet	F	OTC	
cvs calcium 600 & vitamin d3 oral tablet 600-20 mg-mcg	F	OTC	
cvs calcium 600+d oral tablet 600-20 mg-mcg	F	OTC	
cvs calcium oral tablet 600 mg	F	OTC	
cvs magnesium oral tablet 500 mg	F	OTC	
cvs one daily essential	F	OTC	
cvs ped electrolyte freeze pop	F	OTC	
cvs spectravite adult 50+ oral tablet	F	OTC	
cvs spectravite adults	F	OTC	
cvs spectravite advanced oral tablet	F	OTC	
cvs spectravite men 50+	F	OTC	
cvs spectravite ultra men 50+	F	OTC	
cvs spectravite ultra mens	F	OTC	
cvs spectravite ultra women	F	OTC	
cvs spectravite women 50+	F	OTC	
cvs spectravite women oral tablet	F	OTC	
cvs spectravite womens senior	F	OTC	
DEKAS PLUS	F	OTC	
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 400 mcg/100ml, 80 mcg/20ml	Carve-out		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
dexmedetomidine hcl in nacl intravenous solution prefilled syringe 20-0.9 mcg/5ml-%	Carve-out		
dexmedetomidine hcl-dextrose	Carve-out		
DIALYVITE 3000	F		
DIALYVITE 5000	F		
dialyvite 800/ultra d	F	OTC	
DIALYVITE 800/ZINC	F	OTC	
DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG	F	OTC	
DIALYVITE SUPREME D ORAL TABLET	F		
DIALYVITE/ZINC	F		
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	F		
ENFAMIL ENFALYTE	F	OTC	
eq calcium 500+d oral tablet 500-5 mg-mcg	F	OTC	
eq calcium 600+d oral tablet 600-20 mg-mcg	F	OTC	
eq calcium citrate+d	F	OTC	
eq complete multivit adult 50+	F	OTC	
eq complete multivitamin-adult	F	OTC	
eq calcium/vitamin d oral tablet 600-10 mg-mcg	F	OTC	
eq calcium/vitamin d3 oral tablet 600-20 mg-mcg	F	OTC	
ESSENTIA	F	OTC	
glucosamine chondr 1500 complx	Carve-out	OTC	
GLYCOPHOS	F		
gnp calcium 500 +d3 oral tablet 500-15 mg-mcg	F	OTC	
gnp calcium 600 +d3 oral tablet 600-20 mg-mcg	F	OTC	
gnp electrolyte solution	F	OTC	
gnp mega multi for men	F	OTC	
gnp mega multi for women	F	OTC	
gnp one daily mens health 50+	F	OTC	
gnp one daily mens/lycopene	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
gnp therapeutic-m	F	OTC	
goodsense electrolyte	F	OTC	
h-e-b oral electrolyte	F	OTC	
high pot multivitamin/beta-car	F	OTC	
high potency multivit/fa	F	OTC	
HYDRALYTE ORAL SOLUTION	F	OTC	
ICAPS MV	F	OTC	
KINDERLYTE ORAL SOLUTION	F	OTC	
KINDERLYTE PREMAX ORAL SOLUTION	F	OTC	
KLOR-CON M10	F		
KLOR-CON M20	F		
KLOR-CON/EF	F		
kp adults 50+ daily formula	F	OTC	
kp calcium 600+d oral tablet 600-20 mg-mcg	F	OTC	
K-PHOS	F		
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml	Carve-out		
magnesium chloride injection	F		
magnesium citrate oral tablet 100 mg	F	OTC	
magnesium gluconate oral tablet 27.5 mg	F	OTC	
magnesium oral tablet 200 mg	F	OTC	
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg, 500 mg	F	OTC	
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG	F	OTC	
MEGA MULTI MEN ORAL TABLET	F	OTC	
mgo oral tablet 400 (240 mg) mg	F	OTC	
multi complete/iron	F	OTC	
multivitamin adults 50+	F	OTC	
multivitamin men 50+	F	OTC	
multivitamin women	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
multivitamin women 50+	F	OTC
MVW COMPLETE FORMULATION	F	OTC
MVW COMPLETE FORMULATION D3000	F	OTC
MVW COMPLETE FORMULATION D5000 ORAL CAPSULE	F	OTC
MVW COMPLETE FORMULATION MINIS	F	OTC
NANOVIM 1-3 YEARS ORAL POWDER	F	OTC
NANOVIM 4-8 YEARS ORAL POWDER	F	OTC
NANOVIM 9-18 YEARS	F	OTC
NANOVIM T/F ORAL POWDER	F	OTC
NEPHPLEX RX	F	
NU-MAG	F	OTC
ONCOVITE	F	OTC
one daily for men 50+ advanced	F	OTC
one daily for men/lycopene	F	OTC
one daily mens health	F	OTC
ONE-A-DAY TEEN ADVANTAGE/HER	F	OTC
ONE-A-DAY TEEN ADVANTAGE/HIM	F	OTC
oral electrolytes	F	OTC
oralyte	F	OTC
ORAZINC	F	OTC
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG	F	OTC
OS-CAL EXTRA D3 ORAL TABLET 500-15 MG-MCG	F	OTC
OYSCO 500+D ORAL TABLET	F	OTC
oyster shell calcium + d oral tablet 500-10 mg-mcg, 500-5 mg-mcg	F	OTC
oyster shell calcium + d3 oral tablet 500-10 mg-mcg	F	OTC
oyster shell calcium oral tablet 500 mg	F	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
oyster shell calcium plus d oral tablet 500-5 mg-mcg	F	OTC	
oyster shell calcium w/d oral tablet 500-5 mg-mcg	F	OTC	
oyster shell calcium/d oral tablet 500-10 mg-mcg, 500-5 mg-mcg	F	OTC	
oyster shell calcium/d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg	F	OTC	
oyster shell calcium/vit d3 oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg	F	OTC	
oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg	F	OTC	
ped electrolyte freeze pops	F	OTC	
ped electrolyte freezer pops	F	OTC	
PEDIALYTE ADVANCED CARE	F	OTC	
PEDIALYTE FREEZER POPS	F	OTC	
PEDIALYTE ORAL SOLUTION	F	OTC	
PEDIALYTE SINGLES	F	OTC	
pediatric electrolyte oral solution	F	OTC	
phos-nak	F	OTC	
phosphorus supplement	F	OTC	
phosphorus w/sod & potassium	F	OTC	
PHOSPHO-TRIN K500	F		
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	F		
potassium chloride er oral capsule extended release	F		
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	F		
potassium phosphates	F		
potassium phosphates(66 meq k)	F		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML	Carve-out		
PRONUTRIENTS CALCIUM+D3 ORAL TABLET 600-20 MG-MCG	F	OTC	
PRORENAL + D	F	OTC	
PRORENAL + D W/ OMEGA-3	F	OTC	
pure calcium carbonate oral tablet 1500 (600 ca) mg	F	OTC	
qc mens daily multivitamin	F	OTC	
ra calcium 600 oral tablet 1500 (600 ca) mg	F	OTC	
ra calcium 600/vitamin d-3 oral tablet 600-10 mg-mcg	F	OTC	
ra calcium cit plus vit d-3	F	OTC	
RA CENTRAL-VITE	F	OTC	
ra central-vite womens mature	F	OTC	
ra pediatric electrolyte	F	OTC	
REHYDRALYTE	F	OTC	
senior tabs	F	OTC	
sentry	F	OTC	
SLOW-MAG ORAL TABLET DELAYED RELEASE	F	OTC	
sm pediatric electrolyte	F	OTC	
sodium chloride oral tablet	F	OTC	
sodium phosphates	F		
sodium-potassium-phosphorus	F	OTC	
SPECTRAVITE	F	OTC	
super calcium oral tablet 1500 (600 ca) mg	F	OTC	
super thera vite m	F	OTC	
THERA M PLUS	F	OTC	
true magnesium oxide	F	OTC	
v-c forte	F		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
VIC-FORTE	F	
VITAL-D RX	F	
well magnesium oxide	F	OTC
YELETS TEENAGE FORMULA	F	OTC
zinc gluconate oral tablet 100 mg	F	OTC
zinc oral capsule 220 (50 zn) mg	F	OTC
zinc sulfate oral capsule 220 (50 zn) mg	F	OTC
zinc sulfate oral tablet 220 (50 zn) mg	F	OTC
Thiazide Diuretics		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	NP	PA; 102 day supply allowed
amiloride-hydrochlorothiazide	F	
amlodipine-valsartan-hctz	P	102 day supply allowed
ATACAND HCT	NP	PA; 102 day supply allowed
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	NP	PA; 102 day supply allowed
benazepril-hydrochlorothiazide	P	102 day supply allowed
BENICAR HCT	NP	PA; 102 day supply allowed
bisoprolol-hydrochlorothiazide	P	102 day supply allowed
candesartan cilexetil-hctz	NP	PA; 102 day supply allowed
captopril-hydrochlorothiazide	NP	PA; 102 day supply allowed
DIOVAN HCT	NP	PA; 102 day supply allowed
DIURIL	F	AL
EDARBYCLOR	NP	PA; 102 day supply allowed
enalapril-hydrochlorothiazide	P	102 day supply allowed
EXFORGE HCT	NP	PA; 102 day supply allowed
fosinopril sodium-hctz	NP	PA; 102 day supply allowed
hydrochlorothiazide oral	F	
HYZAAR	NP	PA; 102 day supply allowed
irbesartan-hydrochlorothiazide	NP	PA; 102 day supply allowed

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
lisinopril-hydrochlorothiazide	P	102 day supply allowed	
losartan potassium-hctz	P	102 day supply allowed	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	NP	PA; 102 day supply allowed	
metoprolol-hydrochlorothiazide	NP	PA; 102 day supply allowed	
MICARDIS HCT	NP	PA; 102 day supply allowed	
olmesartan medoxomil-hctz	P	102 day supply allowed	
olmesartan-amlodipine-hctz	NP	PA; 102 day supply allowed	
quinapril-hydrochlorothiazide	NP	PA; 102 day supply allowed	
spironolactone-hctz	F		
telmisartan-hctz	NP	PA; 102 day supply allowed	
triamterene-hctz oral capsule 37.5-25 mg	F		
triamterene-hctz oral tablet	F		
TRIBENZOR	NP	PA; 102 day supply allowed	
valsartan-hydrochlorothiazide	P	102 day supply allowed	
VASERETIC	NP	PA; 102 day supply allowed	
ZESTORETIC	NP	PA; 102 day supply allowed	
Thiazide-Like Diuretics			
atenolol-chlorthalidone	P	102 day supply allowed	
chlorthalidone oral tablet 25 mg, 50 mg	F		
indapamide oral	F		
metolazone	F		
TENORETIC 100	NP	PA; 102 day supply allowed	
TENORETIC 50	NP	PA; 102 day supply allowed	
Uricosuric Agents			
colchicine-probenecid	P		
probenecid oral	P		
Vasopressin Antagonists			
tolvaptan	F	PA; Specialty; QL; AL	
Enzymes			

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
Enzyme Cofactors/Chaperones			
GALAFOLD	Carve-out		
JAVYGTOR	Carve-out		
KUVAN ORAL PACKET	Carve-out		
KUVAN ORAL TABLET	Carve-out		
MIPLYFFA	Carve-out		
sapropterin dihydrochloride oral packet	Carve-out		
sapropterin dihydrochloride oral tablet	Carve-out		
Enzyme Inhibitors			
CERDELGA	Carve-out		
miglustat	Carve-out		
nitisinone	Carve-out		
NITYR	Carve-out		
OPFOLDA	Carve-out	Specialty Drug	
ORFADIN	Carve-out		
ZAVESCA	Carve-out		
ZOKINVY	Carve-out		
Enzymes			
ALDURAZYME	Carve-out		
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	Carve-out		
CREON	P-PA	PA; 102 day supply allowed	
ELAPRASE	Carve-out		
ELELYSO	Carve-out		
FABRAZYME	Carve-out		
LAMZEDE	Carve-out		
LUMIZYME	Carve-out		
MEPSEVII	Carve-out		
NAGLAZYME	Carve-out		
PERTZYE	NP	PA; 102 day supply allowed	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	F	PA; Specialty Drug; QL	
REVCIVI	Carve-out		
STRENSIQ	Carve-out		
SUCRAID	Carve-out		
VIMIZIM	Carve-out		
VIOKACE	NP	PA; 102 day supply allowed	
VPRIV	Carve-out		
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	P-PA	PA; 102 day supply allowed	
Eye, Ear, Nose And Throat (Eent) Preps.			
Alpha-Adrenergic Agonists (Eent)			
ALPHAGAN P	NP	PA	
apraclonidine hcl	P		
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %	NP	PA	
brimonidine tartrate ophthalmic solution 0.2 %	P		
brimonidine tartrate-timolol	NP	PA	
COMBIGAN	P		
IOPIDINE OPHTHALMIC SOLUTION 1 %	NP	PA	
SIMBRINZA	P		
Antiallergic Agents			
ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION 0.035 %	P	OTC	
ALAWAY OPHTHALMIC SOLUTION 0.035 %	P	OTC	
allergy nasal spray nasal solution	P	OTC	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	P		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
azelastine hcl ophthalmic	P		
azelastine-fluticasone	NP	PA	
bepotastine besilate	NP	PA	
BEPREVE	NP	PA	
cromolyn sodium nasal	F	OTC	
cromolyn sodium ophthalmic	P		
cromolyn sodium oral	F		
cvs olopatadine hcl	P	OTC	
DYMISTA	NP	PA	
epinastine hcl	NP	PA	
eye allergy itch relief	P	OTC	
eye allergy itch/redness rel	P	OTC	
eye allergy relief ophthalmic solution 0.025-0.3 %	F	OTC	
eye itch relief ophthalmic solution 0.035 %	P	OTC	
ft eye allergy itch & redness	P	OTC	
ft eye allergy itch relief	P	OTC	
GASTROCROM	F		
gnp olopatadine hcl	P	OTC	
ketotifen fumarate ophthalmic solution 0.035 %	P	OTC	
LASTACFT	NP	PA	
NAPHCON-A	F	OTC	
NASALCROM	F	OTC	
olopatadine hcl nasal	NP	PA	
olopatadine hcl ophthalmic	P		
PATADAY	NP	PA; OTC	
qc olopatadine hcl	P	OTC	
RYALTRIS	NP	PA	
ZADITOR OPHTHALMIC SOLUTION 0.035 %	NP	PA; OTC	
ZERVIAE	NP	PA	
Antibacterials (52:04)			

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs			Coverage Requirements and Limits
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
AZASITE	NP	PA	
bacitracin external	F	OTC	
bacitracin ophthalmic	F		
bacitracin zinc external	F	OTC	
bacitracin zinc-aloe	F	OTC	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	F		
bacitra-neomycin-polymyxin-hc	F		
BESIVANCE	NP	PA	
BETHKIS	P	Specialty Drug	
CETRAXAL	NP	PA	
CILOXAN OPHTHALMIC OINTMENT	NP	PA	
CIPRO HC	NP	PA	
ciprofloxacin hcl ophthalmic	P		
ciprofloxacin hcl otic	NP	PA	
ciprofloxacin-dexamethasone	P		
ciprofloxacin-fluocinolone pf	NP	PA	
cvs bacitracin	F	OTC	
cvs bacitracin zinc	F	OTC	
eq bacitracin zinc	F	OTC	
eq triple antibiotic	F	OTC	
eq1 bacitracin zinc	F	OTC	
eq1 first aid antibiotic external ointment 3.5-400-5000	F	OTC	
erythromycin external solution	F		
erythromycin ophthalmic	P		
ft triple antibiotic	F	OTC	
gatifloxacin ophthalmic	NP	PA	
gentamicin sulfate external	F		
gentamicin sulfate ophthalmic solution	F		
gnp bacitracin zinc	F	OTC	

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs			Coverage Requirements and Limits
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
gnp triple antibiotic external ointment	F	OTC	
goodsense first aid antibiotic	F	OTC	
KITABIS PAK (W/ NEBULIZER)	P	Specialty Drug	
levofloxacin ophthalmic solution 0.5 %	NP	PA	
medi-first triple antibiotic	F	OTC	
minocycline hcl oral capsule	F		
moxifloxacin hcl (2x day)	NP	PA	
moxifloxacin hcl ophthalmic solution	P		
neomycin sulfate oral	P		
neomycin-bacitracin zn-polymyx	F		
neomycin-polymyxin-dexameth	F		
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	F		
neomycin-polymyxin-hc otic	P		
OCUFLOX	NP	PA	
ofloxacin ophthalmic	P		
ofloxacin otic	P		
OTOVEL	NP	PA	
polymyxin b-trimethoprim	F		
px triple	F	OTC	
qc bacitracin	F	OTC	
ra bacitracin zinc first aid	F	OTC	
ra triple antibiotic external ointment	F	OTC	
sulfacetamide sodium ophthalmic	F		
sulfacetamide-prednisolone ophthalmic solution	F		
TOBI	NP	PA; Specialty Drug	
TOBI PODHALER	P	Specialty Drug	
tobramycin inhalation nebulization solution 300 mg/4ml	NP	PA	
tobramycin inhalation nebulization solution 300 mg/5ml	P	Specialty Drug	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
tobramycin ophthalmic	F	
tobramycin-dexamethasone	F	
triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 mg-unit	F	OTC
VIGAMOX	NP	PA
Anti-Infectives, Miscellaneous (52:04)		
artificial tears ophthalmic solution 0.5-0.6 %, 5-6 mg/ml	F	OTC
chlorhexidine gluconate mouth/throat	F	
CLEAR EYES NATURAL TEARS	F	OTC
gnp artificial tears	F	OTC
px artificial tears	F	OTC
qc artificial tears ophthalmic solution 0.5-0.6 %	F	OTC
STYE OPHTHALMIC SOLUTION	F	OTC
Anti-Inflammatory Agents (Eent)		
CEQUA	NP	PA; QL
cyclosporine intravenous	F	Specialty Drug
cyclosporine modified	F	Specialty Drug
cyclosporine ophthalmic	NP	PA; QL
cyclosporine oral capsule	F	Specialty Drug
GENGRAF ORAL CAPSULE 100 MG, 25 MG	F	Specialty Drug
GENGRAF ORAL SOLUTION	F	Specialty Drug
MIEBO	NP	PA; QL; AL
NEORAL	F	Specialty Drug
OXERVATE	F	PA; Specialty Drug; QL; AL
RESTASIS	P	QL
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	NP	PA; QL
SANDIMMUNE	F	Specialty Drug
VERKAZIA	NP	PA; QL; AL
VEVYE	NP	PA; QL; AL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
XIIDRA	P	QL	
Astringents (52:04)			
chlorhexidine gluconate mouth/throat	F		
Beta-Adrenergic Blocking Agents (Eent)			
betaxolol hcl ophthalmic	NP	PA	
BETIMOL	NP	PA	
BETOPTIC-S	P		
brimonidine tartrate-timolol	NP	PA	
carteolol hcl	P		
COMBIGAN	P		
COSOPT	NP	PA	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	NP	PA	
dorzolamide hcl-timolol mal	P		
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	NP	PA	
ISTALOL	NP	PA	
levobunolol hcl ophthalmic solution 0.5 %	NP	PA	
timolol hemihydrate	NP	PA	
timolol maleate (once-daily)	NP	PA	
TIMOLOL MALEATE OCUDOSE	NP	PA	
timolol maleate ophthalmic	P		
timolol maleate pf	NP	PA	
TIMOPTIC OCUDOSE	NP	PA	
TIMOPTIC-XE	NP	PA	
Carbonic Anhydrase Inhibitors (Eent)			
acetazolamide er	F	QL	
acetazolamide oral	F	QL	
AZOPT	NP	PA	
brinzolamide	P		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
COSOPT	NP	PA	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	NP	PA	
dorzolamide hcl ophthalmic	P		
dorzolamide hcl-timolol mal	P		
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	NP	PA	
SIMBRINZA	P		
Corticosteroids (Eent)			
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	P	102 day supply allowed; QL	
ADVAIR HFA	P	102 day supply allowed; QL	
AIRDUO DIGIHALER	NP	PA; 102 day supply allowed; QL	
AIRDUO RESPICLICK 113/14	NP	PA; 102 day supply allowed; QL	
AIRDUO RESPICLICK 232/14	NP	PA; 102 day supply allowed; QL	
AIRDUO RESPICLICK 55/14	NP	PA; 102 day supply allowed; QL	
AIRSUPRA	NP	PA; 102 day supply allowed; QL	
ALKINDI SPRINKLE	F		
allergy nasal spray (momet)	NP	PA; OTC	
allergy nasal spray nasal suspension	NP	PA; OTC	
allergy relief nasal	NP	PA; OTC	
allergy spray 24 hour nasal suspension	NP	PA; OTC	
ALREX	NP	PA	
ALVESCO	P		
anti-itch maximum strength external cream 1 %	P	OTC	
AQUAPHOR ITCH RELIEF MAX STR	P	OTC	
ARMONAIR DIGIHALER	NP	PA	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	P		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	P	AL	
azelastine-fluticasone	NP	PA	
bacitra-neomycin-polymyxin-hc	F		
BECONASE AQ	NP	PA	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	NP	PA; 102 day supply allowed; QL	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	NP	PA; 102 day supply allowed; QL; AL	
budesonide nasal	NP	PA; OTC	
CAPEX	NP	PA	
CIPRO HC	NP	PA	
ciprofloxacin-dexamethasone	P		
ciprofloxacin-fluocinolone pf	NP	PA	
CORTEF	F		
CORTIZONE-10 EXTERNAL OINTMENT	P	OTC	
CORTIZONE-10 FEMININE ITCH	P	OTC	
CORTIZONE-10 INTENSIVE HEALING	P	OTC	
CORTIZONE-10 OVERNIGHT ITCH	P	OTC	
CORTIZONE-10 PLUS	P	OTC	
CORTIZONE-10/ALOE EXTERNAL CREAM	P	OTC	
CORTIZONE-10/ALOE EXTERNAL LIQUID	NP	PA; OTC	
cvs budesonide	NP	PA; OTC	
cvs cortisone maximum strength external ointment	P	OTC	
cvs fluticasone propionate	NP	PA; OTC	
cvs nasal allergy spray	NP	PA; OTC	
DERMA-SMOOTH/FS BODY	NP	PA	
DERMA-SMOOTH/FS SCALP	NP	PA	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
DEXAMETHASONE INTENSOL	F		
dexamethasone oral	F		
dexamethasone sod phosphate pf	F		
dexamethasone sodium phosphate injection	F		
dexamethasone sodium phosphate ophthalmic	F		
DYMISTA	NP	PA	
eq allergy relief nasal	NP	PA; OTC	
eq budesonide nasal	NP	PA; OTC	
eq hydrocortisone	P	OTC	
eq nasal allergy	NP	PA; OTC	
eq anti-itch intensive heal	P	OTC	
eq anti-itch maximum strength	P	OTC	
eq fluticasone propionate	NP	PA; OTC	
EYSUVIS	NP	PA; QL	
FLONASE ALLERGY REL CHILDRENS	NP	PA; OTC	
flunisolide nasal solution 25 mcg/act (0.025%)	NP	PA	
fluocinolone acetonide body	NP	PA	
fluocinolone acetonide external	NP	PA	
fluocinolone acetonide scalp	NP	PA	
fluorometholone ophthalmic	F	QL	
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	NP	PA; 102 day supply allowed; QL	
fluticasone propionate diskus	NP	PA	
fluticasone propionate hfa inhalation aerosol 110 mcg/act	P	QL	
fluticasone propionate hfa inhalation aerosol 220 mcg/act, 44 mcg/act	P	102 day supply allowed; QL	
fluticasone propionate nasal	P		
fluticasone-salmeterol inhalation aerosol	NP	PA; 102 day supply allowed; QL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	NP	PA; 102 day supply allowed; QL	
ft 24 hour nasal allergy	NP	PA; OTC	
ft allergy relief 24 hr	NP	PA; OTC	
ft itch relief max strength	P	OTC	
gnp 24 hour nasal allergy	NP	PA; OTC	
gnp budesonide nasal spray	NP	PA; OTC	
gnp fluticasone propionate	NP	PA; OTC	
gnp hydrocortisone external cream 0.5 %	P	OTC	
gnp hydrocortisone max st	P	OTC	
gnp hydrocortisone plus	P	OTC	
gnp hydrocortisone/aloe	P	OTC	
goodsense 24-hr allergy nasal	NP	PA; OTC	
goodsense nasal allergy spray	NP	PA; OTC	
HEMADY	F		
HIDEX 6-DAY	F		
hydrocortisone (perianal) external cream 2.5 %	F		
hydrocortisone acetate external cream	P	OTC	
hydrocortisone acetate external ointment 1 %	P	OTC	
hydrocortisone anti-itch	P	OTC	
hydrocortisone butyr lipo base	NP	PA	
hydrocortisone butyrate external	NP	PA	
hydrocortisone external cream 0.5 %	P	OTC	
hydrocortisone external cream 1 %, 2.5 %	P		
hydrocortisone external lotion 2.5 %	P		
hydrocortisone external ointment 1 %, 2.5 %	P		
hydrocortisone external solution 2.5 %	NP	PA	
hydrocortisone max st	P	OTC	
hydrocortisone max st/12 moist	P	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
hydrocortisone oral	F		
hydrocortisone valerate	NP	PA	
hydrocortisone/aloe max str	P	OTC	
hydrocortisone-acetic acid	F		
KLS ALLER-CORT	NP	PA; OTC	
LOCOID EXTERNAL LOTION	NP	PA	
loteprednol etabonate ophthalmic suspension 0.2 %	NP	PA	
MEDPURA HYDROCORTISONE	P	OTC	
mometasone furoate external	P		
mometasone furoate nasal	NP	PA	
MONISTAT CARE INSTANT ITCH RLF	P	OTC	
nasal allergy 24 hour	NP	PA; OTC	
NASONEX 24HR	NP	PA; OTC	
neomycin-polymyxin-dexameth	F		
neomycin-polymyxin-hc otic	P		
OMNARIS	NP	PA	
ORAPRED ODT	F		
OTOVEL	NP	PA	
PEDIAPRED	F		
prednisolone acetate ophthalmic	F		
prednisolone oral solution	F		
prednisolone oral tablet	F		
prednisolone sodium phosphate ophthalmic	F		
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml	F		
prednisolone sodium phosphate oral tablet dispersible	F		
PREPARATION H EXTERNAL CREAM 1 %	P	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
PREPARATION H SOOTHING RELIEF EXTERNAL CREAM	P	OTC	
PROCTO-MED HC EXTERNAL	F		
PROCTOSOL HC EXTERNAL	F		
PROCTOZONE-HC EXTERNAL	F		
px hydrocream	P	OTC	
qc allergy relief nasal	NP	PA; OTC	
qc anti-itch aloe	P	OTC	
QNASL	NP	PA	
QNASL CHILDRENS	NP	PA	
ra anti-itch maximum strength	P	OTC	
ra budesonide	NP	PA; OTC	
ra hydrocortisone plus 12	P	OTC	
ra nasal allergy	NP	PA; OTC	
RYALTRIS	NP	PA	
sb hydrocortisone	P	OTC	
scalp relief maximum strength	NP	PA; OTC	
SOLU-CORTEF	F		
sulfacetamide-prednisolone ophthalmic solution	F		
SYNALAR EXTERNAL CREAM	NP	PA	
SYNALAR EXTERNAL OINTMENT	NP	PA	
TAPERDEX 12-DAY	F		
TAPERDEX 6-DAY	F		
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	F		
TEXACORT	NP	PA	
tobramycin-dexamethasone	F		
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	P	102 day supply allowed; QL	
triamcinolone acetonide nasal aerosol	NP	PA; OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	NP	PA; 102 day supply allowed; QL
XHANCE	NP	PA
ZETONNA	NP	PA
Eent Anti-Inflammatory Agents, Misc.		
CEQUA	NP	PA; QL
cyclosporine ophthalmic	NP	PA; QL
RESTASIS	P	QL
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	NP	PA; QL
VERKAZIA	NP	PA; QL; AL
VEVYE	NP	PA; QL; AL
XIIDRA	P	QL
Eent Drugs, Miscellaneous		
acetic acid otic	F	
altamist spray	F	OTC
apraclonidine hcl	P	
artificial tears ophthalmic solution 0.5-0.6 %, 5-6 mg/ml	F	OTC
artificial tears pf	F	OTC
carboxymethylcellulose sod pf	F	OTC
carboxymethylcellulose sodium ophthalmic gel	F	OTC
carboxymethylcellulose sodium ophthalmic solution 0.5 %	F	OTC
CLEAR EYES NATURAL TEARS	F	OTC
cromolyn sodium nasal	F	OTC
cromolyn sodium ophthalmic	P	
cromolyn sodium oral	F	
cvs lubricant drops fast act	F	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
cvs lubricant drops long last	F	OTC	
cvs lubricant eye drops (pf) ophthalmic solution 0.5 %	F	OTC	
cvs natural tears pf	F	OTC	
cvs saline nasal spray	F	OTC	
cvs sod chloride hypertonicity	F	OTC	
cvs sodium chloride	F	OTC	
deep sea nasal spray	F	OTC	
eq restore plus lubricant eye	F	OTC	
eq restore tears	F	OTC	
eq saline nasal spray	F	OTC	
eq saline nasal spray	F	OTC	
eye drops ophthalmic solution 0.5 %	F	OTC	
eye lubricant	F	OTC	
GASTROCROM	F		
GENTEAL TEARS MODERATE PF	F	OTC	
GENTEAL TEARS PF	F	OTC	
GENTEAL TEARS SEVERE DAY/NIGHT	F	OTC	
gnp artificial tears	F	OTC	
gnp nasal moisturizing	F	OTC	
goodsense lubricating eye drop	F	OTC	
hydrocortisone-acetic acid	F		
IOPIDINE OPHTHALMIC SOLUTION 1 %	NP	PA	
LITTLE REMEDIES SALINE	F	OTC	
lubricant eye	F	OTC	
lubricant eye drops ophthalmic solution 0.5 %	F	OTC	
lubricant eye drops pf	F	OTC	
lubricant eye nighttime	F	OTC	
lubricant eye pm	F	OTC	
lubricant pm	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
lubricating eye drops ophthalmic solution 0.4-0.3 %	F	OTC
MIEBO	NP	PA; QL; AL
MURO 128 OPHTHALMIC OINTMENT	F	OTC
MURO 128 OPHTHALMIC SOLUTION 5 %	F	OTC
nasal moisturizing spray	F	OTC
NASALCROM	F	OTC
OCEAN NASAL SPRAY	F	OTC
OXERVATE	F	PA; Specialty Drug; QL; AL
polyvinyl alcohol ophthalmic	F	OTC
px artificial tears	F	OTC
px saline nasal spray	F	OTC
qc artificial tears ophthalmic solution 0.5-0.6 %	F	OTC
ra lubricant eye drops ophthalmic solution 0.5 %	F	OTC
ra lubricant eye ophthalmic solution 0.4-0.3 %	F	OTC
REFRESH LACRI-LUBE	F	OTC
REFRESH LIQUIGEL OPHTHALMIC GEL	F	OTC
REFRESH P.M.	F	OTC
REFRESH PLUS	F	OTC
REFRESH TEARS	F	OTC
saline mist spray	F	OTC
saline nasal spray	F	OTC
sm nasal spray saline	F	OTC
sodium chloride (hypertonic) ophthalmic solution	F	OTC
STYE OPHTHALMIC SOLUTION	F	OTC
SYSTANE	F	OTC
SYSTANE ULTRA	F	OTC
TYRVAYA	NP	PA; QL
Eent Nonsteroidal Anti-Inflam. Agents		
ACULAR	NP	PA

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ACULAR LS	NP	PA
ACUVAIL	NP	PA
bromfenac sodium (once-daily)	NP	PA
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %	NP	PA
BROMSITE	NP	PA
diclofenac sodium ophthalmic	P	
flurbiprofen oral tablet 100 mg	NP	PA
flurbiprofen sodium	P	
ILEVRO	NP	PA
ketorolac tromethamine injection solution 15 mg/ml	P	
ketorolac tromethamine ophthalmic solution 0.4 %	NP	PA
ketorolac tromethamine ophthalmic solution 0.5 %	P	
ketorolac tromethamine oral	P	QL
NEVANAC	NP	PA
PROLENSA	NP	PA
Local Anesthetics (Eent)		
ENEMEEZ PLUS	F	OTC
lidocaine viscous hcl	F	
proparacaine hcl ophthalmic	F	
Miotics		
PHOSPHOLINE IODIDE	F	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	F	
pilocarpine hcl oral	F	
Mydriatics		
atropine sulfate ophthalmic ointment	F	
atropine sulfate ophthalmic solution 1 %	F	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
cyclopentolate hcl ophthalmic solution 1 %	F		
phenylephrine hcl ophthalmic solution 2.5 %	F		
tropicamide ophthalmic	F		
Prostaglandin Analogs			
bimatoprost ophthalmic	NP	PA	
IYUZEH	NP	PA	
latanoprost ophthalmic	P		
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	NP	PA	
ROCKLATAN	P		
tafluprost (pf)	NP	PA	
TRAVATAN Z	NP	PA	
travoprost (bak free)	NP	PA	
VYZULTA	NP	PA	
XALATAN	NP	PA	
XELPROS	NP	PA	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	NP	PA	
Rho Kinase Inhibitors			
RHOPRESSA	P		
ROCKLATAN	P		
Vasoconstrictors			
eye allergy relief ophthalmic solution 0.025-0.3 %	F	OTC	
NAPHCON-A	F	OTC	
phenylephrine hcl ophthalmic solution 2.5 %	F		
Gastrointestinal Drugs			
5-Ht3 Receptor Antagonists			
AKYNZEO ORAL	NP	PA; Specialty Drug; QL	
ANZEMET ORAL TABLET 50 MG	NP	PA; QL	
granisetron hcl oral	P	QL	
ondansetron hcl oral solution	P	QL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ondansetron hcl oral tablet 4 mg, 8 mg	P	QL
ondansetron oral tablet dispersible 16 mg	NP	PA; QL
ondansetron oral tablet dispersible 4 mg, 8 mg	P	QL
SANCUSO	NP	PA; Specialty Drug; QL
Antacids And Adsorbents		
ACID GONE ORAL SUSPENSION	F	OTC
ALMACONE DOUBLE STRENGTH	F	OTC
alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml	F	OTC
aluminum hydroxide gel oral suspension 320 mg/5ml	F	OTC
aluminum-magnesium-simethicone	F	OTC
antacid & anti-gas max str	F	OTC
antacid & antigas oral suspension 2400-2400-240 mg/30ml	F	OTC
antacid anti-gas max strength	F	OTC
antacid calcium	F	OTC
antacid calcium rich	F	OTC
antacid extra strength oral tablet chewable 750 mg	F	OTC
ANTACID FLAVOR CHEWS	F	OTC
antacid liquid	F	OTC
antacid m	F	OTC
antacid maximum strength	F	OTC
antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml	F	OTC
antacid oral tablet chewable 750 mg	F	OTC
antacid regular strength oral suspension	F	OTC
antacid/antigas	F	OTC
aspirin buf(cacarb-mgcarb-mgo)	F	OTC; AL
bismuth	F	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
BUFFERIN	F	OTC; AL	
calcium antacid extra strength	F	OTC	
calcium carbonate antacid oral suspension	F	OTC	
calcium carbonate antacid oral tablet chewable 500 mg	F	OTC	
CAL-GEST ANTACID	F	OTC	
comfort gel antacid & anti-gas	F	OTC	
comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml	F	OTC	
cvs antacid extra strength oral tablet chewable 750 mg	F	OTC	
cvs antacid kids	F	OTC	
cvs antacid maximum strength	F	OTC	
cvs antacid plus antigas	F	OTC	
cvs antacid ultra strength	F	OTC	
cvs antacid/anti-gas	F	OTC	
cvs anti-diarrheal oral suspension	F	OTC	
CVS CHEWY NOT CHALKY FLAVOR	F	OTC	
cvs omeprazole-sod bicarbonate	NP	PA; OTC	
cvs smooth antacid extra st	F	OTC	
cvs stomach relief max st	F	OTC	
cvs stomach relief oral suspension 525 mg/15ml, 525 mg/30ml	F	OTC	
cvs stomach relief oral tablet	F	OTC	
cvs stomach relief oral tablet chewable	F	OTC	
diarrhea	F	OTC	
diotame oral tablet chewable	F	OTC	
eq antacid maximum strength oral suspension	F	OTC	
eq antacid oral tablet chewable	F	OTC	
eq stomach relief oral suspension	F	OTC	
eql antacid	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
eql stomach relief oral suspension 262 mg/15ml	F	OTC
eql stomach relief oral tablet chewable	F	OTC
ft antacid & antigas oral suspension 200-200-20 mg/5ml	P	OTC
ft stomach relief oral tablet	F	OTC
geri-lanta maximum strength	F	OTC
geri-lanta oral suspension 200-200-20 mg/5ml	F	OTC
geri-mox	F	OTC
geri-mox maximum strength	F	OTC
gnp antacid & anti-gas oral suspension	F	OTC
gnp antacid extra strength oral tablet chewable 750 mg	F	OTC
gnp antacid oral tablet chewable 500 mg	F	OTC
gnp antacid regular strength	F	OTC
gnp antacid ultra strength	F	OTC
gnp pink bismuth oral tablet	F	OTC
gnp pink bismuth oral tablet chewable	F	OTC
gnp pink bismuth ultra str	F	OTC
gnp stomach relief oral suspension 525 mg/30ml	F	OTC
goodsense advanced antacid	F	OTC
goodsense antacid & gas relief oral suspension 400-400-40 mg/5ml	F	OTC
goodsense antacid oral tablet chewable 500 mg, 750 mg	F	OTC
goodsense stomach relief oral suspension 525 mg/30ml	F	OTC
goodsense stomach relief oral tablet chewable	F	OTC
HEALTHY MAMA TAME THE FLAME	F	OTC
hm antacid extra strength	F	OTC
hm antacid oral suspension	F	OTC
HYVEE ADVANCED ANTACID	F	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
KAOPECTATE EXTRA STRENGTH	F	OTC	
KAOPECTATE ORAL TABLET	F	OTC	
KONVOMEF	NP	PA	
long lasting antacid	F	OTC	
MAALOX MAX ORAL SUSPENSION	F	OTC	
mag 440	F	OTC	
mag-al plus	F	OTC	
mag-al plus xs	F	OTC	
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg	F	OTC	
magnesium oxide oral tablet 400 mg, 420 mg	F	OTC	
MAOX	F	OTC	
mintox maximum strength	F	OTC	
MINTOX ORAL SUSPENSION	F	OTC	
MYLANTA MAXIMUM STRENGTH	F	OTC	
omeprazole-sodium bicarbonate	NP	PA	
PEPTO-BISMOL MAX STRENGTH	F	OTC	
PEPTO-BISMOL ORAL SUSPENSION 262 MG/15ML	F	OTC	
PEPTO-BISMOL ORAL TABLET	F	OTC	
PEPTO-BISMOL ORAL TABLET CHEWABLE	F	OTC	
PEPTO-BISMOL TO-GO	F	OTC	
qc antacid	F	OTC	
qc antacid extra strength	F	OTC	
qc antacid/antigas	F	OTC	
qc antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml	F	OTC	
qc diarrhea relief	F	OTC	
qc stomach relief	F	OTC	
ra antacid	F	OTC	
ra antacid/anti-gas	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ra antacid/anti-gas max st	F	OTC
ra antacid/gas relief max st	F	OTC
ra stomach relief oral suspension	F	OTC
sb antacid	F	OTC
sb antacid anti-gas	F	OTC
sb antacid extra strength	F	OTC
sm antacid oral suspension	F	OTC
sodium bicarbonate oral tablet 325 mg, 650 mg	F	OTC
SOOTHE ORAL SUSPENSION 262 MG/15ML	F	OTC
SOOTHE ORAL TABLET CHEWABLE	F	OTC
stomach relief extra strength	F	OTC
stomach relief oral suspension 525 mg/15ml	F	OTC
stomach relief oral tablet	F	OTC
stomach relief oral tablet chewable	F	OTC
stomach relief ultra	F	OTC
tri-buffered aspirin oral tablet 325 mg	F	OTC; AL
TUMS	F	OTC
TUMS CHEWY BITES	F	OTC
TUMS E-X 750	F	OTC
TUMS EXTRA STRENGTH	F	OTC
TUMS EXTRA STRENGTH 750	F	OTC
TUMS LASTING EFFECTS	F	OTC
TUMS SMOOTHIES	F	OTC
TUMS ULTRA 1000	F	OTC
ZEGERID	NP	PA
Antidiarrhea Agents		
anti-diarrheal oral solution	P	OTC
anti-diarrheal oral tablet	P	OTC
bis subcit-metronid-tetracyc	NP	PA
bismuth	F	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
bismuth/metronidaz/tetracyclin	NP	PA	
CULTURELLE HEALTH & WELLNESS	F	OTC	
CULTURELLE HEALTH (INULIN)	F	OTC	
CULTURELLE IMMUNITY SUPPORT	F	OTC	
CULTURELLE ORAL CAPSULE	F	OTC	
CULTURELLE PRO-WELL HEALTH	F	OTC	
cvs anti-diarrheal oral suspension	F	OTC	
cvs stomach relief max st	F	OTC	
cvs stomach relief oral suspension 525 mg/15ml, 525 mg/30ml	F	OTC	
cvs stomach relief oral tablet	F	OTC	
cvs stomach relief oral tablet chewable	F	OTC	
diarrhea	F	OTC	
diotame oral tablet chewable	F	OTC	
diphenoxylate-atropine oral liquid	P		
diphenoxylate-atropine oral tablet 2.5-0.025 mg	P		
eq anti-diarrheal oral capsule	P	OTC	
eq stomach relief oral suspension	F	OTC	
eql stomach relief oral suspension 262 mg/15ml	F	OTC	
eql stomach relief oral tablet chewable	F	OTC	
ft anti-diarrheal oral capsule	P	OTC	
ft anti-diarrheal oral solution	P	OTC	
ft stomach relief oral tablet	F	OTC	
gnp anti-diarrheal oral capsule	P	OTC	
gnp loperamide hcl oral solution	P	OTC	
gnp pink bismuth oral tablet	F	OTC	
gnp pink bismuth oral tablet chewable	F	OTC	
gnp pink bismuth ultra str	F	OTC	
gnp stomach relief oral suspension 525 mg/30ml	F	OTC	
goodsense anti-diarrheal oral solution	P	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
goodsense stomach relief oral suspension 525 mg/30ml	F	OTC
goodsense stomach relief oral tablet chewable	F	OTC
KAOPECTATE EXTRA STRENGTH	F	OTC
KAOPECTATE ORAL TABLET	F	OTC
loperamide hcl oral capsule	P	
loperamide hcl oral solution 1 mg/7.5ml	P	OTC
loperamide hcl oral suspension	P	OTC
PEPTO-BISMOL MAX STRENGTH	F	OTC
PEPTO-BISMOL ORAL SUSPENSION 262 MG/15ML	F	OTC
PEPTO-BISMOL ORAL TABLET	F	OTC
PEPTO-BISMOL ORAL TABLET CHEWABLE	F	OTC
PEPTO-BISMOL TO-GO	F	OTC
PYLERA	P	
qc anti-diarrheal	P	OTC
qc diarrhea relief	F	OTC
qc stomach relief	F	OTC
ra allergy relief oral capsule 10 mg	NP	PA; OTC
ra anti-diarrheal oral tablet	F	OTC
ra stomach relief oral suspension	F	OTC
sm anti-diarrheal oral solution	P	OTC
SOOTHE ORAL SUSPENSION 262 MG/15ML	F	OTC
SOOTHE ORAL TABLET CHEWABLE	F	OTC
stomach relief extra strength	F	OTC
stomach relief oral suspension 525 mg/15ml	F	OTC
stomach relief oral tablet	F	OTC
stomach relief oral tablet chewable	F	OTC
stomach relief ultra	F	OTC
VIBERZI	NP	PA; QL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
Antiemetics, Miscellaneous			
dronabinol	F	PA	
LYBALVI	Carve-out		
olanzapine	Carve-out		
olanzapine-fluoxetine hcl	Carve-out		
promethazine hcl oral solution 6.25 mg/5ml	F	AL	
promethazine hcl oral syrup	F		
promethazine hcl oral tablet	F	AL	
promethazine hcl rectal suppository 12.5 mg	F	QL; AL	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	F	QL; AL	
scopolamine	F	PA	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	Carve-out		
ZYPREXA INTRAMUSCULAR	Carve-out		
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG	Carve-out		
Antiflatulents			
ALMACONE DOUBLE STRENGTH	F	OTC	
alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml	F	OTC	
aluminum-magnesium-simethicone	F	OTC	
antacid & anti-gas max str	F	OTC	
antacid & antigas oral suspension 2400-2400-240 mg/30ml	F	OTC	
antacid anti-gas max strength	F	OTC	
antacid liquid	F	OTC	
antacid m	F	OTC	
antacid maximum strength	F	OTC	
antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
antacid regular strength oral suspension	F	OTC	
antacid/antigas	F	OTC	
anti-gas oral capsule	Carve-out	OTC	
BEANO MELTAWAYS ORAL TABLET DISPERSIBLE 450 UNIT	Carve-out	OTC	
BEANO ULTRA 800	Carve-out	OTC	
comfort gel antacid & anti-gas	F	OTC	
comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml	F	OTC	
cvs antacid maximum strength oral suspension	F	OTC	
cvs antacid plus antigas	F	OTC	
cvs antacid/anti-gas	F	OTC	
CVS BEANAID	Carve-out	OTC	
cvs gas relief extra strength oral tablet chewable	F	OTC	
cvs gas relief infants	F	OTC	
cvs gas relief oral tablet chewable	F	OTC	
cvs infants gas relief	F	OTC	
drxchoice gas relief	F	OTC	
eq antacid maximum strength oral suspension	F	OTC	
eq gas relief extra strength oral tablet chewable	F	OTC	
eq infants gas relief oral suspension 40 mg/0.6ml	F	OTC	
ft antacid & antigas oral suspension 200-200-20 mg/5ml	P	OTC	
ft gas relief infants	F	OTC	
gas relief & prevention	Carve-out	OTC	
gas relief extra strength oral tablet chewable	F	OTC	
gas relief infants oral suspension 20 mg/0.3ml	F	OTC	
gas relief oral liquid	F	OTC	
gas relief oral tablet chewable	F	OTC	
GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
GAS-X PREVENTION	Carve-out	OTC	
geri-lanta maximum strength	F	OTC	
geri-lanta oral suspension 200-200-20 mg/5ml	F	OTC	
geri-mox	F	OTC	
geri-mox maximum strength	F	OTC	
gnp antacid & anti-gas oral suspension	F	OTC	
gnp antacid regular strength	F	OTC	
gnp gas relief	F	OTC	
gnp gas relief extra strength oral tablet chewable	F	OTC	
gnp infant gas relief	F	OTC	
goodsense advanced antacid	F	OTC	
goodsense antacid & gas relief oral suspension 400-400-40 mg/5ml	F	OTC	
hm antacid oral suspension	F	OTC	
HYVEE ADVANCED ANTACID	F	OTC	
infants gas relief oral suspension 20 mg/0.3ml	F	OTC	
LITTLE REMEDIES FOR TUMMYS ORAL SUSPENSION	F	OTC	
LITTLE REMEDIES GAS RELIEF	F	OTC	
MAALOX MAX ORAL SUSPENSION	F	OTC	
mag-al plus	F	OTC	
mag-al plus xs	F	OTC	
mintox maximum strength	F	OTC	
MINTOX ORAL SUSPENSION	F	OTC	
MYLANTA MAXIMUM STRENGTH	F	OTC	
MYLICON INFANTS GAS RELIEF	F	OTC	
qc antacid oral suspension	F	OTC	
qc antacid/antigas	F	OTC	
qc antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml	F	OTC	
qc gas relief extra strength oral tablet chewable	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
ra antacid/anti-gas	F	OTC	
ra antacid/anti-gas max st	F	OTC	
ra antacid/gas relief max st	F	OTC	
ra gas relief extra strength oral tablet chewable	F	OTC	
sb antacid anti-gas	F	OTC	
simethicone drops infants oral suspension	F	OTC	
simethicone oral tablet chewable	F	OTC	
sm antacid oral suspension	F	OTC	
Antihistamines (Gi Drugs)			
meclizine hcl oral tablet 12.5 mg, 25 mg	F		
meclizine hcl oral tablet chewable	F		
prochlorperazine	F	QL	
prochlorperazine maleate oral	F	QL	
Anti-Inflammatory Agents (Gi Drugs)			
alosetron hcl	NP	PA	
APRISO	P		
AZULFIDINE	NP	PA	
AZULFIDINE EN-TABS	NP	PA	
balsalazide disodium	NP	PA	
COLAZAL	NP	PA	
DELZICOL	NP	PA	
DIPENTUM	NP	PA	
LIALDA	NP	PA	
LOTRONEX	NP	PA	
mesalamine er	NP	PA	
mesalamine oral capsule delayed release	NP	PA	
mesalamine oral tablet delayed release 1.2 gm	P		
mesalamine oral tablet delayed release 800 mg	NP	PA	
mesalamine rectal enema	F		
PENTASA	P		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
sulfasalazine oral	P		
Antiulcer Agents And Acid Suppress.,Misc			
bis subcit-metronid-tetracyc	NP	PA	
bismuth/metronidaz/tetracyclin	NP	PA	
PYLERA	P		
TALICIA	NP	PA	
Antiulcer Agents And Acid Suppressants			
aluminum hydroxide gel oral suspension 320 mg/5ml	F	OTC	
amoxicillin oral capsule	F	102 day supply allowed	
amoxicillin oral suspension reconstituted	F	102 day supply allowed	
amoxicillin oral tablet	F	102 day supply allowed	
amoxicillin oral tablet chewable 125 mg, 250 mg	F	102 day supply allowed	
antacid calcium	F	OTC	
antacid calcium rich	F	OTC	
antacid extra strength oral tablet chewable 750 mg	F	OTC	
ANTACID FLAVOR CHEWS	F	OTC	
antacid oral tablet chewable 750 mg	F	OTC	
bismuth	F	OTC	
calcium antacid extra strength	F	OTC	
calcium carbonate antacid oral suspension	F	OTC	
calcium carbonate antacid oral tablet chewable 500 mg	F	OTC	
CAL-GEST ANTACID	F	OTC	
clarithromycin er	NP	PA	
clarithromycin oral suspension reconstituted	P		
clarithromycin oral tablet	P	QL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
cvs antacid extra strength oral tablet chewable 750 mg	F	OTC	
cvs antacid kids	F	OTC	
cvs antacid maximum strength oral tablet chewable	F	OTC	
cvs antacid ultra strength	F	OTC	
cvs anti-diarrheal oral suspension	F	OTC	
CVS CHEWY NOT CHALKY FLAVOR	F	OTC	
cvs smooth antacid extra st	F	OTC	
cvs stomach relief max st	F	OTC	
cvs stomach relief oral suspension 525 mg/15ml, 525 mg/30ml	F	OTC	
cvs stomach relief oral tablet	F	OTC	
cvs stomach relief oral tablet chewable	F	OTC	
diarrhea	F	OTC	
diotame oral tablet chewable	F	OTC	
eq antacid oral tablet chewable	F	OTC	
eq stomach relief oral suspension	F	OTC	
eql antacid	F	OTC	
eql stomach relief oral suspension 262 mg/15ml	F	OTC	
eql stomach relief oral tablet chewable	F	OTC	
FLAGYL ORAL CAPSULE	NP	PA	
ft stomach relief oral tablet	F	OTC	
gnp antacid extra strength oral tablet chewable 750 mg	F	OTC	
gnp antacid oral tablet chewable 500 mg	F	OTC	
gnp antacid ultra strength	F	OTC	
gnp pink bismuth oral tablet	F	OTC	
gnp pink bismuth oral tablet chewable	F	OTC	
gnp pink bismuth ultra str	F	OTC	
gnp stomach relief oral suspension 525 mg/30ml	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
goodsense antacid oral tablet chewable 500 mg, 750 mg	F	OTC	
goodsense stomach relief oral suspension 525 mg/30ml	F	OTC	
goodsense stomach relief oral tablet chewable	F	OTC	
HEALTHY MAMA TAME THE FLAME	F	OTC	
hm antacid extra strength	F	OTC	
KAOPECTATE EXTRA STRENGTH	F	OTC	
KAOPECTATE ORAL TABLET	F	OTC	
LIKMEZ	NP	PA; QL	
long lasting antacid	F	OTC	
mag 440	F	OTC	
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg	F	OTC	
magnesium oxide oral tablet 400 mg, 420 mg	F	OTC	
MAOX	F	OTC	
metronidazole oral capsule	NP	PA	
metronidazole oral tablet 250 mg, 500 mg	P		
PEPTO-BISMOL MAX STRENGTH	F	OTC	
PEPTO-BISMOL ORAL SUSPENSION 262 MG/15ML	F	OTC	
PEPTO-BISMOL ORAL TABLET	F	OTC	
PEPTO-BISMOL ORAL TABLET CHEWABLE	F	OTC	
PEPTO-BISMOL TO-GO	F	OTC	
qc antacid extra strength	F	OTC	
qc antacid oral tablet chewable	F	OTC	
qc diarrhea relief	F	OTC	
qc stomach relief	F	OTC	
ra antacid	F	OTC	
ra stomach relief oral suspension	F	OTC	
sb antacid	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
sb antacid extra strength	F	OTC
sodium bicarbonate oral tablet 325 mg, 650 mg	F	OTC
SOOTHE ORAL SUSPENSION 262 MG/15ML	F	OTC
SOOTHE ORAL TABLET CHEWABLE	F	OTC
stomach relief extra strength	F	OTC
stomach relief oral suspension 525 mg/15ml	F	OTC
stomach relief oral tablet	F	OTC
stomach relief oral tablet chewable	F	OTC
stomach relief ultra	F	OTC
TUMS	F	OTC
TUMS CHEWY BITES	F	OTC
TUMS E-X 750	F	OTC
TUMS EXTRA STRENGTH	F	OTC
TUMS EXTRA STRENGTH 750	F	OTC
TUMS LASTING EFFECTS	F	OTC
TUMS SMOOTHIES	F	OTC
TUMS ULTRA 1000	F	OTC
Cathartics And Laxatives		
ACID GONE ORAL SUSPENSION	F	OTC
ALOPHEN	F	OTC
aspirin buf(cacarb-mgcarb-mgo)	F	OTC; AL
BEELITH	F	OTC
bisacodyl ec	F	
bisacodyl oral	F	OTC
bisacodyl rectal	F	OTC
BUFFERIN	F	OTC; AL
CITROMA	F	OTC
COLACE 2-IN-1	F	OTC
COLACE CLEAR	F	OTC
COLACE ORAL CAPSULE 100 MG	F	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
CULTURELLE HEALTH (INULIN)	F	OTC	
cvs enema ready-to-use	F	OTC	
cvs gentle laxative	F	OTC	
cvs gentle laxative womens	F	OTC	
cvs laxative dietary supplemnt	F	OTC	
cvs laxative pills max st	F	OTC	
cvs magnesium citrate oral solution	F	OTC	
cvs milk of magnesia oral suspension 1200 mg/15ml	F	OTC	
cvs mineral oil enema	F	OTC	
cvs natural daily fiber oral powder 43 %	F	OTC	
CVS PURELAX ORAL POWDER	F	OTC	
cvs stool softener oral capsule 100 mg, 250 mg, 50 mg	F	OTC	
cvs stool softener/laxative	F	OTC	
docqlace	F	OTC	
docuprene	F	OTC	
docusate calcium	F	OTC	
docusate mini	F	OTC	
docusate sodium oral capsule 100 mg	F	OTC	
docusate sodium oral capsule 250 mg	F		
docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml	F	OTC	
docuzen	F	OTC	
DOK ORAL CAPSULE 100 MG	F	OTC	
DOK ORAL TABLET	F	OTC	
dss	F	OTC	
DULCOLAX ORAL	F	OTC	
DULCOLAX PINK LAXATIVE	F	OTC	
DULCOLAX PINK STOOL SOFTENER	F	OTC	
easy-lax	F	OTC	

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs			Coverage Requirements and Limits
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
easy-lax plus	F	OTC	
enema disposable rectal	F	OTC	
enema pediatric	F	OTC	
enema ready-to-use	F	OTC	
enema rectal enema	F	OTC	
ENEMEEZ MINI	F	OTC	
ENEMEEZ PLUS	F	OTC	
EQ CLEARLAX	F	OTC	
eq laxative maximum strength	F	OTC	
eq magnesium citrate	F	OTC	
eq natural vegetable laxative	F	OTC	
eq stool softener/laxative	F	OTC	
eq vegetable laxative	F	OTC	
EQL CLEARLAX	F	OTC	
eql fiber therapy oral powder 43 %	F	OTC	
eql gentle laxative	F	OTC	
eql magnesium citrate	F	OTC	
eql ready-to-use enema	F	OTC	
eql senna laxative	F	OTC	
eql senna-s	F	OTC	
EVAC-U-GEN ORAL TABLET	F	OTC	
EX-LAX MAXIMUM STRENGTH	F	OTC	
FLEET ENEMA RECTAL ENEMA	F	OTC	
FLEET OIL	F	OTC	
FLEET PEDIATRIC	F	OTC	
ft clearlax	F	OTC	
ft enema mineral oil	F	OTC	
ft enema saline	F	OTC	
ft gentle laxative	F	OTC	
ft laxative	F	OTC	

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs			Coverage Requirements and Limits
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
ft magnesium citrate	F	OTC	
ft milk of magnesia	F	OTC	
ft senna laxative	F	OTC	
ft senna laxatives	F	OTC	
ft stool softener oral capsule 100 mg	F	OTC	
ft stool softener oral tablet 100 mg	F	OTC	
gavilax oral powder	F	OTC	
GAVILYTE-C	F		
GAVILYTE-G	F		
GAVILYTE-N WITH FLAVOR PACK	F		
gentle laxative oral tablet delayed release	F	OTC	
gentle laxative rectal	F	OTC	
geri-kot	F	OTC	
GLYCOLAX	F	OTC	
GNP CLEARLAX ORAL POWDER	F	OTC	
gnp fiber oral powder	F	OTC	
gnp gentle laxative oral	F	OTC	
gnp magnesium citrate	F	OTC	
gnp milk of magnesia	F	OTC	
gnp senna lax	F	OTC	
gnp senna plus	F	OTC	
gnp stool softener oral capsule 100 mg	F	OTC	
gnp womens gentle laxative	F	OTC	
goodsense bisacodyl laxative	F	OTC	
GOODSENSE CLEARLAX	F	OTC	
goodsense milk of magnesia	F	OTC	
goodsense senna laxative oral tablet 8.6 mg	F	OTC	
HEALTHY MAMA MOVE IT ALONG	F	OTC	
hm enema	F	OTC	
hm enema mineral oil	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
hm laxative oral	F	OTC
kp bisacodyl	F	OTC
kp senna	F	OTC
laxative regular strength	F	OTC
magnesium citrate oral solution 1.745 gm/30ml	F	OTC
milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml	F	OTC
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	F	QL
natural fiber therapy oral powder 30 %	F	OTC
natural senna laxative oral tablet 8.6 mg	F	OTC
NEPHRON FA	F	
ONELAX	F	OTC
ONELAX MAGNESIUM CITRATE	F	OTC
ONELAX SENNA	F	OTC
peg 3350 oral powder	F	OTC
peg 3350-kcl-na bicarb-nacl	F	
peg-3350/electrolytes	F	
PERDIEM OVERNIGHT RELIEF	F	OTC
PHILLIPS ORAL TABLET	F	OTC
polyethylene glycol 3350 oral powder	F	
prenatal 19 oral tablet	F	OTC; QL; AL
PROMOLAXIN	F	OTC
psyldex	F	OTC
px docusate sodium	F	OTC
px laxative	F	OTC
qc enema	F	OTC
qc gentle laxative rectal	F	OTC
qc magnesium citrate	F	OTC
qc milk of magnesia	F	OTC
qc natura-lax	F	OTC

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs Coverage Requirements and Limits		
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
qc stool softener oral capsule 100 mg	F	OTC
qc stool softener pls laxative oral tablet 8.6-50 mg	F	OTC
qc vegetable laxative	F	OTC
ra enema	F	OTC
ra laxative oral powder	F	OTC
ra laxative oral tablet delayed release	F	OTC
ra magnesium citrate	F	OTC
ra milk of magnesia oral suspension	F	OTC
ra p col-rite	F	OTC
ra womens laxative	F	OTC
sb senna-lax	F	OTC
se-natal 19 oral tablet	F	QL; AL
senna oral capsule	F	OTC
senna oral liquid	F	OTC
senna oral syrup 8.8 mg/5ml	F	
senna oral tablet 8.6 mg	F	OTC
senna plus oral tablet	F	OTC
SENNALAX	F	OTC
senna-docusate sodium	F	OTC
senna-lax	F	OTC
senna-plus	F	OTC
senna-tabs	F	OTC
senna-time	F	OTC
senna-time s	F	OTC
sennosides-docusate sodium	F	OTC
SENNOSIDES	F	OTC
SENNOSIDES EXTRA STRENGTH	F	OTC
SENNOSIDES S	F	OTC
sm enema rectal enema 7-19 gm/118ml	F	OTC
stimulant laxative oral tablet	F	OTC

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lowercase = Generic drugs UPPERCASE = Brand name drugs			
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
stool softener laxative oral capsule 100 mg	F	OTC	
stool softener oral tablet	F	OTC	
stool softener plus laxative	F	OTC	
stool softener/laxative oral tablet	F	OTC	
tri-buffered aspirin oral tablet 325 mg	F	OTC; AL	
vegetable lax+stool softener	F	OTC	
WAL-MUCIL ORAL POWDER 43 %	F	OTC	
womans laxative oral tablet delayed release	F	OTC	
Chloride Channel Activators			
AMITIZA	NP	PA; QL; AL	
lubiprostone	P	QL; AL	
Cholelitholytic Agents			
BYLVAY	Carve-out		
BYLVAY (PELLETS)	Carve-out		
LIVMARLI ORAL SOLUTION 9.5 MG/ML	Carve-out		
RELTONE	NP	PA; 102 day supply allowed	
URSO FORTE	NP	PA; 102 day supply allowed	
ursodiol oral capsule 300 mg	P	102 day supply allowed	
ursodiol oral capsule 400 mg	NP	PA; 102 day supply allowed	
ursodiol oral tablet	P	102 day supply allowed	
Digestants			
betaine hcl oral capsule 650-2-130 mg	Carve-out	OTC	
CREON	P-PA	PA; 102 day supply allowed	
cvs dairy relief	Carve-out	OTC	
cvs dairy relief ex st	Carve-out	OTC	
cvs dairy relief fast acting oral tablet	Carve-out	OTC	
cvs lactase enzyme ultra str	Carve-out	OTC	
dairy digestive ultra	Carve-out	OTC	
dairy relief oral tablet 3000 unit	Carve-out	OTC	
digestive enzyme	Carve-out	OTC	

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lowercase = Generic drugs UPPERCASE = Brand name drugs			
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
digestive enzymes oral capsule	Carve-out	OTC	
digestive enzymes oral tablet	Carve-out	OTC	
enzyme digest	Carve-out	OTC	
eq dairy digestive fast acting	Carve-out	OTC	
eql dairy digest fast acting	Carve-out	OTC	
eql digestive enzymes	Carve-out	OTC	
GASTRACID	Carve-out	OTC	
gnp dairy relief	Carve-out	OTC	
gnp fast acting dairy relief	Carve-out	OTC	
LACTAID FAST ACT	Carve-out	OTC	
LACTAID ORAL TABLET	Carve-out	OTC	
lactase enzyme	Carve-out	OTC	
lactase fast acting	Carve-out	OTC	
lactose fast acting relief	Carve-out	OTC	
panplex 2-phase oral tablet delayed release	Carve-out	OTC	
PERTZYE	NP	PA; 102 day supply allowed	
ra dairy aid	Carve-out	OTC	
ra dairy relief fast acting oral tablet chewable	Carve-out	OTC	
sb dairy relief	Carve-out	OTC	
sb lactase	Carve-out	OTC	
surelac	Carve-out	OTC	
VIOKACE	NP	PA; 102 day supply allowed	
XYMOZYME	Carve-out	OTC	
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	P-PA	PA; 102 day supply allowed	
Dopamine Receptor Antagonists			
droperidol injection	Carve-out		
promethazine hcl rectal suppository 12.5 mg	F	QL; AL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	F	QL; AL
Gi Drugs, Miscellaneous		
ABRILADA (1 PEN)	NP	PA
ABRILADA (2 PEN)	NP	PA; Specialty Drug
ABRILADA (2 SYRINGE)	NP	PA; Specialty Drug
adalimumab-aacf(cd/uc/hs strt)	NP	PA; Specialty
adalimumab-aacf(ps/uv starter)	NP	PA; Specialty
adalimumab-aaty (1 pen)	NP	PA; Specialty Drug
adalimumab-aaty (2 pen)	NP	PA; Specialty Drug
adalimumab-aaty (2 syringe)	NP	PA; Specialty Drug
adalimumab-aaty cd/uc/hs start	NP	PA; Specialty
adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml	NP	PA; Specialty Drug
adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml	NP	PA; Specialty
adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml, 40 mg/0.4ml	NP	PA; Specialty Drug
adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml	NP	PA; Specialty
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml	NP	PA; Specialty Drug
adalimumab-fkjp	NP	PA; Specialty Drug
adalimumab-fkjp (2 pen)	NP	PA; Specialty Drug
adalimumab-fkjp (2 syringe)	NP	PA; Specialty Drug
adalimumab-ryvk (2 pen)	NP	PA; Specialty Drug
adalimumab-ryvk (2 syringe)	NP	PA; Specialty Drug
AMITIZA	NP	PA; QL; AL
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	NP	PA
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	NP	PA

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
AMJEVITA-PED 10KG TO <15KG	NP	PA	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	NP	PA	
BYLVAY	Carve-out		
BYLVAY (PELLETS)	Carve-out		
CIMZIA (2 SYRINGE)	NP	PA; Specialty Drug	
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	NP	PA; Specialty Drug	
CIMZIA-STARTER	NP	PA; Specialty Drug	
CYLTEZO (2 SYRINGE)	NP	PA; Specialty Drug	
dronabinol	F	PA	
ENTYVIO INTRAVENOUS	NP	PA; Specialty Drug	
ENTYVIO PEN	NP	PA; Specialty Drug	
HADLIMA	NP	PA; Specialty Drug	
HADLIMA PUSHTOUCH	NP	PA; Specialty Drug	
HULIO (2 PEN)	NP	PA; Specialty Drug	
HULIO (2 SYRINGE)	NP	PA; Specialty Drug	
HUMIRA (1 PEN)	P	Specialty Drug	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	P	Specialty Drug	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	P		
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	P	Specialty Drug	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	P	Specialty Drug	
HUMIRA-PED<40KG CROHNS STARTER	P	Specialty Drug	
HUMIRA-PED>=40KG CROHNS START	P	Specialty Drug	
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	P		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	P	Specialty Drug	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	NP	PA; Specialty Drug	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	NP	PA; Specialty Drug	
HYRIMOZ-CROHNS/UC STARTER	NP	PA; Specialty Drug	
HYRIMOZ-PED<40KG CROHN STARTER	NP	PA; Specialty Drug	
HYRIMOZ-PED>=40KG CROHN START	NP	PA; Specialty Drug	
HYRIMOZ-PLAQ PSOR/UEVIT START	NP	PA; Specialty Drug	
HYRIMOZ-PLAQUE PSORIASIS START	NP	PA; Specialty Drug	
IBSRELA	NP	PA; QL; AL	
IDACIO (2 PEN)	NP	PA; Specialty Drug	
IDACIO (2 SYRINGE)	NP	PA; Specialty Drug	
IDACIO-CROHNS/UC STARTER	NP	PA; Specialty Drug	
IDACIO-PSORIASIS STARTER	NP	PA; Specialty Drug	
LINZESS	P	QL; AL	
LIVMARLI ORAL SOLUTION 9.5 MG/ML	Carve-out		
lubiprostone	P	QL; AL	
MOTEGRITY	NP	PA	
MOVANTIK	NP	PA	
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml	F	PA	
octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml	F	PA; Specialty Drug	
OMVOH INTRAVENOUS	NP	PA; Specialty Drug; AL	
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; AL	
orlistat oral	P-PA	PA; QL; AL	
prucalopride succinate	NP	PA	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
RELISTOR ORAL	NP	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	NP	PA
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	NP	PA; Specialty Drug
SIMLANDI (2 PEN)	NP	PA; Specialty
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	NP	PA; Specialty Drug
SIMPONI ARIA	NP	PA; Specialty Drug
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	NP	PA; Specialty Drug
STELARA INTRAVENOUS	NP	PA; Specialty Drug
SYMPROIC	NP	PA
TRULANCE	NP	PA
VIBERZI	NP	PA; QL
XENICAL	P-PA	PA; QL; AL
XPHOZAH ORAL TABLET 30 MG	NP	PA; 102 Day Supply Allowed
YUFLYMA (1 PEN)	NP	PA; Specialty Drug
YUFLYMA (2 PEN)	NP	PA; Specialty Drug
YUFLYMA (2 SYRINGE)	NP	PA; Specialty Drug
YUFLYMA-CD/UC/HS STARTER	NP	PA; Specialty Drug
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug
ZYMFENTRA (2 PEN)	NP	PA; Specialty Drug; AL
ZYMFENTRA (2 SYRINGE)	NP	PA; Specialty Drug; AL
Guanylate Cyclase C (Gcc) Recept Agonist		
LINZESS	P	QL; AL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TRULANCE	NP	PA
Histamine H2-Antagonists		
acid reducer oral tablet 10 mg	F	OTC
cimetidine 200	F	OTC
cimetidine hcl oral solution 300 mg/5ml	F	
cimetidine oral	F	
eq famotidine max st	F	OTC
famotidine maximum strength	F	OTC
famotidine oral suspension reconstituted	F	QL; AL
famotidine oral tablet 10 mg	F	OTC
famotidine oral tablet 20 mg, 40 mg	F	
famotidine orig st	F	OTC
heartburn relief oral tablet 10 mg	F	OTC
ibuprofen-famotidine	NP	PA
ra acid reducer max st oral tablet 20 mg	F	OTC
ra acid reducer oral tablet 10 mg	F	OTC
Immunomodulatory Agents (56:44)		
ENTYVIO INTRAVENOUS	NP	PA; Specialty Drug
ENTYVIO PEN	NP	PA; Specialty Drug
OMVOH (300 MG DOSE)	NP	PA; Specialty Drug; AL
OMVOH INTRAVENOUS	NP	PA; Specialty Drug; AL
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; AL
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug; AL
VELSIPITY	NP	PA; Specialty Drug; AL
Lipotropic Agents		
b complex formula 1 (lipotrop)	F	OTC
balanced b-50 complex	F	OTC
b-stress	F	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
complex b-100-inositol	F	OTC
scopolamine	F	PA
Neurokinin-1 Receptor Antagonists		
AKYNZEO ORAL	NP	PA; Specialty Drug; QL
aprepitant oral	NP	PA; QL; AL
aprepitant oral capsule 125 mg, 40 mg, 80 mg	P	QL; AL
aprepitant oral capsule 80 & 125 mg	NP	PA; QL; AL
EMEND BIPACK	NP	PA; QL; AL
EMEND ORAL SUSPENSION RECONSTITUTED	NP	PA; AL
EMEND TRIPACK	NP	PA; QL; AL
Opioid Antagonists (56:18)		
MOVANTIK	NP	PA
RELISTOR ORAL	NP	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	NP	PA
SYMPROIC	NP	PA
Potassium-Competitive Acid Blockers		
VOQUEZNA	F	PA; QL; AL
VOQUEZNA DUAL PAK	NP	PA
VOQUEZNA TRIPLE PAK	NP	PA
Prokinetic Agents		
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	F	
metoclopramide hcl oral tablet	F	
Prostaglandins		
ARTHROTEC ORAL TABLET DELAYED RELEASE	NP	PA
diclofenac-misoprostol oral tablet delayed release	NP	PA
misoprostol oral	F	QL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Protectants		
sucralfate oral tablet	F	QL
Proton-Pump Inhibitors		
acid reducer oral capsule delayed release	NP	PA; OTC
amoxicill-clarithro-lansopraz oral therapy pack	NP	PA; QL
cvs esomeprazole magnesium	NP	PA; OTC
cvs lansoprazole oral tablet delayed release dispersible	NP	PA; OTC
cvs omeprazole magnesium	NP	PA; OTC
cvs omeprazole oral tablet delayed release	NP	PA; OTC
cvs omeprazole oral tablet delayed release dispersible	NP	PA; OTC
cvs omeprazole-sod bicarbonate	NP	PA; OTC
DEXILANT	NP	PA
dexlansoprazole	NP	PA
eq omeprazole magnesium	NP	PA; OTC
eq omeprazole oral tablet delayed release	NP	PA; OTC
eq omeprazole	NP	PA; OTC
esomeprazole magnesium oral capsule delayed release	NP	PA
esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg	NP	PA; QL
esomeprazole magnesium oral tablet delayed release	NP	PA; OTC
ft acid reducer oral capsule delayed release	NP	PA; OTC
ft omeprazole	NP	PA; OTC
gnp lansoprazole	NP	PA; OTC
gnp omeprazole	NP	PA; OTC
GOODSENSE ESOMEPRAZOLE	NP	PA; OTC
goodsense lansoprazole oral capsule delayed release	NP	PA; OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
kls esomeprazole magnesium	NP	PA; OTC	
KONVOMEF	NP	PA	
lansoprazole oral capsule delayed release	NP	PA	
lansoprazole oral tablet delayed release dispersible	NP	PA	
naproxen-esomeprazole mg	NP	PA	
NEXIUM 24HR CLEAR MINIS	NP	PA; OTC	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE	NP	PA; OTC	
NEXIUM ORAL CAPSULE DELAYED RELEASE	NP	PA	
NEXIUM ORAL PACKET	P	QL	
OMECLAMOX-PAK	NP	PA	
omeprazole magnesium	NP	PA; OTC	
omeprazole oral capsule delayed release	P	QL	
omeprazole oral tablet delayed release	NP	PA; OTC	
omeprazole oral tablet delayed release dispersible	NP	PA; OTC	
omeprazole-sodium bicarbonate	NP	PA	
pantoprazole sodium oral packet	NP	PA; QL	
pantoprazole sodium oral tablet delayed release	P	QL	
PREVACID 24HR	NP	PA; OTC	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	NP	PA	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	NP	PA	
PRILOSEC ORAL PACKET	NP	PA	
PROTONIX ORAL PACKET	P	QL	
PROTONIX ORAL TABLET DELAYED RELEASE	NP	PA; QL	
qc omeprazole magnesium	NP	PA; OTC	
ra esomeprazole magnesium	NP	PA; OTC	
ra omeprazole	NP	PA; OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
rabeprazole sodium oral tablet delayed release	NP	PA	
VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG	NP	PA	
VOQUEZNA	F	PA; QL; AL	
ZEGERID	NP	PA	
Heavy Metal Antagonists			
Heavy Metal Antagonists			
CHEMET	F		
Hormones And Synthetic Substitutes			
Adrenals			
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	P	102 day supply allowed; QL	
ADVAIR HFA	P	102 day supply allowed; QL	
AGAMREE	F	Specialty Drug	
AIRDUO DIGIHALER	NP	PA; 102 day supply allowed; QL	
AIRDUO RESPICLICK 113/14	NP	PA; 102 day supply allowed; QL	
AIRDUO RESPICLICK 232/14	NP	PA; 102 day supply allowed; QL	
AIRDUO RESPICLICK 55/14	NP	PA; 102 day supply allowed; QL	
AIRSUPRA	NP	PA; 102 day supply allowed; QL	
ALKINDI SPRINKLE	F		
allergy nasal spray (momet)	NP	PA; OTC	
allergy nasal spray nasal suspension	NP	PA; OTC	
allergy relief nasal	NP	PA; OTC	
allergy spray 24 hour nasal suspension	NP	PA; OTC	
ALVESCO	P		
anti-itch maximum strength external cream 1 %	P	OTC	
AQUAPHOR ITCH RELIEF MAX STR	P	OTC	
ARMONAIR DIGIHALER	NP	PA	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	P		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	P	AL	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	P	QL	
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	P	QL	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT	P	QL; AL	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	P	QL	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	P	QL	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	NP	PA; QL	
ASMANEX HFA INHALATION AEROSOL 50 MCG/ACT	NP	PA; QL; AL	
BECONASE AQ	NP	PA	
betamethasone dipropionate aug	NP	PA	
betamethasone dipropionate external	P		
betamethasone valerate external cream	P		
betamethasone valerate external foam	NP	PA	
betamethasone valerate external lotion	P		
betamethasone valerate external ointment	P		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	NP	PA; 102 day supply allowed; QL	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	NP	PA; 102 day supply allowed; QL; AL	
BREYNA	NP	PA; 102 day supply allowed; QL	
BREZTRI AEROSPHERE	NP	PA; 102 day supply allowed; QL	
budesonide er oral tablet extended release 24 hour	NP	PA	
budesonide inhalation	P	QL; AL	
budesonide oral	F	PA	
budesonide-formoterol fumarate	NP	PA; 102 day supply allowed; QL	
CORTEF	F		
CORTIZONE-10 EXTERNAL OINTMENT	P	OTC	
CORTIZONE-10 FEMININE ITCH	P	OTC	
CORTIZONE-10 INTENSIVE HEALING	P	OTC	
CORTIZONE-10 OVERNIGHT ITCH	P	OTC	
CORTIZONE-10 PLUS	P	OTC	
CORTIZONE-10/ALOE EXTERNAL CREAM	P	OTC	
CORTIZONE-10/ALOE EXTERNAL LIQUID	NP	PA; OTC	
cvs cortisone maximum strength external ointment	P	OTC	
cvs fluticasone propionate	NP	PA; OTC	
deflazacort oral tablet	F	Specialty Drug	
DEPO-MEDROL	F		
DEXAMETHASONE INTENSOL	F		
dexamethasone oral	F		
dexamethasone sod phosphate pf	F		
dexamethasone sodium phosphate injection	F		
DIPROLENE EXTERNAL OINTMENT	NP	PA	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	P	102 day supply allowed; QL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
DULERA INHALATION AEROSOL 50-5 MCG/ACT	P	102 day supply allowed; QL; AL	
EMFLAZA	F	Specialty Drug	
EOHILIA	F	PA; Specialty Drug; QL; AL	
eq allergy relief nasal	NP	PA; OTC	
eq hydrocortisone	P	OTC	
eq anti-itch intensive heal	P	OTC	
eq anti-itch maximum strength	P	OTC	
eq fluticasone propionate	NP	PA; OTC	
FLONASE ALLERGY REL CHILDRENS	NP	PA; OTC	
fludrocortisone acetate oral	F		
flunisolide nasal solution 25 mcg/act (0.025%)	NP	PA	
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	NP	PA; 102 day supply allowed; QL	
fluticasone propionate diskus	NP	PA	
fluticasone propionate external cream	P		
fluticasone propionate external lotion	NP	PA	
fluticasone propionate external ointment	P		
fluticasone propionate hfa inhalation aerosol 110 mcg/act	P	QL	
fluticasone propionate hfa inhalation aerosol 220 mcg/act, 44 mcg/act	P	102 day supply allowed; QL	
fluticasone propionate nasal	P		
fluticasone-salmeterol inhalation aerosol	NP	PA; 102 day supply allowed; QL	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	NP	PA; 102 day supply allowed; QL	
ft allergy relief 24 hr	NP	PA; OTC	
ft itch relief max strength	P	OTC	
gnp fluticasone propionate	NP	PA; OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
gnp hydrocortisone external cream 0.5 %	P	OTC	
gnp hydrocortisone max st	P	OTC	
gnp hydrocortisone plus	P	OTC	
gnp hydrocortisone/aloe	P	OTC	
goodsense 24-hr allergy nasal	NP	PA; OTC	
HEMADY	F		
HIDEX 6-DAY	F		
hydrocortisone (perianal) external cream 2.5 %	F		
hydrocortisone acetate external cream	P	OTC	
hydrocortisone acetate external ointment 1 %	P	OTC	
hydrocortisone anti-itch	P	OTC	
hydrocortisone butyr lipo base	NP	PA	
hydrocortisone butyrate external	NP	PA	
hydrocortisone external cream 0.5 %	P	OTC	
hydrocortisone external cream 1 %, 2.5 %	P		
hydrocortisone external lotion 2.5 %	P		
hydrocortisone external ointment 1 %, 2.5 %	P		
hydrocortisone external solution 2.5 %	NP	PA	
hydrocortisone max st	P	OTC	
hydrocortisone max st/12 moist	P	OTC	
hydrocortisone oral	F		
hydrocortisone valerate	NP	PA	
hydrocortisone/aloe max str	P	OTC	
hydrocortisone-acetic acid	F		
KENALOG EXTERNAL	NP	PA	
KENALOG-10	F		
KENALOG-40	F		
LOCOID EXTERNAL LOTION	NP	PA	
MEDPURA HYDROCORTISONE	P	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	F		
MEDROL ORAL TABLET THERAPY PACK	F		
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	F		
methylprednisolone oral	F		
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg	F		
mometasone furoate external	P		
mometasone furoate nasal	NP	PA	
MONISTAT CARE INSTANT ITCH RLF	P	OTC	
NASONEX 24HR	NP	PA; OTC	
OMNARIS	NP	PA	
ORAPRED ODT	F		
PEDIAPRED	F		
prednisolone acetate ophthalmic	F		
prednisolone oral solution	F		
prednisolone oral tablet	F		
prednisolone sodium phosphate ophthalmic	F		
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml	F		
prednisolone sodium phosphate oral tablet dispersible	F		
PREDNISONE INTENSOL	F		
prednisone oral solution	F		
prednisone oral tablet	F		
prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)	F		
prednisone oral tablet therapy pack 10 mg (48)	F	Specialty Drug	
PREPARATION H EXTERNAL CREAM 1 %	P	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
PREPARATION H SOOTHING RELIEF EXTERNAL CREAM	P	OTC	
PROCTO-MED HC EXTERNAL	F		
PROCTOSOL HC EXTERNAL	F		
PROCTOZONE-HC EXTERNAL	F		
PULMICORT	NP	PA; QL; AL	
PULMICORT FLEXHALER	P	QL	
px hydrocream	P	OTC	
qc allergy relief nasal	NP	PA; OTC	
qc anti-itch aloe	P	OTC	
QNASL	NP	PA	
QNASL CHILDRENS	NP	PA	
QVAR REDHALER	P		
ra anti-itch maximum strength	P	OTC	
ra hydrocortisone plus 12	P	OTC	
RAYOS	F		
RYALTRIS	NP	PA	
sb hydrocortisone	P	OTC	
scalp relief maximum strength	NP	PA; OTC	
SERNIVO	NP	PA	
SOLU-CORTEF	F		
SOLU-MEDROL (PF)	F		
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 2 GM, 500 MG	F		
SYMBICORT	P	102 day supply allowed; QL	
TAPERDEX 12-DAY	F		
TAPERDEX 6-DAY	F		
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	F		
TEXACORT	NP	PA	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	P	102 day supply allowed; QL
triamcinolone acetonide external aerosol solution	NP	PA
triamcinolone acetonide external cream	P	
triamcinolone acetonide external lotion	P	
triamcinolone acetonide external ointment	P	
triamcinolone acetonide injection suspension 40 mg/ml	F	
triamcinolone in absorbase	P	
TRIDERM EXTERNAL CREAM 0.5 %	P	
TRITOCIN	P	
UCERIS ORAL	NP	PA
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	NP	PA; 102 day supply allowed; QL
XHANCE	NP	PA
ZETONNA	NP	PA
Alpha-Glucosidase Inhibitors		
acarbose oral	P	102 day supply allowed
miglitol	P	102 day supply allowed
Amylinomimetics		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	P	102 day supply allowed
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	P	102 day supply allowed
Androgens		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	NP	PA
danazol oral	F	
FORTESTA	NP	PA

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
NATESTO	NP	PA
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	F	
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)	P-PA	PA
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	NP	PA
testosterone transdermal solution	NP	PA
VOGELXO PUMP	NP	PA
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	NP	PA
Antidiabetic Agents, Miscellaneous		
colesevelam hcl	NP	PA; 102 day supply allowed
WELCHOL	NP	PA; 102 day supply allowed
Antiestrogens		
anastrozole oral	F	
ARIMIDEX	F	
AROMASIN	F	
exemestane	F	
FEMARA	F	
KISQALI FEMARA (200 MG DOSE)	F	
KISQALI FEMARA (400 MG DOSE)	F	
KISQALI FEMARA (600 MG DOSE)	F	
letrozole oral	F	
Antigonadotropins		
AFTERA	F	OTC
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	NP	PA
ECONTRA ONE-STEP	F	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
FORTESTA	NP	PA
HER STYLE	F	OTC
levonorgestrel oral tablet 1.5 mg	F	OTC
MY CHOICE	F	OTC
MY WAY	F	12 month supply allowed; OTC
MYFEMBREE	P	PA; QL; AL
NATESTO	NP	PA
NEW DAY	F	OTC
OPCICON ONE-STEP	F	12 month supply allowed; OTC
OPTION 2	F	OTC; AL
ORGOVYX	F	Specialty Drug
ORIAHNN	P-PA	PA; QL; AL
ORILISSA	P-PA	PA; QL; AL
REACT	F	OTC; AL
TAKE ACTION	F	OTC
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	F	
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)	P-PA	PA
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	NP	PA
testosterone transdermal solution	NP	PA
VOGELXO PUMP	NP	PA
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	NP	PA
Antihypoglycemic Agents, Miscellaneous		
diazoxide oral	NP	PA; 102 day supply allowed
PROGLYCEM	P	102 day supply allowed

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Antiparathyroid Agents		
calcitonin (salmon) nasal	P	Specialty Drug
cinacalcet hcl	F	PA; Specialty Drug; QL
Antithyroid Agents		
methimazole oral	F	
propylthiouracil oral	F	
Biguanides		
ACTOPLUS MET ORAL TABLET 15-850 MG	NP	PA; 102 day supply allowed
alogliptin-metformin hcl	NP	PA; 102 day supply allowed
dapagliflozin pro-metformin er	NP	PA; 102 day supply allowed
glipizide-metformin hcl	NP	PA; 102 day supply allowed
GLUMETZA	NP	PA; 102 day supply allowed
glyburide-metformin	P	102 day supply allowed
INVOKAMET	NP	PA; 102 day supply allowed
INVOKAMET XR	NP	PA; 102 day supply allowed
JANUMET	P	102 day supply allowed; QL
JANUMET XR	P	102 day supply allowed
JENTADUETO	P	102 day supply allowed
JENTADUETO XR	NP	PA; 102 day supply allowed
KAZANO	NP	PA; 102 day supply allowed
metformin hcl er	P	102 day supply allowed
metformin hcl er (mod)	NP	PA; 102 day supply allowed
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	NP	PA; 102 day supply allowed
metformin hcl oral solution	NP	PA; 102 day supply allowed
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	P	102 day supply allowed
metformin hcl oral tablet 625 mg, 750 mg	NP	PA; 102 day supply allowed
pioglitazone hcl-metformin hcl	NP	PA; 102 day supply allowed
RIOMET	NP	PA; 102 day supply allowed

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lowercase = Generic drugs UPPERCASE = Brand name drugs			
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
saxagliptin-metformin er	NP	PA; 102 Day Supply allowed	
SEGLUROMET	NP	PA; 102 day supply allowed	
sitaglipt base-metform hcl er	NP	PA; 102 day supply allowed	
sitagliptin base-metformin hcl	NP	PA; 102 day supply allowed	
SYNJARDY	P	102 day supply allowed	
SYNJARDY XR	P	102 day supply allowed	
TRIJARDY XR	NP	PA	
XIGDUO XR	P	102 day supply allowed	
ZITUVIMET	NP	PA; 102 day supply allowed	
ZITUVIMET XR	NP	PA; 102 day supply allowed	
Contraceptives			
AFIRMELLE	F	12 month supply allowed	
AFTERA	F	OTC	
alyacen 1/35	F	12 month supply allowed	
alyacen 7/7/7	F	12 month supply allowed	
APRI	F	12 month supply allowed	
ARANELLE	F	12 month supply allowed	
AUBRA EQ	F	12 month supply allowed	
AUROVELA 1.5/30	F	12 month supply allowed	
AUROVELA 1/20	F	12 month supply allowed	
AUROVELA 24 FE	F		
AUROVELA FE 1.5/30	F	12 month supply allowed	
AUROVELA FE 1/20	F	12 month supply allowed	
AVIANE	F	12 month supply allowed	
AYUNA	F	12 month supply allowed	
AZURETTE	F	12 month supply allowed	
BALZIVA	F	12 month supply allowed	
BLISOVI 24 FE	F	12 month supply allowed	
BLISOVI FE 1.5/30	F	12 month supply allowed	
BLISOVI FE 1/20	F	12 month supply allowed	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
briellyn	F	12 month supply allowed	
CAMILA	F	12 month supply allowed	
CHARLOTTE 24 FE	F	12 month supply allowed	
CHATEAL EQ	F	12 month supply allowed	
CRYSSELLE-28	F	12 month supply allowed	
CYRED EQ	F	12 month supply allowed	
DASETTA 1/35 (28)	F	12 month supply allowed	
DASETTA 7/7/7	F	12 month supply allowed	
DEBLITANE	F	12 month supply allowed	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	F	12 month supply allowed	
drospirenone-ethinyl estradiol	F	12 month supply allowed	
ECONTRA ONE-STEP	F	OTC	
ELINEST	F	12 month supply allowed	
ELLA	F	12 month supply allowed	
ELURYNG	F	QL	
ENILLORING	F	QL	
ENPRESSE-28	F	12 month supply allowed	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	F	12 month supply allowed	
ERRIN	F	12 month supply allowed	
ethynodiol diac-eth estradiol	F	12 month supply allowed	
etonogestrel-ethinyl estradiol	F	12 month supply allowed; QL	
FALMINA	F	12 month supply allowed	
FINZALA	F	12 month supply allowed	
HAILEY 1.5/30	F	12 month supply allowed	
HAILEY FE 1.5/30	F	12 month supply allowed	
HAILEY FE 1/20	F	12 month supply allowed	
HALOETTE	F	QL	
HEATHER	F	12 month supply allowed	
HER STYLE	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
ICLEVIA	F	12 month supply allowed	
INCASSIA	F	12 month supply allowed	
INTROVALE	F	12 month supply allowed	
ISIBLOOM	F	12 month supply allowed	
JASMIEL	F	12 month supply allowed	
JENCYCLA	F	12 month supply allowed	
JOLESSA	F	12 month supply allowed	
JULEBER	F	12 month supply allowed	
JUNEL 1.5/30	F	12 month supply allowed	
JUNEL 1/20	F	12 month supply allowed	
JUNEL FE 1.5/30	F	12 month supply allowed	
JUNEL FE 1/20	F	12 month supply allowed	
KALLIGA	F	12 month supply allowed	
KARIVA	F	12 month supply allowed	
KELNOR 1/35	F	12 month supply allowed	
KELNOR 1/50	F	12 month supply allowed	
KURVELO	F	12 month supply allowed	
LARIN 1.5/30	F	12 month supply allowed	
LARIN 1/20	F	12 month supply allowed	
LARIN FE 1.5/30	F	12 month supply allowed	
LARIN FE 1/20	F	12 month supply allowed	
LEENA	F	12 month supply allowed	
LESSINA	F	12 month supply allowed	
LEVONEST	F	12 month supply allowed	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	F	12 month supply allowed	
levonorgestrel oral tablet 1.5 mg	F	OTC	
levonorgestrel-ethinyl estrad	F	12 month supply allowed	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	F	12 month supply allowed	
LOESTRIN FE 1.5/30	F		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
LORYNA	F	12 month supply allowed
LOW-OGESTREL	F	12 month supply allowed
LO-ZUMANDIMINE	F	12 month supply allowed
LUTERA	F	12 month supply allowed
LYLEQ	F	12 month supply allowed
LYZA	F	12 month supply allowed
marlissa	F	12 month supply allowed
medroxyprogesterone acetate intramuscular suspension	F	QL
medroxyprogesterone acetate intramuscular suspension prefilled syringe	F	102 day supply allowed; QL
MIBELAS 24 FE	F	12 month supply allowed
MICROGESTIN 1.5/30	F	12 month supply allowed
MICROGESTIN 1/20	F	12 month supply allowed
MICROGESTIN FE 1.5/30	F	12 month supply allowed
MICROGESTIN FE 1/20	F	12 month supply allowed
MILI	F	12 month supply allowed
MONO-LINYAH	F	12 month supply allowed
MY CHOICE	F	OTC
MY WAY	F	12 month supply allowed; OTC
NEW DAY	F	OTC
NIKKI	F	12 month supply allowed
NORA-BE	F	12 month supply allowed
norelgestromin-eth estradiol	F	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	F	12 month supply allowed
norethin ace-eth estrad-fe oral tablet chewable	F	12 month supply allowed
norethindrone acet-ethinyl est oral tablet	F	12 month supply allowed
norethindrone oral	F	12 month supply allowed
norethindron-ethinyl estrad-fe	F	12 month supply allowed
norethin-eth estradiol-fe	F	12 month supply allowed

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	F	12 month supply allowed	
norgestim-eth estrad triphasic	F	12 month supply allowed	
NORLYDA	F	12 month supply allowed	
NORTREL 0.5/35 (28)	F	12 month supply allowed	
NORTREL 1/35 (28)	F	12 month supply allowed	
NORTREL 7/7/7	F	12 month supply allowed	
NYLIA 1/35	F	12 month supply allowed	
NYLIA 7/7/7	F	12 month supply allowed	
NYMYO	F	12 month supply allowed	
OCELLA	F	12 month supply allowed	
OPCICON ONE-STEP	F	12 month supply allowed; OTC	
OPILL	F	12 month supply allowed; OTC	
OPTION 2	F	OTC; AL	
ORSYTHIA	F	12 month supply allowed	
PHILITH	F	12 month supply allowed	
PIMTREA	F	12 month supply allowed	
PIRMELLA 7/7/7	F	12 month supply allowed	
PORTIA-28	F	12 month supply allowed	
REACT	F	OTC; AL	
RECLIPSEN	F	12 month supply allowed	
SETLAKIN	F	12 month supply allowed	
SHAROBEL	F	12 month supply allowed	
SIMLIYA	F	12 month supply allowed	
SPRINTEC 28	F	12 month supply allowed	
SRONYX	F	12 month supply allowed	
TAKE ACTION	F	OTC	
TARINA FE 1/20 EQ	F	12 month supply allowed	
TILIA FE	F	12 month supply allowed	
TRI-LEGEST FE	F	12 month supply allowed	

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs P = PDL Preferred P-PA = PDL Preferred, requires PA Coverage Requirements and Limits		
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TRI-LINYAH	F	12 month supply allowed
TRI-LO-ESTARYLLA	F	12 month supply allowed
TRI-LO-MARZIA	F	12 month supply allowed
TRI-LO-MILI	F	12 month supply allowed
TRI-LO-SPRINTEC	F	12 month supply allowed
TRI-MILI	F	12 month supply allowed
TRI-NYMYO	F	12 month supply allowed
TRI-SPRINTEC	F	12 month supply allowed
TRIVORA (28)	F	12 month supply allowed
TRI-VYLIBRA	F	12 month supply allowed
TRI-VYLIBRA LO	F	12 month supply allowed
VELIVET	F	12 month supply allowed
VESTURA	F	12 month supply allowed
VIENVA	F	
viorele	F	12 month supply allowed
VOLNEA	F	12 month supply allowed
VYFEMLA	F	12 month supply allowed
VYLIBRA	F	12 month supply allowed
WERA	F	12 month supply allowed
WYMZYA FE	F	12 month supply allowed
XULANE	F	12 month supply allowed
ZAFEMY	F	12 month supply allowed
ZOVIA 1/35 (28)	F	12 month supply allowed
ZUMANDIMINE	F	12 month supply allowed
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors		
alogliptin benzoate	NP	PA; 102 day supply allowed
alogliptin-metformin hcl	NP	PA; 102 day supply allowed
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	NP	PA; 102 day supply allowed

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs			Coverage Requirements and Limits
Prescriptions	Drug Name	Tier Status	Coverage Requirements and Limits
	GLYXAMBI	NP	PA; 102 day supply allowed
	JANUMET	P	102 day supply allowed; QL
	JANUMET XR	P	102 day supply allowed
	JANUVIA	P-PA	PA; 102 day supply allowed; QL
	JENTADUETO	P	102 day supply allowed
	JENTADUETO XR	NP	PA; 102 day supply allowed
	KAZANO	NP	PA; 102 day supply allowed
	NESINA	NP	PA; 102 day supply allowed
	OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	NP	PA; 102 day supply allowed
	QTERN	NP	PA; 102 day supply allowed
	saxagliptin hcl	NP	PA; 102 Day Supply allowed
	saxagliptin-metformin er	NP	PA; 102 Day Supply allowed
	sitaglipt base-metform hcl er	NP	PA; 102 day supply allowed
	sitagliptin	NP	PA; 102 Day Supply Allowed
	sitagliptin base-metformin hcl	NP	PA; 102 day supply allowed
	STEGLUJAN	NP	PA; 102 day supply allowed
	TRADJENTA	P-PA	PA; 102 day supply allowed
	TRIJARDY XR	NP	PA
	ZITUVIMET	NP	PA; 102 day supply allowed
	ZITUVIMET XR	NP	PA; 102 day supply allowed
	ZITUVIO	NP	PA; 102 Day Supply Allowed
Estrogen Agonist-Antagonists			
	EVISTA	NP	PA
	FARESTON	F	
	raloxifene hcl	P	
	SOLTAMOX	F	
	tamoxifen citrate oral	F	
	toremifene citrate	F	
Estrogens			

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs			Coverage Requirements and Limits
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
AFIRMELLE	F	12 month supply allowed	
alyacen 1/35	F	12 month supply allowed	
alyacen 7/7/7	F	12 month supply allowed	
APRI	F	12 month supply allowed	
ARANELLE	F	12 month supply allowed	
AUBRA EQ	F	12 month supply allowed	
AUROVELA 1.5/30	F	12 month supply allowed	
AUROVELA 1/20	F	12 month supply allowed	
AUROVELA 24 FE	F		
AUROVELA FE 1.5/30	F	12 month supply allowed	
AUROVELA FE 1/20	F	12 month supply allowed	
AVIANE	F	12 month supply allowed	
AYUNA	F	12 month supply allowed	
AZURETTE	F	12 month supply allowed	
BALZIVA	F	12 month supply allowed	
BLISOVI 24 FE	F	12 month supply allowed	
BLISOVI FE 1.5/30	F	12 month supply allowed	
BLISOVI FE 1/20	F	12 month supply allowed	
briellyn	F	12 month supply allowed	
CHARLOTTE 24 FE	F	12 month supply allowed	
CHATEAL EQ	F	12 month supply allowed	
CRYSSELLE-28	F	12 month supply allowed	
CYRED EQ	F	12 month supply allowed	
DASETTA 1/35 (28)	F	12 month supply allowed	
DASETTA 7/7/7	F	12 month supply allowed	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	F	102 day supply allowed	
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML	F	Specialty Drug; 102 day supply allowed	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	F	12 month supply allowed	

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs			Coverage Requirements and Limits
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.05 MG/24HR, 0.075 MG/24HR	F	QL; AL	
drospirenone-ethinyl estradiol	F	12 month supply allowed	
ELINEST	F	12 month supply allowed	
ELURYNG	F	QL	
ENILLORING	F	QL	
ENPRESSE-28	F	12 month supply allowed	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	F	12 month supply allowed	
estradiol oral	F	AL	
estradiol transdermal patch twice weekly	F	QL; AL	
estradiol transdermal patch weekly	F	QL; AL	
estradiol vaginal cream	F	QL	
estradiol vaginal tablet	F		
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	F	102 day supply allowed	
estradiol-norethindrone acet	F	AL	
ethynodiol diac-eth estradiol	F	12 month supply allowed	
etonogestrel-ethinyl estradiol	F	12 month supply allowed; QL	
FALMINA	F	12 month supply allowed	
FINZALA	F	12 month supply allowed	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG	F	12 month supply allowed; QL; AL	
FYAVOLV ORAL TABLET 1-5 MG-MCG	F	12 month supply allowed; AL	
HAILEY 1.5/30	F	12 month supply allowed	
HAILEY FE 1.5/30	F	12 month supply allowed	
HAILEY FE 1/20	F	12 month supply allowed	
HALOETTE	F	QL	
ICLEVIA	F	12 month supply allowed	
INTROVALE	F	12 month supply allowed	
ISIBLOOM	F	12 month supply allowed	
JASMIEL	F	12 month supply allowed	
JINTELI	F	12 month supply allowed; AL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
JOLESSA	F	12 month supply allowed	
JULEBER	F	12 month supply allowed	
JUNEL 1.5/30	F	12 month supply allowed	
JUNEL 1/20	F	12 month supply allowed	
JUNEL FE 1.5/30	F	12 month supply allowed	
JUNEL FE 1/20	F	12 month supply allowed	
KALLIGA	F	12 month supply allowed	
KARIVA	F	12 month supply allowed	
KELNOR 1/35	F	12 month supply allowed	
KELNOR 1/50	F	12 month supply allowed	
KURVELO	F	12 month supply allowed	
LARIN 1.5/30	F	12 month supply allowed	
LARIN 1/20	F	12 month supply allowed	
LARIN FE 1.5/30	F	12 month supply allowed	
LARIN FE 1/20	F	12 month supply allowed	
LEENA	F	12 month supply allowed	
LESSINA	F	12 month supply allowed	
LEVONEST	F	12 month supply allowed	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	F	12 month supply allowed	
levonorgestrel-ethinyl estrad	F	12 month supply allowed	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	F	12 month supply allowed	
LOESTRIN FE 1.5/30	F		
LORYNA	F	12 month supply allowed	
LOW-OGESTREL	F	12 month supply allowed	
LO-ZUMANDIMINE	F	12 month supply allowed	
LUTERA	F	12 month supply allowed	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.075 MG/24HR	F	QL; AL	
marlissa	F	12 month supply allowed	

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs Coverage Requirements and Limits		
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
MENEST	F	AL
MIBELAS 24 FE	F	12 month supply allowed
MICROGESTIN 1.5/30	F	12 month supply allowed
MICROGESTIN 1/20	F	12 month supply allowed
MICROGESTIN FE 1.5/30	F	12 month supply allowed
MICROGESTIN FE 1/20	F	12 month supply allowed
MILI	F	12 month supply allowed
MONO-LINYAH	F	12 month supply allowed
MYFEMBREE	P	PA; QL; AL
NIKKI	F	12 month supply allowed
norelgestromin-eth estradiol	F	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	F	12 month supply allowed
norethin ace-eth estrad-fe oral tablet chewable	F	12 month supply allowed
norethindrone acet-ethinyl est oral tablet	F	12 month supply allowed
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg	F	12 month supply allowed; QL; AL
norethindrone-eth estradiol oral tablet 1-5 mg-mcg	F	12 month supply allowed; AL
norethindron-ethinyl estrad-fe	F	12 month supply allowed
norethin-eth estradiol-fe	F	12 month supply allowed
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	F	12 month supply allowed
norgestim-eth estrad triphasic	F	12 month supply allowed
NORTREL 0.5/35 (28)	F	12 month supply allowed
NORTREL 1/35 (28)	F	12 month supply allowed
NORTREL 7/7/7	F	12 month supply allowed
NYLIA 1/35	F	12 month supply allowed
NYLIA 7/7/7	F	12 month supply allowed
NYMYO	F	12 month supply allowed
OCELLA	F	12 month supply allowed

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs			Coverage Requirements and Limits
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
ORIAHNN	P-PA	PA; QL; AL	
ORSYTHIA	F	12 month supply allowed	
PHILITH	F	12 month supply allowed	
PIMTREA	F	12 month supply allowed	
PIRMELLA 7/7/7	F	12 month supply allowed	
PORTIA-28	F	12 month supply allowed	
PREMARIN ORAL	F	QL; AL	
PREMPHASE	F	QL; AL	
PREMPRO	F	QL; AL	
RECLIPSEN	F	12 month supply allowed	
SETLAKIN	F	12 month supply allowed	
SIMLIYA	F	12 month supply allowed	
SPRINTEC 28	F	12 month supply allowed	
SRONYX	F	12 month supply allowed	
TARINA FE 1/20 EQ	F	12 month supply allowed	
TILIA FE	F	12 month supply allowed	
TRI-LEGEST FE	F	12 month supply allowed	
TRI-LINYAH	F	12 month supply allowed	
TRI-LO-ESTARYLLA	F	12 month supply allowed	
TRI-LO-MARZIA	F	12 month supply allowed	
TRI-LO-MILI	F	12 month supply allowed	
TRI-LO-SPRINTEC	F	12 month supply allowed	
TRI-MILI	F	12 month supply allowed	
TRI-NYMYO	F	12 month supply allowed	
TRI-SPRINTEC	F	12 month supply allowed	
TRIVORA (28)	F	12 month supply allowed	
TRI-VYLIBRA	F	12 month supply allowed	
TRI-VYLIBRA LO	F	12 month supply allowed	
VAGIFEM VAGINAL TABLET 10 MCG	F		
VELIVET	F	12 month supply allowed	

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs P = PDL Preferred P-PA = PDL Preferred, requires PA Coverage Requirements and Limits		
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
VESTURA	F	12 month supply allowed
VIENVA	F	
viorele	F	12 month supply allowed
VOLNEA	F	12 month supply allowed
VYFEMLA	F	12 month supply allowed
VYLIBRA	F	12 month supply allowed
WERA	F	12 month supply allowed
WYMZYA FE	F	12 month supply allowed
XULANE	F	12 month supply allowed
YUVAFEM	F	
ZAFEMY	F	12 month supply allowed
ZOVIA 1/35 (28)	F	12 month supply allowed
ZUMANDIMINE	F	12 month supply allowed
Glycogenolytic Agents		
BAQSIMI ONE PACK	P	QL
BAQSIMI TWO PACK	P	QL
glucagon emergency	NP	PA
GVOKE HYOPEN 1-PACK	P	QL
GVOKE HYOPEN 2-PACK	P	QL
GVOKE KIT	NP	PA; QL
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	NP	PA; QL
ZEGALOGUE	P	
Gonadotropins		
CAMCEVI	F	
ELIGARD	F	Specialty Drug
leuprolide acetate injection	F	Specialty Drug
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	F	Specialty Drug
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	F	Specialty Drug

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs Coverage Requirements and Limits		
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
LUPRON DEPOT (4-MONTH)	F	Specialty Drug
LUPRON DEPOT (6-MONTH)	F	Specialty Drug
LUTRATE DEPOT	F	
TRELSTAR MIXJECT	F	
Incretin Mimetics		
BYDUREON BCISE	NP	PA; 102 day supply allowed; QL
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	P-PA	PA; 102 day supply allowed; QL
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	P-PA	PA; 102 day supply allowed; QL
exenatide	NP	PA; 102 day supply allowed; QL
liraglutide	NP	PA; 102 day supply allowed; QL
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; 102 day supply allowed; QL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	P-PA	PA; 102 day supply allowed; QL
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	P-PA	PA; 102 day supply allowed; QL
OZEMPIC (2 MG/DOSE)	P-PA	PA; 102 day supply allowed; QL
RYBELSUS	NP	PA; 102 day supply allowed; QL
RYBELSUS (FORMULATION R2)	NP	PA; 102 day supply allowed; QL
SAXENDA	P-PA	PA; QL; AL
SOLIQUA	NP	PA; 102 day supply allowed; QL
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P-PA	PA; 102 day supply allowed; QL
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	P-PA	PA; 102 day supply allowed; QL
WEGOVY	P-PA	PA; QL; AL
XULTOPHY	NP	PA; 102 day supply allowed; QL

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs Coverage Requirements and Limits		
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	P	PA; QL; AL
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P-PA	PA; QL; AL
Intermediate-Acting Insulins		
HUMULIN 70/30	P	102 day supply allowed; OTC; QL
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	P	102 day supply allowed; OTC; QL
HUMULIN N	P	102 day supply allowed; OTC; QL
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	NP	PA; 102 day supply allowed; OTC; QL
NOVOLIN 70/30	NP	PA; 102 day supply allowed; OTC; QL
NOVOLIN 70/30 FLEXPEN	NP	PA; 102 day supply allowed; OTC; QL
NOVOLIN 70/30 FLEXPEN RELION	NP	PA; 102 day supply allowed; OTC
NOVOLIN 70/30 RELION	NP	PA; 102 day supply allowed; OTC
NOVOLIN N	P	102 day supply allowed; OTC; QL
NOVOLIN N FLEXPEN	P	102 day supply allowed; QL
NOVOLIN N FLEXPEN RELION	P	102 day supply allowed; OTC
NOVOLIN N RELION	P	102 day supply allowed; OTC
Leptins		
MYALEPT	Carve-out	
Long-Acting Insulins		
BASAGLAR KWIKPEN	NP	PA; 102 day supply allowed; QL
BASAGLAR TEMPO PEN	NP	PA; 102 day supply allowed; QL
insulin degludec	NP	PA; 102 day supply allowed; QL
insulin degludec flextouch	NP	PA; 102 day supply allowed; QL
insulin glargine max solostar	NP	PA; 102 day supply allowed; QL

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lowercase = Generic drugs UPPERCASE = Brand name drugs			
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml	NP	PA; 102 day supply allowed; QL	
insulin glargine-yfgn	NP	PA; 102 day supply allowed; QL	
LANTUS	P	102 day supply allowed; QL	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	P	102 day supply allowed; QL	
LEVEMIR	P	102 day supply allowed; QL	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	P	102 day supply allowed; QL	
REZVOGLAR KWIKPEN	NP	PA; 102 day supply allowed	
SEMGLEE (YFGN)	NP	PA; 102 day supply allowed; QL	
SOLIQUA	NP	PA; 102 day supply allowed; QL	
TOUJEO MAX SOLOSTAR	NP	PA; 102 day supply allowed; QL	
TOUJEO SOLOSTAR	NP	PA; 102 day supply allowed; QL	
TRESIBA	NP	PA; 102 day supply allowed; QL	
TRESIBA FLEXTOUCH	NP	PA; 102 day supply allowed; QL	
XULTOPHY	NP	PA; 102 day supply allowed; QL	
Meglitinides			
nateglinide	P	102 day supply allowed	
repaglinide	P	102 day supply allowed	
Melanocortin Receptor Antagonists			
IMCIVREE	Carve-out		
Parathyroid Agents			
BONSITY	NP	PA	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	NP	PA; Specialty	
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	NP	PA; Specialty	
teriparatide subcutaneous solution pen-injector 620 mcg/2.48ml	NP	PA; Specialty Drug	
TYMLOS	NP	PA; Specialty Drug	

Tier Status		Coverage Requirements and Limits
Carve-out = Carve-out		
F = Supplemental Formulary		
NP = PDL Non-Preferred, requires PA		
lowercase = Generic drugs	P = PDL Preferred	
UPPERCASE = Brand name drugs	P-PA = PDL Preferred, requires PA	
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
YORVIPATH	F	PA; Specialty; QL; AL
Pituitary		
ACTHAR	Carve-out	
CORTROPHIN	Carve-out	
desmopressin ace spray refrig	F	PA
desmopressin acetate oral	F	QL
desmopressin acetate spray	F	PA
GENOTROPIN MINIQUECK SUBCUTANEOUS PREFILLED SYRINGE	P-PA	PA; Specialty Drug
GENOTROPIN SUBCUTANEOUS CARTRIDGE	P-PA	PA; Specialty Drug
HUMATROPE INJECTION CARTRIDGE	NP	PA; Specialty Drug
NGENLA	NP	PA; Specialty Drug; AL
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR	P-PA	PA; Specialty Drug
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	NP	PA; Specialty Drug
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	NP	PA; Specialty Drug
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	NP	PA; Specialty Drug
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	NP	PA; Specialty Drug
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	NP	PA; Specialty Drug
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	NP	PA; Specialty Drug
SKYTROFA	NP	PA; Specialty Drug; AL
SOGROYA	NP	PA; Specialty Drug; QL
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	NP	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	NP	PA; Specialty Drug

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lowercase = Generic drugs UPPERCASE = Brand name drugs			
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
ZORBTIVE	NP	PA	
Progestins			
AFIRMELLE	F	12 month supply allowed	
AFTERA	F	OTC	
alyacen 1/35	F	12 month supply allowed	
alyacen 7/7/7	F	12 month supply allowed	
APRI	F	12 month supply allowed	
ARANELLE	F	12 month supply allowed	
AUBRA EQ	F	12 month supply allowed	
AUROVELA 1.5/30	F	12 month supply allowed	
AUROVELA 1/20	F	12 month supply allowed	
AUROVELA 24 FE	F		
AUROVELA FE 1.5/30	F	12 month supply allowed	
AUROVELA FE 1/20	F	12 month supply allowed	
AVIANE	F	12 month supply allowed	
AYUNA	F	12 month supply allowed	
AZURETTE	F	12 month supply allowed	
BALZIVA	F	12 month supply allowed	
BLISOVI 24 FE	F	12 month supply allowed	
BLISOVI FE 1.5/30	F	12 month supply allowed	
BLISOVI FE 1/20	F	12 month supply allowed	
briellyn	F	12 month supply allowed	
CAMILA	F	12 month supply allowed	
CHARLOTTE 24 FE	F	12 month supply allowed	
CHATEAL EQ	F	12 month supply allowed	
CRINONE VAGINAL GEL 4 %	NP	PA; 102 day supply allowed	
CRINONE VAGINAL GEL 8 %	NP	PA	
CRYSELLE-28	F	12 month supply allowed	
CYRED EQ	F	12 month supply allowed	
DASETTA 1/35 (28)	F	12 month supply allowed	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
DASETTA 7/7/7	F	12 month supply allowed
DEBLITANE	F	12 month supply allowed
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	F	12 month supply allowed
drospirenone-ethinyl estradiol	F	12 month supply allowed
ECONTRA ONE-STEP	F	OTC
ELINEST	F	12 month supply allowed
ELLA	F	12 month supply allowed
ELURYNG	F	QL
ENILLORING	F	QL
ENPRESSE-28	F	12 month supply allowed
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	F	12 month supply allowed
ERRIN	F	12 month supply allowed
estradiol-norethindrone acet	F	AL
ethynodiol diac-eth estradiol	F	12 month supply allowed
etonogestrel-ethinyl estradiol	F	12 month supply allowed; QL
FALMINA	F	12 month supply allowed
FINZALA	F	12 month supply allowed
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG	F	12 month supply allowed; QL; AL
FYAVOLV ORAL TABLET 1-5 MG-MCG	F	12 month supply allowed; AL
GALLIFREY	P	
HAILEY 1.5/30	F	12 month supply allowed
HAILEY FE 1.5/30	F	12 month supply allowed
HAILEY FE 1/20	F	12 month supply allowed
HALOETTE	F	QL
HEATHER	F	12 month supply allowed
HER STYLE	F	OTC
hydroxyprogesterone caproate intramuscular solution	F	Specialty Drug
ICLEVIA	F	12 month supply allowed
INCASSIA	F	12 month supply allowed

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs			Coverage Requirements and Limits
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
INTROVALE	F	12 month supply allowed	
ISIBLOOM	F	12 month supply allowed	
JASMIEL	F	12 month supply allowed	
JENCYCLA	F	12 month supply allowed	
JINTELI	F	12 month supply allowed; AL	
JOLESSA	F	12 month supply allowed	
JULEBER	F	12 month supply allowed	
JUNEL 1.5/30	F	12 month supply allowed	
JUNEL 1/20	F	12 month supply allowed	
JUNEL FE 1.5/30	F	12 month supply allowed	
JUNEL FE 1/20	F	12 month supply allowed	
KALLIGA	F	12 month supply allowed	
KARIVA	F	12 month supply allowed	
KELNOR 1/35	F	12 month supply allowed	
KELNOR 1/50	F	12 month supply allowed	
KURVELO	F	12 month supply allowed	
LARIN 1.5/30	F	12 month supply allowed	
LARIN 1/20	F	12 month supply allowed	
LARIN FE 1.5/30	F	12 month supply allowed	
LARIN FE 1/20	F	12 month supply allowed	
LEENA	F	12 month supply allowed	
LESSINA	F	12 month supply allowed	
LEVONEST	F	12 month supply allowed	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	F	12 month supply allowed	
levonorgestrel oral tablet 1.5 mg	F	OTC	
levonorgestrel-ethinyl estrad	F	12 month supply allowed	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	F	12 month supply allowed	
LOESTRIN FE 1.5/30	F		
LORYNA	F	12 month supply allowed	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
LOW-OGESTREL	F	12 month supply allowed	
LO-ZUMANDIMINE	F	12 month supply allowed	
LUTERA	F	12 month supply allowed	
LYLEQ	F	12 month supply allowed	
LYZA	F	12 month supply allowed	
marlissa	F	12 month supply allowed	
medroxyprogesterone acetate intramuscular suspension	F	QL	
medroxyprogesterone acetate intramuscular suspension prefilled syringe	F	102 day supply allowed; QL	
medroxyprogesterone acetate oral	P	102 day supply allowed	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	P		
megestrol acetate oral suspension 625 mg/5ml	NP	PA	
megestrol acetate oral tablet	F		
MIBELAS 24 FE	F	12 month supply allowed	
MICROGESTIN 1.5/30	F	12 month supply allowed	
MICROGESTIN 1/20	F	12 month supply allowed	
MICROGESTIN FE 1.5/30	F	12 month supply allowed	
MICROGESTIN FE 1/20	F	12 month supply allowed	
MILI	F	12 month supply allowed	
MONO-LINYAH	F	12 month supply allowed	
MY CHOICE	F	OTC	
MY WAY	F	12 month supply allowed; OTC	
MYFEMBREE	P	PA; QL; AL	
NEW DAY	F	OTC	
NIKKI	F	12 month supply allowed	
NORA-BE	F	12 month supply allowed	
norelgestromin-eth estradiol	F		
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	F	12 month supply allowed	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
norethin ace-eth estrad-fe oral tablet chewable	F	12 month supply allowed	
norethindrone acetate oral	P	102 day supply allowed	
norethindrone acet-ethinyl est oral tablet	F	12 month supply allowed	
norethindrone oral	F	12 month supply allowed	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg	F	12 month supply allowed; QL; AL	
norethindrone-eth estradiol oral tablet 1-5 mg-mcg	F	12 month supply allowed; AL	
norethindron-ethinyl estrad-fe	F	12 month supply allowed	
norethin-eth estradiol-fe	F	12 month supply allowed	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	F	12 month supply allowed	
norgestim-eth estrad triphasic	F	12 month supply allowed	
NORLYDA	F	12 month supply allowed	
NORTREL 0.5/35 (28)	F	12 month supply allowed	
NORTREL 1/35 (28)	F	12 month supply allowed	
NORTREL 7/7/7	F	12 month supply allowed	
NYLIA 1/35	F	12 month supply allowed	
NYLIA 7/7/7	F	12 month supply allowed	
NYMYO	F	12 month supply allowed	
OCELLA	F	12 month supply allowed	
OPCICON ONE-STEP	F	12 month supply allowed; OTC	
OPILL	F	12 month supply allowed; OTC	
OPTION 2	F	OTC; AL	
ORIAHNN	P-PA	PA; QL; AL	
ORSYTHIA	F	12 month supply allowed	
PHILITH	F	12 month supply allowed	
PIMTREA	F	12 month supply allowed	
PIRMELLA 7/7/7	F	12 month supply allowed	
PORTIA-28	F	12 month supply allowed	
PREMPHASE	F	QL; AL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
PREMPRO	F	QL; AL	
progesterone intramuscular	NP	PA; 102 day supply allowed	
progesterone oral	P	102 day supply allowed	
PROMETRIUM	NP	PA; 102 day supply allowed	
PROVERA	NP	PA; 102 day supply allowed	
REACT	F	OTC; AL	
RECLIPSEN	F	12 month supply allowed	
SETLAKIN	F	12 month supply allowed	
SHAROBEL	F	12 month supply allowed	
SIMLIYA	F	12 month supply allowed	
SPRINTEC 28	F	12 month supply allowed	
SRONYX	F	12 month supply allowed	
TAKE ACTION	F	OTC	
TARINA FE 1/20 EQ	F	12 month supply allowed	
TILIA FE	F	12 month supply allowed	
TRI-LEGEST FE	F	12 month supply allowed	
TRI-LINYAH	F	12 month supply allowed	
TRI-LO-ESTARYLLA	F	12 month supply allowed	
TRI-LO-MARZIA	F	12 month supply allowed	
TRI-LO-MILI	F	12 month supply allowed	
TRI-LO-SPRINTEC	F	12 month supply allowed	
TRI-MILI	F	12 month supply allowed	
TRI-NYMYO	F	12 month supply allowed	
TRI-SPRINTEC	F	12 month supply allowed	
TRIVORA (28)	F	12 month supply allowed	
TRI-VYLIBRA	F	12 month supply allowed	
TRI-VYLIBRA LO	F	12 month supply allowed	
VELIVET	F	12 month supply allowed	
VESTURA	F	12 month supply allowed	
VIENVA	F		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
viorele	F	12 month supply allowed
VOLNEA	F	12 month supply allowed
VYFEMLA	F	12 month supply allowed
VYLIBRA	F	12 month supply allowed
WERA	F	12 month supply allowed
WYMZYA FE	F	12 month supply allowed
XULANE	F	12 month supply allowed
ZAFEMY	F	12 month supply allowed
ZOVIA 1/35 (28)	F	12 month supply allowed
ZUMANDIMINE	F	12 month supply allowed
Rapid-Acting Insulins		
ADMELOG INJECTION	NP	PA; 102 day supply allowed; QL
ADMELOG SOLOSTAR	NP	PA; 102 day supply allowed; QL
AFREZZA INHALATION POWDER 12 UNIT, 8 UNIT, 90 X 8 UNIT & 90X12 UNIT	NP	PA; 102 day supply allowed
AFREZZA INHALATION POWDER 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 90 X 4 UNIT & 90X8 UNIT	NP	PA; 102 day supply allowed; QL
APIDRA	P	102 day supply allowed; QL
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	P	102 day supply allowed; QL
FIASP FLEXTOUCH	NP	PA; 102 day supply allowed; QL
FIASP INJECTION	NP	PA; 102 day supply allowed; QL
FIASP PENFILL	NP	PA; 102 day supply allowed; QL
FIASP PUMPCART	NP	PA; 102 day supply allowed; QL
HUMALOG INJECTION	P	102 day supply allowed; QL
HUMALOG JUNIOR KWIKPEN	P	102 day supply allowed; QL
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	P	102 day supply allowed; QL
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	NP	PA; 102 day supply allowed; QL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	P	102 day supply allowed; QL	
HUMALOG MIX 75/25	P	102 day supply allowed; QL	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	NP	PA; 102 day supply allowed; QL	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	P	102 day supply allowed; QL	
HUMALOG TEMPO PEN	P	102 day supply allowed; QL	
insulin asp prot & asp flexpen	P	102 day supply allowed; QL	
insulin aspart flexpen	P	102 day supply allowed; QL	
insulin aspart injection	P	102 day supply allowed; QL	
insulin aspart penfill	P	102 day supply allowed; QL	
insulin aspart prot & aspart	P	102 day supply allowed; QL	
insulin lispro (1 unit dial)	P	102 day supply allowed; QL	
insulin lispro injection	P	102 day supply allowed; QL	
insulin lispro junior kwikpen	P	102 day supply allowed; QL	
insulin lispro prot & lispro	P	102 day supply allowed; QL	
LYUMJEV	NP	PA; 102 day supply allowed; QL	
LYUMJEV KWIKPEN	NP	PA; 102 day supply allowed; QL	
LYUMJEV TEMPO PEN	NP	PA; 102 day supply allowed; QL	
NOVOLOG 70/30 FLEXPEN RELION	NP	PA; 102 day supply allowed	
NOVOLOG FLEXPEN RELION	NP	PA; 102 day supply allowed	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	NP	PA; 102 day supply allowed; QL	
NOVOLOG INJECTION	NP	PA; 102 day supply allowed; QL	
NOVOLOG MIX 70/30	NP	PA; 102 day supply allowed; QL	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	NP	PA; 102 day supply allowed	
NOVOLOG MIX 70/30 RELION	NP	PA; 102 day supply allowed	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	NP	PA; 102 day supply allowed; QL
NOVOLOG RELION INJECTION	NP	PA
Short-Acting Insulins		
HUMULIN 70/30	P	102 day supply allowed; OTC; QL
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	P	102 day supply allowed; OTC; QL
HUMULIN R	P	102 day supply allowed; OTC; QL
HUMULIN R U-500 (CONCENTRATED)	P	102 day supply allowed; QL
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	P	102 day supply allowed; QL
NOVOLIN 70/30	NP	PA; 102 day supply allowed; OTC; QL
NOVOLIN 70/30 FLEXPEN	NP	PA; 102 day supply allowed; OTC; QL
NOVOLIN 70/30 FLEXPEN RELION	NP	PA; 102 day supply allowed; OTC
NOVOLIN 70/30 RELION	NP	PA; 102 day supply allowed; OTC
NOVOLIN R	P	102 day supply allowed; OTC; QL
NOVOLIN R FLEXPEN	P	102 day supply allowed; OTC; QL
NOVOLIN R FLEXPEN RELION	P	102 day supply allowed; OTC
NOVOLIN R RELION	P	102 day supply allowed; OTC
Sodium-Gluc Cotransport 2 (Sglt2) Inhib		
dapagliflozin pro-metformin er	NP	PA; 102 day supply allowed
dapagliflozin propanediol	NP	PA; 102 Day Supply Allowed
FARXIGA	P	102 day supply allowed
GLYXAMBI	NP	PA; 102 day supply allowed
INPEFA ORAL TABLET 200 MG	NP	PA; 102 day supply allowed
INPEFA ORAL TABLET 400 MG	NP	PA; 102 day supply allowed
INVOKAMET	NP	PA; 102 day supply allowed

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
INVOKAMET XR	NP	PA; 102 day supply allowed
INVOKANA	NP	PA; 102 day supply allowed
JARDIANCE	P	102 day supply allowed
QTERN	NP	PA; 102 day supply allowed
SEGLUROMET	NP	PA; 102 day supply allowed
STEGLATRO	NP	PA; 102 day supply allowed
STEGLUJAN	NP	PA; 102 day supply allowed
SYNJARDY	P	102 day supply allowed
SYNJARDY XR	P	102 day supply allowed
TRIJARDY XR	NP	PA
XIGDUO XR	P	102 day supply allowed
Somatostatin Agonists		
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml	F	PA
octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml	F	PA; Specialty Drug
Somatotropin Agonists		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	P-PA	PA; Specialty Drug
GENOTROPIN SUBCUTANEOUS CARTRIDGE	P-PA	PA; Specialty Drug
HUMATROPE INJECTION CARTRIDGE	NP	PA; Specialty Drug
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR	P-PA	PA; Specialty Drug
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	NP	PA; Specialty Drug
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	NP	PA; Specialty Drug
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	NP	PA; Specialty Drug
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	NP	PA; Specialty Drug

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	NP	PA; Specialty Drug
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	NP	PA; Specialty Drug
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	NP	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	NP	PA; Specialty Drug
ZORBTIVE	NP	PA
Sulfonylureas		
DUETACT	NP	PA; 102 day supply allowed
glimepiride oral tablet 1 mg, 2 mg, 4 mg	P	102 day supply allowed
glipizide er	P	102 day supply allowed
glipizide oral tablet 10 mg, 5 mg	P	102 day supply allowed
glipizide xl	P	102 day supply allowed
glipizide-metformin hcl	NP	PA; 102 day supply allowed
GLUCOTROL XL	NP	PA; 102 day supply allowed
glyburide micronized	P	102 day supply allowed
glyburide oral	P	102 day supply allowed
glyburide-metformin	P	102 day supply allowed
pioglitazone hcl-glimepiride	NP	PA; 102 day supply allowed
Thiazolidinediones		
ACTOPLUS MET ORAL TABLET 15-850 MG	NP	PA; 102 day supply allowed
ACTOS	NP	PA; 102 day supply allowed
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	NP	PA; 102 day supply allowed
DUETACT	NP	PA; 102 day supply allowed
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	NP	PA; 102 day supply allowed
pioglitazone hcl	P	102 day supply allowed
pioglitazone hcl-glimepiride	NP	PA; 102 day supply allowed

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
pioglitazone hcl-metformin hcl	NP	PA; 102 day supply allowed	
Thyroid Agents			
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	F		
ARMOUR THYROID	F		
CYTOMEL	F		
ERMEZA	F		
LEVO-T	F		
levothyroxine sodium intravenous solution reconstituted	F		
levothyroxine sodium oral tablet	F		
LEVOXYL	F		
liothyronine sodium intravenous	F		
liothyronine sodium oral	F		
NP THYROID	F		
SYNTHROID	F		
THYQUIDITY	F		
UNITHROID	F		
Immunomodulatory Agents (90:00)			
Amino Acid Polymers			
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	P	Specialty Drug	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	NP	PA; Specialty Drug	
glatiramer acetate	NP	PA; Specialty Drug	
GLATOPA	NP	PA; Specialty Drug	
Antimetabolites			
AUBAGIO	NP	PA; Specialty Drug	
cladribine intravenous solution 10 mg/10ml	F	Specialty Drug	
MAVENCLAD (10 TABS)	NP	PA	
MAVENCLAD (4 TABS)	NP	PA	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
MAVENCLAD (5 TABS)	NP	PA	
MAVENCLAD (6 TABS)	NP	PA	
MAVENCLAD (7 TABS)	NP	PA	
MAVENCLAD (8 TABS)	NP	PA	
MAVENCLAD (9 TABS)	NP	PA	
teriflunomide	P	Specialty Drug	
Antimetabolites, Immunosupp Therapy			
Misc			
AZASAN	F	Specialty Drug	
azathioprine oral	F	Specialty Drug	
CELLCEPT ORAL CAPSULE	F	Specialty Drug	
IMURAN	F	Specialty Drug	
mycophenolate mofetil oral capsule	F	Specialty Drug	
Calcineurin Inhibitors, Misc (90:28)			
ASTAGRAF XL	F	Specialty Drug	
CEQUA	NP	PA; QL	
cyclosporine intravenous	F	Specialty Drug	
cyclosporine modified	F	Specialty Drug	
cyclosporine ophthalmic	NP	PA; QL	
cyclosporine oral capsule	F	Specialty Drug	
ENVARUS XR	F	Specialty Drug	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	F	Specialty Drug	
GENGRAF ORAL SOLUTION	F	Specialty Drug	
NEORAL	F	Specialty Drug	
PROGRAF	F	Specialty Drug	
RESTASIS	P	QL	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	NP	PA; QL	
SANDIMMUNE	F	Specialty Drug	
tacrolimus external ointment 0.03 %, 0.1 %	P	QL; AL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
tacrolimus oral	F	Specialty Drug
VERKAZIA	NP	PA; QL; AL
VEVYE	NP	PA; QL; AL
Complement Inhibitor Agents (90:20)		
ENJAYMO	Carve-out	
FABHALTA	Carve-out	
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	Carve-out	
TAVNEOS	Carve-out	
Complement Inhibitors (90:08)		
ZILBRYSQ	Carve-out	
Disease-Modifying Antirheumat Drugs Misc		
ENTYVIO INTRAVENOUS	NP	PA; Specialty Drug
ENTYVIO PEN	NP	PA; Specialty Drug
ORENCIA CLICKJECT	NP	PA; Specialty Drug
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug
Disease-Modifying Antirheumatic Drugs		
AZULFIDINE	NP	PA
AZULFIDINE EN-TABS	NP	PA
CIMZIA (2 SYRINGE)	NP	PA; Specialty Drug
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	NP	PA; Specialty Drug
CIMZIA-STARTER	NP	PA; Specialty Drug
hydroxychloroquine sulfate oral	F	
JYLAMVO	F	Specialty Drug
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml	F	
methotrexate sodium (pf) injection solution 50 mg/2ml	F	Specialty Drug

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	F	Specialty Drug
methotrexate sodium injection solution reconstituted	F	Specialty Drug
methotrexate sodium oral	F	
sulfasalazine oral	P	
TREMFYA ONE-PRESS	NP	PA; Specialty Drug
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	NP	PA; Specialty Drug
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	NP	PA; Specialty
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML	NP	PA; Specialty Drug
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	NP	PA; Specialty
TREXALL	F	
XATMEP	F	
ZYMFENTRA (2 PEN)	NP	PA; Specialty Drug; AL
ZYMFENTRA (2 SYRINGE)	NP	PA; Specialty Drug; AL
Fumarates		
BAFIERTAM	NP	PA; Specialty Drug; QL
dimethyl fumarate oral	P	Specialty Drug
dimethyl fumarate starter pack oral capsule delayed release therapy pack	P	Specialty Drug
TECFIDERA ORAL CAPSULE DELAYED RELEASE	NP	PA; Specialty Drug
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	NP	PA; Specialty Drug
VUMERITY	NP	PA
Immunomodulatory Agents (90:00)		
AFINITOR	F	Specialty Drug

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
AFINITOR DISPERZ	F	Specialty Drug
cyclophosphamide oral	F	
everolimus	F	Specialty Drug
mercaptopurine oral	F	Specialty Drug
PURIXAN	F	Specialty Drug
TORPENZ	F	Specialty Drug
ZORTRESS	F	Specialty Drug
Interferons		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	P	Specialty Drug
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	P	Specialty Drug; QL
BETASERON SUBCUTANEOUS KIT	P	Specialty Drug
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Carve-out	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Carve-out	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML	NP	PA; Specialty Drug
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML	NP	PA; Specialty Drug; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug
Interleukin Inhibitor Agents, Misc		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P-PA	PA; AL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P-PA	PA; AL

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs Coverage Requirements and Limits		
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Interleukin-Mediated Agents, Misc		
ACTEMRA ACTPEN	NP	PA; Specialty Drug
ACTEMRA SUBCUTANEOUS	NP	PA; Specialty Drug
COSENTYX (300 MG DOSE)	P	Specialty Drug
COSENTYX SENSOREADY (300 MG)	P	Specialty Drug
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	P	Specialty Drug
COSENTYX SUBCUTANEOUS	P	Specialty Drug
COSENTYX UNOREADY	P	Specialty Drug
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Carve-out	
STELARA INTRAVENOUS	NP	PA; Specialty Drug
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	NP	PA; Specialty Drug
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug
STEQEYMA INTRAVENOUS	NP	PA; Specialty
STEQEYMA SUBCUTANEOUS	NP	PA; Specialty
TALTZ	NP	PA; Specialty Drug
TYENNE SUBCUTANEOUS	NP	PA; Specialty Drug
YESINTEK	NP	PA; Specialty
Janus Kinase Inhibitors, Miscellaneous		
CIBINQO	NP	PA; AL
OLUMIANT ORAL TABLET 1 MG, 2 MG	NP	PA; Specialty Drug
OLUMIANT ORAL TABLET 4 MG	NP	PA
RINVOQ	NP	PA; Specialty Drug

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
RINVOQ LQ	NP	PA; Specialty Drug
XELJANZ	NP	PA; Specialty Drug
XELJANZ XR	NP	PA; Specialty Drug
Monocarboxylic Acid Amide Agents		
leflunomide oral	F	QL
Monoclonal Antibodies (90:12)		
ENSPRYNG	F	PA; Specialty Drug; QL; AL
Mtor Inhibitors, Miscellaneous		
HYFTOR	F	PA; AL
RAPAMUNE ORAL TABLET 1 MG, 2 MG	F	Specialty Drug
sirolimus oral	F	Specialty Drug
Phosphodiesterase-4 Inhibitors, Misc		
OTEZLA ORAL TABLET	NP	PA; Specialty Drug
OTEZLA ORAL TABLET THERAPY PACK	NP	PA; Specialty Drug
Sphingosine 1-Phosphate (S1p) Agents		
fingolimod hcl	P	Specialty Drug
GILENYA ORAL CAPSULE 0.25 MG	NP	PA
GILENYA ORAL CAPSULE 0.5 MG	NP	PA; Specialty Drug
MAYZENT	NP	PA
MAYZENT STARTER PACK	NP	PA
TASCENSO ODT	NP	PA; Specialty Drug; AL
T-Cell Costimulatory Blockers, Misc		
NULOJIX	F	Specialty Drug
Tumor Necrosis Factor Inhibitors, Misc		
ABRILADA (1 PEN)	NP	PA
ABRILADA (2 PEN)	NP	PA; Specialty Drug
ABRILADA (2 SYRINGE)	NP	PA; Specialty Drug
adalimumab-aacf(cd/uc/hs strt)	NP	PA; Specialty
adalimumab-aacf(ps/uv starter)	NP	PA; Specialty

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
adalimumab-aaty (1 pen)	NP	PA; Specialty Drug	
adalimumab-aaty (2 pen)	NP	PA; Specialty Drug	
adalimumab-aaty (2 syringe)	NP	PA; Specialty Drug	
adalimumab-aaty cd/uc/hs start	NP	PA; Specialty	
adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml	NP	PA; Specialty Drug	
adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml	NP	PA; Specialty	
adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml, 40 mg/0.4ml	NP	PA; Specialty Drug	
adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml	NP	PA; Specialty	
adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	NP	PA; Specialty Drug	
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml	NP	PA; Specialty Drug	
adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.4ml	NP	PA; Specialty Drug	
adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.4ml	NP	PA; Specialty Drug	
adalimumab-fkjp	NP	PA; Specialty Drug	
adalimumab-fkjp (2 pen)	NP	PA; Specialty Drug	
adalimumab-fkjp (2 syringe)	NP	PA; Specialty Drug	
adalimumab-ryvk (2 pen)	NP	PA; Specialty Drug	
adalimumab-ryvk (2 syringe)	NP	PA; Specialty Drug	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	NP	PA	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	NP	PA	
AMJEVITA-PED 10KG TO <15KG	NP	PA	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	NP	PA	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
CIMZIA (2 SYRINGE)	NP	PA; Specialty Drug	
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	NP	PA; Specialty Drug	
CIMZIA-STARTER	NP	PA; Specialty Drug	
CYLTEZO (2 PEN)	NP	PA; Specialty Drug	
CYLTEZO (2 SYRINGE)	NP	PA; Specialty Drug	
CYLTEZO-CD/UC/HS STARTER	NP	PA; Specialty Drug	
CYLTEZO-PSORIASIS/UV STARTER	NP	PA; Specialty Drug	
ENBREL MINI	P	Specialty Drug	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	P	Specialty Drug	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P	Specialty Drug	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P	Specialty Drug	
HADLIMA	NP	PA; Specialty Drug	
HADLIMA PUSHTOUCH	NP	PA; Specialty Drug	
HULIO (2 PEN)	NP	PA; Specialty Drug	
HULIO (2 SYRINGE)	NP	PA; Specialty Drug	
HUMIRA (1 PEN)	P	Specialty Drug	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	P	Specialty Drug	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	P		
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	P	Specialty Drug	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	P	Specialty Drug	
HUMIRA-PED<40KG CROHNS STARTER	P	Specialty Drug	
HUMIRA-PED>=40KG CROHNS START	P	Specialty Drug	
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	P		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	P	Specialty Drug
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	NP	PA; Specialty Drug
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	NP	PA; Specialty Drug
HYRIMOZ-CROHNS/UC STARTER	NP	PA; Specialty Drug
HYRIMOZ-PED<40KG CROHN STARTER	NP	PA; Specialty Drug
HYRIMOZ-PED>=40KG CROHN START	NP	PA; Specialty Drug
HYRIMOZ-PLAQ PSOR/UEVIT START	NP	PA; Specialty Drug
HYRIMOZ-PLAQUE PSORIASIS START	NP	PA; Specialty Drug
IDACIO (2 PEN)	NP	PA; Specialty Drug
IDACIO (2 SYRINGE)	NP	PA; Specialty Drug
IDACIO-CROHNS/UC STARTER	NP	PA; Specialty Drug
IDACIO-PSORIASIS STARTER	NP	PA; Specialty Drug
SIMLANDI (1 PEN)	NP	PA; Specialty Drug
SIMLANDI (1 SYRINGE)	NP	PA; Specialty Drug
SIMLANDI (2 PEN)	NP	PA; Specialty
SIMLANDI (2 SYRINGE)	NP	PA; Specialty Drug
SIMPONI ARIA	NP	PA; Specialty Drug
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug
YUFLYMA (1 PEN)	NP	PA; Specialty Drug
YUFLYMA (2 PEN)	NP	PA; Specialty Drug
YUFLYMA (2 SYRINGE)	NP	PA; Specialty Drug
YUFLYMA-CD/UC/HS STARTER	NP	PA; Specialty Drug
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ZYMFENTRA (2 PEN)	NP	PA; Specialty Drug; AL
ZYMFENTRA (2 SYRINGE)	NP	PA; Specialty Drug; AL
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
AVODART	NP	PA
dutasteride oral	P	
dutasteride-tamsulosin hcl	NP	PA
finasteride oral tablet 5 mg	P	
PROSCAR	NP	PA
5-Alpha-Reductase Inhibitors (92:04)		
AVODART	NP	PA
disulfiram oral	Carve-out	
dutasteride oral	P	
dutasteride-tamsulosin hcl	NP	PA
finasteride oral tablet 5 mg	P	
naltrexone hcl oral	Carve-out	
PROSCAR	NP	PA
VIVITROL	Carve-out	
Antidotes (92:12)		
acetylcysteine inhalation	F	
BAQSIMI ONE PACK	P	QL
BAQSIMI TWO PACK	P	QL
CHEMET	F	
FOSRENOL ORAL PACKET	NP	PA; 102 day supply allowed
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	NP	PA; 102 day supply allowed
glucagon emergency	NP	PA
GVOKE HYOPEN 1-PACK	P	QL
GVOKE HYOPEN 2-PACK	P	QL
GVOKE KIT	NP	PA; QL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	NP	PA; QL
KIONEX COMBINATION	P	
lanthanum carbonate	NP	PA; 102 day supply allowed
leucovorin calcium oral	F	
magnesium sulfate injection solution 50 %	F	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	F	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	F	
naltrexone hcl oral	Carve-out	
phytonadione oral	F	QL
RENVELA	NP	PA; 102 day supply allowed
sevelamer carbonate oral packet	NP	PA; 102 day supply allowed
sevelamer carbonate oral tablet	P-PA	PA; 102 day supply allowed
sevelamer hcl	NP	PA; 102 day supply allowed
SPS (SODIUM POLYSTYRENE SULF)	P	
VIVITROL	Carve-out	
ZEGALOGUE	P	
ZIMHI	F	QL
Antigout Agents		
all day pain relief	P	OTC
all day relief	P	OTC
allopurinol oral	P	
ANAPROX DS	NP	PA
colchicine oral capsule	NP	PA
colchicine oral tablet	P	
colchicine-probenecid	P	
cvs all day pain relief	P	OTC
cvs naproxen sodium	P	OTC
ec-naproxen	NP	PA

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
eq all day pain relief	P	OTC
febuxostat	NP	PA
ft all day pain relief	P	OTC
ft naproxen sodium	P	OTC
GLOPERBA	NP	PA
gnp naproxen sodium oral tablet	P	OTC
goodsense naproxen sodium	P	OTC
hm naproxen sodium oral capsule	P	OTC
indomethacin er	NP	PA
indomethacin oral capsule 25 mg, 50 mg	P	
indomethacin oral suspension	NP	PA
MEDIPROXEN	P	OTC
MITIGARE	NP	PA
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	NP	PA
NAPROSYN ORAL SUSPENSION	NP	PA
naproxen dr oral tablet delayed release 500 mg	NP	PA
naproxen oral suspension	NP	PA
naproxen oral tablet	P	
naproxen oral tablet delayed release	NP	PA
naproxen sodium er	NP	PA
naproxen sodium oral capsule	P	OTC
naproxen sodium oral tablet 220 mg	P	OTC
naproxen sodium oral tablet 275 mg, 550 mg	NP	PA
probenecid oral	P	
qc naproxen sodium oral tablet	P	OTC
sb naproxen sodium	P	OTC
ULORIC	NP	PA
ZYLOPRIM	NP	PA
Antisense Oligonucleotides		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
amondys 45	Carve-out	
EXONDYS 51	Carve-out	
sodium oxybate	F	PA; QL; AL
SPINRAZA	Carve-out	
VILTEPSO	Carve-out	
VYONDYS 53	Carve-out	
Bone Anabolic Agents		
BONSITY	NP	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	NP	PA; Specialty
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	NP	PA; Specialty
teriparatide subcutaneous solution pen-injector 620 mcg/2.48ml	NP	PA; Specialty Drug
TYMLOS	NP	PA; Specialty Drug
Bone Resorption Inhibitors		
ACTONEL ORAL TABLET 150 MG	NP	PA
ACTONEL ORAL TABLET 35 MG	NP	PA; QL
alendronate sodium oral solution	NP	PA
alendronate sodium oral tablet 10 mg, 5 mg	P	
alendronate sodium oral tablet 35 mg, 70 mg	P	QL
ATELVIA	NP	PA; QL
BINOSTO	NP	PA
calcitonin (salmon) nasal	P	Specialty Drug
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	F	102 day supply allowed
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML	F	Specialty Drug; 102 day supply allowed
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.05 MG/24HR, 0.075 MG/24HR	F	QL; AL
estradiol oral	F	AL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
estradiol transdermal patch twice weekly	F	QL; AL	
estradiol transdermal patch weekly	F	QL; AL	
estradiol vaginal cream	F	QL	
estradiol vaginal tablet	F		
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	F	102 day supply allowed	
EVISTA	NP	PA	
FOSAMAX ORAL TABLET 70 MG	NP	PA; QL	
FOSAMAX PLUS D	NP	PA; QL	
ibandronate sodium oral	NP	PA; Specialty Drug; QL	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.075 MG/24HR	F	QL; AL	
MENEST	F	AL	
PREMARIN ORAL	F	QL; AL	
raloxifene hcl	P		
risedronate sodium oral tablet 150 mg, 30 mg, 5 mg	NP	PA	
risedronate sodium oral tablet 35 mg	NP	PA; QL	
risedronate sodium oral tablet delayed release	NP	PA; QL	
VAGIFEM VAGINAL TABLET 10 MCG	F		
YUVAFEM	F		
Cariostatic Agents			
DENTA 5000 PLUS	F		
denta 5000 plus sensitive dental gel	F		
DENTAGEL	F		
fraiche 5000 dental	F		
multi-vit/iron/fluoride	F	OTC; QL; AL	
multi-vitamin/fluoride oral solution	F	QL; AL	
multivitamin/fluoride oral solution 0.5 mg/ml	F	OTC; QL; AL	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	F	QL; AL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
multi-vitamin/fluoride/iron	F	QL; AL
sf	F	
sf 5000 plus	F	
sod fluoride-potassium nitrate	F	
sodium fluoride 5000 plus	F	
sodium fluoride 5000 ppm dental cream	F	
sodium fluoride 5000 ppm dental gel	F	
sodium fluoride dental cream	F	
sodium fluoride dental gel 1.1 %	F	
sodium fluoride oral solution 0.5 mg/ml	F	OTC; QL; AL
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	F	QL; AL
sodium fluoride oral tablet chewable	F	QL; AL
tri-vitamin/fluoride oral solution 0.25 mg/ml	F	QL; AL
tri-vite/fluoride	F	QL; AL
vitamins acd-fluoride	F	OTC; QL; AL
Complement Inhibitors		
BERINERT	Carve-out	
CINRYZE	Carve-out	
EMPAVELI	Carve-out	
FABHALTA	Carve-out	
HAEGARDA	Carve-out	
RUCONEST	Carve-out	
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	Carve-out	
TAVNEOS	Carve-out	
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML	Carve-out	
VEOPOZ	Carve-out	
VOYDEYA	Carve-out	
ZILBRYSQ	Carve-out	

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lowercase = Generic drugs UPPERCASE = Brand name drugs			
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
Complement Inhibitors (92:32)			
BERINERT	Carve-out		
CINRYZE	Carve-out		
EMPAVELI	Carve-out		
HAEGARDA	Carve-out		
KALBITOR	Carve-out		
ORLADEYO	Carve-out		
RUCONEST	Carve-out		
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	Carve-out		
TAKHZYRO SUBCUTANEOUS SOLUTION	Carve-out		
TAVNEOS	Carve-out		
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML	Carve-out		
Disease-Modifying Antirheumatic Agents			
ABRILADA (1 PEN)	NP	PA	
ABRILADA (2 PEN)	NP	PA; Specialty Drug	
ABRILADA (2 SYRINGE)	NP	PA; Specialty Drug	
ACTEMRA ACTPEN	NP	PA; Specialty Drug	
ACTEMRA SUBCUTANEOUS	NP	PA; Specialty Drug	
adalimumab-aacf(cd/uc/hs strt)	NP	PA; Specialty	
adalimumab-aacf(ps/uv starter)	NP	PA; Specialty	
adalimumab-aaty (1 pen)	NP	PA; Specialty Drug	
adalimumab-aaty (2 pen)	NP	PA; Specialty Drug	
adalimumab-aaty (2 syringe)	NP	PA; Specialty Drug	
adalimumab-aaty cd/uc/hs start	NP	PA; Specialty	
adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml	NP	PA; Specialty Drug	
adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml	NP	PA; Specialty	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml, 40 mg/0.4ml	NP	PA; Specialty Drug	
adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml	NP	PA; Specialty	
adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	NP	PA; Specialty Drug	
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml	NP	PA; Specialty Drug	
adalimumab-adbm(cd/uc/hs str) subcutaneous auto-injector kit 40 mg/0.4ml	NP	PA; Specialty Drug	
adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.4ml	NP	PA; Specialty Drug	
adalimumab-fkjp	NP	PA; Specialty Drug	
adalimumab-fkjp (2 pen)	NP	PA; Specialty Drug	
adalimumab-fkjp (2 syringe)	NP	PA; Specialty Drug	
adalimumab-ryvk (2 pen)	NP	PA; Specialty Drug	
adalimumab-ryvk (2 syringe)	NP	PA; Specialty Drug	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	NP	PA	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	NP	PA	
AMJEVITA-PED 10KG TO <15KG	NP	PA	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	NP	PA	
AZASAN	F	Specialty Drug	
azathioprine oral	F	Specialty Drug	
AZULFIDINE	NP	PA	
AZULFIDINE EN-TABS	NP	PA	
CIBINQO	NP	PA; AL	
CIMZIA (2 SYRINGE)	NP	PA; Specialty Drug	
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	NP	PA; Specialty Drug	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
CIMZIA-STARTER	NP	PA; Specialty Drug	
COSENTYX (300 MG DOSE)	P	Specialty Drug	
COSENTYX SENSOREADY (300 MG)	P	Specialty Drug	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	P	Specialty Drug	
COSENTYX SUBCUTANEOUS	P	Specialty Drug	
COSENTYX UNOREADY	P	Specialty Drug	
cyclosporine intravenous	F	Specialty Drug	
cyclosporine modified	F	Specialty Drug	
cyclosporine oral capsule	F	Specialty Drug	
CYLTEZO (2 PEN)	NP	PA; Specialty Drug	
CYLTEZO (2 SYRINGE)	NP	PA; Specialty Drug	
CYLTEZO-CD/UC/HS STARTER	NP	PA; Specialty Drug	
CYLTEZO-PSORIASIS/UV STARTER	NP	PA; Specialty Drug	
ENBREL MINI	P	Specialty Drug	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	P	Specialty Drug	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P	Specialty Drug	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P	Specialty Drug	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	F	Specialty Drug	
GENGRAF ORAL SOLUTION	F	Specialty Drug	
HADLIMA	NP	PA; Specialty Drug	
HADLIMA PUSHTOUCH	NP	PA; Specialty Drug	
HULIO (2 PEN)	NP	PA; Specialty Drug	
HULIO (2 SYRINGE)	NP	PA; Specialty Drug	
HUMIRA (1 PEN)	P	Specialty Drug	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	P	Specialty Drug	

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs			Coverage Requirements and Limits
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	P		
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	P	Specialty Drug	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	P	Specialty Drug	
HUMIRA-PED<40KG CROHNS STARTER	P	Specialty Drug	
HUMIRA-PED>=40KG CROHNS START	P	Specialty Drug	
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	P		
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	P	Specialty Drug	
hydroxychloroquine sulfate oral	F		
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	NP	PA; Specialty Drug	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	NP	PA; Specialty Drug	
HYRIMOZ-CROHNS/UC STARTER	NP	PA; Specialty Drug	
HYRIMOZ-PED<40KG CROHN STARTER	NP	PA; Specialty Drug	
HYRIMOZ-PED>=40KG CROHN START	NP	PA; Specialty Drug	
HYRIMOZ-PLAQ PSOR/UEIT START	NP	PA; Specialty Drug	
HYRIMOZ-PLAQUE PSORIASIS START	NP	PA; Specialty Drug	
IDACIO (2 PEN)	NP	PA; Specialty Drug	
IDACIO (2 SYRINGE)	NP	PA; Specialty Drug	
IDACIO-CROHNS/UC STARTER	NP	PA; Specialty Drug	
IDACIO-PSORIASIS STARTER	NP	PA; Specialty Drug	
IMURAN	F	Specialty Drug	
JYLAMVO	F	Specialty Drug	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Carve-out		
leflunomide oral	F	QL	
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml	F		
methotrexate sodium (pf) injection solution 50 mg/2ml	F	Specialty Drug	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	F	Specialty Drug	
methotrexate sodium injection solution reconstituted	F	Specialty Drug	
methotrexate sodium oral	F		
NEORAL	F	Specialty Drug	
OLUMIANT ORAL TABLET 1 MG, 2 MG	NP	PA; Specialty Drug	
OLUMIANT ORAL TABLET 4 MG	NP	PA	
ORENCIA CLICKJECT	NP	PA; Specialty Drug	
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug	
OTEZLA ORAL TABLET 30 MG	NP	PA; Specialty Drug	
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	NP	PA; Specialty Drug	
RIABNI	F	Specialty Drug	
RINVOQ	NP	PA; Specialty Drug	
SANDIMMUNE	F	Specialty Drug	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	NP	PA; Specialty Drug	
SIMLANDI (2 PEN)	NP	PA; Specialty	
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	NP	PA; Specialty Drug	
SIMPONI ARIA	NP	PA; Specialty Drug	

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs P = PDL Preferred P-PA = PDL Preferred, requires PA Coverage Requirements and Limits			
Prescriptions	Drug Name	Tier Status	Coverage Requirements and Limits
	SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug
	SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug
	sulfasalazine oral	P	
	TREXALL	F	
	XATMEP	F	
	XELJANZ	NP	PA; Specialty Drug
	XELJANZ XR	NP	PA; Specialty Drug
	YUFLYMA (1 PEN)	NP	PA; Specialty Drug
	YUFLYMA (2 PEN)	NP	PA; Specialty Drug
	YUFLYMA (2 SYRINGE)	NP	PA; Specialty Drug
	YUFLYMA-CD/UC/HS STARTER	NP	PA; Specialty Drug
	YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug
	ZYMFENTRA (2 PEN)	NP	PA; Specialty Drug; AL
	ZYMFENTRA (2 SYRINGE)	NP	PA; Specialty Drug; AL
Immunomodulatory Agents			
	ABRILADA (1 PEN)	NP	PA
	ABRILADA (2 PEN)	NP	PA; Specialty Drug
	ABRILADA (2 SYRINGE)	NP	PA; Specialty Drug
	ACTEMRA ACTPEN	NP	PA; Specialty Drug
	ACTEMRA SUBCUTANEOUS	NP	PA; Specialty Drug
	adalimumab-aacf(cd/uc/hs strt)	NP	PA; Specialty
	adalimumab-aacf(ps/uv starter)	NP	PA; Specialty
	adalimumab-aaty (1 pen)	NP	PA; Specialty Drug
	adalimumab-aaty (2 pen)	NP	PA; Specialty Drug
	adalimumab-aaty (2 syringe)	NP	PA; Specialty Drug
	adalimumab-aaty cd/uc/hs start	NP	PA; Specialty
	adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml	NP	PA; Specialty Drug

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml	NP	PA; Specialty	
adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml, 40 mg/0.4ml	NP	PA; Specialty Drug	
adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml	NP	PA; Specialty	
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml	NP	PA; Specialty Drug	
adalimumab-fkjp	NP	PA; Specialty Drug	
adalimumab-fkjp (2 pen)	NP	PA; Specialty Drug	
adalimumab-fkjp (2 syringe)	NP	PA; Specialty Drug	
adalimumab-ryvk (2 pen)	NP	PA; Specialty Drug	
adalimumab-ryvk (2 syringe)	NP	PA; Specialty Drug	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	NP	PA	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	NP	PA	
AMJEVITA-PED 10KG TO <15KG	NP	PA	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	NP	PA	
AUBAGIO	NP	PA; Specialty Drug	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	P	Specialty Drug	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	P	Specialty Drug; QL	
AZASAN	F	Specialty Drug	
azathioprine oral	F	Specialty Drug	
AZULFIDINE	NP	PA	
AZULFIDINE EN-TABS	NP	PA	
BAFIERTAM	NP	PA; Specialty Drug; QL	
BESREMI	F		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
BETASERON SUBCUTANEOUS KIT	P	Specialty Drug	
CIMZIA (2 SYRINGE)	NP	PA; Specialty Drug	
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	NP	PA; Specialty Drug	
CIMZIA-STARTER	NP	PA; Specialty Drug	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	P	Specialty Drug	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	NP	PA; Specialty Drug	
cyclosporine intravenous	F	Specialty Drug	
cyclosporine modified	F	Specialty Drug	
cyclosporine oral capsule	F	Specialty Drug	
CYLTEZO (2 SYRINGE)	NP	PA; Specialty Drug	
dimethyl fumarate oral	P	Specialty Drug	
dimethyl fumarate starter pack oral capsule delayed release therapy pack	P	Specialty Drug	
ENBREL MINI	P	Specialty Drug	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	P	Specialty Drug	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P	Specialty Drug	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P	Specialty Drug	
ENSPRYNG	F	PA; Specialty Drug; QL; AL	
fingolimod hcl	P	Specialty Drug	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	F	Specialty Drug	
GENGRAF ORAL SOLUTION	F	Specialty Drug	
GILENYA ORAL CAPSULE 0.25 MG	NP	PA	
GILENYA ORAL CAPSULE 0.5 MG	NP	PA; Specialty Drug	
glatiramer acetate	NP	PA; Specialty Drug	
GLATOPA	NP	PA; Specialty Drug	
HADLIMA	NP	PA; Specialty Drug	
HADLIMA PUSHTOUCH	NP	PA; Specialty Drug	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
HULIO (2 PEN)	NP	PA; Specialty Drug	
HULIO (2 SYRINGE)	NP	PA; Specialty Drug	
HUMIRA (1 PEN)	P	Specialty Drug	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	P	Specialty Drug	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	P		
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	P	Specialty Drug	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	P	Specialty Drug	
HUMIRA-PED<40KG CROHNS STARTER	P	Specialty Drug	
HUMIRA-PED>=40KG CROHNS START	P	Specialty Drug	
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	P		
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	P	Specialty Drug	
hydroxychloroquine sulfate oral	F		
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	NP	PA; Specialty Drug	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	NP	PA; Specialty Drug	
HYRIMOZ-CROHNS/UC STARTER	NP	PA; Specialty Drug	
HYRIMOZ-PED<40KG CROHN STARTER	NP	PA; Specialty Drug	
HYRIMOZ-PED>=40KG CROHN START	NP	PA; Specialty Drug	
HYRIMOZ-PLAQ PSOR/UEIT START	NP	PA; Specialty Drug	
HYRIMOZ-PLAQUE PSORIASIS START	NP	PA; Specialty Drug	
IDACIO (2 PEN)	NP	PA; Specialty Drug	
IDACIO (2 SYRINGE)	NP	PA; Specialty Drug	
IDACIO-CROHNS/UC STARTER	NP	PA; Specialty Drug	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
IDACIO-PSORIASIS STARTER	NP	PA; Specialty Drug	
IMURAN	F	Specialty Drug	
JYLAMVO	F	Specialty Drug	
KESIMPTA	P	Specialty Drug	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Carve-out		
leflunomide oral	F	QL	
lenalidomide	F	Specialty Drug	
MAVENCLAD (10 TABS)	NP	PA	
MAVENCLAD (4 TABS)	NP	PA	
MAVENCLAD (5 TABS)	NP	PA	
MAVENCLAD (6 TABS)	NP	PA	
MAVENCLAD (7 TABS)	NP	PA	
MAVENCLAD (8 TABS)	NP	PA	
MAVENCLAD (9 TABS)	NP	PA	
MAYZENT	NP	PA	
MAYZENT STARTER PACK	NP	PA	
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml	F		
methotrexate sodium (pf) injection solution 50 mg/2ml	F	Specialty Drug	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	F	Specialty Drug	
methotrexate sodium injection solution reconstituted	F	Specialty Drug	
methotrexate sodium oral	F		
NEORAL	F	Specialty Drug	
ORENCIA CLICKJECT	NP	PA; Specialty Drug	
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug	
OTEZLA ORAL TABLET	NP	PA; Specialty Drug	
OTEZLA ORAL TABLET THERAPY PACK	NP	PA; Specialty Drug	

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs Coverage Requirements and Limits		
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Carve-out	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Carve-out	
PLEGRIDY INTRAMUSCULAR	NP	PA; Specialty Drug
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug
POMALYST	F	Specialty Drug
PONVORY	NP	PA; AL
PONVORY STARTER PACK	NP	PA; AL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML	NP	PA; Specialty Drug
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML	NP	PA; Specialty Drug; QL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug
REVLIMID	F	Specialty Drug
SANDIMMUNE	F	Specialty Drug
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	NP	PA; Specialty Drug
SIMLANDI (2 PEN)	NP	PA; Specialty

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs			Coverage Requirements and Limits
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	NP	PA; Specialty Drug	
SIMPONI ARIA	NP	PA; Specialty Drug	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug	
sulfasalazine oral	P		
TASCENSO ODT	NP	PA; Specialty Drug; AL	
TECFIDERA ORAL CAPSULE DELAYED RELEASE	NP	PA; Specialty Drug	
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	NP	PA; Specialty Drug	
teriflunomide	P	Specialty Drug	
THALOMID	F		
TREXALL	F		
VELSIPITY	NP	PA; Specialty Drug; AL	
VUMERITY	NP	PA	
XATMEP	F		
YUFLYMA (1 PEN)	NP	PA; Specialty Drug	
YUFLYMA (2 PEN)	NP	PA; Specialty Drug	
YUFLYMA (2 SYRINGE)	NP	PA; Specialty Drug	
YUFLYMA-CD/UC/HS STARTER	NP	PA; Specialty Drug	
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug	
ZEPOSIA	NP	PA; Specialty Drug; AL	
ZEPOSIA 7-DAY STARTER PACK	NP	PA; Specialty Drug; AL	
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	NP	PA; Specialty Drug; AL	
ZYMFENTRA (2 PEN)	NP	PA; Specialty Drug; AL	
ZYMFENTRA (2 SYRINGE)	NP	PA; Specialty Drug; AL	

Tier Status		Coverage Requirements and Limits
Carve-out = Carve-out		
F = Supplemental Formulary		
NP = PDL Non-Preferred, requires PA		
lowercase = Generic drugs	P = PDL Preferred	
UPPERCASE = Brand name drugs	P-PA = PDL Preferred, requires PA	
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Immunosuppressive Agents		
ASTAGRAF XL	F	Specialty Drug
AZASAN	F	Specialty Drug
azathioprine oral	F	Specialty Drug
CELLCEPT	F	Specialty Drug
CELLCEPT INTRAVENOUS	F	Specialty Drug
cyclophosphamide oral	F	
cyclosporine intravenous	F	Specialty Drug
cyclosporine modified	F	Specialty Drug
cyclosporine oral capsule	F	Specialty Drug
ELIDEL	P-PA	PA; QL; AL
ENVARSUS XR	F	Specialty Drug
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	F	Specialty Drug
GENGRAF ORAL CAPSULE 100 MG, 25 MG	F	Specialty Drug
GENGRAF ORAL SOLUTION	F	Specialty Drug
HYFTOR	F	PA; AL
IMURAN	F	Specialty Drug
JYLAMVO	F	Specialty Drug
leflunomide oral	F	QL
MAVENCLAD (10 TABS)	NP	PA
MAVENCLAD (4 TABS)	NP	PA
MAVENCLAD (5 TABS)	NP	PA
MAVENCLAD (6 TABS)	NP	PA
MAVENCLAD (7 TABS)	NP	PA
MAVENCLAD (8 TABS)	NP	PA
MAVENCLAD (9 TABS)	NP	PA
mercaptopurine oral	F	Specialty Drug
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml	F	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
methotrexate sodium (pf) injection solution 50 mg/2ml	F	Specialty Drug
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	F	Specialty Drug
methotrexate sodium injection solution reconstituted	F	Specialty Drug
methotrexate sodium oral	F	
mycophenolate mofetil hcl	F	Specialty Drug
mycophenolate mofetil intravenous	F	
mycophenolate mofetil oral	F	Specialty Drug
mycophenolate sodium	F	Specialty Drug
MYFORTIC	F	Specialty Drug
NEORAL	F	Specialty Drug
NULOJIX	F	Specialty Drug
pimecrolimus	P-PA	PA; QL; AL
PROGRAF	F	Specialty Drug
PURIXAN	F	Specialty Drug
RAPAMUNE ORAL TABLET 1 MG, 2 MG	F	Specialty Drug
SANDIMMUNE	F	Specialty Drug
sirolimus oral	F	Specialty Drug
tacrolimus external ointment 0.03 %, 0.1 %	P	QL; AL
tacrolimus oral	F	Specialty Drug
TREXALL	F	
XATMEP	F	
ZORTRESS	F	Specialty Drug
Kallikrein Inhibitors		
KALBITOR	Carve-out	
ORLADEYO	Carve-out	
TAKHZYRO	Carve-out	
Other Miscellaneous Therapeutic Agents		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
AMVUTTRA	NP	PA	
ARCALYST	Carve-out		
betaine	Carve-out		
CARNITOR	Carve-out		
CARNITOR SF	Carve-out		
CERDELGA	Carve-out		
cvs fish oil oral capsule delayed release	F	OTC	
CYSTADANE	Carve-out		
CYSTAGON	Carve-out		
dalfampridine er	F	PA; Specialty Drug; QL; AL	
DUVYZAT	Carve-out		
ELMIRON	F	PA; QL	
EVOTAZ	Carve-out		
EVRYSDI	Carve-out		
FIRDAPSE	Carve-out		
fish oil concentrate oral capsule 1000 mg	F	OTC	
fish oil oral capsule 1000 mg, 500 mg	F	OTC	
fish oil oral capsule delayed release 1000 mg	F	OTC	
GALAFOLD	Carve-out		
glucosamine chondr 1500 complx	Carve-out	OTC	
gnp fish oil oral capsule delayed release 1000 mg	F	OTC	
hm fish oil oral capsule 1200 mg	F	OTC	
ILARIS SUBCUTANEOUS SOLUTION	Carve-out		
JAVYGTOR	Carve-out		
KUVAN ORAL PACKET	Carve-out		
KUVAN ORAL TABLET	Carve-out		
levocarnitine intravenous	Carve-out		
levocarnitine oral solution	Carve-out		
levocarnitine oral tablet	Carve-out		
levocarnitine sf	Carve-out		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
l-glutamine oral packet	F	PA; QL; AL	
LYDIA PINKHAM ORAL LIQUID	Carve-out	OTC	
MAX SLEEP JUNIOR	F	OTC	
melatonin oral liquid 1 mg/ml	F	OTC	
miglustat	Carve-out		
movana	Carve-out	OTC	
nitisinone	Carve-out		
NITYR	Carve-out		
omega-3 fish oil oral capsule 1200 mg	F	OTC	
OPFOLDA	Carve-out	Specialty Drug	
ORFADIN	Carve-out		
PREZCOBIX	Carve-out		
PROCYSBI	Carve-out		
ra fish oil oral capsule 1000 mg	F	OTC	
ra st johns wort oral tablet	Carve-out	OTC	
REZUROCK	F		
RIVFLOZA	Carve-out		
sapropterin dihydrochloride oral packet	Carve-out		
sapropterin dihydrochloride oral tablet	Carve-out		
SKYCLARYS	Carve-out	Specialty Drug	
sm fish oil oral capsule delayed release	F	OTC	
SOHONOS	Carve-out		
st johns wort oral capsule 1000 mg, 150 mg, 300 mg	Carve-out	OTC	
st johns wort oral tablet 300 mg	Carve-out	OTC	
st johns wort positive mood	Carve-out	OTC	
STRIBILD	Carve-out		
SYMTUZA	Carve-out		
TYBOST	Carve-out		
VIJOICE ORAL TABLET THERAPY PACK	Carve-out		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
VOXZOGO	Carve-out		
ZARBEES SLEEP CHILD/MELATONIN ORAL LIQUID	F	OTC	
ZAVESCA	Carve-out		
ZOKINVY	Carve-out		
Protective Agents			
adapalene external gel 0.1 %	F	QL	
adapalene external gel 0.3 %	F	QL; AL	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	F	QL; AL	
CABTREO	NP	PA	
dalfampridine er	F	PA; Specialty Drug; QL; AL	
gnp adapalene	F	OTC; QL	
mesna oral	F	Specialty Drug	
MESNEX ORAL	F	Specialty Drug	
Nonhormonal Contraceptives			
Nonhormonal Contraceptives			
aimsco lubricated	F	OTC; QL	
CAYA	F		
FANTASY LUBRICATED	F	OTC; QL	
FANTASY LUBRICATED/SPERMICIDE	F	OTC; QL	
FC2 FEMALE CONDOM	F	OTC; QL	
FEMCAP	F		
kimono	F	OTC; QL	
kimono micro thin	F	OTC; QL	
kimono micro thin plus	F	OTC; QL	
kimono sensation	F	OTC; QL	
kimono sensation plus	F	OTC; QL	
maxx	F	OTC; QL	
PHEXXI	F	QL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TRUSTEX LUB/RIBBED/STUDD	F	OTC; QL
TRUSTEX LUB/SPERMICIDE EX ST	F	OTC; QL
TRUSTEX LUB/SPERMICIDE XL	F	OTC; QL
TRUSTEX LUBRICATED	F	OTC; QL
TRUSTEX LUBRICATED EX LARGE	F	OTC; QL
TRUSTEX LUBRICATED EXTRA ST	F	OTC; QL
TRUSTEX LUBRICATED/SPERMICIDE	F	OTC; QL
TRUSTEX NON-LUBRICATED	F	OTC; QL
TRUSTEX RIA LUB/SPERMICIDE	F	OTC; QL
TRUSTEX RIA LUBRICATED	F	OTC; QL
TRUSTEX RIA NON-LUBRICATED	F	OTC; QL
TRUSTEX-NONOXYNOL-9/RIB/STUD	F	OTC; QL
WIDE-SEAL DIAPHRAGM 60	F	
WIDE-SEAL DIAPHRAGM 65	F	
WIDE-SEAL DIAPHRAGM 70	F	
WIDE-SEAL DIAPHRAGM 75	F	
WIDE-SEAL DIAPHRAGM 80	F	
WIDE-SEAL DIAPHRAGM 85	F	
WIDE-SEAL DIAPHRAGM 90	F	
WIDE-SEAL DIAPHRAGM 95	F	
Oxytocics		
Oxytocics		
methylergonovine maleate oral	F	QL; AL
Respiratory Tract Agents		
Alpha And Beta Adrenergic Agonist(Respr)		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	NP	PA; QL
epinephrine injection solution auto-injector	P	QL

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lowercase = Generic drugs UPPERCASE = Brand name drugs		
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	P	QL
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	P	QL
Anticholinergic Agents (Respir.Tract)		
atropine sulfate ophthalmic ointment	F	
atropine sulfate ophthalmic solution 1 %	F	
ATROVENT HFA	P	102 day supply allowed; QL
COMBIVENT RESPIMAT	P	102 day supply allowed; QL
DUAKLIR PRESSAIR	NP	PA
hyoscyamine sulfate er oral tablet extended release 12 hour	F	AL
hyoscyamine sulfate oral	F	AL
hyoscyamine sulfate sublingual	F	AL
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	P	102 day supply allowed; QL
ipratropium bromide inhalation	P	102 day supply allowed
ipratropium bromide nasal	P	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	P	102 day supply allowed
SPIRIVA HANDIHALER	P	102 day supply allowed; QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	P	102 day supply allowed; QL
tiotropium bromide monohydrate	NP	PA; 102 day supply allowed; QL
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	NP	PA; 102 day supply allowed
YUPELRI	NP	PA
Anti-Inflammatory Agents (Respiratory)		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; AL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	NP	PA; AL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	NP	PA; Specialty Drug; AL
Antitussives		
aler-cap	F	OTC; AL
allergy childrens oral liquid	F	OTC
allergy relief childrens oral liquid	F	OTC
allergy relief oral capsule 25 mg	F	OTC; AL
allergy relief oral liquid	F	OTC
allergy relief oral tablet 25 mg	F	OTC; AL
BANOPHEN ORAL CAPSULE 25 MG	F	OTC
BANOPHEN ORAL CAPSULE 50 MG	F	OTC; AL
BANOPHEN ORAL LIQUID	F	OTC
BANOPHEN ORAL TABLET	F	OTC; AL
codeine sulfate oral tablet	P	QL; AL
complete allergy relief	F	OTC; AL
cvs allergy relief adult	F	OTC
cvs allergy relief childrens oral liquid	F	OTC
cvs allergy relief oral capsule 25 mg	F	OTC; AL
cvs allergy relief oral liquid	F	OTC
cvs allergy relief oral tablet 25 mg	F	OTC; AL
cvs childrens allergy	F	OTC
cvs sleep aid nighttime oral tablet	Carve-out	OTC
cvs sleep aid oral tablet 25 mg	Carve-out	OTC
cvs sleep-aid nighttime oral capsule 25 mg	Carve-out	OTC
diphen oral tablet	F	OTC; AL
diphenhydramine hcl (sleep) oral tablet 50 mg	Carve-out	OTC
diphenhydramine hcl childrens	F	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
diphenhydramine hcl injection	F	AL	
diphenhydramine hcl oral capsule	F	AL	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	F	OTC	
eq allergy relief childrens oral liquid	F	OTC	
eq allergy relief oral tablet 25 mg	F	OTC; AL	
eql allergy oral tablet 25 mg	F	OTC; AL	
eql allergy relief oral tablet 25 mg	F	OTC; AL	
eql nighttime sleep aid	Carve-out	OTC	
eql sleep aid oral capsule	Carve-out	OTC	
eql sleep aid oral liquid	Carve-out	OTC	
ft allergy relief childrens oral liquid	F	OTC	
ft allergy relief oral capsule	F	.; OTC	
ft allergy relief oral tablet 25 mg	F	OTC; AL	
ft nighttime sleep aid	Carve-out	OTC	
ft sleep-aid maximum strength	Carve-out	OTC	
geri-dryl oral liquid	F	OTC	
geri-dryl oral tablet	F	OTC; AL	
gnp allergy oral tablet 25 mg	F	OTC; AL	
gnp allergy relief max st	F	OTC	
gnp allergy relief oral capsule	F	OTC; AL	
gnp allergy relief oral tablet 25 mg	F	OTC; AL	
gnp childrens allergy	F	OTC	
gnp nighttime sleep-aid max st	Carve-out	OTC	
gnp sleep aid nighttime	Carve-out	OTC	
gnp sleep aid oral liquid	Carve-out	OTC	
goodsense sleeptime	Carve-out	OTC	
h-e-b childrens allergy	F	OTC	
KINDERMED KIDS ALLERGY	F	OTC	
liquid allergy relief	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
m-dryl	F	OTC	
night time sleep aid	Carve-out	OTC	
nighttime sleep aid oral tablet 25 mg	Carve-out	OTC	
NYTOL QUICKCAPS	Carve-out	OTC	
PEDIACARE CHILDRENS ALLERGY	F	OTC	
pharbedryl oral capsule 25 mg	F	OTC; AL	
qc allergy childrens	F	OTC	
qc rest simply	Carve-out	OTC	
qc sleep aid max st	Carve-out	OTC	
ra allergy medication oral liquid	F	OTC	
ra allergy medication oral tablet	F	OTC; AL	
ra allergy oral liquid	F	OTC	
ra allergy relief childrens oral liquid	F	OTC	
ra allergy relief oral capsule 25 mg	F	OTC; AL	
ra complete allergy	F	OTC; AL	
RA DIPHEDRYL ALLERGY	F	OTC	
ra nighttime sleep aid oral tablet	Carve-out	OTC	
ra sleep aid (diphenhydramine)	Carve-out	OTC	
ra sleep aid oral capsule	Carve-out	OTC	
sb allergy medicine oral liquid	F	OTC	
sb allergy medicine oral tablet	Carve-out	OTC	
sb sleep	Carve-out	OTC	
siladryl allergy	F	OTC	
SIMPLY SLEEP	Carve-out	OTC	
sleep aid (diphenhydramine)	Carve-out	OTC	
sleep aid oral liquid	Carve-out	OTC	
sleep tabs oral tablet 25 mg	Carve-out	OTC	
sleep-aid oral capsule	Carve-out	OTC	
sleep-tabs	Carve-out	OTC	
SOMINEX	Carve-out	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
SOMINEX MAX ST	Carve-out	OTC
SOMINEX NIGHTTIME SLEEP-AID	Carve-out	OTC
total allergy	F	OTC; AL
TOTAL ALLERGY MEDICINE	F	OTC
UNISOM SLEEPGELS	Carve-out	OTC
UNISOM SLEEPMELTS	Carve-out	OTC
UNISOM SLEEPMINIS	Carve-out	OTC
WAL-DRYL ALLERGY ORAL LIQUID	F	OTC
WAL-SLEEP Z	Carve-out	OTC
wal-som maximum strength	Carve-out	OTC
wal-som oral tablet dispersible	Carve-out	OTC
ZZZQUIL	Carve-out	OTC
Corticosteroids (Respiratory Tract)		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	P	102 day supply allowed; QL
ADVAIR HFA	P	102 day supply allowed; QL
AIRDUO DIGIHALER	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 113/14	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 232/14	NP	PA; 102 day supply allowed; QL
AIRDUO RESPICLICK 55/14	NP	PA; 102 day supply allowed; QL
AIRSUPRA	NP	PA; 102 day supply allowed; QL
allergy nasal spray (momet)	NP	PA; OTC
allergy nasal spray nasal suspension	NP	PA; OTC
allergy relief nasal	NP	PA; OTC
allergy spray 24 hour nasal suspension	NP	PA; OTC
ALVESCO	P	
ARMONAIR DIGIHALER	NP	PA

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	P		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	P	AL	
azelastine-fluticasone	NP	PA	
BECONASE AQ	NP	PA	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	NP	PA; 102 day supply allowed; QL	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	NP	PA; 102 day supply allowed; QL; AL	
budesonide inhalation	P	QL; AL	
budesonide nasal	NP	PA; OTC	
cvs budesonide	NP	PA; OTC	
cvs fluticasone propionate	NP	PA; OTC	
cvs nasal allergy spray	NP	PA; OTC	
DYMISTA	NP	PA	
eq allergy relief nasal	NP	PA; OTC	
eq budesonide nasal	NP	PA; OTC	
eq nasal allergy	NP	PA; OTC	
eq fluticasone propionate	NP	PA; OTC	
FLONASE ALLERGY REL CHILDRENS	NP	PA; OTC	
flunisolide nasal solution 25 mcg/act (0.025%)	NP	PA	
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	NP	PA; 102 day supply allowed; QL	
fluticasone propionate diskus	NP	PA	
fluticasone propionate hfa inhalation aerosol 110 mcg/act	P	QL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
fluticasone propionate hfa inhalation aerosol 220 mcg/act, 44 mcg/act	P	102 day supply allowed; QL	
fluticasone propionate nasal	P		
fluticasone-salmeterol inhalation aerosol	NP	PA; 102 day supply allowed; QL	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	NP	PA; 102 day supply allowed; QL	
ft 24 hour nasal allergy	NP	PA; OTC	
ft allergy relief 24 hr	NP	PA; OTC	
gnp 24 hour nasal allergy	NP	PA; OTC	
gnp budesonide nasal spray	NP	PA; OTC	
gnp fluticasone propionate	NP	PA; OTC	
goodsense 24-hr allergy nasal	NP	PA; OTC	
goodsense nasal allergy spray	NP	PA; OTC	
KLS ALLER-CORT	NP	PA; OTC	
mometasone furoate external	P		
mometasone furoate nasal	NP	PA	
nasal allergy 24 hour	NP	PA; OTC	
NASONEX 24HR	NP	PA; OTC	
OMNARIS	NP	PA	
PULMICORT	NP	PA; QL; AL	
PULMICORT FLEXHALER	P	QL	
qc allergy relief nasal	NP	PA; OTC	
QNASL	NP	PA	
QNASL CHILDRENS	NP	PA	
QVAR REDHALER	P		
ra budesonide	NP	PA; OTC	
ra nasal allergy	NP	PA; OTC	
RYALTRIS	NP	PA	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	P	102 day supply allowed; QL
triamcinolone acetonide nasal aerosol	NP	PA; OTC
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	NP	PA; 102 day supply allowed; QL
XHANCE	NP	PA
ZETONNA	NP	PA
Cystic Fibrosis (Cftr) Correctors		
ALYFTREK	Carve-out	
ORKAMBI	Carve-out	
SYMDEKO	Carve-out	
TRIKAFTA	Carve-out	
Cystic Fibrosis (Cftr) Potentiators		
ALYFTREK	Carve-out	
KALYDECO	Carve-out	
ORKAMBI	Carve-out	
SYMDEKO	Carve-out	
TRIKAFTA	Carve-out	
Endothelin Receptor Antagonists		
ambrisentan	P-PA	PA; Specialty Drug; 102 day supply allowed
bosentan	NP	PA; Specialty Drug; 102 day supply allowed
LETAIRIS	NP	PA; Specialty Drug; 102 day supply allowed
OPSUMIT	P-PA	PA; Specialty Drug; 102 day supply allowed
OPSYNVI	NP	PA; QL; AL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TRACLEER ORAL TABLET	P-PA	PA; Specialty Drug; 102 day supply allowed
TRACLEER ORAL TABLET SOLUBLE	NP	PA; Specialty Drug; 102 day supply allowed
TRYVIO	F	PA; QL; AL
First Generation Antihist.(Respir Tract)		
aler-cap	F	OTC; AL
aller-chlor oral tablet	F	OTC
allergy childrens oral liquid	F	OTC
allergy oral tablet 4 mg	F	OTC
allergy relief childrens oral liquid	F	OTC
allergy relief oral capsule 25 mg	F	OTC; AL
allergy relief oral liquid	F	OTC
allergy relief oral tablet 25 mg	F	OTC; AL
allergy relief oral tablet 4 mg	F	OTC
BANOPHEN ORAL CAPSULE 25 MG	F	OTC
BANOPHEN ORAL CAPSULE 50 MG	F	OTC; AL
BANOPHEN ORAL LIQUID	F	OTC
BANOPHEN ORAL TABLET	F	OTC; AL
carbinoxamine maleate oral solution	F	
carbinoxamine maleate oral tablet 4 mg	F	
chlorhist	F	OTC
chlorpheniramine maleate oral	F	OTC
complete allergy relief	F	OTC; AL
cvs allergy relief adult	F	OTC
cvs allergy relief childrens oral liquid	F	OTC
cvs allergy relief oral capsule 25 mg	F	OTC; AL
cvs allergy relief oral liquid	F	OTC
cvs allergy relief oral tablet 25 mg	F	OTC; AL
cvs childrens allergy	F	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
cvs sleep aid nighttime oral tablet	Carve-out	OTC	
cvs sleep aid oral tablet 25 mg	Carve-out	OTC	
cvs sleep-aid (doxylamine)	Carve-out	OTC	
cvs sleep-aid nighttime oral capsule 25 mg	Carve-out	OTC	
cvs ultra sleep	Carve-out	OTC	
cypheptadine hcl oral	F	AL	
diphen oral tablet	F	OTC; AL	
diphenhydramine hcl (sleep) oral tablet 50 mg	Carve-out	OTC	
diphenhydramine hcl childrens	F	OTC	
diphenhydramine hcl injection	F	AL	
diphenhydramine hcl oral capsule	F	AL	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	F	OTC	
eq allergy relief childrens oral liquid	F	OTC	
eq allergy relief oral tablet 25 mg	F	OTC; AL	
eq chlortabs	F	OTC	
eq allergy oral tablet 25 mg	F	OTC; AL	
eq allergy relief oral tablet 25 mg	F	OTC; AL	
eq nighttime sleep aid	Carve-out	OTC	
eq sleep aid oral capsule	Carve-out	OTC	
eq sleep aid oral liquid	Carve-out	OTC	
ft allergy relief childrens oral liquid	F	OTC	
ft allergy relief oral capsule	F	.; OTC	
ft allergy relief oral tablet 25 mg	F	OTC; AL	
ft allergy relief oral tablet 4 mg	F	OTC	
ft nighttime sleep aid	Carve-out	OTC	
ft sleep aid (doxylamine)	Carve-out	OTC	
ft sleep-aid maximum strength	Carve-out	OTC	
geri-dryl oral liquid	F	OTC	
geri-dryl oral tablet	F	OTC; AL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
gnp allergy oral tablet 25 mg	F	OTC; AL	
gnp allergy relief max st	F	OTC	
gnp allergy relief oral capsule	F	OTC; AL	
gnp allergy relief oral tablet 25 mg	F	OTC; AL	
gnp allergy relief oral tablet 4 mg	F	OTC	
gnp childrens allergy	F	OTC	
gnp nighttime sleep-aid max st	Carve-out	OTC	
gnp sleep aid	Carve-out	OTC	
gnp sleep aid nighttime	Carve-out	OTC	
goodsense sleeptime	Carve-out	OTC	
h-e-b childrens allergy	F	OTC	
KINDERMED KIDS ALLERGY	F	OTC	
kl's sleep aid	Carve-out	OTC	
liquid allergy relief	F	OTC	
m-dryl	F	OTC	
night time sleep aid	Carve-out	OTC	
nighttime sleep aid oral tablet 25 mg	Carve-out	OTC	
NYTOL QUICKCAPS	Carve-out	OTC	
PEDIACARE CHILDRENS ALLERGY	F	OTC	
pharbechlor	F	OTC	
pharbedryl oral capsule 25 mg	F	OTC; AL	
promethazine hcl oral solution 6.25 mg/5ml	F	AL	
promethazine hcl oral syrup	F		
promethazine hcl oral tablet	F	AL	
promethazine hcl rectal suppository 12.5 mg	F	QL; AL	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	F	QL; AL	
qc allergy childrens	F	OTC	
qc chlor-pheniramine	F	OTC	
qc rest simply	Carve-out	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
qc sleep aid max st	Carve-out	OTC	
ra allergy medication oral liquid	F	OTC	
ra allergy medication oral tablet	F	OTC; AL	
ra allergy oral liquid	F	OTC	
ra allergy relief childrens oral liquid	F	OTC	
ra allergy relief oral capsule 25 mg	F	OTC; AL	
ra allergy relief oral tablet 4 mg	F	OTC	
ra chlorpheniramine maleate	F	OTC	
ra complete allergy	F	OTC; AL	
RA DIPHEDRYL ALLERGY	F	OTC	
ra night sleep aid	Carve-out	OTC	
ra nighttime sleep aid oral tablet	Carve-out	OTC	
ra sleep aid (diphenhydramine)	Carve-out	OTC	
ra sleep aid oral capsule	Carve-out	OTC	
ra sleep aid oral tablet	Carve-out	OTC	
sb allergy medicine oral liquid	F	OTC	
sb allergy medicine oral tablet	Carve-out	OTC	
sb chlorpheniramine	F	OTC	
sb sleep	Carve-out	OTC	
siladryl allergy	F	OTC	
SIMPLY SLEEP	Carve-out	OTC	
sleep aid (diphenhydramine)	Carve-out	OTC	
sleep aid (doxylamine)	Carve-out	OTC	
sleep aid oral liquid	Carve-out	OTC	
sleep aid oral tablet	Carve-out	OTC	
sleep tabs oral tablet 25 mg	Carve-out	OTC	
sleep-aid	Carve-out	OTC	
sleep-tabs	Carve-out	OTC	
SOMINEX	Carve-out	OTC	
SOMINEX MAX ST	Carve-out	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
SOMINEX NIGHTTIME SLEEP-AID	Carve-out	OTC
total allergy	F	OTC; AL
TOTAL ALLERGY MEDICINE	F	OTC
UNISOM SLEEPGELS	Carve-out	OTC
UNISOM SLEEPMELTS	Carve-out	OTC
UNISOM SLEEPMINIS	Carve-out	OTC
UNISOM SLEEPTABS	Carve-out	OTC
WAL-DRYL ALLERGY ORAL LIQUID	F	OTC
WAL-FINATE	F	OTC
WAL-SLEEP Z	Carve-out	OTC
wal-som	Carve-out	OTC
wal-som maximum strength	Carve-out	OTC
ZZZQUIL	Carve-out	OTC
Interleukin Antagonists		
ARCALYST	Carve-out	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML	P-PA	PA; Specialty Drug
FASENRA PEN	P-PA	PA; Specialty Drug; AL
ILARIS SUBCUTANEOUS SOLUTION	Carve-out	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug; AL
Leukotriene Modifiers		
ACCOLATE	NP	PA; 102 day supply allowed
montelukast sodium oral packet	NP	PA; 102 day supply allowed; AL
montelukast sodium oral tablet	P	102 day supply allowed
montelukast sodium oral tablet chewable 4 mg, 5 mg	P	102 day supply allowed; AL
SINGULAIR ORAL PACKET	NP	PA; 102 day supply allowed; AL
SINGULAIR ORAL TABLET	NP	PA; 102 day supply allowed

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG	NP	PA; 102 day supply allowed; AL
zafirlukast	NP	PA; 102 day supply allowed
zileuton er	NP	PA; 102 day supply allowed
ZYFLO	NP	PA; 102 day supply allowed
Mast-Cell Stabilizers		
cromolyn sodium nasal	F	OTC
cromolyn sodium ophthalmic	P	
cromolyn sodium oral	F	
GASTROCROM	F	
NASALCROM	F	OTC
Mucolytic Agents		
acetylcysteine inhalation	F	
altamist spray	F	OTC
cvs saline nasal spray	F	OTC
deep sea nasal spray	F	OTC
eq saline nasal spray	F	OTC
eq1 saline nasal spray	F	OTC
gnp nasal moisturizing	F	OTC
HYPERSAL	F	
LITTLE REMEDIES SALINE	F	OTC
nasal moisturizing spray	F	OTC
NEBUSAL	F	
OCEAN NASAL SPRAY	F	OTC
PULMOSAL	F	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	F	PA; Specialty Drug; QL
px saline nasal spray	F	OTC
saline mist spray	F	OTC
saline nasal spray	F	OTC

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs Coverage Requirements and Limits		
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
sm nasal spray saline	F	OTC
sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %	F	
Nasal Preparations (Steroids)		
allergy nasal spray (momet)	NP	PA; OTC
allergy nasal spray nasal suspension	NP	PA; OTC
allergy relief nasal	NP	PA; OTC
allergy spray 24 hour nasal suspension	NP	PA; OTC
azelastine-fluticasone	NP	PA
BECONASE AQ	NP	PA
budesonide nasal	NP	PA; OTC
cvs budesonide	NP	PA; OTC
cvs fluticasone propionate	NP	PA; OTC
cvs nasal allergy spray	NP	PA; OTC
DYMISTA	NP	PA
eq allergy relief nasal	NP	PA; OTC
eq budesonide nasal	NP	PA; OTC
eq nasal allergy	NP	PA; OTC
eq fluticasone propionate	NP	PA; OTC
FLONASE ALLERGY REL CHILDRENS	NP	PA; OTC
flunisolide nasal solution 25 mcg/act (0.025%)	NP	PA
fluticasone propionate nasal	P	
ft 24 hour nasal allergy	NP	PA; OTC
ft allergy relief 24 hr	NP	PA; OTC
gnp 24 hour nasal allergy	NP	PA; OTC
gnp budesonide nasal spray	NP	PA; OTC
gnp fluticasone propionate	NP	PA; OTC
goodsense 24-hr allergy nasal	NP	PA; OTC
goodsense nasal allergy spray	NP	PA; OTC
KLS ALLER-CORT	NP	PA; OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
mometasone furoate nasal	NP	PA	
nasal allergy 24 hour	NP	PA; OTC	
NASONEX 24HR	NP	PA; OTC	
qc allergy relief nasal	NP	PA; OTC	
QNASL	NP	PA	
QNASL CHILDRENS	NP	PA	
ra budesonide	NP	PA; OTC	
ra nasal allergy	NP	PA; OTC	
RYALTRIS	NP	PA	
triamcinolone acetonide nasal aerosol	NP	PA; OTC	
XHANCE	NP	PA	
Orally Inhaled Preparations (Steroids)			
AIRSUPRA	NP	PA; 102 day supply allowed; QL	
ARMONAIR DIGIHALER	NP	PA	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	P		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	P	AL	
budesonide inhalation	P	QL; AL	
fluticasone propionate diskus	NP	PA	
fluticasone propionate hfa inhalation aerosol 110 mcg/act	P	QL	
fluticasone propionate hfa inhalation aerosol 220 mcg/act, 44 mcg/act	P	102 day supply allowed; QL	
PULMICORT	NP	PA; QL; AL	
PULMICORT FLEXHALER	P	QL	
QVAR REDHALER	P		
Phosphodiesterase Type 4 Inhibitors			
DALIRESP	NP	PA	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
roflumilast	P-PA	PA	
ZORYVE EXTERNAL CREAM	F	PA; AL	
ZORYVE EXTERNAL FOAM	F	PA; AL	
Phosphodiesterase-5 Inhibitors (Respir)			
ADCIRCA	NP	PA; Specialty Drug; 102 day supply allowed	
ALYQ	P-PA	PA; Specialty Drug; 102 day supply allowed	
LIQREV	NP	PA; Specialty Drug; 102 day supply allowed	
OPSYNVI	NP	PA; QL; AL	
REVATIO ORAL	NP	PA; Specialty Drug; 102 day supply allowed	
sildenafil citrate oral suspension reconstituted	P-PA	PA; Specialty Drug; 102 day supply allowed	
sildenafil citrate oral tablet 20 mg	P-PA	PA; Specialty Drug; 102 day supply allowed	
tadalafil (pah)	P-PA	PA; Specialty Drug; 102 day supply allowed	
TADLIQ	NP	PA; Specialty Drug; 102 day supply allowed; AL	
Prostacyclin & Prostacyclin Derivatives			
ORENITRAM	NP	PA; Specialty Drug; 102 day supply allowed	
ORENITRAM MONTH 1	NP	PA; Specialty Drug	
ORENITRAM MONTH 2	NP	PA; Specialty Drug	
ORENITRAM MONTH 3	NP	PA; Specialty Drug	
TYVASO	P-PA	PA; Specialty Drug; 102 day supply allowed	
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	NP	PA; Specialty Drug; 102 day supply allowed	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TYVASO DPI TITRATION KIT	NP	PA; Specialty Drug; 102 day supply allowed
TYVASO REFILL KIT	P-PA	PA; Specialty Drug; 102 day supply allowed
TYVASO STARTER KIT	P-PA	PA; Specialty Drug; 102 day supply allowed
VENTAVIS	P-PA	PA; Specialty Drug; 102 day supply allowed
Respiratory Tract Agents, Miscellaneous		
BRONCHITOL	F	PA; QL; AL
BRONCHITOL TOLERANCE TEST	F	PA; QL; AL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug; AL
WINREVAIR	NP	PA; Specialty Drug; 102 day supply allowed
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P-PA	PA; AL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P-PA	PA; AL
Second Generation Antihist(Respir Tract)		
12hr allergy relief	P	OTC
24hr allergy relief	P	OTC
all-day allergy childrens	P	OTC
allergy (cetirizine)	P	OTC
allergy 24hour indoor/outdoor	P	OTC
allergy 24-hr	P	OTC
allergy childrens oral solution	P	OTC
allergy childrens oral suspension	P	OTC
allergy nasal spray nasal solution	P	OTC
allergy rel child (loratadine)	P	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
allergy relief (cetirizine) oral capsule	NP	PA; OTC	
allergy relief (cetirizine) oral tablet	P	OTC	
allergy relief (loratadine) oral tablet	P	OTC	
allergy relief 24-hr	P	OTC	
allergy relief cetirizine	P	OTC	
allergy relief childrens oral solution 1 mg/ml	P	OTC	
allergy relief oral tablet 10 mg, 180 mg, 60 mg	P	OTC	
allergy relief/indoor/outdoor oral tablet 10 mg	P	OTC	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	P		
azelastine hcl ophthalmic	P		
azelastine-fluticasone	NP	PA	
cetirizine hcl allergy child	P	OTC	
cetirizine hcl childrens alrgy oral solution	P	OTC	
cetirizine hcl childrens oral solution 5 mg/5ml	NP	PA; OTC	
cetirizine hcl oral solution 1 mg/ml	P		
cetirizine hcl oral tablet	P	OTC	
cetirizine hcl oral tablet chewable	NP	PA; OTC	
childrens 24 hour allergy	P	OTC	
childrens loratadine oral solution	P	OTC	
CLARINEX ORAL TABLET	NP	PA	
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG	P	OTC	
cvs allergy childrens oral solution	P	OTC	
cvs allergy relief childrens oral solution	P	OTC	
cvs allergy relief childrens oral suspension	P	OTC	
cvs allergy relief oral tablet 10 mg, 180 mg	P	OTC	
cvs allergy relief(cetirizine)	P	OTC	
cvs indoor/outdoor allergy rlf oral tablet	P	OTC	
desloratadine oral tablet	NP	PA	
desloratadine oral tablet dispersible 2.5 mg	NP	PA; AL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
desloratadine oral tablet dispersible 5 mg	NP	PA
DYMISTA	NP	PA
eq allerg relief child (cetir)	P	OTC
eq allergy relief (cetirizine)	P	OTC
eq allergy relief oral tablet 10 mg, 180 mg	P	OTC
eq cetirizine hcl oral solution	P	OTC
eq all day allergy	P	OTC
eq allergy relief oral tablet 10 mg, 180 mg	P	OTC
fexofenadine hcl oral tablet 180 mg, 60 mg	P	OTC
ft all day allergy	P	OTC
ft all day allergy childrens	P	OTC
ft all day allergy relief	P	OTC
ft allergy childrens	P	OTC
ft allergy relief 12 hour	P	OTC
ft allergy relief 24 hour	P	OTC
ft allergy relief cetirizine	P	OTC
ft allergy relief loratadine	P	OTC
ft allergy relief oral tablet 10 mg, 180 mg	P	OTC
gnp all day allergy childrens oral solution	P	OTC
gnp all day allergy relief	NP	PA; OTC
gnp fexofenadine hcl	P	OTC
gnp loratadine childrens oral solution	P	OTC
gnp loratadine oral solution	P	OTC
gnp loratadine oral tablet	P	OTC
gnp loratadine oral tablet dispersible	P	OTC
goodsense all day allergy	P	OTC
goodsense aller-ease	P	OTC
goodsense allergy relief child	P	OTC
goodsense allergy relief oral tablet 10 mg	P	OTC
hm allergy relief oral tablet 60 mg	P	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
KLS ALLER-TEC CHILDRENS ORAL SOLUTION 5 MG/5ML	P	OTC
loradamed	P	OTC
loratadine childrens oral solution	P	OTC
loratadine childrens oral tablet chewable	P	OTC
loratadine oral tablet	P	OTC
loratadine oral tablet dispersible 10 mg	P	OTC
mm fexofenadine hcl	P	OTC
qc all day allergy	P	OTC
qc allergy relief oral tablet 10 mg, 180 mg	P	OTC
qc loratadine allergy relief	P	OTC
ra allergy relief (cetirizine)	P	OTC
ra allergy relief (loratadine)	P	OTC
ra allergy relief childrens oral solution 5 mg/5ml	P	OTC
ra allergy relief oral capsule 10 mg	NP	PA; OTC
ra allergy relief oral tablet 180 mg	P	OTC
sb allergy oral tablet	P	OTC
sb loratadine oral tablet	P	OTC
sm allergy childrens oral solution	P	OTC
sm allergy relief oral tablet 60 mg	P	OTC
sm fexofenadine hcl oral tablet 60 mg	P	OTC
sm loratadine oral solution	P	OTC
WAL-FEX ALLERGY	P	OTC
WAL-ITIN CHILDRENS	P	OTC
WAL-ZYR ALL DAY ALLERGY CHILD	P	OTC
WAL-ZYR ALLERGY CHILDRENS	P	OTC
WAL-ZYR CHILDRENS ORAL SOLUTION	P	OTC
WAL-ZYR CHILDRENS ORAL TABLET CHEWABLE 10 MG	NP	PA; OTC
WAL-ZYR ORAL CAPSULE	NP	PA; OTC
WAL-ZYR ORAL TABLET	P	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ZERVIAE	NP	PA
Select.Beta-2-Adrenergic Agonist(Respir)		
AIRSUPRA	NP	PA; 102 day supply allowed; QL
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	P	102 day supply allowed; QL
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	P	102 day supply allowed
arformoterol tartrate	NP	PA; 102 day supply allowed
BROVANA	NP	PA; 102 day supply allowed
formoterol fumarate inhalation	NP	PA; 102 day supply allowed
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	NP	PA; 102 day supply allowed
levalbuterol tartrate	NP	PA; 102 day supply allowed; QL
PERFOROMIST	NP	PA; 102 day supply allowed
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	NP	PA; 102 day supply allowed; QL
PROAIR RESPICLICK	NP	PA; 102 day supply allowed; QL
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	P	102 day supply allowed; QL
STRIVERDI RESPIMAT	NP	PA; 102 day supply allowed
terbutaline sulfate oral	F	
VENTOLIN HFA	P	102 day supply allowed; QL
XOPENEX HFA	P	102 day supply allowed; QL
Vasodilating Agents (Respiratory Tract)		
ADCIRCA	NP	PA; Specialty Drug; 102 day supply allowed
ADEMPAS	P-PA	PA; Specialty Drug; 102 day supply allowed

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
ALYQ	P-PA	PA; Specialty Drug; 102 day supply allowed	
ambrisentan	P-PA	PA; Specialty Drug; 102 day supply allowed	
bosentan	NP	PA; Specialty Drug; 102 day supply allowed	
LETAIRIS	NP	PA; Specialty Drug; 102 day supply allowed	
OPSUMIT	P-PA	PA; Specialty Drug; 102 day supply allowed	
ORENITRAM	NP	PA; Specialty Drug; 102 day supply allowed	
ORENITRAM MONTH 1	NP	PA; Specialty Drug	
ORENITRAM MONTH 2	NP	PA; Specialty Drug	
ORENITRAM MONTH 3	NP	PA; Specialty Drug	
REVATIO ORAL	NP	PA; Specialty Drug; 102 day supply allowed	
sildenafil citrate oral suspension reconstituted	P-PA	PA; Specialty Drug; 102 day supply allowed	
sildenafil citrate oral tablet 20 mg	P-PA	PA; Specialty Drug; 102 day supply allowed	
tadalafil (pah)	P-PA	PA; Specialty Drug; 102 day supply allowed	
TADLIQ	NP	PA; Specialty Drug; 102 day supply allowed; AL	
TRACLEER ORAL TABLET	P-PA	PA; Specialty Drug; 102 day supply allowed	
TRACLEER ORAL TABLET SOLUBLE	NP	PA; Specialty Drug; 102 day supply allowed	
TYVASO	P-PA	PA; Specialty Drug; 102 day supply allowed	
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	NP	PA; Specialty Drug; 102 day supply allowed	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
TYVASO DPI TITRATION KIT	NP	PA; Specialty Drug; 102 day supply allowed	
TYVASO REFILL KIT	P-PA	PA; Specialty Drug; 102 day supply allowed	
TYVASO STARTER KIT	P-PA	PA; Specialty Drug; 102 day supply allowed	
UPTRAVI ORAL	P-PA	PA; Specialty Drug; 102 day supply allowed	
UPTRAVI TITRATION	P-PA	PA; Specialty Drug; 102 day supply allowed	
VENTAVIS	P-PA	PA; Specialty Drug; 102 day supply allowed	
Vasodilating Agents, Misc			
ADEMPAS	P-PA	PA; Specialty Drug; 102 day supply allowed	
UPTRAVI ORAL	P-PA	PA; Specialty Drug; 102 day supply allowed	
UPTRAVI TITRATION	P-PA	PA; Specialty Drug; 102 day supply allowed	
Xanthine Derivatives			
theophylline er	F		
theophylline oral	F		
Skin And Mucous Membrane Agents			
Adrenergic Agonists			
ALPHAGAN P	NP	PA	
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %	NP	PA	
brimonidine tartrate ophthalmic solution 0.2 %	P		
brimonidine tartrate-timolol	NP	PA	
COMBIGAN	P		
Allylamines (Skin And Mucous Membrane)			

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
athletes foot (terbinafine)	F	OTC
eq athletes foot (terbinafine)	F	OTC
eql athletes foot(terbinafine)	F	OTC
gnp terbinafine hydrochloride	F	OTC
naftifine hcl external cream	NP	PA
naftifine hcl external gel 2 %	NP	PA
NAFTIN EXTERNAL GEL	NP	PA
terbinafine hcl external	F	OTC
Antibacterials (84:04)		
ACANYA	NP	PA
bacitracin external	F	OTC
bacitracin ophthalmic	F	
bacitracin zinc external	F	OTC
bacitracin zinc-aloe	F	OTC
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	F	
bacitra-neomycin-polymyxin-hc	F	
benzoyl peroxide-erythromycin	F	
CABTREO	NP	PA
CLEOCIN VAGINAL CREAM	NP	PA
CLEOCIN VAGINAL SUPPOSITORY	P	
clindamycin hcl oral	F	
clindamycin palmitate hcl	F	AL
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	NP	PA
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	P	
clindamycin phosphate external solution	F	QL
clindamycin phosphate external swab	F	
clindamycin phosphate vaginal	P	
CLINDESSE	P	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
cvs bacitracin	F	OTC	
cvs bacitracin zinc	F	OTC	
dapsone oral	F		
doxycycline hyclate oral capsule	F		
doxycycline hyclate oral tablet 100 mg, 20 mg	F		
doxycycline monohydrate oral capsule 100 mg, 50 mg	F		
doxycycline monohydrate oral suspension reconstituted	F		
doxycycline monohydrate oral tablet 100 mg, 50 mg	F		
eq bacitracin zinc	F	OTC	
eq triple antibiotic	F	OTC	
eq1 bacitracin zinc	F	OTC	
eq1 first aid antibiotic external ointment 3.5-400-5000	F	OTC	
erythromycin external solution	F		
FLAGYL ORAL CAPSULE	NP	PA	
ft triple antibiotic	F	OTC	
gentamicin sulfate external	F		
gentamicin sulfate ophthalmic solution	F		
gnp bacitracin zinc	F	OTC	
gnp triple antibiotic external ointment	F	OTC	
goodsense first aid antibiotic	F	OTC	
levofloxacin oral solution	P		
levofloxacin oral tablet	P	QL	
LIKMEZ	NP	PA; QL	
medi-first triple antibiotic	F	OTC	
metronidazole external cream	F		
metronidazole external gel 0.75 %	F		
metronidazole oral capsule	NP	PA	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
metronidazole oral tablet 125 mg	NP	PA
metronidazole oral tablet 250 mg, 500 mg	P	
metronidazole vaginal	P	
minocycline hcl oral capsule	F	
MONDOXYNE NL ORAL CAPSULE 100 MG	F	
moxifloxacin hcl oral	NP	PA; QL
mupirocin calcium	NP	PA
mupirocin external	P	
neomycin sulfate oral	P	
NEUAC EXTERNAL GEL	NP	PA
NUVESSA	P	
ONEXTON	NP	PA
polymyxin b-trimethoprim	F	
px triple	F	OTC
qc bacitracin	F	OTC
ra bacitracin zinc first aid	F	OTC
ra triple antibiotic external ointment	F	OTC
sulfacetamide sodium-sulfur external liquid 10-5 %	F	QL
triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 mg-unit	F	OTC
VANDAZOLE	NP	PA
XACIATO	NP	PA; AL
Anti-Inflammatory Agents, Misc (Skin)		
EUCRISA	P-PA	PA; QL; AL
VTAMA	F	PA; QL; AL
Antiproliferants		
bexarotene	F	Specialty Drug
CARAC	F	Specialty Drug
EFUDEX EXTERNAL CREAM	F	Specialty Drug

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
fluorouracil external	F	Specialty Drug
fluorouracil intravenous	F	Specialty Drug
imiquimod external cream 5 %	F	
TARGRETIN	F	Specialty Drug
VALCHLOR	F	Specialty Drug
Antipruritics And Local Anesthetics		
ASPERCREME LIDOCAINE EXTERNAL PATCH	F	OTC; QL
asperflex max st	F	OTC; QL
ASPERFLEX PAIN RELIEVING	F	OTC; QL
BLUE-EMU PAIN RELIEF DRY	F	OTC; QL
cvs pain relief external patch	F	OTC; QL
doxepin hcl oral	Carve-out	
DULOXICAINE	Carve-out	
ENEMEEZ PLUS	F	OTC
eq lidocaine pain relieving	F	OTC; QL
GLYDO EXTERNAL PREFILLED SYRINGE	F	
gnp lidocaine pain relief	F	OTC; QL
LIDO KING	F	OTC; QL
lidocaine external ointment 5 %	F	QL
lidocaine external patch 5 %	F	PA; QL
lidocaine hcl external cream 3 %	F	QL
lidocaine hcl urethral/mucosal external prefilled syringe	F	
lidocaine max st 24 hours	F	OTC; QL
lidocaine pain relief	F	OTC; QL
lidocaine pain relief max st external patch	F	OTC; QL
lidocaine pain relieving	F	OTC; QL
lidocaine-prilocaine external cream	F	QL
LIDOCARE ARM/NECK/LEG	F	OTC; QL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
LIDOCARE BACK/SHOULDER	F	OTC; QL
lidozo	F	OTC; QL
phenazopyridine hcl oral tablet 100 mg, 200 mg	F	
SALONPAS PAIN RELIEVING	F	OTC; QL
SILENOR	Carve-out	
Antivirals (Skin And Mucous Membrane)		
acyclovir external	P	102 day supply allowed
acyclovir oral capsule	P	102 day supply allowed
acyclovir oral suspension 200 mg/5ml	P	102 day supply allowed
acyclovir oral tablet	P	102 day supply allowed
DENAVIR	P	102 day supply allowed
docosanol external	F	OTC
ft docosanol	F	OTC
gnp docosanol	F	OTC
penciclovir	NP	PA; 102 day supply allowed
XERESE	NP	PA; 102 day supply allowed
ZOVIRAX EXTERNAL	NP	PA; 102 day supply allowed
Astringents (84:12)		
BEVESPI AEROSPHERE	P	102 day supply allowed; QL
glycopyrrolate oral solution	F	AL
glycopyrrolate oral tablet 1 mg, 2 mg	F	
miconazole-zinc oxide-petrolat	NP	PA; AL
VUSION	NP	PA; AL
Astringents, Anti-Infective		
chlorhexidine gluconate mouth/throat	F	
selenium sulfide external lotion	F	
silver sulfadiazine external	F	
SSD	F	
SSD (SILVER SULFADIAZINE)	F	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Azoles (Skin And Mucous Membrane)		
3 day vaginal	F	OTC
antifungal (clotrimazole)	P	OTC
antifungal clotrimazole	P	OTC
anti-fungal external cream 1 %	P	OTC
antifungal external cream 2 %	P	OTC
athletes foot (clotrimazole)	P	OTC
athletes foot external solution	F	OTC
baza antifungal	P	OTC
clotrimazole 3	F	OTC
clotrimazole af	P	OTC
clotrimazole anti-fungal	P	OTC
clotrimazole athletes foot	P	OTC
clotrimazole external cream	P	
clotrimazole external solution	P	
clotrimazole mouth/throat troche	P	
clotrimazole vaginal cream 1 %	F	
clotrimazole-7	F	OTC
clotrimazole-betamethasone external cream	P	
clotrimazole-betamethasone external lotion	NP	PA
cvs clotrimazole	P	OTC
cvs clotrimazole 3	F	OTC
cvs itch relief external cream 1 %	P	OTC
cvs miconazole 3 combo pack	F	OTC
cvs miconazole 3 combo-supp	F	OTC
cvs miconazole 7	F	OTC
cvs ringworm	P	OTC
econazole nitrate external	NP	PA
eq athletes foot external cream	P	OTC
eq jock itch	P	OTC

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs			Coverage Requirements and Limits
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
eql miconazole 7	F	OTC	
ERTACZO	NP	PA	
EXELDERM	NP	PA	
ft 7 day vaginal	F	OTC	
ft antifungal external cream 2 %	P	OTC	
ft athletes foot (clotrimaz)	P	OTC	
ft clotrimazole	F	OTC	
ft miconazole 3 combo pack	F	OTC	
gnp athletes foot external cream	P	OTC	
gnp clotrimazole 3	F	OTC	
gnp miconazole 3	F	OTC	
gnp miconazole 7	F	OTC	
goodsense athletes foot	P	OTC	
jock itch	P	OTC	
jock itch relief	P	OTC	
JUBLIA	NP	PA; AL	
ketoconazole external cream	P		
ketoconazole external foam	NP	PA	
ketoconazole external shampoo 2 %	P		
KETODAN	NP	PA	
LOTRIMIN AF EXTERNAL CREAM	NP	PA; OTC	
luliconazole	NP	PA	
LUZU	NP	PA	
miconazole 3 combo pack	F	OTC	
miconazole 3 combo pack app	F	OTC	
miconazole 3 combo-supp	F	OTC	
miconazole 7	F	OTC	
miconazole antifungal	P	OTC	
miconazole nitrate external cream	P		
miconazole nitrate external solution	P	OTC	

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Prescriptions	Drug Name	Tier Status	Coverage Requirements and Limits
	miconazole-zinc oxide-petrolat	NP	PA; AL
	MICOTRIN AC	NP	PA; OTC
	MONISTAT 3 COMBINATION PACK VAGINAL KIT 200 & 2 MG-% (9GM)	F	OTC
	MONISTAT 3 COMBO PACK APP	F	OTC
	MYCOZYL AC	NP	PA; OTC
	ORAVIG	NP	PA
	oxiconazole nitrate	NP	PA
	OXISTAT EXTERNAL LOTION	NP	PA
	px athletic foot	P	OTC
	qc clotrimazole external	P	OTC
	qc clotrimazole vaginal	F	OTC
	qc miconazole 7 vaginal cream	F	OTC
	ra athletes foot	P	OTC
	ra clotrimazole	P	OTC
	ra clotrimazole 7	F	OTC
	ra jock itch	P	OTC
	ra miconazole 3 combo pack	F	OTC
	ra miconazole 3 combo pack app	F	OTC
	ra miconazole 7	F	OTC
	sulconazole nitrate	NP	PA
	terconazole vaginal cream	F	
	tm-clotrimazole	P	OTC
	VUSION	NP	PA; AL
Basic Lotions And Liniments			
	ammonium lactate external	F	QL
Basic Ointments And Protectants			
	calcipotriene external cream	F	PA; AL
	calcipotriene external ointment	F	PA; AL
	calcipotriene external solution	F	PA; AL

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
CALCITRENE	F	
CORTIZONE-10 INTENSIVE HEALING	P	OTC
CORTIZONE-10 PLUS	P	OTC
CORTIZONE-10/ALOE EXTERNAL CREAM	P	OTC
CORTIZONE-10/ALOE EXTERNAL LIQUID	NP	PA; OTC
gnp hydrocortisone/aloe	P	OTC
hydrocortisone external cream 0.5 %	P	OTC
hydrocortisone external cream 1 %	P	
hydrocortisone/aloe max str	P	OTC
qc anti-itch aloe	P	OTC
SYNALAR (CREAM)	NP	PA
SYNALAR (OINTMENT)	NP	PA
TRIVIX	NP	PA
VTAMA	F	PA; QL; AL
Benzylamines (Skin And Mucous Membrane)		
butenafine hcl	NP	PA; OTC
cvs butenafine hcl	NP	PA; OTC
eq athletes foot ultra	NP	PA; OTC
ft athletes foot (butenafine)	NP	PA; OTC
Cell Stimulants And Proliferants		
finasteride oral tablet 5 mg	P	
minoxidil oral	F	
PROSCAR	NP	PA
tretinoin external cream 0.025 %, 0.05 %	F	QL; AL
tretinoin oral	F	Specialty Drug
Corticosteroids (Skin, Mucous Membrane)		
alclometasone dipropionate	NP	PA
ALKINDI SPRINKLE	F	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
amcinonide external cream	NP	PA	
anti-itch maximum strength external cream 1 %	P	OTC	
AQUAPHOR ITCH RELIEF MAX STR	P	OTC	
betamethasone dipropionate aug	NP	PA	
betamethasone dipropionate external	P		
betamethasone valerate external cream	P		
betamethasone valerate external foam	NP	PA	
betamethasone valerate external lotion	P		
betamethasone valerate external ointment	P		
BRYHALI	NP	PA	
CAPEX	NP	PA	
clobetasol propionate e	NP	PA	
clobetasol propionate emulsion	NP	PA	
clobetasol propionate external cream 0.025 %	NP	PA	
clobetasol propionate external cream 0.05 %	P		
clobetasol propionate external foam	NP	PA	
clobetasol propionate external gel	NP	PA	
clobetasol propionate external liquid	NP	PA	
clobetasol propionate external lotion	NP	PA	
clobetasol propionate external ointment	P		
clobetasol propionate external shampoo	NP	PA	
clobetasol propionate external solution	P		
CLOBEX EXTERNAL SHAMPOO	NP	PA	
CLOBEX SPRAY	NP	PA	
clocortolone pivalate	NP	PA	
CLODAN	NP	PA	
clotrimazole-betamethasone external cream	P		
clotrimazole-betamethasone external lotion	NP	PA	
CORTEF	F		
CORTIZONE-10 EXTERNAL OINTMENT	P	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
CORTIZONE-10 FEMININE ITCH	P	OTC	
CORTIZONE-10 INTENSIVE HEALING	P	OTC	
CORTIZONE-10 OVERNIGHT ITCH	P	OTC	
CORTIZONE-10 PLUS	P	OTC	
CORTIZONE-10/ALOE EXTERNAL CREAM	P	OTC	
CORTIZONE-10/ALOE EXTERNAL LIQUID	NP	PA; OTC	
cvs cortisone maximum strength external ointment	P	OTC	
DERMA-SMOOTH/FS BODY	NP	PA	
DERMA-SMOOTH/FS SCALP	NP	PA	
desonide external	NP	PA	
desoximetasone external	NP	PA	
DESRX	NP	PA	
diflorasone diacetate external	NP	PA	
DIPROLENE EXTERNAL OINTMENT	NP	PA	
eq hydrocortisone	P	OTC	
eq anti-itch intensive heal	P	OTC	
eq anti-itch maximum strength	P	OTC	
fluocinolone acetonide body	NP	PA	
fluocinolone acetonide external	NP	PA	
fluocinolone acetonide scalp	NP	PA	
fluocinonide emulsified base	NP	PA	
fluocinonide external	P		
flurandrenolide external lotion	NP	PA	
fluticasone propionate external cream	P		
fluticasone propionate external lotion	NP	PA	
fluticasone propionate external ointment	P		
ft itch relief max strength	P	OTC	
gnp hydrocortisone external cream 0.5 %	P	OTC	
gnp hydrocortisone max st	P	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
gnp hydrocortisone plus	P	OTC	
gnp hydrocortisone/aloe	P	OTC	
halcinonide external cream	NP	PA	
halobetasol propionate external cream	P		
halobetasol propionate external foam	NP	PA	
halobetasol propionate external ointment	P		
HALOG EXTERNAL CREAM	NP	PA	
HALOG EXTERNAL SOLUTION	NP	PA	
hydrocortisone (perianal) external cream 2.5 %	F		
hydrocortisone acetate external cream	P	OTC	
hydrocortisone acetate external ointment 1 %	P	OTC	
hydrocortisone anti-itch	P	OTC	
hydrocortisone butyr lipo base	NP	PA	
hydrocortisone butyrate external	NP	PA	
hydrocortisone external cream 0.5 %	P	OTC	
hydrocortisone external cream 1 %, 2.5 %	P		
hydrocortisone external lotion 2.5 %	P		
hydrocortisone external ointment 1 %, 2.5 %	P		
hydrocortisone external solution 2.5 %	NP	PA	
hydrocortisone max st	P	OTC	
hydrocortisone max st/12 moist	P	OTC	
hydrocortisone oral	F		
hydrocortisone valerate	NP	PA	
hydrocortisone/aloe max str	P	OTC	
hydrocortisone-acetic acid	F		
KENALOG EXTERNAL	NP	PA	
LOCOID EXTERNAL LOTION	NP	PA	
MEDPURA HYDROCORTISONE	P	OTC	
mometasone furoate external	P		
MONISTAT CARE INSTANT ITCH RLF	P	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
nystatin-triamcinolone	P		
PREPARATION H EXTERNAL CREAM 1 %	P	OTC	
PREPARATION H SOOTHING RELIEF EXTERNAL CREAM	P	OTC	
PROCTO-MED HC EXTERNAL	F		
PROCTOSOL HC EXTERNAL	F		
PROCTOZONE-HC EXTERNAL	F		
px hydrocream	P	OTC	
qc anti-itch aloe	P	OTC	
ra anti-itch maximum strength	P	OTC	
ra hydrocortisone plus 12	P	OTC	
sb hydrocortisone	P	OTC	
scalp relief maximum strength	NP	PA; OTC	
SERNIVO	NP	PA	
SOLU-CORTEF	F		
SYNALAR (CREAM)	NP	PA	
SYNALAR (OINTMENT)	NP	PA	
SYNALAR EXTERNAL CREAM	NP	PA	
SYNALAR EXTERNAL OINTMENT	NP	PA	
TEXACORT	NP	PA	
TOPICORT EXTERNAL CREAM	NP	PA	
TOPICORT EXTERNAL GEL	NP	PA	
TOPICORT EXTERNAL OINTMENT	NP	PA	
TOPICORT SPRAY	NP	PA	
TOVET	NP	PA	
triamcinolone acetonide external aerosol solution	NP	PA	
triamcinolone acetonide external cream	P		
triamcinolone acetonide external lotion	P		
triamcinolone acetonide external ointment	P		
triamcinolone acetonide mouth/throat	F	QL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
triamcinolone in absorbase	P		
TRIDERM EXTERNAL CREAM 0.5 %	P		
TRIDESILON	NP	PA	
TRITOCIN	P		
TRIVIX	NP	PA	
ULTRAVATE EXTERNAL LOTION	NP	PA	
VANOS	NP	PA	
XERESE	NP	PA; 102 day supply allowed	
Detergents			
CLODAN EXTERNAL KIT	NP	PA	
Emollients, Demulcents, And Protectants			
miconazole-zinc oxide-petrolat	NP	PA; AL	
VUSION	NP	PA; AL	
Hydroxypyridones (Skin, Mucous Membrane)			
CICLODAN EXTERNAL SOLUTION	NP	PA	
ciclopirox external gel	NP	PA	
ciclopirox external shampoo	NP	PA	
ciclopirox external solution	P		
ciclopirox olamine external cream	P		
ciclopirox olamine external suspension	NP	PA	
ciclopirox treatment	NP	PA	
LOPROX EXTERNAL KIT 0.77 % (SUSP)	NP	PA	
LOPROX EXTERNAL SUSPENSION	NP	PA	
Immunomodulatory Agents (84:06)			
ADBRY	P-PA	PA; QL	
ASTAGRAF XL	F	Specialty Drug	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	NP	PA; Specialty Drug; AL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	NP	PA; Specialty Drug; AL	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P-PA	PA; Specialty Drug; AL	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P-PA	PA; Specialty Drug	
EBGLYSS	NP	PA; QL; AL	
ELIDEL	P-PA	PA; QL; AL	
ENVARUSUS XR	F	Specialty Drug	
HYFTOR	F	PA; AL	
ILUMYA	NP	PA; Specialty Drug	
NEMLUVIO	NP	PA; QL	
pimecrolimus	P-PA	PA; QL; AL	
PROGRAF	F	Specialty Drug	
RAPAMUNE ORAL TABLET 1 MG, 2 MG	F	Specialty Drug	
SILIQ	NP	PA; Specialty Drug	
sirolimus oral	F	Specialty Drug	
SKYRIZI PEN	NP	PA; Specialty Drug	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug	
tacrolimus external ointment 0.03 %, 0.1 %	P	QL; AL	
tacrolimus oral	F	Specialty Drug	
TREMFYA ONE-PRESS	NP	PA; Specialty Drug	
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	NP	PA; Specialty Drug	
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	NP	PA; Specialty	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML	NP	PA; Specialty Drug	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	NP	PA; Specialty	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
Janus Kinase Inhibitors (84:06)			
CIBINQO	NP	PA; AL	
DALIRESP	NP	PA	
JAKAFI	F	Specialty Drug	
LITFULO	F	PA; Specialty Drug; QL; AL	
OPZELURA	NP	PA; QL; AL	
roflumilast	P-PA	PA	
SOTYKTU	NP	PA; Specialty Drug; QL; AL	
ZORYVE EXTERNAL CREAM	F	PA; AL	
ZORYVE EXTERNAL FOAM	F	PA; AL	
Keratolytic Agents			
acitretin	F	PA; QL	
adapalene external gel 0.1 %	F	QL	
adapalene external gel 0.3 %	F	QL; AL	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	F	QL; AL	
AMNESTEEM	F	PA; QL	
CABTREO	NP	PA	
CLARAVIS	F	PA; QL	
gnp adapalene	F	OTC; QL	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	F	PA; QL	
podofilox external solution	F		
sulfacetamide sodium-sulfur external liquid 10-5 %	F	QL	
tazarotene external cream	F	PA	
tazarotene external gel	F	PA	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 40 MG	F	PA; QL	
ZENATANE ORAL CAPSULE 30 MG	F	QL	
Local Anti-Infectives, Miscellaneous			

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ACANYA	NP	PA
acne medication 10 external gel	F	OTC; QL
acne treatment external gel	F	OTC; QL
acne-clear	F	OTC; QL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	F	QL; AL
benzoyl peroxide external gel 10 %	F	QL
benzoyl peroxide external gel 5 %	F	OTC
benzoyl peroxide external liquid 10 %	F	
benzoyl peroxide wash external liquid 10 %	F	
benzoyl peroxide wash external liquid 5 %	F	OTC
benzoyl peroxide-erythromycin	F	
CABTREO	NP	PA
chlorhexidine gluconate mouth/throat	F	
CLEAN & CLEAR PERSA-GEL MAX ST	F	OTC; QL
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	NP	PA
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	P	
cvs acne treatment external gel	F	OTC; QL
MEDPURA BENZOYL PEROXIDE EXTERNAL GEL 10 %	F	OTC; QL
MEDPURA BENZOYL PEROXIDE EXTERNAL GEL 5 %	F	OTC
MEDPURA BENZOYL PEROXIDE EXTERNAL LIQUID	F	OTC
NEUAC EXTERNAL GEL	NP	PA
ONEXTON	NP	PA
PANOXYL FOAMING WASH	F	OTC
selenium sulfide external lotion	F	
silver sulfadiazine external	F	
SSD	F	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
SSD (SILVER SULFADIAZINE)	F	
Nonsteroidal Anti-Inflammat.Agents(Skin)		
arthritis pain reliever external	P	OTC
cvs diclofenac sodium	P	OTC
diclofenac sodium external gel 1 %	P	
diclofenac sodium external gel 3 %	F	
diclofenac sodium external solution 1.5 %	P	
diclofenac sodium external solution 2 %	NP	PA
eq arthritis pain external	P	OTC
ft arthritis pain	P	OTC
gnp arthritis pain external	P	OTC
goodsense arthritis pain external	P	OTC
kls diclofenac sodium	P	OTC
PENNSAID EXTERNAL	NP	PA
qc diclofenac sodium	P	OTC
Oxaboroles		
tavaborole	NP	PA
Phosphodiesterase-4 Inhibitors (84:06)		
DALIRESP	NP	PA
EUCRISA	P-PA	PA; QL; AL
roflumilast	P-PA	PA
ZORYVE EXTERNAL CREAM	F	PA; AL
Polyenes (Skin And Mucous Membrane)		
KLAYESTA	P	
NYAMYC	P	
nystatin external	P	
nystatin mouth/throat	P	
nystatin-triamcinolone	P	
NYSTOP	P	

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lowercase = Generic drugs UPPERCASE = Brand name drugs			
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
Scabicides And Pediculicides			
cvs lice killing	F	OTC; QL	
cvs lice treatment	F	OTC; QL	
eql lice killing max st	F	OTC; QL	
ft lice killing max st	F	OTC	
gnp lice killing	F	OTC	
gnp lice treatment external liquid	F	OTC; QL	
goodsense lice killing	F	OTC; QL	
ivermectin external lotion	F	AL	
lice killing external shampoo 0.33-4 %	F	OTC; QL	
lice killing shampoo max str	F	OTC	
lice treatment external liquid 1 %	F	OTC; QL	
malathion external	F	QL; AL	
NIX CREME RINSE	F	OTC; QL	
permethrin external cream	F	QL	
ra lice maximum strength external shampoo	F	OTC; QL	
RID LICE KILLING SHAMPOO	F	OTC; QL	
sb lice killing max st	F	OTC; QL	
sm lice treatment external liquid	F	OTC; QL	
spinosad	F	QL; AL	
Skin And Mucous Membrane Agents, Misc.			
acitretin	F	PA; QL	
adapalene external gel 0.1 %	F	QL	
adapalene external gel 0.3 %	F	QL; AL	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	F	QL; AL	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	P-PA	PA; QL	
AMNESTEEM	F	PA; QL	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
arthritis pain reliever external	P	OTC	
bexarotene external	F	Specialty Drug	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	NP	PA; Specialty Drug; AL	
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	NP	PA; Specialty Drug; AL	
CABTREO	NP	PA	
calcipotriene external cream	F	PA; AL	
calcipotriene external ointment	F	PA; AL	
calcipotriene external solution	F	PA; AL	
CALCITRENE	F		
calcitriol external	F	PA; AL	
CARAC	F	Specialty Drug	
CIBINQO	NP	PA; AL	
CLARAVIS	F	PA; QL	
COSENTYX (300 MG DOSE)	P	Specialty Drug	
COSENTYX SENSOREADY (300 MG)	P	Specialty Drug	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	P	Specialty Drug	
COSENTYX SUBCUTANEOUS	P	Specialty Drug	
COSENTYX UNOREADY	P	Specialty Drug	
cvs diclofenac sodium	P	OTC	
dapsone oral	F		
diclofenac sodium external gel 1 %	P		
diclofenac sodium external solution 1.5 %	P		
diclofenac sodium external solution 2 %	NP	PA	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P-PA	PA; Specialty Drug; AL	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	P-PA	PA; Specialty Drug	
EFUDEX EXTERNAL CREAM	F	Specialty Drug	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
ELIDEL	P-PA	PA; QL; AL	
eq arthritis pain external	P	OTC	
fluorouracil external	F	Specialty Drug	
ft arthritis pain	P	OTC	
gnp adapalene	F	OTC; QL	
gnp arthritis pain external	P	OTC	
goodsense arthritis pain external	P	OTC	
HYFTOR	F	PA; AL	
ILUMYA	NP	PA; Specialty Drug	
imiquimod external cream 5 %	F		
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	F	PA; QL	
KETODAN EXTERNAL KIT	NP	PA	
kls diclofenac sodium	P	OTC	
l-glutamine oral packet	F	PA; QL; AL	
LITFULO	F	PA; Specialty Drug; QL; AL	
LOPROX EXTERNAL KIT 0.77 % (SUSP)	NP	PA	
OPZELURA	NP	PA; QL; AL	
OTEZLA ORAL TABLET	NP	PA; Specialty Drug	
OTEZLA ORAL TABLET THERAPY PACK	NP	PA; Specialty Drug	
PENNSAID EXTERNAL	NP	PA	
pimecrolimus	P-PA	PA; QL; AL	
podofilox external solution	F		
qc diclofenac sodium	P	OTC	
SILIQ	NP	PA; Specialty Drug	
SKYRIZI PEN	NP	PA; Specialty Drug	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug	
SOTYKTU	NP	PA; Specialty Drug; QL; AL	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	NP	PA; Specialty Drug	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NP	PA; Specialty Drug	
tacrolimus external ointment 0.03 %, 0.1 %	P	QL; AL	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NP	PA; Specialty Drug	
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	NP	PA; Specialty Drug	
TARGRETIN EXTERNAL	F	Specialty Drug	
tazarotene external cream	F	PA	
tazarotene external gel	F	PA	
TREMFYA ONE-PRESS	NP	PA; Specialty Drug	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	NP	PA; Specialty Drug	
VALCHLOR	F	Specialty Drug	
VTAMA	F	PA; QL; AL	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 40 MG	F	PA; QL	
ZENATANE ORAL CAPSULE 30 MG	F	QL	
ZORYVE EXTERNAL CREAM 0.3 %	F	PA; AL	
ZORYVE EXTERNAL FOAM	F	PA; AL	
ZYMFENTRA (2 PEN)	NP	PA; Specialty Drug; AL	
ZYMFENTRA (2 SYRINGE)	NP	PA; Specialty Drug; AL	
Thiocarbamates(Skin And Mucous Membrane)			
antifungal (tolnaftate)	P	OTC	
ft antifungal external cream 1 %	P	OTC	
gnp tolinaftate	P	OTC	
qc tolinaftate	P	OTC	
tolnaftate external cream	P	OTC	
tolnaftate external powder	P	OTC	
Smooth Muscle Relaxants			

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
Antimuscarinics			
COBENFY	Carve-out		
COBENFY STARTER PACK	Carve-out		
darifenacin hydrobromide er	NP	PA	
DETROL	NP	PA	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG	NP	PA	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	NP	PA	
fesoterodine fumarate er	P		
flavoxate hcl	NP	PA	
oxybutynin chloride er	P		
oxybutynin chloride oral solution	P		
oxybutynin chloride oral tablet	P		
OXYTROL	NP	PA	
OXYTROL FOR WOMEN	F	OTC	
solifenacin succinate	P		
tolterodine tartrate	NP	PA	
tolterodine tartrate er	NP	PA	
TOVIAZ	NP	PA	
tropium chloride	NP	PA	
tropium chloride er	NP	PA	
VESICARE	NP	PA	
VESICARE LS	NP	PA	
Respiratory Smooth Muscle Relaxants			
LIQREV	NP	PA; Specialty Drug; 102 day supply allowed	
REVATIO ORAL	NP	PA; Specialty Drug; 102 day supply allowed	
sildenafil citrate oral suspension reconstituted	P-PA	PA; Specialty Drug; 102 day supply allowed	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
sildenafil citrate oral tablet 20 mg	P-PA	PA; Specialty Drug; 102 day supply allowed	
theophylline er	F		
theophylline oral	F		
Selective Beta-3-Adrenergic Agonists			
GEMTESA	NP	PA	
mirabegron er	NP	PA	
MYRBETRIQ	NP	PA	
Vitamins			
Multivitamin Preparations			
a thru z select 50+ advanced	F	OTC	
a thru z select 50+ mens	F	OTC	
activite	F		
b complex (folic acid)	F	OTC	
b complex formula 1 (lipotrop)	F	OTC	
b complex vitamins (w/ fa)	F	OTC	
b-100 b-complex	F	OTC	
BACMIN	F		
balance b-50	F	OTC	
balanced b-50 complex	F	OTC	
b-complex (folic acid)	F	OTC	
benfotiamine multi-b	F	OTC	
b-stress	F	OTC	
CENTRUM ADULTS ORAL TABLET	F	OTC	
CENTRUM SILVER 50+MEN	F	OTC	
CENTRUM SILVER ADULT 50+	F	OTC	
CENTRUM SILVER MEN 50+	F	OTC	
CENTRUM ULTRA WOMENS	F	OTC	
CENTRUM WOMEN	F	OTC	
CEROVITE SENIOR	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
CERTAVITE SENIOR	F	OTC	
CERTAVITE SENIOR/ANTIOXIDANT	F	OTC	
CERTAVITE/ANTIOXIDANTS ORAL TABLET	F	OTC	
classic prenatal	F	OTC; QL; AL	
completenate	F	QL; AL	
complex b-100-inositol	F	OTC	
cvs one daily essential	F	OTC	
cvs spectravite adult 50+ oral tablet	F	OTC	
cvs spectravite adults	F	OTC	
cvs spectravite advanced oral tablet	F	OTC	
cvs spectravite men 50+	F	OTC	
cvs spectravite ultra men 50+	F	OTC	
cvs spectravite ultra mens	F	OTC	
cvs spectravite ultra women	F	OTC	
cvs spectravite women 50+	F	OTC	
cvs spectravite women oral tablet	F	OTC	
cvs spectravite womens senior	F	OTC	
daily value multivitamin	F	OTC	
daily vites	F	OTC	
daily-vite	F	OTC	
daily-vite multivitamin	F	OTC	
dekas essential	F	OTC	
DEKAS PLUS	F	OTC	
DIALYVITE	F		
DIALYVITE 3000	F		
DIALYVITE 5000	F		
DIALYVITE 800 ORAL TABLET	F	OTC	
DIALYVITE 800 PLUS D	F	OTC	
dialyvite 800/ultra d	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
DIALYVITE 800/ZINC	F	OTC	
DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG	F	OTC	
DIALYVITE SUPREME D ORAL TABLET	F		
DIALYVITE/ZINC	F		
eq complete multivit adult 50+	F	OTC	
eq complete multivitamin-adult	F	OTC	
eq1 b complex 50 oral tablet	F	OTC	
ESSENTIA	F	OTC	
full spectrum b/vitamin c	F	OTC	
gnp essential one daily	F	OTC	
gnp mega multi for men	F	OTC	
gnp mega multi for women	F	OTC	
gnp one daily mens health 50+	F	OTC	
gnp one daily mens/lycopene	F	OTC	
gnp therapeutic-m	F	OTC	
high pot multivitamin/beta-car	F	OTC	
high potency multivit/fa	F	OTC	
high potency multivitamin	F	OTC	
ICAPS MV	F	OTC	
kobee	F	OTC	
kp adults 50+ daily formula	F	OTC	
MEGA MULTI MEN ORAL TABLET	F	OTC	
MG PLUS PROTEIN	F	OTC	
m-natal plus	F	QL; AL	
multi complete/iron	F	OTC	
multiple vitamins oral tablet	F	OTC	
multi-vit/iron/fluoride	F	OTC; QL; AL	
multivitamin adults 50+	F	OTC	
multivitamin men 50+	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
multivitamin oral tablet	F	OTC	
multivitamin women	F	OTC	
multivitamin women 50+	F	OTC	
multi-vitamin/fluoride oral solution	F	QL; AL	
multivitamin/fluoride oral solution 0.5 mg/ml	F	OTC; QL; AL	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	F	QL; AL	
multi-vitamin/fluoride/iron	F	QL; AL	
multi-vitamins	F	OTC	
MVW COMPLETE FORMULATION	F	OTC	
MVW COMPLETE FORMULATION D3000	F	OTC	
MVW COMPLETE FORMULATION D5000 ORAL CAPSULE	F	OTC	
MVW COMPLETE FORMULATION MINIS	F	OTC	
MYNEPHRON	F		
NANOVN 1-3 YEARS ORAL POWDER	F	OTC	
NANOVN 4-8 YEARS ORAL POWDER	F	OTC	
NANOVN 9-18 YEARS	F	OTC	
NANOVN T/F ORAL POWDER	F	OTC	
NEPHPLEX RX	F		
nephro vitamins	F	OTC	
NEPHRO-VITE	F	OTC	
NESTABS	F	QL; AL	
NIVA-PLUS	F	QL; AL	
once daily	F	OTC	
ONCOVITE	F	OTC	
one daily for men 50+ advanced	F	OTC	
one daily for men/lycopene	F	OTC	
one daily mens health	F	OTC	
one daily multivitamin/iron	F	OTC	
ONE-A-DAY ESSENTIAL	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ONE-A-DAY TEEN ADVANTAGE/HER	F	OTC
ONE-A-DAY TEEN ADVANTAGE/HIM	F	OTC
one-daily multi vitamins	F	OTC
one-daily multi-vitamin oral tablet	F	OTC
PRENATABS RX	F	OTC; QL; AL
prenatal 19 oral tablet	F	OTC; QL; AL
prenatal oral tablet 27-1 mg	F	QL; AL
prenatal plus	F	QL; AL
prenatal vitamin and mineral	F	OTC; QL; AL
prenatal vitamins oral tablet 28-0.8 mg	F	OTC; QL; AL
PRORENAL + D	F	OTC
PRORENAL + D W/ OMEGA-3	F	OTC
qc mens daily multivitamin	F	OTC
qc prenatal	F	OTC; QL; AL
quintabs	F	OTC
ra balanced b-100	F	OTC
ra balanced b-50	F	OTC
RA CENTRAL-VITE	F	OTC
ra central-vite womens mature	F	OTC
RENAL ORAL CAPSULE	F	
renal vitamin	F	OTC
rena-vite	F	OTC
se-natal 19 oral tablet	F	QL; AL
senior tabs	F	OTC
sentry	F	OTC
SPECTRAVITE	F	OTC
stress formula	F	OTC
SUPER QUINTS B-50	F	OTC
super thera vite m	F	OTC
TAB-A-VITE	F	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TAB-A-VITE/BETA CAROTENE	F	OTC
tab-a-vite/iron	F	OTC
TAB-A-VITE/IRON/BETA CAROTENE	F	OTC
THERA	F	OTC
THERA M PLUS	F	OTC
thera-tabs	F	OTC
THEREMS	F	OTC
thrivite rx	F	QL; AL
tm-vite rx	F	
TRICARE	F	QL; AL
trinatal rx 1	F	QL; AL
triphrocaps	F	
TRI-VI-SOL A/C/D	F	OTC
tri-vitamin/fluoride oral solution 0.25 mg/ml	F	QL; AL
tri-vite/fluoride	F	QL; AL
tronvite	F	
v-c forte	F	
VIC-FORTE	F	
virt-caps	F	
VITAL-D RX	F	
vitamin a/c/d/ infant/toddler	F	OTC
vitamin a-c-d infant	F	OTC
vitamins acid-fluoride	F	OTC; QL; AL
vitasure	F	
wescaps	F	
westab plus	F	QL; AL
YELETS TEENAGE FORMULA	F	OTC
Vitamin A		
beta carotene oral capsule 25000 unit	F	OTC
beta carotene provitamin a	F	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
TRI-VI-SOL A/C/D	F	OTC
tri-vitamin/fluoride oral solution 0.25 mg/ml	F	QL; AL
tri-vite/fluoride	F	QL; AL
vitamin a/c/d/ infant/toddler	F	OTC
vitamin a-beta carotene oral capsule	F	OTC
vitamin a-c-d infant	F	OTC
vitamins acd-fluoride	F	OTC; QL; AL
yl beta carotene	F	OTC
Vitamin B Complex		
activite	F	
b complex (folic acid)	F	OTC
b complex oral capsule	F	OTC
b complex vitamins (w/ fa)	F	OTC
b-100 b-complex	F	OTC
balance b-50	F	OTC
b-complex (folic acid)	F	OTC
b-complex injection solution	F	
b-complex/b-12 oral	F	OTC
BEELITH	F	OTC
benfotiamine multi-b	F	OTC
biotin oral tablet 5 mg, 5000 mcg	F	OTC
classic prenatal	F	OTC; QL; AL
completenate	F	QL; AL
cvs folic acid oral tablet 800 mcg	F	OTC
cyanocobalamin injection solution 1000 mcg/ml	F	
DIALYVITE	F	
DIALYVITE 3000	F	
DIALYVITE 5000	F	
DIALYVITE 800 ORAL TABLET	F	OTC
DIALYVITE 800 PLUS D	F	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
DIALYVITE 800/ZINC	F	OTC	
DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG	F	OTC	
DIALYVITE SUPREME D ORAL TABLET	F		
DIALYVITE/ZINC	F		
DODEX	F		
ENDUR-AMIDE ORAL TABLET EXTENDED RELEASE 500 MG	F	OTC	
eql b complex 50 oral tablet	F	OTC	
fabb	F		
folate	F	OTC; QL	
folbee	F	OTC	
FOLBIC	F	OTC	
folic acid oral tablet 1 mg	F		
folic acid oral tablet 400 mcg	F	OTC; QL	
folic acid oral tablet 800 mcg	F	OTC	
FOLTABS 800	F	OTC	
full spectrum b/vitamin c	F	OTC	
gnp folic acid	F	OTC; QL	
hm folic acid	F	OTC; QL	
iron 100 plus	F	OTC; AL	
kobee	F	OTC	
kp folic acid	F	OTC	
kp niacin	P	102 day supply allowed; OTC	
leucovorin calcium oral	F		
m-natal plus	F	QL; AL	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	F	QL; AL	
MYNEPHRON	F		
NEPHPLEX RX	F		
nephro vitamins	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
NEPHRON FA	F		
NEPHRO-VITE	F	OTC	
NESTABS	F	QL; AL	
niacin er (antihyperlipidemic)	NP	PA; 102 day supply allowed	
niacin er oral tablet extended release 1000 mg	F	OTC	
niacin oral tablet 100 mg, 500 mg	P	102 day supply allowed; OTC	
niacin oral tablet 250 mg, 50 mg	F	OTC	
niacinamide er	F	OTC	
niacinamide oral tablet 500 mg	F	OTC	
NIVA-FOL	F	OTC	
NIVA-PLUS	F	QL; AL	
PRENATABS RX	F	OTC; QL; AL	
prenatal 19 oral tablet	F	OTC; QL; AL	
prenatal oral tablet 27-1 mg	F	QL; AL	
prenatal plus	F	QL; AL	
prenatal vitamin and mineral	F	OTC; QL; AL	
prenatal vitamins oral tablet 28-0.8 mg	F	OTC; QL; AL	
px folic acid	F	OTC; QL	
qc prenatal	F	OTC; QL; AL	
ra balanced b-100	F	OTC	
ra balanced b-50	F	OTC	
ra b-complex	F	OTC	
ra b-complex with b-12	F	OTC	
ra folic acid oral tablet 400 mcg	F	OTC; QL	
ra folic acid oral tablet 800 mcg	F	OTC	
ra niacin oral tablet 100 mg	P	102 day supply allowed; OTC	
ra no flush niacin	F	102 day supply allowed; OTC	
RENAL ORAL CAPSULE	F		
renal vitamin	F	OTC	
rena-vite	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
se-natal 19 oral tablet	F	QL; AL
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 250 MG	F	OTC
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG	P	OTC
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 750 MG	P	102 day supply allowed; OTC
super biotin oral tablet	F	OTC
SUPER QUINTS B-50	F	OTC
thrivite rx	F	QL; AL
tm-vite rx	F	
TRICARE	F	QL; AL
trinatal rx 1	F	QL; AL
triphrocaps	F	
tronvite	F	
true vitamin b2	F	OTC
virt-caps	F	
VIRT-GARD	F	
VITAL-D RX	F	
vitamin b complex 100 injection solution	F	
vitamin b complex oral tablet	F	OTC
vitamin b complex w/b-12	F	OTC
vitamin b-2	F	OTC
vitamin b-complex 100 injection solution	F	
vitasure	F	
wescaps	F	
westab max	F	OTC
westab one	F	OTC
westab plus	F	QL; AL
yl folic acid	F	OTC; QL
Vitamin C		

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
activite	F		
cvs vitamin c oral tablet 500 mg	F	OTC	
DIALYVITE	F		
DIALYVITE 3000	F		
DIALYVITE 5000	F		
DIALYVITE 800 ORAL TABLET	F	OTC	
DIALYVITE 800 PLUS D	F	OTC	
DIALYVITE 800/ZINC	F	OTC	
DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG	F	OTC	
DIALYVITE/ZINC	F		
full spectrum b/vitamin c	F	OTC	
glucosamine chondr 1500 complx	Carve-out	OTC	
iron 100 plus	F	OTC; AL	
meijer c	F	OTC	
MVW COMPLETE FORMULATION D3000 ORAL TABLET CHEWABLE	F	OTC	
MVW COMPLETE FORMULATION ORAL SOLUTION	F	OTC	
MVW COMPLETE FORMULATION ORAL TABLET CHEWABLE	F	OTC	
MYNEPHRON	F		
NEPHPLEX RX	F		
nephro vitamins	F	OTC	
NEPHRON FA	F		
NEPHRO-VITE	F	OTC	
ra vitamin c oral tablet 500 mg	F	OTC	
ra vitamin c/rose hips oral tablet 500 mg	F	OTC	
RENAL ORAL CAPSULE	F		
renal vitamin	F	OTC	
rena-vite	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
tm-vite rx	F	
triphrocaps	F	
TRI-VI-SOL A/C/D	F	OTC
tri-vitamin/fluoride oral solution 0.25 mg/ml	F	QL; AL
tri-vite/fluoride	F	QL; AL
tronvite	F	
virt-caps	F	
VITAL-D RX	F	
vitamin a/c/d/ infant/toddler	F	OTC
vitamin a-c-d infant	F	OTC
vitamin c oral tablet 500 mg	F	OTC
vitamins acd-fluoride	F	OTC; QL; AL
vitasure	F	
wescaps	F	
Vitamin D		
600+d3	F	OTC
aqueous vitamin d oral liquid 10 mcg/ml	F	OTC
BPROTECTED PEDIA D-VITE ORAL LIQUID 10 MCG/ML	F	OTC
CALCIDOL ORAL SOLUTION 200 MCG/ML	F	OTC
calcitriol oral capsule	F	QL
calcitriol oral solution	F	AL
calcium + d3 oral tablet 250-3 mg-mcg	F	OTC
calcium + vitamin d3 oral tablet 600-10 mg-mcg, 600-5 mg-mcg	F	OTC
calcium 500 + d oral tablet 500-5 mg-mcg	F	OTC
calcium 500 + d3 oral tablet 500-15 mg-mcg	F	OTC
calcium 500+d high potency oral tablet 500-10 mg-mcg	F	OTC
calcium 500+d oral tablet 500-10 mg-mcg, 500-5 mg-mcg	F	OTC

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
calcium 500+d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg	F	OTC	
calcium 600 + d oral tablet 600-5 mg-mcg	F	OTC	
calcium 600 +d high potency oral tablet 600-10 mg-mcg	F	OTC	
calcium 600/vitamin d oral tablet 600-10 mg-mcg	F	OTC	
calcium 600/vitamin d3 oral tablet 600-20 mg-mcg	F	OTC	
calcium 600+d high potency oral tablet 600-10 mg-mcg	F	OTC	
calcium 600+d oral tablet 600-10 mg-mcg, 600-5 mg-mcg	F	OTC	
calcium 600+d3 oral tablet 600-10 mg-mcg, 600-20 mg-mcg, 600-5 mg-mcg	F	OTC	
calcium carb-cholecalciferol oral tablet 500-10 mg-mcg, 500-5 mg-mcg, 600-10 mg-mcg, 600-20 mg-mcg	F	OTC	
calcium carbonate-vitamin d oral tablet 600-5 mg-mcg	F	OTC	
calcium citrate+d3	F	OTC	
calcium citrate-vitamin d3 oral tablet 315-6.25 mg-mcg	F	OTC	
calcium high potency/vitamin d oral tablet 600-5 mg-mcg	F	OTC	
calcium plus vitamin d oral tablet	F	OTC	
calcium plus vitamin d3 oral tablet 600-20 mg-mcg	F	OTC	
calcium+d3 oral tablet 500-10 mg-mcg, 500-15 mg-mcg, 600-20 mg-mcg	F	OTC	
CALTRATE 600+D3 ORAL TABLET 600-20 MG-MCG	F	OTC	
cholecalciferol oral tablet	F	OTC	
CITRACAL MAXIMUM	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
cvs calcium + d3 oral tablet	F	OTC	
cvs calcium 600 & vitamin d3 oral tablet 600-20 mg-mcg	F	OTC	
cvs calcium 600+d oral tablet 600-20 mg-mcg	F	OTC	
cvs d3 oral capsule 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)	F	OTC	
d 1000 oral capsule	F	OTC	
d 5000 oral capsule	F	OTC	
d-1000 extra strength	F	OTC	
d2000 ultra strength	F	OTC	
d3 2000	F	OTC	
d3 5000	F	OTC	
d3 high potency oral capsule 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)	F	OTC	
d3 maximum strength oral capsule	F	OTC	
d3 oral tablet	F	OTC	
d3-1000	F	OTC	
D3-50	F	OTC	
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	F	OTC	
DIALYVITE 800 PLUS D	F	OTC	
DIALYVITE VITAMIN D 5000	F	OTC	
DIALYVITE VITAMIN D3 MAX	F	OTC	
D-VI-SOL ORAL LIQUID 10 MCG/ML	F	OTC	
d-vite pediatric	F	OTC	
eq calcium 500+d oral tablet 500-5 mg-mcg	F	OTC	
eq calcium 600+d oral tablet 600-20 mg-mcg	F	OTC	
eq calcium citrate+d	F	OTC	
eq1 calcium/vitamin d oral tablet 600-10 mg-mcg	F	OTC	
eq1 calcium/vitamin d3 oral tablet 600-20 mg-mcg	F	OTC	
eq1 vitamin d3 oral capsule	F	OTC	

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs			Coverage Requirements and Limits
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
FOSAMAX PLUS D	NP	PA; QL	
gnp calcium 500 +d3 oral tablet 500-15 mg-mcg	F	OTC	
gnp calcium 600 +d3 oral tablet 600-20 mg-mcg	F	OTC	
gnp d 1000	F	OTC	
gnp vitamin d maximum strength	F	OTC	
gnp vitamin d oral tablet 25 mcg (1000 ut)	F	OTC	
gnp vitamin d super strength	F	OTC	
gnp vitamin d3 extra strength	F	OTC	
kp calcium 600+d oral tablet 600-20 mg-mcg	F	OTC	
kp vitamin d3	F	OTC	
natural vitamin d-3	F	OTC	
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG	F	OTC	
OS-CAL EXTRA D3 ORAL TABLET 500-15 MG-MCG	F	OTC	
OYSCO 500+D ORAL TABLET	F	OTC	
oyster shell calcium + d oral tablet 500-10 mg-mcg, 500-5 mg-mcg	F	OTC	
oyster shell calcium + d3 oral tablet 500-10 mg-mcg	F	OTC	
oyster shell calcium plus d oral tablet 500-5 mg-mcg	F	OTC	
oyster shell calcium w/d oral tablet 500-5 mg-mcg	F	OTC	
oyster shell calcium/d oral tablet 500-10 mg-mcg, 500-5 mg-mcg	F	OTC	
oyster shell calcium/d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg	F	OTC	
oyster shell calcium/vit d3 oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg	F	OTC	
oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg	F	OTC	

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA lowercase = Generic drugs UPPERCASE = Brand name drugs			Coverage Requirements and Limits
Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits	
pharmacist choice d-vitamin	F	OTC	
PRONUTRIENTS CALCIUM+D3 ORAL TABLET 600-20 MG-MCG	F	OTC	
PRONUTRIENTS VITAMIN D3	F	OTC	
ra calcium 600/vitamin d-3 oral tablet 600-10 mg-mcg	F	OTC	
ra calcium cit plus vit d-3	F	OTC	
ra vitamin d-3	F	OTC	
RADIANCE PLATINUM VITAMIN D3	F	OTC	
sm vitamin d3 oral tablet 25 mcg (1000 ut)	F	OTC	
THERA-D 2000	F	OTC	
THERA-D RAPID REPLETION	F	OTC	
TRI-VI-SOL A/C/D	F	OTC	
tri-vitamin/fluoride oral solution 0.25 mg/ml	F	QL; AL	
tri-vite/fluoride	F	QL; AL	
true vitamin d3 oral capsule 50 mcg (2000 ut)	F	OTC	
VITAL-D RX	F		
vitamin a/c/d/ infant/toddler	F	OTC	
vitamin a-c-d infant	F	OTC	
vitamin d (cholecalciferol) oral capsule	F	OTC	
vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut)	F	OTC	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	F		
vitamin d high potency	F	OTC	
vitamin d infant oral liquid 10 mcg/ml	F	OTC	
vitamin d oral capsule 50 mcg (2000 ut)	F	OTC	
vitamin d oral liquid 10 mcg/ml	F	OTC	
vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)	F	OTC	
VITAMIN D-1000 MAX ST	F	OTC	

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Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
vitamin d3 maximum strength	F	OTC
vitamin d-3 oral capsule	F	OTC
vitamin d3 oral capsule 1.25 mg (50000 ut), 10 mcg (400 unit), 125 mcg (5000 ut), 50 mcg (2000 ut)	F	OTC
vitamin d3 oral liquid 10 mcg/ml	F	OTC
vitamin d3 oral tablet 10 mcg (400 unit), 25 mcg, 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)	F	OTC
vitamin d3 super strength	F	OTC
vitamin d3 ultra strength	F	OTC
vitamins acd-fluoride	F	OTC; QL; AL
WEEKLY-D	F	OTC
well vitamin d3 oral capsule 50 mcg (2000 ut)	F	OTC
Vitamin E		
aqueous vitamin e oral solution 15 mg/0.67ml	F	OTC
cvs vitamin e oral capsule 450 mg (1000 ut)	F	OTC
DIALYVITE 3000	F	
DIALYVITE 5000	F	
e 1000 oral capsule 450 mg (1000 ut)	F	OTC
ra vitamin e oral capsule 268 mg (400 unit)	F	OTC
sm vitamin e oral capsule 450 mg (1000 ut)	F	OTC
true vitamin e	F	OTC
vitamin e blend oral capsule 400 unit	F	OTC
vitamin e oral capsule 180 mg (400 unit), 268 mg (400 unit), 450 mg (1000 ut)	F	OTC
vitamin e oral solution 15 mg/0.67ml	F	OTC
vitamin e oral tablet 100 unit, 67 mg (100 unit)	F	OTC
vitamin e water soluble oral capsule 450 mg (1000 ut)	F	OTC
vitamin e/d-alpha natural oral capsule 268 mg (400 unit)	F	OTC

Tier Status Carve-out = Carve-out F = Supplemental Formulary NP = PDL Non-Preferred, requires PA P = PDL Preferred P-PA = PDL Preferred, requires PA			Coverage Requirements and Limits		
lowercase = Generic drugs UPPERCASE = Brand name drugs					
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North Charleston, SC 29423
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200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

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