



2025 California Large Group 4-Tier Essential HMO and PPO Prescription Drug List

Please note: This Prescription Drug List (PDL) is accurate as of Sept. 1, 2025 and is subject to change after this date. All previous versions of this PDL are no longer in effect. Your estimated coverage and copay/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

This PDL can also be accessed online at uhc.com/CA-LargeGroup-4TESS-DMHC-Current. An example of a plan coverage document may be accessed online at uhc.com/content/dam/uhcdotcom/en/statepdl/lg/CUI6.pdf.

If you are a UnitedHealthcare member, please register or log on to myuhc.com, or call the toll-free number on your member ID card to find coverage documents and pharmacy information specific to your benefit plan.

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

- Doctors Plan
- Select
- Select Plus
- Choice
- Choice Plus
- Core
- Core Essential
- Navigate
- Navigate Plus
- Options PPO
- Non-Differential PPO
- SignatureValue
- SignatureValue Advantage
- SignatureValue Alliance
- SignatureValue Focus
- SignatureValue Harmony

Please refer to your member ID card for plan type (HMO or PPO).

Updated 5/1/2025

Contents

Understand your medication options 3

How do I use my PDL? 5

What are tiers? 6

When does the PDL change?.....6

Utilization Management programs.....7

Your right to request access to a non-formulary drug.....8

Requesting a prior authorization or step therapy exception 9

How do I locate and fill a prescription through a retail
network pharmacy?.....9

Prescription delivery options.....9

How do I locate and fill a prescription through the mail
order pharmacy?.....10

How do I locate and fill a prescription at a specialty pharmacy? 10

How do I get updated information about my pharmacy benefit? 11

Nondiscrimination notice and access to communication services ..12

Prescription drug list.....16

Understand your medication options

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

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

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

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

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

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

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

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

Formulary or Prescription Drug List (PDL) means a list that categorizes into tiers medications or products that have been approved by the U.S. Food and Drug Administration (FDA). This list is subject to our periodic review and modification.

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

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

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

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

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

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

Prescription Drug Product means a medication or product that has been approved by the U.S. Food and Drug Administration (FDA) and that can, under federal or state law, be dispensed only according to a Prescription Order or Refill.

We will provide coverage under the pharmacy benefit for all medically necessary Prescription Drug Product which includes a medication that, due to its characteristics, is appropriate for self-administration or administration by a non-skilled caregiver. This definition includes: Inhalers (with spacers); Insulin; the following diabetic supplies: standard insulin syringes with needles; blood-testing strips - glucose; urine-testing strips - glucose; ketone-testing strips and tablets; lancets and lancet devices; and glucose meters (including continuous glucose monitors); disposable devices which are medically necessary for the administration of a covered outpatient Prescription Drug Product.

Benefits will be provided for point-of-sale over-the-counter contraceptives without cost sharing or medical management restrictions when obtained from a network pharmacy. A prescription will not be required to trigger coverage of these products. Benefits will also be provided without cost-sharing for over-the-counter aids and/or drugs used for smoking cessation, or medications that have an A or B recommendation from the U.S. Preventive Services Task Force (USPSTF) when prescribed by a network provider when medically necessary, as applicable.

Medications which, due to their traits, are administered or directly supervised by a qualified provider or licensed/certified health professional will be covered under the medical benefit when medically necessary.

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

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

How do I use my PDL?

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

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

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

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

Example:

Prescription drug name	Drug tier	Coverage requirements & limits
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG <i>(irbesartan)</i>	4	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	

If your medication is not listed in this document, please visit myuhc.com or call the toll-free member phone number on your member ID card.

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

Drug Tier 1	Your lowest cost medications	M	May be covered under the medical benefit with prior authorization for HMO plans
Drug Tier 2	Your mid-range cost medications	SMCS	Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit)
Drug Tier 3	Your mid-range cost medications	E	Excluded from coverage unless covered as part of health care reform preventive
Drug Tier 4	Your highest cost medications	SM	\$0 cost-share by state mandate when condition appropriate
PA	Prior authorization required	IF	Two one-month fills are required before a three-month fill is available if allowed
QL	Quantity limit		
ST	Step therapy		
H	Part of health care reform preventive when age and/or condition appropriate		
SP	Specialty medication		
CM	Orally administered anti-cancer medication		

What are tiers?

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

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

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

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

Please note: If you have a high deductible plan, the tier cost levels may apply once you reach your deductible. Refer to your enrollment and plan materials on myuhc.com, or call the toll-free number on your member ID card for more information about your benefit plan. For HMO plans, please reference your Schedule of Benefits for costs associated with medications covered under the medical benefit. For information related to specialty medication cost share, please refer to the Specialty Medication Cost Share (SMCS) section below.

When does the PDL change?

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

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

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

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

Utilization Management programs

Prior authorization required – Your doctor is required to provide additional information to us to determine coverage.

Quantity limit – Amount of medication covered per copayment or in a specific time period. Medications with quantity limits may be dispensed in greater quantities if medically necessary and prior authorized by UnitedHealthcare.

Step therapy – Requires you to try 1 or more other medications before the medication you are requesting may be covered.

Patient Protection and Affordable Care Act (PPACA) zero cost-share preventive care medication when age and/or condition appropriate – This medication is part of a health care reform preventive benefit and may be available at no cost to you when used for appropriate preventive purposes. For more information, please refer to the California Advantage and Essential HMO and PPO Prescription Drug List (PDL) PPACA Zero Cost-Share Preventive Medications list, which is available at myuhc.com. PPACA zero cost-share preventive care medications can be obtained, free of charge, at network pharmacies with a prescription from a prescribing provider. A prescription will not be required to trigger coverage of over-the-counter FDA-approved contraceptive drugs, devices, and products. PPACA zero cost-share preventive care medications are obtained at a network pharmacy with a prescription order or refill from a physician and are payable at 100% of the prescription drug charge (without application of any Copayment, Coinsurance, Deductible) as required by applicable law under any of the following:

- Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force
- Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved
- With respect to infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration
- With respect to women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the Health Resources and Services Administration

A complete list of PPACA zero cost-share preventive care medications covered under the outpatient prescription drug benefit can be found at myuhc.com.

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

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

- Abortion*
- COVID-19

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

Specialty Medication Cost Share (SMCS) – Specialty medication cost share may apply. Please refer to the Pharmacy Schedule of Benefits for specific cost share. For HMO plans, does not apply to injectable medications covered under the medical benefit.

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

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

Your right to request access to a non-formulary drug

This plan must cover all medically necessary Prescription Drug Products.

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

Urgent requests

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

External review

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

Expedited external review

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

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

Requesting a prior authorization or step therapy exception

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

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

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

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

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

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

UnitedHealthcare has a well-established network of pharmacies including most major pharmacy and supermarket chains as well as many independent pharmacies. For a listing of network pharmacies, call the toll-free phone number on your member ID card to help locate a network pharmacy near you or visit our website at myuhc.com > *Pharmacies & Prescriptions* > *Find a pharmacy* for an up-to-date list.

Prescription delivery options

You have choices on where to fill prescriptions you take regularly. You have the option to fill at a retail pharmacy or have them mailed to your home. It's up to you. Optum® Home Delivery Pharmacy is one of your network options. There may be other options in your network. Sign in at myuhc.com > *Pharmacies & Prescriptions* > *Find a pharmacy*.

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

UnitedHealthcare offers a Mail Order Pharmacy Program. Here's how to fill prescriptions through Optum Home Delivery.

E-prescribe

Ask your prescribing provider to electronically send new prescriptions to Optum Home Delivery for up to a 90-day supply. Or Optum Home Delivery can call your doctor for you.

Ordering prescriptions for home delivery

- **Online:** Visit myuhc.com > *Pharmacies Prescriptions* > *Rx profile* to set up an account. You will need to provide your payment method (credit card, debit card or bank account). Next go to *My prescriptions* tab and select the medication you want ordered through Optum Home Delivery.
- **Phone:** Call Optum Home Delivery at the number on your member ID card, any day, time.
- **Mail:** Download an order form at optumrx.com > *Information center*. Mail the completed form along with your prescription and applicable mail order pharmacy copayment. Make check or money order to Optum. No cash please.

New and refill prescription orders should typically arrive within 5 days from the date Optum Home Delivery receives the completed order.

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

You have two options:

- **Sign in** to myuhc.com > *Pharmacies & Prescriptions* > *Drug pricing*. The designated pharmacy will be listed below the drug price quoted.
- **Call** the number on your member ID card

Designated pharmacies

If you require certain Specialty Prescription Drug Products, we may direct you to a Designated Pharmacy with whom we have an arrangement to provide those Specialty Prescription Drug Products. There are both retail and mail pharmacies in the Designated Pharmacy network. Note that not all contracted retail pharmacies are in the Designated Pharmacy network. Only retail pharmacies that are in the Designated Pharmacy network will provide coverage to these Specialty Prescription Drug Products. If you choose not to obtain your Specialty Prescription Drug Product from the Designated Pharmacy, you will be responsible for the entire cost of the Specialty Prescription Drug Product and no Benefits will be paid.

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

How do I get updated information about my pharmacy benefit?

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

Log in to myuhc.com for the following pharmacy information and tools:

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

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

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

Learn more

Call the toll-free member phone number on your member ID card, or visit myuhc.com.

Nondiscrimination notice and access to communication services

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

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

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

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

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

DMHC
California Help Center
980 9th Street, Suite 500
Sacramento, CA 95814-2725

1-888-HMO-2219 (1-888-466-2219)

1-800-735-2929 or 1-888-877-5378 (TTY)

Internet Website: www.hmohelp.ca.gov

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

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

Phone: Toll-free **1-800-368-1019, 1-800-537-7697 (TDD)**

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

English

IMPORTANT LANGUAGE INFORMATION:

You may be entitled to the rights and services below. You can get an interpreter or translation services at no charge. Written information may also be available in some languages at no charge. To get help in your language, please call your health plan at: UnitedHealthcare of California 1-800-624-8822 / TTY: 711. If you need more help, call HMO Help Line at 1-888-466-2219.

Spanish

INFORMACIÓN IMPORTANTE SOBRE IDIOMAS:

Es probable que usted disponga de los derechos y servicios a continuación. Puede pedir un intérprete o servicios de traducción sin cargo. Es posible que tenga disponible documentación impresa en algunos idiomas sin cargo. Para recibir ayuda en su idioma, llame a su plan de salud de UnitedHealthcare of California al 1-800-624-8822 / TTY: 711. Si necesita más ayuda, llame a la línea de ayuda de la HMO al 1-888-466-2219.

Chinese

重要語言資訊：

您可能有資格享有以下權利並取得以下服務。您可以免費獲取口譯員或翻譯服務。部分語言亦備有免費書面資訊。如需取得您語言的協助，請撥打以下電話與您的健保計畫聯絡：UnitedHealthcare of California 1-800-624-8822 / 聽力語言殘障服務專線 (TTY)：711。若您需要更多協助，請撥打 HMO 協助專線 1-888-466-2219。

Arabic

معلومات مهمة عن اللغة:

ربما تكون مؤهلاً للحصول على الحقوق والخدمات أدناه. فيمكنك الحصول على مترجم فوري أو خدمات الترجمة بدون رسوم. وربما تتوفر أيضًا المعلومات المكتوبة بعدة لغات بدون رسوم. وللحصول على مساعدة بلغتك، يُرجى الاتصال بخطتك الصحية على: UnitedHealthcare of California على الرقم 1-800-624-8822 / TTY: 711. وإذا احتجت لمزيد من المساعدة، يمكنك الاتصال بخط المساعدة التابع لـ HMO على الرقم 1-888-466-2219.

Armenian

ԿԱՐԵՎՈՐ ԼԵԶՎԱԿԱՆ ՏԵՂԵԿՈՒԹՅՈՒՆ՝

Հավանական է, որ Ձեզ հասանելի լինեն հետևյալ իրավունքներն ու ծառայությունները: Կարող եք ստանալ բանավոր թարգմանչի կամ թարգմանության անվճար ծառայություններ: Հնարավոր է, որ մի շարք լեզուներով նաև առկա լինի անվճար գրավոր տեղեկություններ: Ձեր լեզվով օգնություն ստանալու համար խնդրում ենք զանգահարել Ձեր առողջապահական ծրագիր՝ UnitedHealthcare of California 1-800-624-8822 / TTY 711 համարով: Հավելյալ օգնության կարիքի դեպքում, զանգահարեք HMO-ի Օգնության հեռախոսագիծ 1-888-466-2219 համարով:

Cambodian

ព័ត៌មានសំខាន់អំពីភាសា៖

អ្នកអាចនឹងមានសិទ្ធិ ចំពោះសិទ្ធិ និងស្នើនៅខាងក្រោម។ អ្នកអាចទទួលបានអ្នកបកប្រែ ឬសេវាការបកប្រែ ដោយឥតគិតថ្លៃ។ ព័ត៌មានដែលបានសរសេរ ក៏អាចនឹងមានជាភាសាមួយចំនួន ដោយឥតគិតថ្លៃដែរ។ ដើម្បីទទួលបានជំនួយជាភាសា របស់អ្នក សូមទូរស័ព្ទទៅគំរោងសុខភាពរបស់អ្នក តាមលេខ៖ UnitedHealthcare of California 1-800-624-8822 / TTY: 711។ បើសិនអ្នកត្រូវការជំនួយថែមទៀត ហៅខ្សែទូរស័ព្ទជំនួយ HMO តាមលេខ 1-888-466-2219។

Farsi

اطلاعات مهم در مورد زبان:

شما ممکن است برای حقوق و خدمات زیر واجد شرایط باشید. می توانید خدمات مترجم شفاهی یا ترجمه را بدون پرداخت هزینه دریافت کنید. اطلاعات کتبی ممکن است بدون پرداخت هزینه به برخی زبان ها موجود باشد. برای دریافت کمک و راهنمایی به زبان خودتان، لطفاً با برنامه درمانی: UnitedHealthcare of California به شماره 1-800-624-8822/TTY: 711 تماس بگیرید. اگر به کمک و راهنمایی بیشتری نیاز دارید، با خط دریافت کمک و راهنمایی HMO به شماره 1-888-466-2219 تماس بگیرید.

Hindi

भाषा-संबंधी महत्वपूर्ण जानकारी:

आप निम्नलिखित अधिकारों और सेवाओं के हकदार हो सकते हैं। आपको मुफ्त में दुभाषिया या अनुवाद सेवाएँ उपलब्ध कराई जा सकती हैं। कुछ भाषाओं में लिखित जानकारी भी आपको मुफ्त में उपलब्ध कराई जा सकती है। अपनी भाषा में सहायता प्राप्त करने के लिए, कृपया अपने स्वास्थ्य प्लान को यहाँ कॉल करें: UnitedHealthcare of California 1-800-624-8822 / TTY: 711। पर। अतिरिक्त सहायता की आवश्यकता पड़ने पर, HMO Help Line को 1-888-466-2219 पर कॉल करें।

Hmong

COV NTAUB NTAUV LUS TSEEM CEEB:

Tej zaum koj yuav muaj cai rau cov cai pab cuam hauv qab no. Koj tuaj yeem tau txais ib tug kws txhais lus los sis txhais ntawv pub dawb. Cov ntaub ntawv sau no muaj sau ua qee yam ntaub ntawv pub dawb rau sawd daws. Yuav tau txais kev cov ntaub ntawv sau ua koj lus, thov hu rau qhov chaw npaj kho mob rau ntawm: UnitedHealthcare of California 1-800-624-8822 / TTY: 711. Yog koj xav tau kev pab ntiv, hu rau HMO Help Line ntawm tus xov tooj 1-888-466-2219.

Japanese

言語支援サービスについての重要なお知らせ :

お客様には、以下権利があり、必要なサービスをご利用いただける可能性があります。お客様は、通訳または翻訳のサービスを無料でご利用いただけます。言語によっては、文書化された情報を無料でご利用できる場合もあります。ご希望の言語による援助をご希望の方は、お客様の医療保険プランにご連絡ください。UnitedHealthcare of California 1-800-624-8822 / TTY: 711。この他のサポートが必要な場合には、HMO Help Line に 1-888-466-2219 にてお問い合わせください。

Korean

중요 언어 정보:

귀하는 아래와 같은 권리 및 서비스를 누리실 수 있습니다. 귀하는 통역 혹은 번역 서비스를 비용 부담없이 이용하실 수 있습니다. 일부 언어의 경우 서면 번역 서비스 또한 비용 부담없이 제공될 수도 있습니다. 귀하의 언어 지원 서비스가 필요하시면 귀하의 건강보험에 다음 전화번호로 문의하십시오. UnitedHealthcare of California 1-800-624-8822 / TTY: 711. 더 많은 도움이 필요하신 분은 HMO 헬프 라인(안내번호: 1-888-466-2219)으로 문의하십시오.

Punjabi

ਮਹੱਤਵਪੂਰਨ ਭਾਸ਼ਾ ਦੀ ਜਾਣਕਾਰੀ:

ਤੁਸੀਂ ਹੇਠਾਂ ਦਿੱਤੇ ਅਧਿਕਾਰ ਅਤੇ ਸੇਵਾਵਾਂ ਦੇ ਹੱਕਦਾਰ ਹੋ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ 'ਤੇ ਦੁਭਾਸ਼ੀਆਂ ਜਾਂ ਅਨੁਵਾਦ ਸੇਵਾਵਾਂ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਲਿਖਤੀ ਜਾਣਕਾਰੀ ਕੁਝ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਬਿਨਾਂ ਕਿਸੇ ਖਰਚੇ ਦੇ ਮਿਲ ਸਕਦੀ ਹੈ। ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੀ ਸਿਹਤ ਯੋਜਨਾ ਨੂੰ ਇੱਥੇ ਕਾਲ ਕਰੋ:

UnitedHealthcare of California 1-800-624-8822 / TTY: 711। ਜੇ ਤੁਹਾਨੂੰ ਹੋਰ ਮਦਦ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ HMO ਹੈਲਪ ਲਾਈਨ 'ਤੇ ਕਾਲ ਕਰੋ 1-888-466-2219।

Russian

ВАЖНАЯ ЯЗЫКОВАЯ ИНФОРМАЦИЯ:

Вам могут полагаться следующие права и услуги. Вы можете получить бесплатную помощь устного переводчика или письменный перевод. Письменная информация может быть также доступна на ряде языков бесплатно. Чтобы получить помощь на вашем языке, пожалуйста, позвоните по номеру вашего плана: UnitedHealthcare of California 1-800-624-8822 / линия TTY: 711. Если вам все еще требуется помощь, позвоните в службу поддержки HMO по телефону 1-888-466-2219.

Tagalog

MAHALAGANG IMPORMASYON SA WIKA:

Maaaring kwalipikado ka sa mga karapatan at serbisyo sa ibaba. Maaari kang kumuha ng interpreter o mga serbisyo sa pagsasalin nang walang bayad. Maaaring may available ding libreng nakasulat na impormasyon sa ilang wika. Upang makatanggap ng tulong sa iyong wika, mangyaring tumawag sa iyong planong pangkalusugan sa: UnitedHealthcare of California 1-800-624-8822 / TTY: 711. Kung kailangan mo ng higit pang tulong, tumawag sa HMO Help Line sa 1-888-466-2219.

Thai

ข้อมูลสำคัญเกี่ยวกับภาษา :

คุณอาจมีสิทธิ์ได้รับสิทธิและบริการต่าง ๆ ด้านล่างนี้ คุณสามารถขอล่ามแปลภาษาหรือบริการแปลภาษาได้โดยไม่ต้องเสียค่าใช้จ่ายแต่อย่างใด นอกจากนี้ ยังอาจมีข้อมูลเป็นลายลักษณ์อักษรบางภาษาให้ด้วยโดยไม่ต้องเสียค่าใช้จ่ายแต่อย่างใด หากต้องการขอความช่วยเหลือเป็นภาษาของคุณ โปรดโทรศัพท์ถึงแผนสุขภาพของคุณที่ : UnitedHealthcare of California 1-800-624-8822 / สำหรับผู้มีความบกพร่องทางการฟัง : 711 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรศัพท์ถึงศูนย์ให้ความช่วยเหลือเกี่ยวกับ HMO ที่หมายเลขโทรศัพท์ 1-888-466-2219

Vietnamese

THÔNG TIN QUAN TRỌNG VỀ NGÔN NGỮ:

Quý vị có thể được hưởng các quyền và dịch vụ dưới đây. Quý vị có thể yêu cầu được cung cấp một thông dịch viên hoặc các dịch vụ dịch thuật miễn phí. Thông tin bằng văn bản cũng có thể sẵn có ở một số ngôn ngữ miễn phí. Để nhận trợ giúp bằng ngôn ngữ của quý vị, vui lòng gọi cho chương trình bảo hiểm y tế của quý vị tại: UnitedHealthcare of California 1-800-624-8822 / TTY: 711. Nếu quý vị cần trợ giúp thêm, xin gọi Đường dây hỗ trợ HMO theo số 1-888-466-2219.

State of California

Table of Contents of Prescription Drug List

INFORMATIONAL SECTION	1
ANTIDOTE THERAPEUTICS	16
ANTIHISTAMINE DRUGS - Drugs for Allergy	19
ANTI-INFECTIVE AGENTS - Drugs for Infections	21
ANTINEOPLASTIC AGENTS - Drugs for Cancer	45
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES - DRUGS FOR THE IMMUNE SYSTEM	58
AUTONOMIC DRUGS	63
AUTONOMIC DRUGS - Drugs for the Nervous System	64
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood	75
CARDIOVASCULAR DRUGS	88
CARDIOVASCULAR DRUGS - Drugs for the Heart	89
CENTRAL NERVOUS SYSTEM AGENTS	116
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System	116
DENTAL AGENTS	156
DENTAL AGENTS - Oral Care	158
DEVICES - Medical Supplies and Durable Medical Equipment	160
DIAGNOSTIC AGENTS	170
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants	172
ELECTROLYTIC, CALORIC, AND WATER BALANCE	172
ENZYMES	182
EYE, EAR, NOSE AND THROAT (EENT) PREPS.	184
GASTROINTESTINAL DRUGS	197
GASTROINTESTINAL DRUGS - Drugs for the Stomach	198
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron	208
HORMONES AND SYNTHETIC SUBSTITUTES	208
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones	209
IMMUNOMODULATORY AGENTS (90:00)	252
LOCAL ANESTHETICS - Drugs for Numbing	261
MISCELLANEOUS THERAPEUTIC AGENTS	261
NONHORMONAL CONTRACEPTIVES - Drugs for Women	285
OXYTOCICS - Drugs for Women	287
PHARMACEUTICAL AIDS	287
RESPIRATORY TRACT AGENTS - Drugs for the Lungs	287
SKIN AND MUCOUS MEMBRANE AGENTS	301
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin	302
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles	327
VITAMINS	328

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIDOTE THERAPEUTICS		
ACETAMINOPHEN ANTIDOTE		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	
ALCOHOL DETERRENTS (91:02)		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
ANTIDOTE THERAPEUTICS		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG (<i>hyoscyamine sulfate</i>)	2	
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	QL (2 intranasal devices per prescription.)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	QL (2 intranasal devices per prescription.)
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	2	
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	3	SMCS; SP
<i>ft naloxone hcl nasal liquid 4 mg/0.1ml</i>	1	QL (2 auto-injectors per prescription.)
<i>glucagon emergency kit injection kit 1 mg</i>	2	QL (2 boxes per prescription.)
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	QL (2 boxes per prescription.)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML (<i>glucagon</i>)	2	M; QL (0.2 ml per prescription.)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML (<i>glucagon</i>)	2	M; QL (0.4 ml per prescription.)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML (<i>glucagon</i>)	2	M; QL (0.2 ml per prescription.)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML (<i>glucagon</i>)	2	M; QL (0.4 ml per prescription.)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (<i>glucagon</i>)	2	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; QL: Quantity Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication. M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (<i>glucagon</i>)	2	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	1	
<i>hyosyne oral elixir 0.125 mg/5ml</i>	1	
<i>hyosyne oral solution 0.125 mg/ml</i>	1	
<i>iodine strong oral solution 5 %</i>	1	
KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>)	1	QL (2 devices per prescription.)
LEVBIID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG (<i>hyoscyamine sulfate</i>)	4	
LEVSIN ORAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	4	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG (<i>hyoscyamine sulfate</i>)	4	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	1	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	1	QL (2 auto-injectors per prescription.)
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	1	QL (2 auto-injectors per prescription.)
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (<i>hyoscyamine sulfate</i>)	4	
OSCIMIN ORAL TABLET 0.125 MG	4	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	4	
<i>penicillamine oral tablet 250 mg</i>	3	SMCS; SP
<i>phytonadione oral tablet 5 mg</i>	3	QL (5 tablets per prescription.)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; QL: Quantity Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication. M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REXTOVY NASAL LIQUID 4 MG/0.25ML (<i>naloxone hcl</i>)	1	QL (one package (2 devices) per prescription.)
RIVIVE NASAL LIQUID 3 MG/0.1ML (<i>naloxone hcl</i>)	2	QL (1 package (2 devices) per prescription.)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (<i>naloxone hcl</i>)	2	QL (1 ml per prescription.)
ANTIDOTES (91:04)		
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	3	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	2	PA
<i>sevelamer carbonate oral tablet 800 mg</i>	2	
<i>sodium polystyrene sulfonate oral powder</i>	1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	3	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (<i>sodium polystyrene sulfonate</i>)	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	2	QL (1.2 ml per prescription.)
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	2	QL (1.2 ml per prescription.)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (<i>naloxone hcl</i>)	2	QL (1 ml per prescription.)
CHEMOTHERAPY ANTIDOTES/PROTECTANTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
CYANIDE ANTIDOTES		
EXODERM EXTERNAL LOTION 25-1 % (<i>sod thiosulfate-salicylic acid</i>)	3	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; QL: Quantity Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication. M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLUOROPYRIMIDINE ANTIDOTE		
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	3	QL (20 packets per prescription.)
XURIDEN ORAL PACKET 2 GM (<i>uridine triacetate</i>)	3	PA; QL (30 packets per prescription.); SMCS; SP
ANTIHISTAMINE DRUGS - Drugs for Allergy		
ANTIHISTAMINE DRUGS - Drugs for Allergy		
<i>promethazine hcl oral tablet 25 mg</i>	1	
ETHANOLAMINE DERIVATIVES - Drugs for Allergy		
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
CLEMASZ ORAL TABLET 2.68 MG (<i>clemastine fumarate</i>)	3	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (<i>diphenhydramine hcl</i>)	3	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (<i>dph-lido-alhydr-mghydr-simeth</i>)	3	PA
FIRST GEN. ANTIHIST. DERIVATIVES, MISC. - Drugs for Allergy		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
FIRST GENERATION ANTIHISTAMINES - Drugs for Allergy		
<i>bromphen-pseudoeph-dm oral syrup 2-30-10 mg/5ml</i>	1	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
CLEMASZ ORAL TABLET 2.68 MG (<i>clemastine fumarate</i>)	3	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (<i>diphenhydramine hcl</i>)	3	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (<i>dph-lido-alhydr-mghydr-simeth</i>)	3	PA
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	3	PA; QL (360 ml per month.)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	3	
<i>promethazine hcl oral solution 12.5 mg/10ml, 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	1	PA; QL (360 ml per month.)
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (<i>promethazine hcl</i>)	3	
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	3	PA; QL (10 tablets per prescription and 30 tablets per month.)
OTHER ANTIHISTAMINES - Drugs for Allergy		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	1	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>olopatadine hcl nasal solution 0.6 %</i>	3	
PHENOTHIAZINE DERIVATIVES - Drugs for Allergy		
<i>promethazine hcl oral solution 12.5 mg/10ml, 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	1	PA; QL (360 ml per month.)
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (<i>promethazine hcl</i>)	3	
PROPYLAMINE DERIVATIVES - Drugs for Allergy		
<i>bromphen-pseudoeph-dm oral syrup 2-30-10 mg/5ml</i>	1	
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	3	PA; QL (360 ml per month.)
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	3	
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	3	PA; QL (10 tablets per prescription and 30 tablets per month.)
SECOND GENERATION ANTIHISTAMINES - Drugs for Allergy		
<i>epinastine hcl ophthalmic solution 0.05 %</i>	4	QL (5 ml per prescription)
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	3	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	
ANTI-INFECTIVE AGENTS - Drugs for Infections		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	1	
<i>cefadroxil oral tablet 1 gm</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefixime oral capsule 400 mg</i>	3	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	3	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	1	
ADAMANTANE ANTIVIRALS - Drugs for Viral Infections		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
<i>rimantadine hcl oral tablet 100 mg</i>	1	
ALLYLAMINE ANTIFUNGALS - Drugs for Fungus		
<i>terbinafine hcl oral tablet 250 mg</i>	1	
AMEBICIDES - Drugs for the Mouth and Throat		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	3	PA
HUMATIN ORAL CAPSULE 250 MG (<i>paromomycin sulfate</i>)	2	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	1	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	4	
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	4	
METROLOTION EXTERNAL LOTION 0.75 % (<i>metronidazole</i>)	4	
<i>metronidazole external cream 0.75 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>metronidazole external gel 0.75 %</i>	1	
<i>metronidazole external lotion 0.75 %</i>	1	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	2	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	4	
<i>periogard mouth/throat solution 0.12 %</i>	1	
VANDAZOLE VAGINAL GEL 0.75 % (<i>metronidazole</i>)	4	
AMINOGLYCOSIDE ANTIBIOTICS - Antibiotics		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (<i>amikacin sulfate liposome</i>)	4	PA; QL (8.4 ml per day.); SMCS; SP
<i>gentamicin sulfate external cream 0.1 %</i>	1	QL (30 grams per prescription.)
<i>gentamicin sulfate external ointment 0.1 %</i>	1	QL (30 grams per prescription.)
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	QL (15 ml per prescription.)
HUMATIN ORAL CAPSULE 250 MG (<i>paromomycin sulfate</i>)	2	
<i>neomycin sulfate oral tablet 500 mg</i>	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	3	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	3	PA; QL (224 ml per 56 days.); SMCS; SP
<i>tobramycin ophthalmic solution 0.3 %</i>	1	QL (5 ml per prescription.)
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	
TOBREX OPHTHALMIC OINTMENT 0.3 % (<i>tobramycin</i>)	3	QL (3.5 grams per prescription.)
AMINOMETHYLCYCLINES - Antibiotics		
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	4	QL (30 tablets per prescription.)
AMINOPENICILLIN ANTIBIOTICS - Antibiotics		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicillin-clarithro-omeprazole</i>)	4	QL (1 carton (10 administrative cards, 80 tablets) per 6 months.)
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (<i>amoxicillin-vonoprazan</i>)	4	ST; QL (112 tablets per 180 days.)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicillin-clarithro-vonoprazan</i>)	4	ST; QL (112 tablets per 180 days.)
ANTHELMINTICS - Drugs for Parasites		
<i>albendazole oral tablet 200 mg</i>	3	PA; QL (124 tablets per month.)
BILTRICIDE ORAL TABLET 600 MG (<i>praziquantel</i>)	4	
EGATEN ORAL TABLET 250 MG (<i>triclabendazole</i>)	3	
EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>)	4	PA; QL (6 tablets per 3 days.)
<i>ivermectin oral tablet 3 mg</i>	1	PA; QL (20 tablets per 3 months.)
<i>ivermectin oral tablet 6 mg</i>	1	PA
<i>praziquantel oral tablet 600 mg</i>	2	
STROMECTOL ORAL TABLET 3 MG (<i>ivermectin</i>)	4	PA; QL (20 tablets per 3 months.)
ANTIFUNGALS, MISCELLANEOUS - Drugs for Fungus		
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>iodine strong oral solution 5 %</i>	1	
ANTILEPROSY AGENTS - Antibiotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
ANTIMALARIALS - Drugs for the Mouth and Throat		
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	4	QL (16 tablets per month.)
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	2	
AVIDOXY ORAL TABLET 100 MG	4	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
COARTEM ORAL TABLET 20-120 MG (<i>artemether-lumefantrine</i>)	2	
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	4	PA; SMCS; SP
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg</i>	2	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	3	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	1	QL (2 tablets per prescription.)
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (<i>atovaquone-proguanil hcl</i>)	4	
<i>mefloquine hcl oral tablet 250 mg</i>	1	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	2	PA
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	3	PA; SMCS; SP
QUALAQUIN ORAL CAPSULE 324 MG (<i>quinine sulfate</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>quinine sulfate oral capsule 324 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	3	
ANTIMYCOBACTERIALS, MISCELLANEOUS - Antibiotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
ANTIPROTOZOALS, CRYPTOSPORIDIOSIS - Drugs for the Mouth and Throat		
<i>nitazoxanide oral tablet 500 mg</i>	2	QL (6 tablets per prescription.)
ANTIPROTOZOALS, MISCELLANEOUS - Drugs for the Mouth and Throat		
<i>atovaquone oral suspension 750 mg/5ml</i>	2	
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	4	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	4	
BENZNIDAZOLE ORAL TABLET 100 MG	2	QL (240 tablets per 720 days.)
BENZNIDAZOLE ORAL TABLET 12.5 MG	2	QL (720 tablets per 720 days.)
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	3	PA
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	2	PA; QL (3 capsules per day.)
LAMPIT ORAL TABLET 120 MG (<i>nifurtimox</i>)	4	QL (7.5 tablets per day.)
LAMPIT ORAL TABLET 30 MG (<i>nifurtimox</i>)	4	QL (9 tablets per day.)
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	4	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	2	QL (6 tablets per prescription.)
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	3	
ANTIPROTOZOALS, NITROIMIDAZOLE-DERIVATIVE - Drugs for the Mouth and Throat		
<i>tinidazole oral tablet 250 mg, 500 mg</i>	3	
ANTIRETROVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG (<i>lenacapavir sodium</i>)	4	PA; QL (4 tablets per 365 days.)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG (<i>lenacapavir sodium</i>)	4	PA; QL (5 tablets per 365 days.)
ANTITUBERCULOSIS AGENTS - Antibiotics		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (<i>ciprofloxacin</i>)	3	
CIPRO ORAL TABLET 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	4	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	2	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>cycloserine oral capsule 250 mg</i>	1	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid oral syrup 50 mg/5ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	3	
PRETOMANID ORAL TABLET 200 MG	4	
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML (<i>rifampin</i>)	3	PA
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	2	
TRECTOR ORAL TABLET 250 MG (<i>ethionamide</i>)	2	
ANTIVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
LIVTENCITY ORAL TABLET 200 MG (<i>maribavir</i>)	4	PA; QL (4 tablets per day.); SMCS; SP
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	3	SM
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	3	SM
PAXLOVID ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG (<i>nirmatrelvir-ritonavir</i>)	3	
PREVYMIS ORAL PACKET 120 MG, 20 MG (<i>letermovir</i>)	3	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	3	PA
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (<i>baloxavir marboxil</i>)	3	QL (1 tablet per month.)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	3	QL (1 tablet per month.)
AZOLE ANTIFUNGALS - Drugs for Fungus		
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (<i>isavuconazonium sulfate</i>)	3	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	QL (180 capsules per 365 days)
<i>itraconazole oral solution 10 mg/ml</i>	2	QL (1800 ml per 365 days)
<i>ketoconazole external cream 2 %</i>	1	QL (30 grams per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ketoconazole external foam 2 %</i>	3	ST
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>ketodan external foam 2 %</i>	3	ST
NOXAFIL ORAL PACKET 300 MG (<i>posaconazole</i>)	2	
NOXAFIL ORAL SUSPENSION 40 MG/ML (<i>posaconazole</i>)	4	QL (20 ml per day.)
<i>posaconazole oral suspension 40 mg/ml</i>	2	QL (20 ml per day.)
<i>posaconazole oral tablet delayed release 100 mg</i>	2	
SPORANOX ORAL CAPSULE 100 MG (<i>itraconazole</i>)	4	QL (180 capsules per 365 days)
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>voriconazole</i>)	4	QL (300 mL per prescription.)
VFEND ORAL TABLET 50 MG (<i>voriconazole</i>)	3	QL (124 tablets per prescription)
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (<i>oteseconazole</i>)	3	PA; QL (18 capsules per 84 days.)
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	1	QL (300 mL per prescription.)
<i>voriconazole oral tablet 200 mg</i>	1	QL (62 tablets per prescription.)
<i>voriconazole oral tablet 50 mg</i>	1	QL (124 tablets per prescription)
BACITRACIN ANTIBIOTICS - Antibiotics		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 % (<i>bacitracin-polymyx-neo-hc</i>)	3	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM (<i>bacitracin-polymyxin b</i>)	3	
CORONAVIRUS (COVID-19) - Drugs for Viral Infections		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	3	SM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	3	SM
PAXLOVID ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG (<i>nirmatrelvir-ritonavir</i>)	3	
ENDONUCLEASE INHIBITORS - Drugs for Viral Infections		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (<i>baloxavir marboxil</i>)	3	QL (1 tablet per month.)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	3	QL (1 tablet per month.)
ERYTHROMYCIN ANTIBIOTICS - Antibiotics		
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	3	
<i>ery external pad 2 %</i>	1	
ERYGEL EXTERNAL GEL 2 % (<i>erythromycin</i>)	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (<i>erythromycin ethylsuccinate</i>)	4	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	1	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	3	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	3	
<i>erythromycin external gel 2 %</i>	1	
<i>erythromycin external solution 2 %</i>	1	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	3	
GLYCOPEPTIDE ANTIBIOTICS - Antibiotics		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (<i>vancomycin hcl</i>)	4	
VANOCIN ORAL CAPSULE 125 MG, 250 MG (<i>vancomycin hcl</i>)	4	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml</i>	1	
VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML (<i>vancomycin hcl</i>)	3	PA
HCV POLYMERASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG (<i>sofosbuvir-velpatasvir</i>)	3	PA; QL (2 packets per day and 84 packets per 720 days.); SMCS; SP
EPCLUSA ORAL PACKET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	3	PA; QL (1 packet per day and 84 packets per 720 days.); SMCS; SP
EPCLUSA ORAL TABLET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	3	PA; QL (1 tablet per day.); SMCS; SP
EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	3	PA; QL (84 tablets per 720 days.); SMCS; SP
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	3	PA; ST; QL (1 pellet packet per day and 28 pellet packets per month.); SMCS
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	3	PA; ST; QL (84 tablets per 720 days.); SMCS
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	3	PA; ST; QL (1 tablet per day and 28 tablets per month.); SMCS
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	3	PA; ST; QL (1 tablet per day and 28 tablets per month.); SMCS
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	3	PA; QL (84 tablets per 720 days.); SMCS; SP
SOVALDI ORAL PACKET 150 MG, 200 MG (<i>sofosbuvir</i>)	4	PA; ST; QL (1 packet of pellets per day and 84 packets of pellets per 720 days.); SMCS; SP
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	3	PA; QL (84 tablets per 720 days.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HCV PROTEASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
MAVYRET ORAL PACKET 50-20 MG (<i>glecaprevir-pibrentasvir</i>)	3	PA; QL (5 packets per day and 280 packets per 720 days.); SMCS; SP
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	3	PA; QL (168 tablets per 720 days.); SMCS; SP
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	3	PA; QL (84 tablets per 720 days.); SMCS; SP
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	3	PA; QL (84 tablets per 720 days (12 weeks).); SMCS; SP
HCV REPLICATION COMPLEX INHIBITORS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG (<i>sofosbuvir-velpatasvir</i>)	3	PA; QL (2 packets per day and 84 packets per 720 days.); SMCS; SP
EPCLUSA ORAL PACKET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	3	PA; QL (1 packet per day and 84 packets per 720 days.); SMCS; SP
EPCLUSA ORAL TABLET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	3	PA; QL (1 tablet per day.); SMCS; SP
EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	3	PA; QL (84 tablets per 720 days.); SMCS; SP
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	3	PA; ST; QL (1 pellet packet per day and 28 pellet packets per month.); SMCS
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	3	PA; ST; QL (84 tablets per 720 days.); SMCS
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	3	PA; ST; QL (1 tablet per day and 28 tablets per month.); SMCS
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	3	PA; ST; QL (1 tablet per day and 28 tablets per month.); SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAVYRET ORAL PACKET 50-20 MG (<i>glecaprevir-pibrentasvir</i>)	3	PA; QL (5 packets per day and 280 packets per 720 days.); SMCS; SP
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	3	PA; QL (168 tablets per 720 days.); SMCS; SP
SOFOBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	3	PA; QL (84 tablets per 720 days.); SMCS; SP
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	3	PA; QL (84 tablets per 720 days.); SMCS; SP
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	3	PA; QL (84 tablets per 720 days (12 weeks).); SMCS; SP
HIV CAPSID INHIBITORS - Drugs for Viral Infections		
SUNLENCA ORAL TABLET 300 MG (<i>lenacapavir sodium</i>)	4	PA
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG (<i>lenacapavir sodium</i>)	4	PA; QL (4 tablets per 365 days.)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG (<i>lenacapavir sodium</i>)	4	PA; QL (5 tablets per 365 days.)
HIV ENTRY AND FUSION INHIBITORS - Drugs for Viral Infections		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (<i>enfuvirtide</i>)	4	M; SMCS
<i>maraviroc oral tablet 150 mg, 300 mg</i>	2	PA
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>fostemsavir tromethamine</i>)	4	PA
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	2	PA
SELZENTRY ORAL TABLET 150 MG, 300 MG (<i>maraviroc</i>)	4	PA
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir-emtricitab-tenofof</i>)	3	QL (1 tablet per day.)
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	2	QL (1 tablet per day.)
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	2	QL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	2	
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	2	
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	2	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	2	
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	2	QL (1 tablet per day.)
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elvitegravir-cobic-emtricit-tenofdf</i>)	2	QL (1 tablet per day.)
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	3	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	3	
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	2	QL (1 tablet per day.)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	2	QL (6 tablets per day.)
HIV NONNUCLEOSIDE REV.TRANScrip. INHIB. - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir-emtricitab-tenofov</i>)	3	QL (1 tablet per day.)
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofovir</i>)	3	QL (1 tablet per day.)
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofov df</i>)	2	QL (1 tablet per day.)
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	2	
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG (<i>rilpivirine hcl</i>)	2	
<i>efavirenz oral tablet 600 mg</i>	2	
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	2	QL (1 tablet per day.)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	2	QL (1 tablet per day.)
<i>emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg</i>	1	QL (1 tablet per day.)
<i>etravirine oral tablet 100 mg, 200 mg</i>	2	
INTELENCE ORAL TABLET 100 MG, 200 MG (<i>etravirine</i>)	4	
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	2	QL (1 tablet per day.)
<i>methocarbamol oral tablet 500 mg</i>	1	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	3	
<i>nevirapine oral suspension 50 mg/5ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab-rilpivir-tenofof af</i>)	3	QL (1 tablet per day.)
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	3	
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	2	QL (1 tablet per day.)
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS - Drugs for Viral Infections		
<i>abacavir sulfate oral solution 20 mg/ml</i>	1	
<i>abacavir sulfate oral tablet 300 mg</i>	1	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	2	QL (1 tablet per day.)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir-emtricitab-tenofof</i>)	3	QL (1 tablet per day.)
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	2	QL (1 tablet per day.)
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofovir</i>)	3	QL (1 tablet per day.)
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofof df</i>)	2	QL (1 tablet per day.)
DESCOVY ORAL TABLET 120-15 MG (<i>emtricitabine-tenofovir af</i>)	3	QL (1 tablet per day.)
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	3	QL (1 tablet per day.); H
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	2	QL (1 tablet per day.)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	2	QL (1 tablet per day.)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	2	QL (1 tablet per day.)
<i>emtricitabine oral capsule 200 mg</i>	2	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	QL (1 tablet per day.)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	2	
darunavir oral tablet 600 mg, 800 mg	1	
EVOTAZ ORAL TABLET 300-150 MG (atazanavir-cobicistat)	2	
fosamprenavir calcium oral tablet 700 mg	2	
KALETRA ORAL SOLUTION 400-100 MG/5ML (lopinavir-ritonavir)	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (lopinavir-ritonavir)	4	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	2	
NORVIR ORAL PACKET 100 MG (ritonavir)	2	
PREZCOBIX ORAL TABLET 800-150 MG (darunavir-cobicistat)	2	
PREZISTA ORAL SUSPENSION 100 MG/ML (darunavir)	2	
PREZISTA ORAL TABLET 150 MG, 75 MG (darunavir)	2	
REYATAZ ORAL PACKET 50 MG (atazanavir sulfate)	2	
ritonavir oral tablet 100 mg	2	
SYMTUZA ORAL TABLET 800-150-200-10 MG (darun-cobic-emtricit-tenofaf)	3	QL (1 tablet per day.)
VIRACEPT ORAL TABLET 250 MG, 625 MG (nelfinavir mesylate)	2	
INTERFERON ANTIVIRALS - Drugs for Viral Infections		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (peginterferon alfa-2a)	3	M; SMCS; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (peginterferon alfa-2a)	3	M; SMCS; SP
LINCOMYCIN ANTIBIOTICS - Antibiotics		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG (clindamycin hcl)	4	
CLEOCIN ORAL CAPSULE 75 MG (clindamycin hcl)	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (clindamycin palmitate hcl)	4	
CLEOCIN VAGINAL CREAM 2 % (clindamycin phosphate)	4	
clindacin etz external swab 1 %	1	
clindacin external foam 1 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>clindacin-p external swab 1 %</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	2	
<i>clindamycin phos (once-daily) external gel 1 %</i>	2	QL (75 grams per prescription.)
<i>clindamycin phos (twice-daily) external gel 1 %</i>	2	QL (75 grams per prescription.)
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	3	QL (1 bottle (45 grams) per month.)
<i>clindamycin phosphate external foam 1 %</i>	3	
<i>clindamycin phosphate external lotion 1 %</i>	3	
<i>clindamycin phosphate external solution 1 %</i>	1	
<i>clindamycin phosphate external swab 1 %</i>	1	
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
CLINDESSE VAGINAL CREAM 2 % (<i>clindamycin phosphate (1 dose)</i>)	2	
<i>neuac external gel 1.2-5 %</i>	3	QL (1 bottle (45 grams) per month.)
XACIATO VAGINAL GEL 2 % (<i>clindamycin phosphate</i>)	2	QL (1 gel tube (8 grams) per prescription.)
MONOCLONAL ANTIBODIES (08:18) - Drugs for Viral Infections		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>nirsevimab-alip</i>)	3	H
NATURAL PENICILLIN ANTIBIOTICS - Antibiotics		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
NEURAMINIDASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	2	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (<i>zanamivir</i>)	3	
NITROIMIDAZOLE DERIVATIVE, ANTI-LEISHMAL - Drugs for the Mouth and Throat		
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	2	PA; QL (3 capsules per day.)
NITROIMIDAZOLE DERIVATIVE, TRYPANOCIDAL - Drugs for the Mouth and Throat		
BENZNIDAZOLE ORAL TABLET 100 MG	2	QL (240 tablets per 720 days.)
BENZNIDAZOLE ORAL TABLET 12.5 MG	2	QL (720 tablets per 720 days.)
NITROIMIDAZOLE DERIVATIVES, MISC - Drugs for the Mouth and Throat		
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	4	
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	4	
METROLOTION EXTERNAL LOTION 0.75 % (<i>metronidazole</i>)	4	
<i>metronidazole external cream 0.75 %</i>	1	
<i>metronidazole external gel 0.75 %</i>	1	
<i>metronidazole external lotion 0.75 %</i>	1	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	2	
VANDAZOLE VAGINAL GEL 0.75 % (<i>metronidazole</i>)	4	
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - Drugs for Viral Infections		
<i>acyclovir external ointment 5 %</i>	3	QL (15 grams per prescription.)
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>adefovir dipivoxil oral tablet 10 mg</i>	3	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	2	
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitabine-rilpivir-tenofovir</i>)	3	QL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DESCOVY ORAL TABLET 120-15 MG (<i>emtricitabine-tenofovir af</i>)	3	QL (1 tablet per day.)
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	3	QL (1 tablet per day.); H
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	QL (1 tablet per day.)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	1	QL (1 tablet per day.); H
<i>emtricitab-rilpivir-tenofovir df oral tablet 200-25-300 mg</i>	1	QL (1 tablet per day.)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
LAGEVRIO ORAL CAPSULE 200 MG (<i>molnupiravir</i>)	3	SM
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab-rilpivir-tenofovir af</i>)	3	QL (1 tablet per day.)
<i>ribavirin inhalation solution reconstituted 6 gm</i>	3	
<i>ribavirin oral capsule 200 mg</i>	1	
TEMBEXA ORAL SUSPENSION 10 MG/ML (<i>brincidofovir</i>)	4	
TEMBEXA ORAL TABLET 100 MG (<i>brincidofovir</i>)	4	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (<i>emtricitabine-tenofovir df</i>)	4	QL (1 tablet per day.)
<i>valacyclovir hcl oral tablet 1 gm</i>	1	QL (31 tablets per prescription)
<i>valacyclovir hcl oral tablet 500 mg</i>	1	QL (62 tablets per prescription.)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	1	
<i>valganciclovir hcl oral tablet 450 mg</i>	1	
ZIRGAN OPHTHALMIC GEL 0.15 % (<i>ganciclovir</i>)	4	
OTHER MACROLIDE ANTIBIOTICS - Antibiotics		
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	2	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fidaxomicin</i>)	4	QL (136 mL per 10 days.)
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	4	QL (20 tablets per 7 days)
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicill-clarithro-omeprazole</i>)	4	QL (1 carton (10 administrative cards, 80 tablets) per 6 months.)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicill-clarithro-vonoprazan</i>)	4	ST; QL (112 tablets per 180 days.)
ZITHROMAX ORAL PACKET 1 GM (<i>azithromycin</i>)	4	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (<i>azithromycin</i>)	4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (<i>azithromycin</i>)	4	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (<i>azithromycin</i>)	4	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (<i>azithromycin</i>)	4	
OTHER MACROLIDES (8:12.12.92) - Antibiotics		
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	2	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fidaxomicin</i>)	4	QL (136 mL per 10 days.)
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	4	QL (20 tablets per 7 days)
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicill-clarithro-omeprazole</i>)	4	QL (1 carton (10 administrative cards, 80 tablets) per 6 months.)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicill-clarithro-vonoprazan</i>)	4	ST; QL (112 tablets per 180 days.)
ZITHROMAX ORAL PACKET 1 GM (<i>azithromycin</i>)	4	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (<i>azithromycin</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZITHROMAX ORAL TABLET 250 MG, 500 MG (<i>azithromycin</i>)	4	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (<i>azithromycin</i>)	4	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (<i>azithromycin</i>)	4	
OXAZOLIDINONE ANTIBIOTICS - Antibiotics		
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	2	
<i>linezolid oral tablet 600 mg</i>	2	
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>linezolid</i>)	4	
PENICILLINASE-RESISTANT PENICILLINS - Antibiotics		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	
POLYENE ANTIFUNGALS - Drugs for Fungus		
<i>klayesta external powder 100000 unit/gm</i>	1	QL (120 grams per prescription.)
<i>nyamyc external powder 100000 unit/gm</i>	1	QL (120 grams per prescription.)
<i>nystatin external cream 100000 unit/gm</i>	1	QL (90 grams per prescription.)
<i>nystatin external ointment 100000 unit/gm</i>	1	QL (90 grams per prescription.)
<i>nystatin external powder 100000 unit/gm</i>	1	QL (120 grams per prescription.)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	2	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	2	
<i>nystop external powder 100000 unit/gm</i>	1	QL (120 grams per prescription.)
POLYMYXIN ANTIBIOTICS - Antibiotics		
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	1	M
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED 150 MG (<i>colistimethate sodium</i>)	4	M

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
PYRIMIDINE ANTIFUNGALS - Drugs for Fungus		
ANCOBON ORAL CAPSULE 250 MG (<i>flucytosine</i>)	4	
ANCOBON ORAL CAPSULE 500 MG (<i>flucytosine</i>)	3	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
QUINOLONE ANTIBIOTICS - Antibiotics		
BAXDELA ORAL TABLET 450 MG (<i>delafloxacin meglumine</i>)	4	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (<i>ciprofloxacin</i>)	3	
CIPRO ORAL TABLET 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	4	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>levofloxacin ophthalmic solution 0.5 %, 1.5 %</i>	1	
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	3	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	3	
<i>moxifloxacin hcl oral tablet 400 mg</i>	3	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (<i>ofloxacin</i>)	4	
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<i>ofloxacin otic solution 0.3 %</i>	2	
RIFAMYCIN ANTIBIOTICS - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	2	
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML (<i>rifampin</i>)	3	PA
SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - Antibiotics		
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	4	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	1	
TETRACYCLINE ANTIBIOTICS - Antibiotics		
AVIDOXY DK COMBINATION KIT 100 MG (<i>doxycycline-sunscreen-sal acid</i>)	3	
AVIDOXY ORAL TABLET 100 MG	4	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg</i>	2	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	3	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	2	PA
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	3	
URINARY ANTI-INFECTIVES - Drugs for the Urinary System		
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	4	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	4	
<i>fosfomycin tromethamine oral packet 3 gm</i>	3	
HIPREX ORAL TABLET 1 GM (<i>methenamine hippurate</i>)	4	
MACROBID ORAL CAPSULE 100 MG (<i>nitrofurantoin monohyd macro</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	4	
<i>me/naphos/mb/hyo1 oral tablet 81.6 mg</i>	1	
<i>methenamine hippurate oral tablet 1 gm</i>	1	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystals oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	3	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
URELLE ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	4	
<i>uretron d/s oral tablet 81.6 mg</i>	4	
UROGESIC-BLUE ORAL TABLET 81.6 MG (<i>methen-hyosc-meth blue-na phos</i>)	2	
VILEVEV MB ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	4	
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
<i>abiraterone acetate oral tablet 250 mg</i>	3	QL (4 tablets per day.); SMCS; SP; CM
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (<i>niraparib-abiraterone acetate</i>)	4	PA; ST; QL (2 tablets per day.); SMCS; SP; CM
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	3	PA; QL (8 capsules per day.); SMCS; SP; CM
ALUNBRIG ORAL TABLET 180 MG, 90 MG (<i>brigatinib</i>)	3	PA; QL (1 tablet per day.); SMCS; SP; CM
ALUNBRIG ORAL TABLET 30 MG (<i>brigatinib</i>)	3	PA; QL (4 tablets per day.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (<i>brigatinib</i>)	3	PA; QL (30 packs per year.); SMCS; SP; CM
<i>anastrozole oral tablet 1 mg</i>	1	H
AUGTYRO ORAL CAPSULE 160 MG (<i>repotrectinib</i>)	3	PA; QL (60 capsules per month.); SMCS; SP; CM
AUGTYRO ORAL CAPSULE 40 MG (<i>repotrectinib</i>)	3	PA; QL (8 capsules per day.); SMCS; SP; CM
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG (<i>avutometinib-defactinib</i>)	4	PA; SMCS; SP; CM
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (<i>avapritinib</i>)	4	PA; QL (1 tablet per day.); SMCS; SP; CM
<i>bexarotene external gel 1 %</i>	4	QL (60 grams per prescription.); SMCS; SP
<i>bexarotene oral capsule 75 mg</i>	3	SMCS; CM
<i>bicalutamide oral tablet 50 mg</i>	1	CM
BOSULIF ORAL CAPSULE 100 MG (<i>bosutinib</i>)	3	PA; ST; QL (3 Capsules per day.); SMCS; SP; CM
BOSULIF ORAL CAPSULE 50 MG (<i>bosutinib</i>)	3	PA; ST; QL (1 Capsule per day.); SMCS; SP; CM
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	4	PA; ST; QL (4 capsules per day.); SMCS; SP; CM
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	3	PA; QL (1 tablet per day.); SMCS; SP; CM
CALQUENCE ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>)	3	PA; QL (2 tablets per day.); SMCS; SP; CM
<i>capecitabine oral tablet 150 mg</i>	2	QL (84 tablets per prescription.); SMCS; SP; CM
<i>capecitabine oral tablet 500 mg</i>	2	QL (140 tablets per prescription.); SMCS; SP; CM
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	3	PA; QL (2 tablets per day.); SMCS; SP; CM
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	3	PA; QL (1 tablet per day.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COMETRIQ ORAL KIT 20 MG (<i>cabozantinib s-malate</i>)	3	PA; QL (93 capsules per month.); SMCS; SP; CM
COMETRIQ ORAL KIT 3 X 20 MG & 80 MG (<i>cabozantinib s-malate</i>)	3	PA; QL (124 capsules per month.); SMCS; SP; CM
COMETRIQ ORAL KIT 80 & 20 MG (<i>cabozantinib s-malate</i>)	3	PA; QL (62 capsules per month.); SMCS; SP; CM
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	4	PA; QL (2 capsules per day.); SMCS; SP; CM
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	4	PA; QL (63 tablets per 21 days); SMCS; SP; CM
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	3	CM
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	3	CM
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	3	PA; QL (1 tablet per day.); SP; CM
<i>dasatinib oral tablet 20 mg</i>	3	PA; QL (2 tablets per day.); SMCS; SP; CM
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	3	PA; QL (2 tablets per day.); SMCS; SP; CM
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	3	CM
ENSACOVE ORAL CAPSULE 100 MG, 25 MG (<i>ensartinib hcl</i>)	3	
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	3	PA; QL (1 capsule per day.); SMCS; SP; CM
ERLEADA ORAL TABLET 240 MG (<i>apalutamide</i>)	3	PA; QL (1 tablet per day.); SMCS
ERLEADA ORAL TABLET 60 MG (<i>apalutamide</i>)	3	PA; QL (4 tablets per day.); SMCS; SP; CM
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	3	PA; QL (1 tablet per day.); SMCS; SP; CM
<i>erlotinib hcl oral tablet 25 mg</i>	3	PA; QL (2 tablets per day.); SMCS; SP; CM
<i>etoposide oral capsule 50 mg</i>	1	SMCS; SP; CM
<i>everolimus oral tablet 7.5 mg</i>	3	PA; QL (2 tablets per day.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	3	PA; QL (1 tablet per day.); SMCS; SP; CM
everolimus tablet 10 mg oral	3	PA; QL (2 tablets per day.); SP; CM
everolimus tablet 10 mg oral	3	PA; QL (2 tablets per day.); SMCS; SP; CM
everolimus tablet 2.5 mg oral	3	PA; QL (1 tablet per day.); SP; CM
everolimus tablet 2.5 mg oral	3	PA; QL (1 tablet per day.); SMCS; SP; CM
everolimus tablet 5 mg oral	3	PA; QL (1 tablet per day.); SP; CM
everolimus tablet 5 mg oral	3	PA; QL (1 tablet per day.); SMCS; SP; CM
exemestane oral tablet 25 mg	2	H
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (degarelix acetate)	4	M; SMCS; SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (degarelix acetate)	4	M; SMCS; SP
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
FRUZAQLA ORAL CAPSULE 1 MG (fruquintinib)	4	PA; ST; QL (84 capsules per 21 days.); SMCS; SP; CM
FRUZAQLA ORAL CAPSULE 5 MG (fruquintinib)	4	PA; ST; QL (21 capsules per 21 days.); SMCS; SP; CM
GAVRETO ORAL CAPSULE 100 MG (pralsetinib)	4	PA; QL (4 capsules per day.); SMCS; SP; CM
gefitinib oral tablet 250 mg	4	PA; QL (2 tablets per day.); SMCS; SP; CM
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (afatinib dimaleate)	4	PA; QL (1 tablet per day.); SMCS; SP; CM
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	3	SMCS; SP; CM
GOMEKLI ORAL CAPSULE 1 MG (mirdametinib)	4	PA; QL (42 capsules per 4 weeks.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GOMEKLI ORAL CAPSULE 2 MG (<i>mirdametinib</i>)	4	PA; QL (84 capsules per 4 weeks.); SMCS; SP
GOMEKLI ORAL TABLET SOLUBLE 1 MG (<i>mirdametinib</i>)	4	PA; QL (168 tablets per 4 weeks.); SMCS
HEPZATO W/50MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED 50 MG (<i>melfalan hcl</i>)	3	M
HEPZATO W/62MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED 50 MG (<i>melfalan hcl</i>)	3	M
HYCANTIN ORAL CAPSULE 0.25 MG (<i>topotecan hcl</i>)	3	PA; QL (20 capsules per three weeks.); SMCS; SP; CM
HYCANTIN ORAL CAPSULE 1 MG (<i>topotecan hcl</i>)	3	PA; QL (305 capsules per 15 days.); SMCS; SP; CM
HYDREA ORAL CAPSULE 500 MG (<i>hydroxyurea</i>)	4	CM
<i>hydroxyurea oral capsule 500 mg</i>	1	CM
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	3	PA; QL (21 capsules per month.); SMCS; SP; CM
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	3	PA; QL (0.75 tablets per day.); SMCS; SP; CM
ICLUSIG ORAL TABLET 10 MG, 30 MG (<i>ponatinib hcl</i>)	4	PA; QL (1 tablet per day.); SMCS; CM
ICLUSIG ORAL TABLET 15 MG, 45 MG (<i>ponatinib hcl</i>)	4	PA; QL (1 tablet per day.); SMCS; SP; CM
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	3	PA; QL (1 tablet per day.); SMCS; SP; CM
<i>imatinib mesylate oral tablet 400 mg</i>	1	QL (1 tablet per day.); SMCS; SP; CM
<i>imatinib mesylate tablet 100 mg oral</i>	1	QL (6 tablets per day.); SMCS; SP; CM
<i>imatinib mesylate tablet 100 mg oral</i>	1	QL (6 tablets per day.); SP; CM
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	3	PA; QL (4 capsules per day.); SMCS; SP; CM
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	3	PA; QL (1 capsule per day.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IMBRUVICA ORAL SUSPENSION 70 MG/ML (<i>ibrutinib</i>)	3	PA; QL (7.2 ml per day.); SMCS; SP; CM
IMBRUVICA ORAL TABLET 420 MG (<i>ibrutinib</i>)	3	PA; QL (1 tablet per day.); SMCS; SP; CM
IMKELDI ORAL SOLUTION 80 MG/ML	4	PA; SMCS; SP; CM
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	4	PA; QL (6 tablets per day.); SMCS; SP; CM
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	4	PA; QL (124 tablets per 30 days.); SMCS; SP; CM
INQOVI ORAL TABLET 35-100 MG (<i>decitabine-cedazuridine</i>)	4	PA; QL (5 tablets per month.); SMCS; SP; CM
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	4	PA; QL (2 tablets per day.); SMCS; SP; CM
ITOVEBI ORAL TABLET 3 MG (<i>inavolisib</i>)	3	PA; QL (56 tablets per month.); SMCS; SP; CM
ITOVEBI ORAL TABLET 9 MG (<i>inavolisib</i>)	3	PA; QL (28 tablets per month.); SMCS; SP; CM
IWILFIN ORAL TABLET 192 MG (<i>eflornithine hcl</i>)	3	PA; QL (8 tablets per day.); SMCS; SP; CM
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	3	PA; QL (2 tablets per day.); SMCS; SP; CM
JAYPIRCA ORAL TABLET 100 MG (<i>pirtobrutinib</i>)	4	PA; QL (3 tablets per day.); SMCS; SP; CM
JAYPIRCA ORAL TABLET 50 MG (<i>pirtobrutinib</i>)	4	PA; QL (1 tablet per day.); SMCS; SP; CM
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	4	PA; CM
KOSELUGO ORAL CAPSULE 10 MG (<i>selumetinib sulfate</i>)	3	PA; QL (8 capsules per day.); SMCS; SP; CM
KOSELUGO ORAL CAPSULE 25 MG (<i>selumetinib sulfate</i>)	3	PA; QL (4 capsules per day.); SMCS; SP; CM
KRAZATI ORAL TABLET 200 MG (<i>adagrasib</i>)	4	PA; QL (6 tablets per day.); SMCS; SP; CM
<i>lapatinib ditosylate oral tablet 250 mg</i>	3	PA; QL (186 tablets per prescription); SMCS; SP; CM
LAZCLUZE ORAL TABLET 240 MG (<i>lazertinib mesylate</i>)	4	PA; QL (30 tablets per month.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LAZCLUZE ORAL TABLET 80 MG (<i>lazertinib mesylate</i>)	4	PA; QL (60 tablets per month.); SMCS; SP; CM
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg</i>	3	PA; QL (28 capsules per 21 days.); SMCS; SP; CM
<i>lenalidomide oral capsule 20 mg, 25 mg</i>	3	PA; QL (21 capsules per 21 days.); SMCS; SP; CM
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 2 X 10 MG, 2 X 4 MG (<i>lenvatinib mesylate</i>)	4	PA; QL (2 capsules per day.); SMCS; SP; CM
LENVIMA ORAL CAPSULE THERAPY PACK 10 MG (<i>lenvatinib mesylate</i>)	4	PA; QL (1 capsule per day.); SMCS; SP; CM
LENVIMA ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG, 2 X 10 MG & 4 MG (<i>lenvatinib mesylate</i>)	4	PA; QL (3 capsules per day.); SMCS; SP; CM
LENVIMA ORAL CAPSULE THERAPY PACK 3 X 4 MG (<i>lenvatinib mesylate</i>)	3	PA; QL (3 capsules per day.); SMCS; SP; CM
LENVIMA ORAL CAPSULE THERAPY PACK 4 MG (<i>lenvatinib mesylate</i>)	3	PA; QL (1 capsule per day.); SMCS; SP; CM
<i>letrozole oral tablet 2.5 mg</i>	1	H
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	3	CM
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	PA; M; SMCS
LORBRENA ORAL TABLET 100 MG, 25 MG (<i>lorlatinib</i>)	4	PA; ST; SMCS; SP; CM
LUMAKRAS ORAL TABLET 120 MG, 240 MG (<i>sotorasib</i>)	4	PA; QL (62 tablets per month.); SMCS; SP; CM
LUMAKRAS ORAL TABLET 320 MG (<i>sotorasib</i>)	4	PA; QL (3 tablets per day.); SMCS; SP; CM
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	3	PA; QL (4 tablets per day.); SMCS; SP; CM
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	3	CM
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	4	PA; QL (84 tablets per month.); SMCS; SP; CM
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	4	PA; QL (112 tablets per month.); SMCS; SP; CM
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	4	PA; QL (140 tablets per month.); SMCS; SP; CM
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	3	SMCS; SP; CM

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MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	4	PA; ST; QL (40 tablets per 720 days.); SMCS
<i>megestrol acetate oral suspension 40 mg/ml</i>	1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	3	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (<i>trametinib dimethyl sulfoxide</i>)	4	ST; QL (17.4 ml per day.); SMCS; SP; CM
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	4	PA; ST; QL (2 tablets per day.); SMCS; SP; CM
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	4	PA; ST; QL (1 tablet per day.); SMCS; SP; CM
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	3	SMCS; SP; CM
<i>mercaptopurine oral tablet 50 mg</i>	1	CM
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	M
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	1	M
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	M
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	CM
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	3	CM
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	3	PA; QL (6 tablets per day.); SMCS; SP; CM
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	1	PA; ST; QL (4 capsules per day.); SP; CM
<i>nilotinib hcl oral capsule 50 mg</i>	1	PA; ST; QL (4 capsules per day.); SMCS; SP; CM
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	3	PA; QL (3 capsules per prescription.); SMCS; SP; CM
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	3	PA; QL (4 tablets per day.); SMCS; SP; CM
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	3	PA; QL (1 capsule per day.); SMCS; SP; CM
OGSIVEO ORAL TABLET 100 MG, 150 MG (<i>nirogacestat hydrobromide</i>)	3	PA; SMCS; SP; CM

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OGSIVEO ORAL TABLET 50 MG (<i>nirogacestat hydrobromide</i>)	3	PA; QL (6 tablets per day.); SMCS; SP; CM
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML (<i>tovorafenib</i>)	4	PA; QL (96 ml per month.); SMCS; SP; CM
OJEMDA ORAL TABLET 100 MG (<i>tovorafenib</i>)	4	PA; QL (24 tablets per month.); SMCS; SP; CM
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (<i>momelotinib dihydrochloride</i>)	4	PA; QL (1 tablet per day.); SMCS; SP; CM
ONUREG ORAL TABLET 200 MG, 300 MG (<i>azacitidine</i>)	3	PA; QL (14 tablets per 24 days.); SMCS; SP; CM
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	4	PA; QL (1 tablet per day); SMCS; SP; CM
ORSERDU ORAL TABLET 345 MG (<i>elacestrant hydrochloride</i>)	3	PA; QL (1 tablet per day.); SMCS; SP; CM
ORSERDU ORAL TABLET 86 MG (<i>elacestrant hydrochloride</i>)	3	PA; QL (3 tablets per day.); SMCS; SP; CM
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	3	M; SMCS; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	3	M; SMCS; SP
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (<i>pemigatinib</i>)	4	PA; QL (31 tablets per month.); SMCS; SP; CM
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG (<i>alpelisib</i>)	3	PA; QL (2 tablets per day.); SMCS; SP; CM
PIQRAY ORAL TABLET THERAPY PACK 200 MG (<i>alpelisib</i>)	3	PA; QL (1 tablet per day.); SMCS; SP; CM
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	4	PA; QL (21 capsules per 21 days.); SMCS; SP; CM
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	4	SMCS; SP; CM
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG (<i>selpercatinib</i>)	4	PA; QL (60 tablets per month.); SMCS; SP; CM
RETEVMO ORAL TABLET 40 MG (<i>selpercatinib</i>)	4	PA; QL (90 tablets per month.); SMCS; SP; CM
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>lenalidomide</i>)	3	PA; QL (28 capsules per 21 days.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REVLIMID ORAL CAPSULE 20 MG, 25 MG (<i>lenalidomide</i>)	3	PA; QL (21 capsules per 21 days.); SMCS; SP; CM
REVUFORJ ORAL TABLET 110 MG (<i>revumenib citrate</i>)	4	PA; QL (120 tablets per month.); SMCS; SP; CM
REVUFORJ ORAL TABLET 160 MG (<i>revumenib citrate</i>)	4	PA; QL (60 tablets per month.); SMCS; SP; CM
REVUFORJ ORAL TABLET 25 MG (<i>revumenib citrate</i>)	4	PA; QL (240 tablets per month.); SMCS; SP; CM
REZLIDHIA ORAL CAPSULE 150 MG (<i>olutasidenib</i>)	3	PA; QL (2 capsules per day.); SMCS; SP; CM
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (<i>entrectinib</i>)	3	PA; QL (3 capsules per day.); SMCS; SP; CM
ROZLYTREK ORAL PACKET 50 MG (<i>entrectinib</i>)	2	PA; QL (84 packets (2 boxes) per month.); SMCS; SP; CM
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	3	PA; QL (8 capsules per day.); SMCS; SP; CM
SCEMBLIX ORAL TABLET 100 MG (<i>asciminib hcl</i>)	4	PA; QL (120 tablets per month.); SMCS; SP; CM
SCEMBLIX ORAL TABLET 20 MG, 40 MG (<i>asciminib hcl</i>)	4	PA; QL (2 tablets per day.); SMCS; SP; CM
<i>sorafenib tosylate tablet 200 mg oral</i>	3	PA; QL (4 tablets per day.); SP; CM
<i>sorafenib tosylate tablet 200 mg oral</i>	3	PA; QL (4 tablets per day.); SMCS; SP; CM
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	3	PA; QL (84 tablets per 21 days.); SMCS; SP; CM
<i>sunitinib malate capsule 12.5 mg oral</i>	3	PA; QL (1 capsule per day.); SP; CM
<i>sunitinib malate capsule 12.5 mg oral</i>	3	PA; QL (1 capsule per day.); SMCS; SP; CM
<i>sunitinib malate capsule 25 mg oral</i>	3	PA; QL (1 capsule per day.); SP; CM
<i>sunitinib malate capsule 25 mg oral</i>	3	PA; QL (1 capsule per day.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sunitinib malate capsule 37.5 mg oral</i>	3	PA; QL (1 capsule per day.); SP; CM
<i>sunitinib malate capsule 37.5 mg oral</i>	3	PA; QL (1 capsule per day.); SMCS; SP; CM
<i>sunitinib malate capsule 50 mg oral</i>	3	PA; QL (1 capsule per day.); SP; CM
<i>sunitinib malate capsule 50 mg oral</i>	3	PA; QL (1 capsule per day.); SMCS; SP; CM
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	3	SMCS; SP; CM
TABRECTA ORAL TABLET 150 MG, 200 MG (<i>capmatinib hcl</i>)	4	PA; QL (4 tablets per day.); SMCS; SP; CM
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	4	PA; ST; QL (4 capsules per day.); SMCS; SP; CM
TAFINLAR ORAL TABLET SOLUBLE 10 MG (<i>dabrafenib mesylate</i>)	4	ST; QL (12 tablets per day.); SMCS; SP; CM
TAGRISSO ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	4	PA; QL (1 tablet per day.); SMCS; SP; CM
<i>tamoxifen citrate oral tablet 10 mg</i>	1	
<i>tamoxifen citrate oral tablet 20 mg</i>	1	H
TASIGNA ORAL CAPSULE 150 MG, 200 MG (<i>nilotinib hcl</i>)	3	PA; ST; QL (4 capsules per day.); SP; CM
TASIGNA ORAL CAPSULE 50 MG (<i>nilotinib hcl</i>)	3	PA; ST; QL (4 capsules per day.); SMCS; SP; CM
TAZVERIK ORAL TABLET 200 MG (<i>tazemetostat hbr</i>)	4	PA; QL (8 tablets per day.); SMCS; SP; CM
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	1	PA; SMCS; SP; CM
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	3	PA; QL (28 capsules per prescription.); SMCS; SP; CM
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	3	PA; QL (2 tablets per day.); SMCS; SP; CM
<i>toremifene citrate oral tablet 60 mg</i>	3	CM
<i>torpenz oral tablet 10 mg</i>	3	PA; QL (2 tablets per day.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>torpenz oral tablet 2.5 mg</i>	3	PA; QL (1 tablet per day.); SP; CM
<i>torpenz oral tablet 5 mg</i>	3	PA; QL (1 tablet per day.); SMCS; SP; CM
<i>torpenz oral tablet 7.5 mg</i>	3	PA; QL (2 tablets per day.); SMCS; SP; CM
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	3	QL (20 grams per prescription.)
<i>tretinoin oral capsule 10 mg</i>	3	QL (279 capsules per prescription.); SMCS; SP; CM
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	2	CM
TRUQAP ORAL TABLET 200 MG (<i>capivasertib</i>)	3	PA; QL (64 tablets per month.); SP
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG (<i>capivasertib</i>)	3	PA; QL (64 tablets every month.); SMCS; SP; CM
TUKYSA ORAL TABLET 150 MG (<i>tucatinib</i>)	3	PA; QL (4 tablets per day.); SMCS; SP; CM
TUKYSA ORAL TABLET 50 MG (<i>tucatinib</i>)	3	PA; QL (10 tablets per day.); SMCS; SP; CM
TURALIO ORAL CAPSULE 125 MG (<i>pexidartinib hcl</i>)	3	PA; QL (4 capsules per day.); SMCS; SP; CM
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (<i>quizartinib dihydrochloride</i>)	4	PA; QL (2 tablets per day.); SMCS; SP; CM
VENCLEXTA ORAL TABLET 10 MG (<i>venetoclax</i>)	3	PA; QL (14 tablets per month.); SMCS; SP; CM
VENCLEXTA ORAL TABLET 100 MG (<i>venetoclax</i>)	3	PA; QL (4 tablets per day.); SMCS; SP; CM
VENCLEXTA ORAL TABLET 50 MG (<i>venetoclax</i>)	3	PA; QL (1 tablet per day.); SMCS; SP; CM
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	3	PA; QL (42 tablets per year.); SMCS; SP; CM
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	3	PA; QL (2 tablets per day.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITRAKVI ORAL CAPSULE 100 MG (<i>larotrectinib sulfate</i>)	3	PA; QL (2 capsules per day.); SMCS; SP; CM
VITRAKVI ORAL CAPSULE 25 MG (<i>larotrectinib sulfate</i>)	3	PA; QL (6 capsules per day.); SMCS; SP; CM
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	3	PA; QL (10 mL per day.); SMCS; SP; CM
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	4	PA; QL (1 tablet per day.); SMCS; SP; CM
VONJO ORAL CAPSULE 100 MG (<i>pacritinib citrate</i>)	4	PA; QL (4 capsules per day.); SMCS; SP; CM
VORANIGO ORAL TABLET 10 MG (<i>vorasidenib</i>)	3	PA; QL (62 tablets per month.); SMCS; SP; CM
VORANIGO ORAL TABLET 40 MG (<i>vorasidenib</i>)	3	PA; QL (31 tablets per month.); SMCS; SP; CM
WELIREG ORAL TABLET 40 MG (<i>belzutifan</i>)	4	PA; QL (3 tablets day.); SMCS; SP; CM
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	4	PA; QL (4 ml per day.); CM
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	4	PA; QL (3 tablets per day.); SMCS; SP; CM
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (<i>selinexor</i>)	4	PA; QL (0.26 tablet per day.); SMCS; SP; CM
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG (<i>selinexor</i>)	4	PA; SMCS; SP; CM
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	4	PA; QL (1 therapy pack per month.); SMCS; SP; CM
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	4	PA; QL (0.29 tablet per day.); SMCS; SP; CM
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (<i>selinexor</i>)	4	PA; QL (1 therapy pack per month.); SMCS; SP; CM
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	4	PA; QL (0.86 tablets per day.); SMCS; SP; CM
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	4	PA; QL (0.29 tablet per day.); SMCS; SP; CM
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	4	PA; QL (1.15 tablets per day.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	3	PA; QL (4 capsules per day.); SMCS; SP; CM
XTANDI ORAL TABLET 40 MG (<i>enzalutamide</i>)	3	PA; QL (4 tablets per day.); SMCS; SP; CM
XTANDI ORAL TABLET 80 MG (<i>enzalutamide</i>)	3	PA; QL (2 tablets per day.); SMCS; SP; CM
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (<i>niraparib tosylate</i>)	3	PA; QL (1 tablet per day.); SMCS; SP; CM
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	3	PA; QL (8 tablets per day.); SMCS; SP; CM
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	3	PA; QL (4 capsules per day.); SMCS; SP; CM
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	4	PA; QL (60 tablets per month.); SMCS; SP; CM
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES - DRUGS FOR THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS (THERAPEUTIC) - DRUGS FOR THE IMMUNE SYSTEM		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (<i>timothy grass pollen allergen</i>)	4	PA; QL (1 tablet per day.)
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (<i>dust mite mixed allergen ext</i>)	4	PA; QL (1 tablet per day.)
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	4	PA; QL (1 tablet per day.)
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 100 IR (<i>grass mix pollens allergen ext</i>)	4	PA; QL (3 tablets per year.)
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	4	PA; QL (1 tablet per day.)
PALFORZIA (1 MG DAILY DOSE) ORAL 1 X 1 MG (<i>peanut powder-dnfp</i>)	4	PA; SMCS; SP
PALFORZIA INITIAL DOSE 1-3YRS ORAL 0.5 & 1 & 1.5 & 3 MG (<i>peanut powder-dnfp</i>)	4	PA; QL (7 capsules (1 pack) per 365 days.); SMCS; SP
PALFORZIA INITIAL DOSE 4-17YRS ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (<i>peanut powder-dnfp</i>)	4	PA; QL (13 capsules per year.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (<i>peanut powder-dnfp</i>)	4	PA; QL (13 capsules per year.); SMCS; SP
PALFORZIA ORAL 2 X 1 MG & 10 MG, 3 X 1 MG (<i>peanut powder-dnfp</i>)	4	PA; QL (45 capsules per 13 days.); SMCS; SP
PALFORZIA ORAL 2 X 100 MG, 2 X 20 MG, 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	4	PA; QL (30 capsules per 13 days.); SMCS; SP
PALFORZIA ORAL 2 X 20 MG & 2 X 100 MG, 4 X 20 MG (<i>peanut powder-dnfp</i>)	4	PA; QL (60 capsules per 13 days.); SMCS; SP
PALFORZIA ORAL 20 MG (<i>peanut powder-dnfp</i>)	4	PA; QL (15 capsules per 13 days.); SMCS; SP
PALFORZIA ORAL 3 X 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	4	PA; QL (60 capsule per 13 days.); SMCS; SP
PALFORZIA ORAL 6 X 1 MG (<i>peanut powder-dnfp</i>)	4	PA; QL (90 capsules per 13 days.); SMCS; SP
PALFORZIA ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	4	PA; QL (1 capsule per day.); SMCS; SP
PALFORZIA ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	4	PA; QL (15 capsules per 13 days.); SMCS; SP
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (<i>short ragweed pollen ext</i>)	4	PA; QL (1 tablet per day.)
TOXOIDS - Vaccines		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	3	H
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	2	H
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (<i>diphth-acell pertussis-tetanus</i>)	2	M; H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR (<i>diphth-acell pertussis-tetanus</i>)	2	M; H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR (<i>diphth-acell pertussis-tetanus</i>)	3	M; H
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-hepatitis b recomb-ipv</i>)	3	H
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>dtap-ipv-hib vaccine</i>)	3	H

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QUADRACEL INTRAMUSCULAR SUSPENSION (<i>dtap-ipv vaccine</i>)	3	H
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (<i>tetanus-diphtheria toxoids td</i>)	3	H
VAXELIS INTRAMUSCULAR SUSPENSION (<i>dtap-ipv-hib-hepatitis b recmb</i>)	3	H
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv-hib-hepatitis b recmb</i>)	3	H
VACCINES - Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML (<i>rsv pre-fusion f a&b vac rcmb</i>)	3	H
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	2	M; H
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	3	H
AFLURIA INTRAMUSCULAR SUSPENSION (<i>influenza virus vaccine split</i>)	3	H
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza virus vacc split pf</i>)	3	H
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML (<i>rsvpref3 vac recomb adjuvanted</i>)	3	H
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>meningococcal b recomb omv adj</i>)	3	H
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	2	H
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (<i>pneumococcal 21-valent conjuga</i>)	3	H
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML (<i>covid-19 mrna virus vaccine</i>)	3	H
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (<i>diphth-acell pertussis-tetanus</i>)	2	M; H
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>dengue virus vaccine live tetr</i>)	3	H

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ENGERIX-B INJECTION SUSPENSION 20 MCG/ML (<i>hepatitis b vac recombinant</i>)	2	H
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (<i>hepatitis b vac recombinant</i>)	2	H
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac a&b surf ant adj</i>)	3	H
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza virus vacc split pf</i>)	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac tiss-cult subunt</i>)	3	H
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza virus vacc split pf</i>)	3	H
FLUMIST NASAL LIQUID (<i>influenza virus vaccine live</i>)	3	H
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split high-dose</i>)	3	H
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza virus vacc split pf</i>)	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML (<i>hpv 9-valent recomb vaccine</i>)	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>hpv 9-valent recomb vaccine</i>)	3	H
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML (<i>hepatitis a vaccine</i>)	3	H
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML (<i>hepatitis a vaccine</i>)	3	H
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (<i>hepatitis b vac recomb adj</i>)	3	H
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG (<i>haemophilus b polysac conj vac</i>)	3	H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR (<i>diphth-acell pertussis-tetanus</i>)	2	M; H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR (<i>diphth-acell pertussis-tetanus</i>)	3	M; H
IPOL INJECTION INJECTABLE (<i>poliovirus vaccine inactivated</i>)	2	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML (<i>mening acy&w-135 tetanus conj</i>)	3	H
MENVEO INTRAMUSCULAR SOLUTION (<i>meningococcal a c y&w-135 olig</i>)	3	H
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>meningococcal a c y&w-135 olig</i>)	3	H
M-M-R II INJECTION SOLUTION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	2	H
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML (<i>covid-19 mrna virus vaccine</i>)	3	H
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-hepatitis b recomb-ipv</i>)	3	H
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML (<i>haemophilus b polysac conj vac</i>)	2	M; H
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>mening acyw(tet conj)-b(rcmb)</i>)	3	H
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>dtap-ipv-hib vaccine</i>)	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML (<i>covid-19 mrna virus vaccine</i>)	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y INTRAMUSCULAR SUSPENSION 3 MCG/0.3ML	3	H
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (<i>pneumococcal vac polyvalent</i>)	2	H
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>pneumococcal 20-val conj vacc</i>)	3	M; H
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	3	H
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles-mumps-rubella-varicell</i>)	3	H
QUADRACEL INTRAMUSCULAR SUSPENSION (<i>dtap-ipv vaccine</i>)	3	H
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML (<i>hepatitis b vac recombinant</i>)	2	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML (<i>hepatitis b vac recombinant</i>)	2	H
ROTARIX ORAL SUSPENSION (<i>rotavirus vaccine live oral</i>)	3	H
ROTATEQ ORAL SOLUTION (<i>rotavirus vac live pentavalent</i>)	3	H
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML (<i>zoster vac recomb adjuvanted</i>)	3	H
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (<i>covid-19 mrna virus vaccine</i>)	3	H
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>meningococcal b vac (recomb)</i>)	3	H
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (<i>hepatitis a-hep b recomb vac</i>)	3	H
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (<i>hepatitis a vaccine</i>)	2	H
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML (<i>varicella virus vaccine live</i>)	3	H
VAXELIS INTRAMUSCULAR SUSPENSION (<i>dtap-ipv-hib-hepatitis b recmb</i>)	3	H
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv-hib-hepatitis b recmb</i>)	3	H
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>pneumococcal 15-val conj vacc</i>)	3	M; H
AUTONOMIC DRUGS		
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	H
<i>ft nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	1	H
<i>ft nicotine mouth/throat gum 2 mg, 4 mg</i>	1	H
<i>ft nicotine mouth/throat lozenge 2 mg, 4 mg</i>	1	H
<i>ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>goodsense nicotine mouth/throat gum 2 mg, 4 mg</i>	1	H
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	1	H
<i>habitrol transdermal patch 24 hour 21 mg/24hr</i>	1	H
<i>naltrexone hcl oral tablet 50 mg</i>	1	
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	2	H
NICORETTE MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	4	H
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	2	H
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	1	H
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	1	H
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	1	H
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	1	H
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	1	H
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	1	H
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	1	H
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	1	H
<i>nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr</i>	1	H
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	4	H
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	4	H
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	3	H
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	3	H
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	3	H
AUTONOMIC DRUGS - Drugs for the Nervous System		
ALPHA- AND BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADRENALIN NASAL SOLUTION 0.1 % (<i>epinephrine hcl (nasal)</i>)	2	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML (<i>epinephrine</i>)	2	QL (2 pens per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	2	QL (2 injections per prescription.)
<i>bromphen-pseudoeph-dm oral syrup 2-30-10 mg/5ml</i>	1	
<i>epinephrine hcl (nasal) nasal solution 0.1 %</i>	1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml</i>	1	QL (2 injections per prescription.)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	1	QL (4 injections per prescription.)
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>)	4	QL (2 injections per prescription.)
LETS KIT	3	PA
NEFFY NASAL SOLUTION 1 MG/0.1ML (<i>epinephrine</i>)	4	
NEFFY NASAL SOLUTION 2 MG/0.1ML (<i>epinephrine</i>)	4	QL (2 nasal sprays (1 box) per copay.)
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
ALPHA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	2	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	3	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	4	PA; ST
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	3	
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML (<i>clonidine hcl</i>)	3	QL (120 mL per month.)
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	1	
ANTIMUSCARINICS/ANTISPASMODICS - Drugs for Parkinson		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG (<i>hyoscyamine sulfate</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium-vilanterol</i>)	3	QL (2 blisters per day.)
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	3	QL (0.87 grams per day.)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	2	QL (0.36 grams per day.)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	3	QL (0.36 grams per day.)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	4	QL (0.28 grams per day.)
CUVPOSA ORAL SOLUTION 1 MG/5ML (<i>glycopyrrolate</i>)	4	
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	3	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	1	PA; QL (120 mL per prescription and 360 ml per month.)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	1	PA
<i>hydromet oral solution 5-1.5 mg/5ml</i>	1	PA; QL (120 mL per prescription and 360 ml per month.)
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>hyosyne oral elixir 0.125 mg/5ml</i>	1	
<i>hyosyne oral solution 0.125 mg/ml</i>	1	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	1	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml, 2.5-0.5 mg/3ml</i>	2	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG (<i>hyoscyamine sulfate</i>)	4	
LEVSIN ORAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	4	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG (<i>hyoscyamine sulfate</i>)	4	
LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate-atropine</i>)	4	
<i>me/naphos/mb/hyo1 oral tablet 81.6 mg</i>	1	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	1	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (<i>hyoscyamine sulfate</i>)	4	
OSCIMIN ORAL TABLET 0.125 MG	4	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	4	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	3	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	2	QL (1 capsule per day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	2	QL (0.15 grams per day.)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	2	QL (0.15 grams per day.)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	3	QL (2 blisters per day.)
URELLE ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	4	
<i>uretron d/s oral tablet 81.6 mg</i>	4	
UROGESIC-BLUE ORAL TABLET 81.6 MG (<i>methen-hyosc-meth blue-na phos</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VILEVEV MB ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	4	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	4	PA; QL (3 ml per day.)
ANTIPARKINSONIAN AGENTS - Drugs for Parkinson		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (<i>diphenhydramine hcl</i>)	3	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
AUTONOMIC DRUGS, MISCELLANEOUS - Drugs for the Nervous System		
<i>ft nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	1	H
<i>ft nicotine mouth/throat gum 2 mg, 4 mg</i>	1	H
<i>ft nicotine mouth/throat lozenge 2 mg, 4 mg</i>	1	H
<i>ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	1	H
<i>goodsense nicotine mouth/throat gum 2 mg, 4 mg</i>	1	H
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	1	H
<i>habitrol transdermal patch 24 hour 21 mg/24hr</i>	1	H
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	2	H
NICORETTE MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	4	H
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	2	H
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	1	H
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	1	H
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	1	H
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	1	H
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	1	H
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	1	H
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	1	H
<i>nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr</i>	1	H
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	4	H
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	4	H
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	3	H
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	3	H
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	3	H
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT - Drugs for Relaxing Muscles		
<i>carisoprodol oral tablet 350 mg</i>	1	
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	PA
ENOVARX-CYCLOBENZAPRINE HCL TRANSDERMAL CREAM 20 MG/GM	3	PA
<i>metaxalone oral tablet 400 mg, 800 mg</i>	3	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
TABRADOL FUSEPAQ ORAL SUSPENSION 1 MG/ML (<i>cyclobenzaprine hcl-msm</i>)	3	PA
TANLOR ORAL TABLET 1000 MG (<i>methocarbamol</i>)	3	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	3	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	
VP FC KIT EXTERNAL CREAM	3	PA
ZANAFLEX ORAL TABLET 4 MG (<i>tizanidine hcl</i>)	4	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS - Drugs for Relaxing Muscles		
DANTRIUM ORAL CAPSULE 25 MG (<i>dantrolene sodium</i>)	4	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	1	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
BACLOFEN ORAL SOLUTION 10 MG/5ML	4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>baclofen oral solution 5 mg/5ml</i>	3	
<i>baclofen oral suspension 25 mg/5ml</i>	3	PA
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
ENOVARX-BACLOFEN EXTERNAL CREAM 1 %	3	PA
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (<i>baclofen</i>)	4	PA
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (<i>ketoprofen-baclofen-gabap-lido</i>)	3	PA
OZOBAX DS ORAL SOLUTION 10 MG/5ML (<i>baclofen</i>)	4	PA
INDIRECT-ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	2	
NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	4	
BETIMOL OPHTHALMIC SOLUTION 0.25 % (<i>timolol hemihydrate</i>)	2	QL (5 ml per prescription)
BETIMOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol hemihydrate</i>)	4	QL (5 ml per prescription.)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	4	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	3	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	4	PA
<i>timolol hemihydrate ophthalmic solution 0.5 %</i>	2	QL (5 ml per prescription.)
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	3	
<i>timolol maleate ocudose ophthalmic solution 0.5 %</i>	2	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>timolol maleate pf ophthalmic solution 0.25 %, 0.5 %</i>	2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	4	
NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS - Drugs for the Heart		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	4	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	1	M
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	3	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	3	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	2	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - Drugs for Bladder Incontinence		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>cevimeline hcl oral capsule 30 mg</i>	1	
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	3	PA; QL (300 tablets per month.); SMCS; SP
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	1	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	
MESTINON ORAL SOLUTION 60 MG/5ML (<i>pyridostigmine bromide</i>)	4	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	1	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	3	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (<i>pilocarpine hcl</i>)	4	
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT - Drugs for the Heart		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	3	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	
SELECTIVE BETA-2-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	3	QL (0.4 grams per day.)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	QL (10.7 grams per prescription.)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	2	QL (1 inhaler per copay.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL (1 inhaler per prescription.)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL (18 grams per prescription.)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL (6.7 grams per prescription.)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL (8.5 grams per prescription.)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate oral syrup 2 mg/5ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	3	PA
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (umeclidinium-vilanterol)	3	QL (2 blisters per day.)
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	4	QL (2 nebules per day)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (glycopyrrolate-formoterol)	2	QL (0.36 grams per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (fluticasone furoate-vilanterol)	3	QL (2 blisters per day.)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (budeson-glycopyrrol-formoterol)	3	QL (0.36 grams per day.)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (ipratropium-albuterol)	4	QL (0.28 grams per day.)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL (2 blisters per day.)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL (0.04 mcg per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml, 2.5-0.5 mg/3ml</i>	2	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	3	QL (90 ml per prescription.)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	3	QL (30 vials per prescription)
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL (15 grams per prescription.)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>salmeterol xinafoate</i>)	2	QL (1 diskus (60 blisters) per month.)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	2	QL (0.15 grams per day.)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	2	QL (0.15 grams per day.)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	3	QL (0.35 grams per day.)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	3	QL (2 blisters per day.)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	3	QL (2 blisters per day.)
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (<i>levalbuterol tartrate</i>)	3	QL (15 grams per prescription.)
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT - Drugs for the Heart		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>atenolol</i>)	3	PA
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	3	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	4	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	4	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg</i>	2	
<i>metoprolol succinate er oral tablet extended release 24 hour 25 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - Drugs for Relaxing Muscles		
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	2	
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood		
ANTIANEMIA DRUGS - Vitamins and Minerals		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML (<i>darbepoetin alfa</i>)	3	M; QL (2 syringes per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	3	M; QL (4 syringes per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML (<i>darbepoetin alfa</i>)	3	M; QL (1.6 ml per month.); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML (<i>darbepoetin alfa</i>)	3	M; QL (1 prefill syringe per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	3	M; QL (2 vials per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML (<i>darbepoetin alfa</i>)	3	M; QL (4 vials per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML (<i>darbepoetin alfa</i>)	3	M; QL (2 vials per prescription); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>darbepoetin alfa</i>)	3	M; QL (2 syringes per month); SMCS; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML (<i>epoetin alfa-epbx</i>)	3	M; QL (8 ml per 21 days); SMCS; SP
RETACRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa-epbx</i>)	3	M; QL (12 ml per 21 days.); SMCS; SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML (<i>epoetin alfa-epbx</i>)	3	M; SMCS
RETACRIT INJECTION SOLUTION 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	3	M; QL (4 ml per 21 days.); SMCS; SP
ANTICOAGULANTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML (<i>anticoagulant cit dext soln a</i>)	3	
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION 4 %, 4 GM/100ML	3	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	2	M; QL (24 ml (30 syringes) per prescription)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	2	M; QL (15 ml (30 syringes) per prescription)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	2	M; QL (12 ml (30 syringes) per prescription)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	2	M; QL (18 ml (30 syringes) per prescription)
TRICITRASOL IN VITRO CONCENTRATE 46.7 % (<i>anticoagulant sodium citrate</i>)	3	
ANTITHROMBOTIC AGENTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	3	PA; M; QL (1 vial per day and 58 vials per 120 days.); SMCS; SP
LODOCO ORAL TABLET 0.5 MG (<i>colchicine</i>)	4	QL (1 tablet per day.)
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC. - Drugs to Prevent Bleeding		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (<i>mitapivat sulfate</i>)	4	PA; QL (56 tablets per 28 days.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG (<i>mitapivat sulfate</i>)	4	PA; QL (7 tablets per 365 days.); SMCS; SP; CM
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG (<i>mitapivat sulfate</i>)	4	PA; QL (14 tablets per 365 days.); SMCS; SP; CM
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	4	PA; QL (2 tablets per day.); SMCS; SP
COUMARIN DERIVATIVES - Drugs to Prevent Blood Clots		
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
DIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (<i>apixaban</i>)	2	QL (2.5 tablets per day.)
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	2	QL (2 tablets per day.)
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	2	QL (2.5 tablets per day.)
<i>rivaroxaban oral tablet 2.5 mg</i>	2	QL (2 tablets per day.)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (<i>rivaroxaban</i>)	2	QL (20 ml per day.)
XARELTO ORAL TABLET 10 MG (<i>rivaroxaban</i>)	2	QL (1 tablet per day.)
XARELTO ORAL TABLET 15 MG (<i>rivaroxaban</i>)	2	QL (52 tablets per month initial 1 tablet per day for maintenance.)
XARELTO ORAL TABLET 2.5 MG (<i>rivaroxaban</i>)	2	QL (2 tablets per day.)
XARELTO ORAL TABLET 20 MG (<i>rivaroxaban</i>)	2	QL (31 tablets per 31 days.)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	2	QL (51 tablets per year.)
DIRECT THROMBIN INHIBITORS - Drugs to Prevent Blood Clots		
<i>dabigatran etexilate mesylate oral capsule 110 mg</i>	2	QL (2 tablets per day.)
<i>dabigatran etexilate mesylate oral capsule 150 mg, 75 mg</i>	2	QL (62 capsules per 31 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HEMATOPOIETIC AGENTS - Drugs for Anemia		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (<i>eltrombopag choline</i>)	4	PA; SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML (<i>darbepoetin alfa</i>)	3	M; QL (2 syringes per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	3	M; QL (4 syringes per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML (<i>darbepoetin alfa</i>)	3	M; QL (1.6 ml per month.); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML (<i>darbepoetin alfa</i>)	3	M; QL (1 prefill syringe per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	3	M; QL (2 vials per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML (<i>darbepoetin alfa</i>)	3	M; QL (4 vials per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML (<i>darbepoetin alfa</i>)	3	M; QL (2 vials per prescription); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>darbepoetin alfa</i>)	3	M; QL (2 syringes per month); SMCS; SP
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	4	PA; QL (60 tablets per month.); SMCS; SP
<i>eltrombopag olamine oral packet 12.5 mg</i>	1	PA; QL (6 packets per day.); SMCS; SP
<i>eltrombopag olamine oral packet 25 mg</i>	1	PA; QL (6 packets per day.); SMCS
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (<i>sargramostim</i>)	3	M; SMCS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML (<i>plerixafor</i>)	4	M; SMCS; SP
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	4	PA; QL (7 tablets per prescription.); SMCS; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	3	M; SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	3	M; SMCS; SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	3	M; SMCS; SP
<i>plerixafor subcutaneous solution 24 mg/1.2ml</i>	3	M; SMCS; SP
PROMACTA ORAL PACKET 12.5 MG (<i>eltrombopag olamine</i>)	4	PA; QL (6 packets per day.); SMCS; SP
PROMACTA ORAL PACKET 25 MG (<i>eltrombopag olamine</i>)	4	PA; QL (6 packets per day.); SMCS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML (<i>epoetin alfa-epbx</i>)	3	M; QL (8 ml per 21 days); SMCS; SP
RETACRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa-epbx</i>)	3	M; QL (12 ml per 21 days.); SMCS; SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML (<i>epoetin alfa-epbx</i>)	3	M; SMCS
RETACRIT INJECTION SOLUTION 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	3	M; QL (4 ml per 21 days.); SMCS; SP
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	3	M; SMCS
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	3	M; SMCS; SP
XOLREMDI ORAL CAPSULE 100 MG (<i>mavorixafor</i>)	3	PA; QL (120 capsules per month.); SMCS; SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	3	M; SMCS; SP
HEMORRHEOLOGIC AGENTS - Drugs for Blood Flow		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	
HEMOSTATICS - Drugs to Prevent Bleeding		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	3	M; SMCS; SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	4	PA; M; SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>)	4	PA; M; SMCS; SP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor-vwf</i>)	3	M; SMCS; SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>coagulation factor ix</i>)	3	M; SMCS
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 500 UNIT (<i>coagulation factor ix</i>)	3	M; SMCS; SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>coagulation factor ix (rfixfc)</i>)	4	M; SMCS; SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT (<i>coagulation factor ix (rfixfc)</i>)	3	M; SMCS; SP
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact fc-vwf-xten-eh1l</i>)	4	PA; M; SMCS; SP
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	3	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	3	
ASTRINGYN EXTERNAL SOLUTION 259 MG/GM (<i>ferric subsulfate</i>)	3	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	3	M; SMCS; SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (<i>coagulation factor x (human)</i>)	3	M; SMCS; SP
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (<i>factor xiii concentrate human</i>)	3	M; SMCS; SP
CRENESSITY ORAL CAPSULE 100 MG, 50 MG (<i>crinecerfont</i>)	4	PA; QL (62 capsules per month.); SMCS; SP
CRENESSITY ORAL SOLUTION 50 MG/ML (<i>crinecerfont</i>)	4	PA; QL (120 mL (4 bottles) per month.); SMCS; SP
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	1	M
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
desmopressin acetate pf injection solution 4 mcg/ml	1	M
desmopressin acetate spray nasal solution 0.01 %	1	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (antiinhibitor coagulant cmplx)	3	M; SMCS; SP
GELFILM OPHTHALMIC FILM (gelatin adsorbable)	2	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML (emicizumab-kxwh)	3	PA; M; SMCS; SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (antihemophilic factor)	3	M; SMCS
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1700 UNIT (antihemophilic factor)	3	M; SMCS; SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (antihemophilic factor-vwf)	3	M; SMCS; SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (coagulation factor ix (rix-fp))	4	M; SMCS; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (ahf (bdd-rfviii peg-aucl))	4	PA; M; SMCS; SP
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (antihemophilic factor)	3	M; SMCS
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (antihemophilic factor)	3	M; SMCS
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (antihem factor recomb (rfviii))	3	M; SMCS
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (antihemophil factor (rahf-pfm))	3	M; SMCS; SP
MONSELS FERRIC SUBSULFATE EXTERNAL SOLUTION	3	
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (antihemophil fact bd truncated)	3	M; SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT (<i>antihemophil fact bd truncated</i>)	3	M; SMCS; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (<i>coagulation factor viia recomb</i>)	3	M; SMCS; SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	3	M; SMCS; SP
NUWIQ INTRAVENOUS KIT 1500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	3	M; SMCS
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	3	M; SMCS; SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	3	M; SMCS
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	4	M; SMCS; SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>factor ix complex</i>)	3	M; SMCS; SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (<i>antihem factor recomb (rfviii)</i>)	3	M; SMCS; SP
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT (<i>thrombin (recombinant)</i>)	3	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT (<i>thrombin (recombinant)</i>)	3	
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	M; SMCS
THROMBIN-JMI EPISTAXIS EXTERNAL KIT 5000 UNIT (<i>thrombin</i>)	3	
THROMBIN-JMI EXTERNAL KIT 20000 UNIT, 5000 UNIT (<i>thrombin</i>)	3	
THROMBOGEN EXTERNAL KIT 10000 UNIT (<i>thrombin</i>)	3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED 1000 UNIT, 10000 UNIT (<i>thrombin</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tranexamic acid oral tablet 650 mg</i>	2	QL (Benefit maximum quantity 1 per day.)
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT (<i>coagulation factor xiii a-sub</i>)	4	M; SMCS; SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (<i>von willebrand factor (recomb)</i>)	3	M; SMCS; SP
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (<i>antihemophilic factor-vwf</i>)	3	M; SMCS; SP
HEPARINS - Drugs to Prevent Blood Clots		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	2	M; QL (42 ml (14 vials) per prescription)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	2	M; QL (30 syringes per prescription)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	2	M; QL (24 ml (30 syringes) per prescription)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	2	M; QL (9 ml (30 syringes) per prescription)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	2	M; QL (12 ml (30 syringes) per prescription)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	2	M; QL (18 ml (30 syringes) per prescription)
<i>heparin na (pork) lock flsh pf intravenous solution 10 unit/ml, 100 unit/ml</i>	1	M
<i>heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml</i>	1	M
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	M
<i>heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml</i>	1	M
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml, 5000 unit/ml</i>	1	M
INDIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	2	M; QL (24 ml (30 syringes) per prescription)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	2	M; QL (15 ml (30 syringes) per prescription)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	2	M; QL (12 ml (30 syringes) per prescription)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	2	M; QL (18 ml (30 syringes) per prescription)
IRON PREPARATIONS - Vitamins and Minerals		
ATABEX OB ORAL TABLET 29-1 MG (<i>prenatal vit w/ fe bisg-fa</i>)	3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (<i>prenat-fecb-fefum-fa-dha w/o a</i>)	3	
ELITE-OB ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	3	
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	3	
<i>hematinic/folic acid oral tablet 324-1 mg</i>	1	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	1	
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEOMATERNA ORAL TABLET 1 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
NEO-VITAL RX ORAL TABLET 1 MG	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (<i>prenat-fe-methylfol-dha w/o a</i>)	3	
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-w/o vit a</i>)	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
<i>pnv 27-ca/fe/fa oral tablet 60-1 mg</i>	1	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (<i>ped multivitamins-fl-iron</i>)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (<i>ped multivitamins-fl-iron</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>prenatal oral tablet 27-1 mg</i>	1	
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (<i>prenatal-feaspgly-methylfol-fa</i>)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (<i>prenat-fecbn-feasp-meth-fa-dha</i>)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	4	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (<i>prenat-fefum-fered-fa-dha w/oa</i>)	3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	4	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
LIVER AND STOMACH PREPARATIONS - Vitamins and Minerals		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
<i>cyanocobalamin nasal solution 500 mcg/0.1ml</i>	3	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	4	
PLATELET-AGGREGATION INHIBITORS - Drugs to Prevent Blood Clots		
<i>aspirin 81 oral tablet delayed release 81 mg</i>	E	H
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	E	H
<i>aspirin childrens oral tablet chewable 81 mg</i>	E	H
<i>aspirin ec adult low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	E	H
<i>aspirin low dose oral tablet chewable 81 mg</i>	E	H
<i>aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin oral tablet chewable 81 mg</i>	E	H
<i>aspirin oral tablet delayed release 81 mg</i>	E	H
<i>aspirin regimen oral tablet delayed release 81 mg</i>	E	H
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>ft aspirin oral tablet chewable 81 mg</i>	E	H
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>mm aspirin oral tablet delayed release 81 mg</i>	E	H
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	E	H
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	E	H
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	3	QL (2 tablets per day.)
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	4	QL (1 tablet per day.)
PLATELET-REDUCING AGENTS - Drugs to Prevent Blood Clots		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	1	
THROMBOLYTIC AGENTS - Drugs to Prevent Blood Clots		
<i>aspirin 81 oral tablet delayed release 81 mg</i>	E	H
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	E	H
<i>aspirin childrens oral tablet chewable 81 mg</i>	E	H
<i>aspirin ec adult low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	E	H
<i>aspirin low dose oral tablet chewable 81 mg</i>	E	H
<i>aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin oral tablet chewable 81 mg</i>	E	H
<i>aspirin oral tablet delayed release 81 mg</i>	E	H
<i>aspirin regimen oral tablet delayed release 81 mg</i>	E	H
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>ft aspirin oral tablet chewable 81 mg</i>	E	H
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>mm aspirin oral tablet delayed release 81 mg</i>	E	H
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	E	H
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	E	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VON WILLEBRAND FACTOR-RELATED ANTITHROMB - Drugs to Prevent Blood Clots		
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	3	PA; M; QL (1 vial per day and 58 vials per 120 days.); SMCS; SP
CARDIOVASCULAR DRUGS		
BRADYKININ RECEPTORS ANTAGONISTS		
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	3	PA; M; QL (0.6 ml per day.); SMCS; SP
CARBONIC ANHYDRASE INHIBITORS (24:36)		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>dichlorphenamide oral tablet 50 mg</i>	3	PA; QL (4 tablets per day.); SMCS; SP
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
KALLIKREIN		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	3	PA; M; QL (0.072 ml per day.); SMCS; SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>lanadelumab-flyo</i>)	3	PA; QL (0.0375 ml per day.); SMCS; SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>lanadelumab-flyo</i>)	3	PA; QL (0.072 ml per day.); SMCS; SP
LOOP DIURETICS (24:36)		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BUMEX ORAL TABLET 0.5 MG (<i>bumetanide</i>)	3	
<i>ethacrynic acid oral tablet 25 mg</i>	4	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (<i>furosemide</i>)	4	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
OSMOTIC DIURETICS (24:36)		
HYDRO 40 EXTERNAL FOAM 40 % (<i>urea</i>)	3	
<i>urea external cream 20 %, 40 %, 45 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>urea external lotion 40 %</i>	1	
<i>urea nail external gel 45 %</i>	1	
UREMEZ-40 EXTERNAL CREAM 40 %	3	
POTASSIUM-SPARING DIURETIC		
<i>amiloride hcl oral tablet 5 mg</i>	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	4	PA
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
<i>spironolactone oral suspension 25 mg/5ml</i>	3	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	3	
THIAZIDE DIURETICS (24:36)		
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
THIAZIDE-LIKE DIURETICS (24:36)		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
CARDIOVASCULAR DRUGS - Drugs for the Heart		
ACL INHIBITORS - Drugs for Cholesterol		
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	2	PA; ST; QL (1 tablet per day.)
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	2	PA; ST; QL (1 tablet per day.)
ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for Varicose Veins		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	4	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	4	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST/NEPROLYS - Drugs for the Heart		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG (<i>sacubitril-valsartan</i>)	4	PA; QL (240 sprinkle capsules (pellets) per month.)
ENTRESTO ORAL CAPSULE SPRINKLE 6-6 MG (<i>sacubitril-valsartan</i>)	4	PA; QL (240 sprinkle capsules (pellets) per month)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	4	PA; QL (2 tablets per day.)
ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN) - Drugs for High Blood Pressure & Angina		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	3	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	2	
VALSARTAN ORAL SOLUTION 4 MG/ML	4	PA
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs for the Heart		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ARBLI ORAL SUSPENSION 10 MG/ML (<i>losartan potassium</i>)	3	
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	3	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	3	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG (<i>sacubitril-valsartan</i>)	4	PA; QL (240 sprinkle capsules (pellets) per month.)
ENTRESTO ORAL CAPSULE SPRINKLE 6-6 MG (<i>sacubitril-valsartan</i>)	4	PA; QL (240 sprinkle capsules (pellets) per month)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	4	PA; QL (2 tablets per day.)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	2	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	
VALSARTAN ORAL SOLUTION 4 MG/ML	4	PA
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	2	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN) - Drugs for High Blood Pressure & Angina		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral solution 1 mg/ml</i>	3	PA
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	4	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS - Drugs for the Heart		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG (<i>quinapril-hydrochlorothiazide</i>)	4	
<i>amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>enalapril maleate oral solution 1 mg/ml</i>	3	PA
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	4	PA
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>benazepril-hydrochlorothiazide</i>)	4	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	4	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	
QBRELIS ORAL SOLUTION 1 MG/ML (<i>lisinopril</i>)	4	PA
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	3	
ANTIARRHYTHMICS, MISCELLANEOUS - Drugs for Angina		
<i>digoxin oral solution 0.05 mg/ml</i>	1	
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG (<i>digoxin</i>)	3	
LANOXIN ORAL TABLET 62.5 MCG (<i>digoxin</i>)	4	
ANTILIPEMIC AGENTS, MISCELLANEOUS - Drugs for Cholesterol		
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	2	PA; ST; QL (1 tablet per day.)
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	2	PA; ST; QL (1 tablet per day.)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	3	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	2	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>olezarsen sodium</i>)	4	PA; QL (1 Auto-injector (0.8 mL) per month.); SMCS; SP
BETA-ADRENERGIC BLOCKING AGENTS - Drugs for High Blood Pressure		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>atenolol</i>)	3	PA
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	4	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
BETIMOL OPHTHALMIC SOLUTION 0.25 % (<i>timolol hemihydrate</i>)	2	QL (5 ml per prescription)
BETIMOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol hemihydrate</i>)	4	QL (5 ml per prescription.)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	4	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	4	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	4	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	4	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg</i>	2	
<i>metoprolol succinate er oral tablet extended release 24 hour 25 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	4	PA
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>timolol hemihydrate ophthalmic solution 0.5 %</i>	2	QL (5 ml per prescription.)
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	3	
<i>timolol maleate ocudose ophthalmic solution 0.5 %</i>	2	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>timolol maleate pf ophthalmic solution 0.25 %, 0.5 %</i>	2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	4	
BILE ACID SEQUESTRANTS - Drugs for Cholesterol		
<i>cholestyramine light oral packet 4 gm</i>	1	
<i>cholestyramine light oral powder 4 gm/dose</i>	1	
<i>cholestyramine oral packet 4 gm</i>	1	
<i>cholestyramine oral powder 4 gm/dose</i>	1	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (<i>clindamycin-tretinoin-cholesty</i>)	3	PA
<i>colesevelam hcl oral packet 3.75 gm</i>	2	
<i>colesevelam hcl oral tablet 625 mg</i>	2	
COLESTID ORAL GRANULES 5 GM (<i>colestipol hcl</i>)	3	
COLESTID ORAL TABLET 1 GM (<i>colestipol hcl</i>)	4	
<i>colestipol hcl oral granules 5 gm</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>colestipol hcl oral packet 5 gm</i>	1	
<i>colestipol hcl oral tablet 1 gm</i>	1	
<i>prevalite oral packet 4 gm</i>	1	
<i>prevalite oral powder 4 gm/dose</i>	1	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE (<i>cholestyramine light</i>)	4	
QUESTRAN ORAL PACKET 4 GM (<i>cholestyramine</i>)	4	
QUESTRAN ORAL POWDER 4 GM/DOSE (<i>cholestyramine</i>)	4	
CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN) - Drugs for High Blood Pressure & Angina		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	4	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	3	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; QL: Quantity Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication. M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	4	
CALCIUM-CHANNEL BLOCKING AGENTS - Drugs for High Blood Pressure & Angina		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	4	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	3	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	4	
CALCIUM-CHANNEL BLOCKING AGENTS, MISC. - Drugs for High Blood Pressure & Angina		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	4	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	3	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	3	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (verapamil hcl)	4	
CARBONIC ANHYDRASE INHIBITORS(HYPOTEN) - Drugs for High Blood Pressure & Angina		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
methazolamide oral tablet 25 mg, 50 mg	1	
CARDIAC DRUGS, MISCELLANEOUS - Drugs for Angina		
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG (ranolazine)	4	PA
ATTRUBY ORAL TABLET THERAPY PACK 356 MG (acoramidis hcl)	3	PA; QL (124 tablets per month.); SMCS; SP
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (mavacamten)	4	PA; QL (1 capsule per day.); SMCS; SP
CORLANOR ORAL SOLUTION 5 MG/5ML (ivabradine hcl)	3	PA; QL (20 ml per day.)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine hcl)	3	PA; QL (2 tablets per day.)
ivabradine hcl oral tablet 5 mg, 7.5 mg	3	PA; QL (2 tablets per day.)
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	2	
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	3	PA; QL (1 capsule per day.); SMCS; SP
VYNDAQEL ORAL CAPSULE 20 MG (tafamidis meglumine (cardiac))	3	PA; QL (4 capsules per day.); SMCS; SP
CARDIOTONIC AGENTS - Drugs for Angina		
CORLANOR ORAL SOLUTION 5 MG/5ML (ivabradine hcl)	3	PA; QL (20 ml per day.)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine hcl)	3	PA; QL (2 tablets per day.)
digoxin oral solution 0.05 mg/ml	1	
digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg	1	
ivabradine hcl oral tablet 5 mg, 7.5 mg	3	PA; QL (2 tablets per day.)
LANOXIN ORAL TABLET 125 MCG, 250 MCG (digoxin)	3	
LANOXIN ORAL TABLET 62.5 MCG (digoxin)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CENTRAL ALPHA-AGONISTS - Drugs for Abnormal Heart Rhythms		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>atenolol</i>)	3	PA
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	4	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	3	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	4	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	4	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	4	PA; ST
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg</i>	2	
<i>metoprolol succinate er oral tablet extended release 24 hour 25 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	4	PA
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
CHOLESTEROL ABSORPTION INHIBITORS - Drugs for Cholesterol		
<i>ezetimibe oral tablet 10 mg</i>	2	
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	2	PA; ST; QL (1 tablet per day.)
CLASS IA ANTIARRHYTHMICS - Drugs for Angina		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (<i>disopyramide phosphate</i>)	2	
NORPACE ORAL CAPSULE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	4	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
CLASS IB ANTIARRHYTHMICS - Drugs for Angina		
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (<i>phenytoin</i>)	3	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (<i>phenytoin sodium extended</i>)	3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	3	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	1	
<i>phenytek oral capsule 200 mg</i>	1	
<i>phenytek oral capsule 300 mg</i>	4	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
CLASS IC ANTIARRHYTHMICS - Drugs for Angina		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	4	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	1	
CLASS II ANTIARRHYTHMICS - Drugs for Angina		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>atenolol</i>)	3	PA
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	4	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
BETIMOL OPHTHALMIC SOLUTION 0.25 % (<i>timolol hemihydrate</i>)	2	QL (5 ml per prescription)
BETIMOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol hemihydrate</i>)	4	QL (5 ml per prescription.)
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	3	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	4	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	4	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg</i>	2	
<i>metoprolol succinate er oral tablet extended release 24 hour 25 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	3	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	4	PA
<i>timolol hemihydrate ophthalmic solution 0.5 %</i>	2	QL (5 ml per prescription.)
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	3	
<i>timolol maleate ocudose ophthalmic solution 0.5 %</i>	2	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>timolol maleate pf ophthalmic solution 0.25 %, 0.5 %</i>	2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	4	
CLASS III ANTIARRHYTHMICS - Drugs for Angina		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	4	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	
PACERONE ORAL TABLET 100 MG (<i>amiodarone hcl</i>)	3	
PACERONE ORAL TABLET 200 MG (<i>amiodarone hcl</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	4	PA
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (<i>dofetilide</i>)	4	
CLASS IV ANTIARRHYTHMICS - Drugs for Angina		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	4	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	3	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	4	
DIHYDROPYRIDINES - Drugs for High Blood Pressure & Angina		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>amlodipine besylate</i>)	3	PA
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
NIMODIPINE ORAL SOLUTION 60 MG/20ML	2	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	2	
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	4	PA
NYMALIZE ORAL SOLUTION 6 MG/ML (<i>nimodipine</i>)	2	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (<i>nisoldipine</i>)	4	
DIHYDROPYRIDINES (ANTIHYPERTENSIVE) - Drugs for High Blood Pressure & Angina		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>amlodipine besylate</i>)	3	PA
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
NIMODIPINE ORAL SOLUTION 60 MG/20ML	2	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	2	
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	4	PA
NYMALIZE ORAL SOLUTION 6 MG/ML (<i>nimodipine</i>)	2	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (<i>nisoldipine</i>)	4	
DIRECT VASODILATORS - Drugs for High Blood Pressure & Angina		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (<i>alprostadil (vasodilator)</i>)	3	M; QL (6 units per month.)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	3	M; QL (6 units per month.)
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	2	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	3	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	3	M; QL (6 units per month.)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>methyldopa oral tablet 250 mg, 500 mg</i>	4	PA; ST
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
DIURETICS, MISCELLANEOUS (HYPOTENSIVE) - Drugs for High Blood Pressure & Angina		
<i>elixophyllin oral elixir 80 mg/15ml</i>	3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
FIBRIC ACID DERIVATIVES - Drugs for Cholesterol		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	2	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	2	
<i>gemfibrozil oral tablet 600 mg</i>	1	
LOPID ORAL TABLET 600 MG (<i>gemfibrozil</i>)	4	
HMG-COA REDUCTASE INHIBITORS - Drugs for Cholesterol		
ATORVALIQ ORAL SUSPENSION 20 MG/5ML (<i>atorvastatin calcium</i>)	4	PA
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	1	H
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	1	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	3	PA
FLOLIPID ORAL SUSPENSION 20 MG/5ML, 40 MG/5ML	4	PA
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	1	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	H
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	2	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	H
<i>simvastatin oral tablet 80 mg</i>	1	
LOOP DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BUMEX ORAL TABLET 0.5 MG (<i>bumetanide</i>)	3	
<i>ethacrynic acid oral tablet 25 mg</i>	4	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (<i>furosemide</i>)	4	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS - Drugs for the Heart		
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	4	PA
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
<i>spironolactone oral suspension 25 mg/5ml</i>	3	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT) - Drugs for High Blood Pressure & Angina		
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	4	PA
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
<i>spironolactone oral suspension 25 mg/5ml</i>	3	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
NITRATES AND NITRITES - Drugs for High Blood Pressure & Angina		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>atenolol</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	4	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	2	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	4	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	4	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg</i>	2	
<i>metoprolol succinate er oral tablet extended release 24 hour 25 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (<i>nitroglycerin</i>)	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	3	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (<i>nitroglycerin</i>)	4	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (<i>nitroglycerin</i>)	3	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	4	PA
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
NITRATES AND NITRITES - Drugs for the Heart		
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	2	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (<i>nitroglycerin</i>)	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	3	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (<i>nitroglycerin</i>)	4	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (<i>nitroglycerin</i>)	3	
OMEGA-3-MEDIATED ANTILIPEMICS - Drugs for Cholesterol		
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	2	
PCSK9 INHIBITORS - Drugs for Cholesterol		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>)	2	M; QL (3.5 ml (1 cartridge) per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	2	M; QL (2 syringes per 28 days.)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	2	M; QL (2 ml per month.)
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for High Blood Pressure & Angina		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	3	
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i>	3	PA; QL (3 tablets per month.)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	4	PA; QL (186 ml per month.); SMCS; SP
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (0.5 tablet per day.)
<i>sildenafil citrate oral tablet 20 mg</i>	1	QL (0.5 tablet per day.); SMCS
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (<i>avanafil</i>)	4	PA; QL (3 tablets per month.)
<i>tadalafil (pah) oral tablet 20 mg</i>	1	PA; QL (2 tablets per day); SMCS; SP
<i>tadalafil oral tablet 10 mg, 20 mg</i>	2	QL (0.5 tablet per day.)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	QL (1 tablet per day.)
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	4	PA; QL (10 ml per day.); SMCS; SP
<i>varденаfil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	3	QL (3 tablets per month.)
<i>varденаfil hcl oral tablet dispersible 10 mg</i>	3	QL (3 tablets per month.)
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for the Heart		
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i>	3	PA; QL (3 tablets per month.)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	4	PA; QL (186 ml per month.); SMCS; SP
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (0.5 tablet per day.)
<i>sildenafil citrate oral tablet 20 mg</i>	1	QL (0.5 tablet per day.); SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (<i>avanafil</i>)	4	PA; QL (3 tablets per month.)
<i>tadalafil (pah) oral tablet 20 mg</i>	1	PA; QL (2 tablets per day); SMCS; SP
<i>tadalafil oral tablet 10 mg, 20 mg</i>	2	QL (0.5 tablet per day.)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	QL (1 tablet per day.)
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	4	PA; QL (10 ml per day.); SMCS; SP
<i>vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	3	QL (3 tablets per month.)
<i>vardenafil hcl oral tablet dispersible 10 mg</i>	3	QL (3 tablets per month.)
POTASSIUM-SPARING DIURETICS (HYPOTEN) - Drugs for High Blood Pressure & Angina		
<i>amiloride hcl oral tablet 5 mg</i>	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	4	PA
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
<i>spironolactone oral suspension 25 mg/5ml</i>	3	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	3	
RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC - Drugs for the Heart		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG (<i>sacubitril-valsartan</i>)	4	PA; QL (240 sprinkle capsules (pellets) per month.)
ENTRESTO ORAL CAPSULE SPRINKLE 6-6 MG (<i>sacubitril-valsartan</i>)	4	PA; QL (240 sprinkle capsules (pellets) per month)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	4	PA; QL (2 tablets per day.)
FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>)	4	PA; QL (1 tablet per day.); SMCS; SP
STEROIDAL MINERALOCORTICOID RECEPTOR ANT - Drugs for the Heart		
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	4	PA
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>spironolactone oral suspension 25 mg/5ml</i>	3	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT) - Drugs for High Blood Pressure & Angina		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
VASODILATING AGENTS, MISCELLANEOUS - Drugs for High Blood Pressure & Angina		
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	2	
VECAMEYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	4	PA
VASODILATING AGENTS, MISCELLANEOUS - Drugs for the Heart		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	3	PA; QL (1 tablet per day.); SMCS; SP
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>amlodipine besylate</i>)	3	PA
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	3	PA; QL (2 tablets per day.); SMCS; SP
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (<i>alprostadil (vasodilator)</i>)	3	M; QL (6 units per month.)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	3	M; QL (6 units per month.)
CORLANOR ORAL SOLUTION 5 MG/5ML (<i>ivabradine hcl</i>)	3	PA; QL (20 ml per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	3	PA; QL (2 tablets per day.)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	3	M; QL (6 units per month.)
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	3	PA; QL (2 tablets per day.)
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
NIMODIPINE ORAL SOLUTION 60 MG/20ML	2	
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	4	PA
NYMALIZE ORAL SOLUTION 6 MG/ML (<i>nimodipine</i>)	2	
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	3	PA; QL (1 tablet per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	4	PA; QL (168 tablets per year.); SMCS; SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	4	PA; QL (336 tablets per year.); SMCS; SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	4	PA; QL (252 tablets per year.); SMCS; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	4	PA; QL (6 tablets per day.); SMCS; SP
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	4	
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	3	PA; QL (2 tablets per day.); SMCS; SP
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	3	PA; QL (4 tablets per day.); SMCS; SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	3	PA; QL (112 cartridges per 23 days.); SMCS; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	3	PA; QL (112 cartridges per 23 days.); SMCS; SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (<i>treprostinil</i>)	3	PA; QL (252 cartridges per 365 days.); SMCS; SP
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	3	PA; SMCS; SP
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	3	PA; SMCS; SP
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	3	PA; SMCS; SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	3	PA; SMCS; SP
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	4	
CENTRAL NERVOUS SYSTEM AGENTS		
AMYOTROPHIC LATERAL SCLEROSIS(ALS) AGENT		
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	4	PA; QL (50 ml per month.); SMCS; SP
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	4	PA; QL (1 starter kit per year.); SMCS; SP
<i>riluzole oral tablet 50 mg</i>	1	SMCS
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	4	PA; SMCS; SP
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	4	PA; SMCS; SP
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System		
ADAMANTANES (CNS) - Drugs for Parkinson		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
AMPHETAMINE DERIVATIVES - Drugs for the Nervous System		
ADIPEX-P ORAL TABLET 37.5 MG (<i>phentermine hcl</i>)	4	PA
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>	1	PA
<i>diethylpropion hcl oral tablet 25 mg</i>	1	PA
LOMAIRA ORAL TABLET 8 MG (<i>phentermine hcl</i>)	3	PA
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>	1	PA
<i>phendimetrazine tartrate oral tablet 35 mg</i>	1	PA
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>	1	PA
<i>phentermine hcl oral tablet 37.5 mg</i>	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMPHETAMINES - Drugs for the Nervous System		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	2	
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	2	QL (2 capsules per day.)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	3	QL (1 capsule per day.)
<i>benzphetamine hcl oral tablet 50 mg</i>	1	PA
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	3	QL (5 capsules per day.)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	3	QL (4 capsules per day.)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	2	QL (10 capsules per day.)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	2	
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg</i>	3	QL (2 capsules per day.)
<i>lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg</i>	3	QL (1 capsule per day)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg</i>	3	QL (2 tablets per day.)
<i>lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg</i>	3	QL (1 tablet per day.)
<i>methamphetamine hcl oral tablet 5 mg</i>	1	
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (<i>dextroamphetamine</i>)	4	PA; QL (1 patch per day.)
ANALGESICS AND ANTIPYRETICS, MISC. - Drugs for Pain		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	NTT
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	NTT
<i>bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg</i>	1	QL (6 tablets per day)
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	NTT

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL (6 capsules per day.)
butalbital-apap-cafeine oral capsule 50-300-40 mg	3	QL (6 capsules per day.)
butalbital-apap-cafeine oral capsule 50-325-40 mg	1	QL (6 capsules per day)
butalbital-apap-cafeine oral tablet 50-325-40 mg	1	QL (6 tablets per day)
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	NTT
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML (gabapentin)	3	PA
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-apap-cafeine)	4	QL (6 capsules per day.)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	2	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	NTT
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	NTT
JOURNAVX ORAL TABLET 50 MG (suzetrigine)	4	QL (68.2 tablets per month. 30 tablets per 90 days.)
NEURAPTINE EXTERNAL CREAM 10 % (gabapentin)	3	PA
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	NTT
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	3	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	QL (40 tablets per prescription.); NTT
URELLE ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	4	
uretron d/s oral tablet 81.6 mg	4	
VILEVEV MB ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANOREXIGENIC AGENTS - Drugs for the Nervous System		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (<i>naltrexone-bupropion hcl</i>)	3	PA; QL (4 tablets per day.)
<i>phentermine-topiramate er oral capsule extended release 24 hour 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg</i>	1	PA; QL (1 capsule per day.)
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (<i>phentermine-topiramate</i>)	3	PA; QL (1 capsule per day.)
ANOREXIGENIC AGENTS AND STIMULANTS, MISC - Drugs for the Nervous System		
<i>phentermine-topiramate er oral capsule extended release 24 hour 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg</i>	1	PA; QL (1 capsule per day.)
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (<i>phentermine-topiramate</i>)	3	PA; QL (1 capsule per day.)
ANOREXIGENIC AGENTS, MISCELLANEOUS - Drugs for the Nervous System		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (<i>naltrexone-bupropion hcl</i>)	3	PA; QL (4 tablets per day.)
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	3	PA; M; SMCS; SP
<i>liraglutide solution pen-injector 18 mg/3ml subcutaneous</i>	1	PA; QL (If member has previous history of Victoza, then member may be eligible to receive 9ml (3 pens) per month (only applies to 3 pack NDC-00169406013). This medication is over-rideable.)
<i>liraglutide solution pen-injector 18 mg/3ml subcutaneous</i>	2	PA; QL (If member has previous history of Victoza, then member may be eligible to receive 9ml (3 pens) per month (only applies to 3 pack NDC-00169406013). This medication is over-rideable.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>liraglutide solution pen-injector 18 mg/3ml subcutaneous</i>	3	PA; QL (If member has previous history of Victoza, then member may be eligible to receive 9ml (3 pens) per month (only applies to 3 pack NDC-00169406013). This medication is over-rideable.)
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide -weight management</i>)	3	PA; M; QL (0.6 ml per day.)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML (<i>semaglutide-weight management</i>)	3	PA; M; QL (0.08 ml per day and 4 ml per 365 days.)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML (<i>semaglutide-weight management</i>)	3	PA; M; QL (0.11 ml per day.)
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide-weight management</i>)	3	PA; M
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide-weight management</i>)	3	PA; M; QL (0.08 ml per day.)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML (<i>tirzepatide-weight management</i>)	3	PA; M; QL (0.08 ml per day and 4 ml per 365 days.)
ANTICHOLINERGIC AGENTS (CNS) - Drugs for Parkinson		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (<i>diphenhydramine hcl</i>)	3	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	2	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
ANTICONVULSANTS, MISCELLANEOUS - Drugs for Seizures		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
acetazolamide oral tablet 125 mg, 250 mg	1	
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	2	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	2	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg, 200 mg	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (divalproex sodium)	4	PA
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (divalproex sodium)	4	PA
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (divalproex sodium)	4	PA
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	2	
divalproex sodium oral capsule delayed release sprinkle 125 mg	2	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (cannabidiol)	4	PA; SMCS; SP
epitol oral tablet 200 mg	1	
eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg	4	PA
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML (gabapentin)	3	PA
felbamate oral suspension 600 mg/5ml	1	
felbamate oral tablet 400 mg, 600 mg	1	
FELBATOL ORAL TABLET 400 MG, 600 MG (felbamate)	4	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (perampanel)	4	PA
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG (<i>lamotrigine</i>)	4	PA
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 42 x 50 mg & 14x100 mg</i>	3	PA
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	1	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	1	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	2	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>	1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	3	PA
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>lacosamide</i>)	4	PA
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	2	
<i>pregabalin oral solution 20 mg/ml</i>	3	
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	3	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	3	PA
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	1	
<i>subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (<i>carbamazepine</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	4	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
<i>vigabatrin oral packet 500 mg</i>	3	PA; QL (6 packets per day.); SMCS
<i>vigabatrin oral tablet 500 mg</i>	3	PA; QL (6 tablets per day.); SMCS; SP
VIGADRONE ORAL PACKET 500 MG (<i>vigabatrin</i>)	3	PA; QL (6 packets per day.); SMCS
VIGADRONE ORAL TABLET 500 MG (<i>vigabatrin</i>)	3	PA; QL (6 tablets per day.); SMCS; SP
<i>vigpoder oral packet 500 mg</i>	3	PA; QL (6 packets per day.); SMCS
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	4	PA
ZONISADE ORAL SUSPENSION 100 MG/5ML (<i>zonisamide</i>)	4	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML (<i>ganaxolone</i>)	4	PA; SMCS; SP
ANTIDEPRESSANTS, MISCELLANEOUS - Drugs for Depression & Psychosis		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	H
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	4	PA; QL (8 devices (4 kits) per month.); SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	4	PA; QL (12 devices (4 kits) per month.); SMCS
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG (<i>zuranolone</i>)	3	PA; QL (28 capsules per year.); SMCS; SP
ZURZUVAE ORAL CAPSULE 30 MG (<i>zuranolone</i>)	3	PA; QL (14 capsules per year.); SMCS; SP
ANTIMANIC AGENTS - Drugs for Personality Disorder		
<i>aripiprazole oral solution 1 mg/ml</i>	4	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	3	QL (2 tablets per day)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	3	QL (2 tablets per day.)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	4	PA
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	4	PA
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (<i>divalproex sodium</i>)	4	PA
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
<i>epitol oral tablet 200 mg</i>	1	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG (<i>lamotrigine</i>)	4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 42 x 50 mg & 14x100 mg	3	PA
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	1	
lamotrigine starter kit-blue oral kit 35 x 25 mg	1	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
lithium carbonate er oral tablet extended release 300 mg, 450 mg	1	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium oral solution 8 meq/5ml	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (lithium carbonate)	4	PA
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	2	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg	2	QL (1 capsule per day)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	2	
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
subvenite starter kit-blue oral kit 35 x 25 mg	1	
subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
SYMBYAX ORAL CAPSULE 3-25 MG (olanzapine-fluoxetine hcl)	4	QL (1 capsule per day)
TEGRETOL ORAL SUSPENSION 100 MG/5ML (carbamazepine)	4	
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	4	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	2	
ANTIMIGRAINE AGENTS, MISCELLANEOUS - Migraine Treatment		
aspirin 81 oral tablet delayed release 81 mg	E	H
aspirin adult low dose oral tablet delayed release 81 mg	E	H
aspirin adult low strength oral tablet delayed release 81 mg	E	H
aspirin childrens oral tablet chewable 81 mg	E	H
aspirin ec adult low dose oral tablet delayed release 81 mg	E	H
aspirin ec low dose oral tablet delayed release 81 mg	E	H
aspirin ec low strength oral tablet delayed release 81 mg	E	H
aspirin low dose oral tablet chewable 81 mg	E	H
aspirin low dose oral tablet delayed release 81 mg	E	H
aspirin oral tablet chewable 81 mg	E	H
aspirin oral tablet delayed release 81 mg	E	H
aspirin regimen oral tablet delayed release 81 mg	E	H
butorphanol tartrate nasal solution 10 mg/ml	2	QL (7.5 ml (3 bottles) per prescription.)
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (divalproex sodium)	4	PA
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (divalproex sodium)	4	PA
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (divalproex sodium)	4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	1	M
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG (<i>naproxen</i>)	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG (<i>naproxen</i>)	4	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	3	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>ft aspirin oral tablet chewable 81 mg</i>	E	H
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	3	
<i>mm aspirin oral tablet delayed release 81 mg</i>	E	H
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	E	H
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	E	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
ANTIPSYCHOTICS, MISCELLANEOUS - Drugs for Depression & Psychosis		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG (<i>loxapine</i>)	3	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	3	
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC - Drugs for Anxiety & Sleep Disorder		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (<i>diphenhydramine hcl</i>)	3	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	2	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelteon</i>)	4	PA; QL (5.1 mL per day.); SMCS; SP
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	4	PA; QL (1 capsule per day.); SMCS; SP
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
<i>promethazine hcl oral solution 12.5 mg/10ml, 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (<i>promethazine hcl</i>)	3	
<i>ramelteon oral tablet 8 mg</i>	4	ST; QL (1 tablet per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tasimelteon oral capsule 20 mg</i>	4	PA; QL (1 capsule per day.); SMCS; SP
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	2	
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	1	
ATYPICAL ANTIPSYCHOTICS - Drugs for Depression & Psychosis		
<i>aripiprazole oral solution 1 mg/ml</i>	4	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	3	QL (2 tablets per day)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	3	QL (2 tablets per day.)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (<i>lumateperone tosylate</i>)	4	PA; ST; QL (1 capsule per day.)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	
CLOZARIL ORAL TABLET 100 MG, 25 MG (<i>clozapine</i>)	4	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 60 mg</i>	2	QL (1 tablet per day.)
<i>lurasidone hcl oral tablet 40 mg</i>	2	QL (1 tablet per day)
<i>lurasidone hcl oral tablet 80 mg</i>	2	QL (2 tablets per day.)
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	4	PA; QL (31 capsules per month.)
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	4	PA; QL (31 tablets per month.)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	2	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	2	QL (1 capsule per day)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (brexpiprazole)	4	QL (1 tablet per day.)
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (olanzapine-fluoxetine hcl)	4	QL (1 capsule per day)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (cariprazine hcl)	4	QL (1 capsule per day.)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	2	
BARBITURATES (ANTICONVULSANTS) - Drugs for Seizures		
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety & Sleep Disorder		
ascomp-codeine oral capsule 50-325-40-30 mg	1	
bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg	1	QL (6 tablets per day)
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL (6 capsules per day.)
butalbital-apap-cafeine oral capsule 50-300-40 mg	3	QL (6 capsules per day.)
butalbital-apap-cafeine oral capsule 50-325-40 mg	1	QL (6 capsules per day)
butalbital-apap-cafeine oral tablet 50-325-40 mg	1	QL (6 tablets per day)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-cafeine oral capsule 50-325-40 mg	1	
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-apap-cafeine)	4	QL (6 capsules per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>)	3	
BENZODIAZEPINES (ANTICONVULSANTS) - Drugs for Seizures		
<i>clobazam oral suspension 2.5 mg/ml</i>	3	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	2	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	QL (1 box (2 doses/box) per prescription)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	3	PA; QL (1 box per prescription.)
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	4	PA
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	4	PA
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	4	PA
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (<i>diazepam</i>)	3	PA; QL (5 devices per fill.)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML (<i>diazepam</i>)	3	PA; QL (5 devices per fill.)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML (<i>diazepam</i>)	3	PA; QL (5 devices per fill.)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; QL: Quantity Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication. M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>midazolam hcl oral syrup 2 mg/ml</i>	1	
MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>midazolam</i>)	3	PA
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	3	PA; QL (1 box per prescription.)
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	4	PA
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	4	PA
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (<i>temazepam</i>)	4	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	4	PA
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	
BUTYROPHENONES - Drugs for Depression & Psychosis		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
CALCITONIN GENE-RELATED PEPTIDE ANTAG. - Migraine Treatment		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	3	PA; M; QL (1 pen per month.)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	3	PA; M; QL (0.04 ml per day.)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	3	PA; M; QL (0.1 mL per day.)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	3	PA; M; QL (0.04 ml per day.)
NURTEC ORAL TABLET DISPERSIBLE 75 MG (<i>rimegepant sulfate</i>)	3	PA; QL (0.27 tablets per day.)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (<i>atogepant</i>)	3	PA; QL (1 tablet per day.)
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	3	PA; ST; QL (0.27 tablets per day.)
ZAVZPRET NASAL SOLUTION 10 MG/ACT (<i>zavegepant hcl</i>)	4	PA; ST; QL (6 mg per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB. - Drugs for Parkinson		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
CENTRAL NERVOUS SYSTEM AGENTS, MISC. - Drugs for Attention Deficit Disorder		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	
ADDYI ORAL TABLET 100 MG (<i>flibanserin</i>)	4	PA; QL (1 tablet per day.)
<i>atomoxetine hcl oral capsule 10 mg, 25 mg</i>	4	QL (3 capsules per day.)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	4	QL (1 capsule per day)
<i>atomoxetine hcl oral capsule 18 mg</i>	4	QL (5 capsules per day.)
<i>atomoxetine hcl oral capsule 40 mg</i>	4	QL (2 capsules per day)
DAYBUE ORAL SOLUTION 200 MG/ML (<i>trofinetide</i>)	3	PA; QL (120 ml per day.); SMCS; SP
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (<i>sodium oxybate</i>)	4	PA; QL (1 packet per day.); SMCS; SP
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	4	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	1	
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>)	2	PA; QL (2 capsules per day.)
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	4	PA; QL (50 ml per month.); SMCS; SP
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	4	PA; QL (1 starter kit per year.); SMCS; SP
<i>riluzole oral tablet 50 mg</i>	1	SMCS
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; QL (18 ml per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	4	PA; SMCS; SP
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	4	PA; SMCS; SP
VEOZAH ORAL TABLET 45 MG (<i>fezolinetant</i>)	4	PA; QL (1 tablet per day.)
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	4	PA; M; QL (4 autoinjector pens (1.2mls) per month.)
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	3	PA; QL (1 capsule per day.); SMCS; SP
XYWAV ORAL SOLUTION 500 MG/ML (<i>ca, mg, k, and na oxybates</i>)	4	PA; QL (18 mL per day.); SMCS; SP
CYCLOOXYGENASE-2 (COX-2) INHIBITORS - Drugs for Pain		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	
DIBENZOXAPINES - Drugs for Depression & Psychosis		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG (<i>loxapine</i>)	3	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
DIHYDROINDOLONES - Drugs for Depression & Psychosis		
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	3	
DIPHENYLBUTYLPERIDINES - Drugs for Depression & Psychosis		
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
DOPAMINE PRECURSORS - Drugs for Parkinson		
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
CREXONT ORAL CAPSULE EXTENDED RELEASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG (<i>carbidopa-levodopa</i>)	4	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (<i>carbidopa-levodopa</i>)	4	PA
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	3	PA; QL (10 tablets per day.); SMCS; SP
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (<i>carbidopa-levodopa</i>)	4	
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS - Drugs for Parkinson		
<i>bromocriptine mesylate oral capsule 5 mg</i>	1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	1	
<i>cabergoline oral tablet 0.5 mg</i>	2	
FIBROMYALGIA AGENTS - Drugs for Nerve Pain		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	3	PA
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	2	
<i>pregabalin oral solution 20 mg/ml</i>	3	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	4	QL (2 tablets per day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	4	QL (1 pack per 365 days.)
GABA-MEDIATED ANTICONVULSANTS - Drugs for Seizures		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	4	PA
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	4	PA
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	3	PA
NEURAPTINE EXTERNAL CREAM 10 % (<i>gabapentin</i>)	3	PA
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	2	
<i>pregabalin oral solution 20 mg/ml</i>	3	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
<i>vigabatrin oral packet 500 mg</i>	3	PA; QL (6 packets per day.); SMCS
<i>vigabatrin oral tablet 500 mg</i>	3	PA; QL (6 tablets per day.); SMCS; SP
VIGADRONE ORAL PACKET 500 MG (<i>vigabatrin</i>)	3	PA; QL (6 packets per day.); SMCS
VIGADRONE ORAL TABLET 500 MG (<i>vigabatrin</i>)	3	PA; QL (6 tablets per day.); SMCS; SP
VIGAFYDE ORAL SOLUTION 100 MG/ML (<i>vigabatrin</i>)	3	PA; QL (900 mL per month.); SMCS; SP
<i>vigpoder oral packet 500 mg</i>	3	PA; QL (6 packets per day.); SMCS
ZTALMY ORAL SUSPENSION 50 MG/ML (<i>ganaxolone</i>)	4	PA; SMCS; SP
HYDANTOINS - Drugs for Seizures		
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (<i>phenytoin</i>)	3	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (<i>phenytoin sodium extended</i>)	3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	3	
<i>phenytek oral capsule 200 mg</i>	1	
<i>phenytek oral capsule 300 mg</i>	4	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INHALATION ANESTHETICS - Anesthetics		
FORANE INHALATION SOLUTION (<i>isoflurane</i>)	2	
<i>isoflurane inhalation solution</i>	1	
<i>sevoflurane inhalation solution</i>	1	
<i>terrell inhalation solution</i>	1	
ULTANE INHALATION SOLUTION (<i>sevoflurane</i>)	3	
ION CHANNEL INHIBITION AGENTS - Drugs for Seizures		
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	4	PA
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	2	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>lacosamide</i>)	4	PA
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	3	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	3	PA
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	4	PA
ZONISADE ORAL SUSPENSION 100 MG/5ML (<i>zonisamide</i>)	4	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
MELATONIN RECEPTOR AGONISTS - Drugs for Anxiety & Sleep Disorder		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelteon</i>)	4	PA; QL (5.1 mL per day.); SMCS; SP
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	4	PA; QL (1 capsule per day.); SMCS; SP
<i>ramelteon oral tablet 8 mg</i>	4	ST; QL (1 tablet per day)
<i>tasimelteon oral capsule 20 mg</i>	4	PA; QL (1 capsule per day.); SMCS; SP
MONOAMINE OXIDASE B INHIBITORS - Drugs for Parkinson		
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MONOAMINE OXIDASE INHIBITORS - Drugs for Depression & Psychosis		
NARDIL ORAL TABLET 15 MG (<i>phenelzine sulfate</i>)	4	
PARNATE ORAL TABLET 10 MG (<i>tranylcypromine sulfate</i>)	4	
<i>phenelzine sulfate oral tablet 15 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	1	
NMDA ANTAGONISTS - Drugs for Depression & Psychosis		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	4	PA; QL (8 devices (4 kits) per month.); SMCS
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	4	PA; QL (12 devices (4 kits) per month.); SMCS
NON-BENZODIAZEPINE ANXIOLYTICS - Drugs for Anxiety & Sleep Disorder		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
NON-BENZODIAZEPINE HYPNOTICS - Drugs for Anxiety & Sleep Disorder		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	2	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	2	
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	1	
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - Drugs for Parkinson		
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
NON-OPIOID ANALGESICS - Drugs for Pain		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	NTT
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	NTT

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg</i>	1	QL (6 tablets per day)
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	NTT
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	1	QL (6 capsules per day.)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	3	QL (6 capsules per day.)
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	1	QL (6 capsules per day)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	QL (6 tablets per day)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	NTT
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	4	QL (6 capsules per day.)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	2	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	NTT
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	NTT
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	NTT
TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>)	3	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (40 tablets per prescription.); NTT
NONSTEROIDAL ANTI-INFLAMM. AGENTS, MISC - Drugs for Pain		
DAYPRO ORAL TABLET 600 MG (<i>oxaprozin</i>)	4	
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	3	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	3	
<i>diflunisal oral tablet 500 mg</i>	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG (<i>naproxen</i>)	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG (<i>naproxen</i>)	4	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	3	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	NTT
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	4	PA
<i>indomethacin er oral capsule extended release 75 mg</i>	2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin rectal suppository 50 mg</i>	3	PA
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (<i>ketoprofen-baclofen-gabap-lido</i>)	3	PA
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	
LURBIPR ORAL TABLET 100 MG (<i>flurbiprofen</i>)	3	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	3	
<i>mefenamic acid oral capsule 250 mg</i>	3	
MELOXICAM ORAL SUSPENSION 7.5 MG/5ML	4	PA
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>oxaprozin oral tablet 600 mg</i>	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OPIOID AGONISTS (28:08) - Drugs for Pain		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	NTT
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	NTT
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	NTT
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	1	QL (6 capsules per day.)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	NTT
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	NTT
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	PA; QL (0.34 patches per day.)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr</i>	2	PA; QL (15 patches per 31 days.)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	3	PA; QL (2 capsules per day.)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg</i>	3	PA; QL (0 tablets per 100 days, diagnosis review required.)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	3	PA; QL (1 tablet per day.)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	2	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	NTT
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	NTT
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	NTT
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg</i>	3	PA; QL (2 tablets per day.)
<i>hydromorphone hcl er oral tablet extended release 24 hour 16 mg, 8 mg</i>	3	PA; QL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydromorphone hcl er oral tablet extended release 24 hour 32 mg	3	PA; QL (0 tablet per 100 days, diagnosis review required.)
hydromorphone hcl oral liquid 1 mg/ml	1	NTT
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	1	NTT
hydromorphone hcl rectal suppository 3 mg	1	NTT
meperidine hcl oral solution 50 mg/5ml	1	NTT
meperidine hcl oral tablet 50 mg	1	NTT
methadone hcl intensol oral concentrate 10 mg/ml	1	QL (6 ml per day.)
methadone hcl oral concentrate 10 mg/ml	1	QL (6 ml per day.)
methadone hcl oral solution 10 mg/5ml	1	PA; QL (11.3 ml per day.)
methadone hcl oral solution 5 mg/5ml	1	PA; QL (22.6 ml per day.)
methadone hcl oral tablet 10 mg	1	PA; QL (2 tablets per day.)
methadone hcl oral tablet 5 mg	1	PA; QL (4 tablets per day.)
methadone hcl oral tablet soluble 40 mg	1	QL (1.5 tablets per day.)
METHADOSE ORAL CONCENTRATE 10 MG/ML (methadone hcl)	3	QL (6 ml per day.)
methadose oral tablet soluble 40 mg	1	QL (1.5 tablets per day.)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (methadone hcl)	3	QL (6 ml per day.)
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	NTT
morphine sulfate er beads oral capsule extended release 24 hour 120 mg	3	PA; QL (0 capsule per 100 days, diagnosis review required.)
morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	3	PA; QL (1 capsule per day.)
morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg	3	PA; QL (62 capsules per 31 days.)
morphine sulfate er oral capsule extended release 24 hour 100 mg	3	PA; QL (0 capsule per 100 days, diagnosis review required.)
morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg	3	PA; QL (1 capsule per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	1	PA; QL (0 capsules per 100 days, diagnosis review required.)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	1	PA; QL (93 tablets per 31 days.)
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	1	NTT
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	1	NTT
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	NTT
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 50 MG (<i>tapentadol hcl</i>)	3	PA; QL (2 tablets per day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG, 250 MG (<i>tapentadol hcl</i>)	3	PA; QL (0 capsules per 100 days, diagnosis review required.)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (<i>tapentadol hcl</i>)	4	QL (6 tablets per day); NTT
<i>opium oral tincture 10 mg/ml (1%)</i>	1	
<i>oxycodone hcl oral capsule 5 mg</i>	1	NTT
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	NTT
<i>oxycodone hcl oral solution 5 mg/5ml</i>	1	NTT
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	NTT
<i>oxycodone hcl oral tablet 5 mg</i>	1	QL (12 tablets per day.); NTT
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	NTT
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg</i>	3	PA; QL (2 tablets per day.)
<i>oxymorphone hcl er oral tablet extended release 12 hour 20 mg, 30 mg, 40 mg</i>	3	PA; QL (0 tablet per 100 days.)
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	2	QL (6 tablets per day.); NTT
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>tramadol hcl</i>)	3	PA; NTT
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	2	QL (1 tablet per day)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	2	QL (1 tablet per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tramadol hcl oral tablet 50 mg</i>	1	NTT
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (40 tablets per prescription.); NTT
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 9 MG (<i>oxycodone</i>)	4	PA; QL (2 tablets per day.)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG (<i>oxycodone</i>)	4	PA; QL (0 capsules per 100 days, diagnosis review required.)
OPIOID ANTAGONISTS (28:10) - Drugs for Overdose or Poisoning		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	QL (2 films per day.)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg</i>	1	QL (1 film per day.)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	1	QL (3 films per day.)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	
<i>ft naloxone hcl nasal liquid 4 mg/0.1ml</i>	1	QL (2 auto-injectors per prescription.)
KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>)	1	QL (2 devices per prescription.)
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	1	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	1	QL (2 auto-injectors per prescription.)
<i>naltrexone hcl oral tablet 50 mg</i>	1	
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	1	QL (2 auto-injectors per prescription.)
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (<i>nalmefene hcl</i>)	1	QL (2 spray bottles per prescription.)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	1	NTT
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	4	PA; M; QL (0.6 ml per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	4	PA; M; QL (0.4 ml per day.)
REXTOVY NASAL LIQUID 4 MG/0.25ML (<i>naloxone hcl</i>)	1	QL (one package (2 devices) per prescription.)
RIVIVE NASAL LIQUID 3 MG/0.1ML (<i>naloxone hcl</i>)	2	QL (1 package (2 devices) per prescription.)
SUBOXONE SUBLINGUAL FILM 12-3 MG (<i>buprenorphine hcl-naloxone hcl</i>)	4	PA; ST; QL (2 films per day.)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	4	PA; ST; QL (1 film per day.)
SUBOXONE SUBLINGUAL FILM 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	4	PA; ST; QL (3 films per day.)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (<i>naloxone hcl</i>)	2	QL (1 ml per prescription.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 2.9-0.71 MG (<i>buprenorphine hcl-naloxone hcl</i>)	1	QL (1 tablet per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 5.7-1.4 MG (<i>buprenorphine hcl-naloxone hcl</i>)	1	QL (3 tablets per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	1	QL (2 tablets per day.)
OPIOID PARTIAL AGONISTS - Drugs for Pain		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 900 MCG (<i>buprenorphine hcl</i>)	3	PA; QL (2 Films per day.)
BELBUCA BUCCAL FILM 750 MCG (<i>buprenorphine hcl</i>)	3	PA; QL (2 films per day.)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	1	QL (3 sublingual tablets per day.)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	1	QL (3 tablets per day.)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	QL (2 films per day.)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg</i>	1	QL (1 film per day.)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	1	QL (3 films per day.)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 20 mcg/hr, 5 mcg/hr</i>	3	PA; QL (4 patches per 28 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
buprenorphine transdermal patch weekly 15 mcg/hr, 7.5 mcg/hr	3	PA; QL (4 patches per month.)
butorphanol tartrate nasal solution 10 mg/ml	2	QL (7.5 ml (3 bottles) per prescription.)
pentazocine-naloxone hcl oral tablet 50-0.5 mg	1	NTT
SUBOXONE SUBLINGUAL FILM 12-3 MG (buprenorphine hcl-naloxone hcl)	4	PA; ST; QL (2 films per day.)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG (buprenorphine hcl-naloxone hcl)	4	PA; ST; QL (1 film per day.)
SUBOXONE SUBLINGUAL FILM 8-2 MG (buprenorphine hcl-naloxone hcl)	4	PA; ST; QL (3 films per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 2.9-0.71 MG (buprenorphine hcl-naloxone hcl)	1	QL (1 tablet per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 5.7-1.4 MG (buprenorphine hcl-naloxone hcl)	1	QL (3 tablets per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 8.6-2.1 MG (buprenorphine hcl-naloxone hcl)	1	QL (2 tablets per day.)
PHENOTHIAZINES - Drugs for Depression & Psychosis		
chlorpromazine hcl oral tablet 10 mg, 25 mg	1	QL (6 tablets per day.)
chlorpromazine hcl oral tablet 100 mg, 50 mg	1	QL (4 tablets per day.)
chlorpromazine hcl oral tablet 200 mg	1	QL (2 tablets per day.)
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
RESPIRATORY AND CNS STIMULANTS - Drugs for the Nervous System		
ascomp-codeine oral capsule 50-325-40-30 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
atomoxetine hcl oral capsule 10 mg, 25 mg	4	QL (3 capsules per day.)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	4	QL (1 capsule per day)
atomoxetine hcl oral capsule 18 mg	4	QL (5 capsules per day.)
atomoxetine hcl oral capsule 40 mg	4	QL (2 capsules per day)
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (serdexmethylphen-dexmethylphen)	3	ST; QL (1 capsule per day.)
bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg	1	QL (6 tablets per day)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL (6 capsules per day)
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	QL (6 tablets per day)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	1	
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 5 mg	2	QL (2 capsules per day.)
dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 35 mg, 40 mg	2	QL (31 capsules per 31 days.)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	
elixophyllin oral elixir 80 mg/15ml	3	
ergotamine-caffeine oral tablet 1-100 mg	3	
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-apap-caffeine)	4	QL (6 capsules per day.)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (methylphenidate hcl)	3	ST; QL (1 capsule per day.)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg	2	QL (2 tablets per day.)
methylphenidate hcl er (cd) oral capsule extended release 60 mg	2	QL (31 capsules per 31 days.)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg	2	QL (5 capsules per day.)
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg	2	QL (5capsules per day.)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; QL: Quantity Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication. M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	2	QL (3 capsules per day.)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg</i>	2	QL (2 capsules per day.)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>	2	
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	2	QL (2 tablets per day.)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	2	QL (10 tablets per day.)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	2	QL (5 tablets per day.)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	3	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
REVERSIBLE COX-1/COX-2 INHIBITORS - Drugs for Pain		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (<i>ketorolac tromethamine</i>)	4	
ACULAR OPHTHALMIC SOLUTION 0.5 % (<i>ketorolac tromethamine</i>)	4	
DAYPRO ORAL TABLET 600 MG (<i>oxaprozin</i>)	4	
<i>diclofenac sodium external gel 3 %</i>	2	PA; QL (100 grams per prescription.)
<i>diflunisal oral tablet 500 mg</i>	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG (<i>naproxen</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG (<i>naproxen</i>)	4	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	3	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	NTT
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	4	PA
<i>indomethacin er oral capsule extended release 75 mg</i>	2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin rectal suppository 50 mg</i>	3	PA
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	1	
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	
LURBIPR ORAL TABLET 100 MG (<i>flurbiprofen</i>)	3	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	3	
<i>mefenamic acid oral capsule 250 mg</i>	3	
MELOXICAM ORAL SUSPENSION 7.5 MG/5ML	4	PA
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>oxaprozin oral tablet 600 mg</i>	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SALICYLATES - Drugs for Pain		
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>aspirin 81 oral tablet delayed release 81 mg</i>	E	H
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	E	H
<i>aspirin childrens oral tablet chewable 81 mg</i>	E	H
<i>aspirin ec adult low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	E	H
<i>aspirin low dose oral tablet chewable 81 mg</i>	E	H
<i>aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin oral tablet chewable 81 mg</i>	E	H
<i>aspirin oral tablet delayed release 81 mg</i>	E	H
<i>aspirin regimen oral tablet delayed release 81 mg</i>	E	H
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	3	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>ft aspirin oral tablet chewable 81 mg</i>	E	H
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>mm aspirin oral tablet delayed release 81 mg</i>	E	H
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	E	H
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	E	H
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR - Drugs for Depression & Psychosis		
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	3	QL (1 tablet per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg</i>	3	QL (1 tablet per day.)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG (<i>duloxetine hcl</i>)	4	QL (2 capsules per day.)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG (<i>duloxetine hcl</i>)	4	QL (1 capsule per day.)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	4	QL (2 tablets per day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	4	QL (1 pack per 365 days.)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
SELECTIVE SEROTONIN AGONISTS - Migraine Treatment		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	4	QL (4 tablets per prescription)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	3	QL (4 tablets per prescription)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	3	QL (4 tablets per prescription)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	1	QL (10 per prescription.)
<i>rizatriptan benzoate oral tablet 10 mg</i>	1	QL (10 tablets per prescription.)
<i>rizatriptan benzoate oral tablet 5 mg</i>	1	
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	1	QL (10 per prescription.)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>	1	
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	2	QL (6 spray bottles per prescription)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (10 tablets per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	1	M; QL (2 kits per prescription)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	M; QL (2 kits per prescription)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	1	M; QL (2 kits per prescription)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	QL (4 tablets per prescription)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	3	QL (4 tablets per prescription)
ZOMIG NASAL SOLUTION 2.5 MG (<i>zolmitriptan</i>)	3	QL (6 units per prescription.)
ZOMIG NASAL SOLUTION 5 MG (<i>zolmitriptan</i>)	2	QL (1 box per prescription)
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS - Drugs for Depression & Psychosis		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	3	QL (4 capsules per 28 days.)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl oral tablet 10 mg</i>	3	QL (1 tablet per day.)
<i>fluoxetine hcl oral tablet 20 mg, 60 mg</i>	3	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	4	QL (2 capsules per day)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	2	QL (1 capsule per day)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	3	QL (1 tablet per day)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	3	QL (2 tablets per day)
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (<i>olanzapine-fluoxetine hcl</i>)	4	QL (1 capsule per day)
SEROTONIN MODULATORS - Drugs for Depression & Psychosis		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	4	ST; QL (1 tablet per day.)
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	3	QL (1 tablet per day)
SUCCINIMIDES - Drugs for Seizures		
CELONTIN ORAL CAPSULE 300 MG (<i>methsuximide</i>)	4	
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5ml</i>	1	
<i>methsuximide oral capsule 300 mg</i>	2	
ZARONTIN ORAL CAPSULE 250 MG (<i>ethosuximide</i>)	4	
ZARONTIN ORAL SOLUTION 250 MG/5ML (<i>ethosuximide</i>)	4	
THIOXANTHENES - Drugs for Depression & Psychosis		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
TRICYCLICS, OTHER NOREPI-RU INHIBITORS - Drugs for Depression & Psychosis		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin hcl external cream 5 %	4	PA; QL (45 grams per prescription.)
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin hcl oral concentrate 10 mg/ml	1	
ENOVARX-AMITRIPTYLINE EXTERNAL KIT 2 %	3	PA
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (desipramine hcl)	4	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline hcl oral solution 10 mg/5ml	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
protriptyline hcl oral tablet 10 mg, 5 mg	1	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	4	
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 9 MG (deutetrabenazine)	3	PA; QL (4 tablets per day.); SMCS; SP
AUSTEDO ORAL TABLET 6 MG (deutetrabenazine)	3	PA; QL (2 tablets per day.); SMCS; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (deutetrabenazine)	3	PA; QL (30 tablets per month.); SMCS; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG (deutetrabenazine)	3	PA; QL (30 Tablets per month.); SMCS; SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG (deutetrabenazine)	3	PA; SMCS; SP
INGREZZA ORAL CAPSULE 40 MG, 80 MG (valbenazine tosylate)	3	PA; QL (1 capsule per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INGREZZA ORAL CAPSULE 60 MG (<i>valbenazine tosylate</i>)	3	PA; QL (1 capsule per day.); SMCS
INGREZZA ORAL CAPSULE SPRINKLE 40 MG (<i>valbenazine tosylate</i>)	3	PA; QL (30 tablets per month.); SMCS; SP
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG (<i>valbenazine tosylate</i>)	3	PA; QL (30 capsules per month.); SMCS; SP
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	3	PA; QL (1 kit (28 tablets) per year.); SMCS; SP
<i>tetrabenazine oral tablet 12.5 mg</i>	3	PA; SMCS
<i>tetrabenazine oral tablet 25 mg</i>	3	PA; SMCS; SP
WAKEFULNESS-PROMOTING AGENTS - Drugs for the Nervous System		
<i>armodafinil oral tablet 150 mg, 250 mg</i>	2	QL (1 tablet per day)
<i>armodafinil oral tablet 200 mg</i>	2	QL (1 tablet per day.)
<i>armodafinil oral tablet 50 mg</i>	2	QL (2 tablets per day.)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	1	
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (<i>sodium oxybate</i>)	4	PA; QL (1 packet per day.); SMCS; SP
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM (<i>sodium oxybate</i>)	4	PA; QL (1 box (28 packets) per year.); SMCS; SP
<i>modafinil oral tablet 100 mg, 200 mg</i>	2	QL (3 tablets per day.)
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; QL (18 ml per day.); SMCS; SP
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	2	PA; QL (1 tablet per day.)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	4	PA; QL (2 tablets per day.); SMCS; SP
DENTAL AGENTS		
NUTRITIONAL SUPPLEMENTS		
DENTA 5000 PLUS DENTAL CREAM 1.1 % (<i>sodium fluoride</i>)	4	
DENTAGEL DENTAL GEL 1.1 % (<i>sodium fluoride</i>)	4	
EASYGEL DENTAL GEL 0.4 % (<i>stannous fluoride</i>)	3	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (<i>sodium fluoride-vitamin d</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 % (<i>stannous fluoride</i>)	3	
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	4	
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (<i>sodium fluoride</i>)	4	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (<i>sodium fluoride</i>)	4	
PREVIDENT DENTAL GEL 1.1 % (<i>sodium fluoride</i>)	4	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 % (<i>sodium fluoride</i>)	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (<i>pediatric multivitamins-fl</i>)	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	3	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	1	
<i>sodium fluoride 5000 ppm dental gel 1.1 %</i>	1	
<i>sodium fluoride dental cream 1.1 %</i>	1	
<i>sodium fluoride dental gel 1.1 %</i>	1	
<i>sodium fluoride mouth/throat solution 0.2 %</i>	1	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	1	H
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	1	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	1	H
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>ped vit a-c-d-methylfolate-fl</i>)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; QL: Quantity Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication. M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
DENTAL AGENTS - Oral Care		
DENTAL AGENTS - Oral Care		
CLINPRO 5000 DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (<i>sodium fluoride</i>)	4	
DENTA 5000 PLUS SENSITIVE DENTAL GEL 1.1-5 %	3	
DENTAGEL DENTAL GEL 1.1 % (<i>sodium fluoride</i>)	4	
EASYGEL DENTAL GEL 0.4 % (<i>stannous fluoride</i>)	3	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (<i>sodium fluoride-vitamin d</i>)	3	
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 % (<i>stannous fluoride</i>)	3	
FLUORIDEX DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
FLUORIMAX 5000 SENSITIVE DENTAL GEL 1.1-5 % (<i>sod fluoride-potassium nitrate</i>)	3	
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	4	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (<i>sodium fluoride</i>)	4	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 % (<i>sod fluoride-potassium nitrate</i>)	3	
PREVIDENT 5000 KIDS DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (<i>sodium fluoride</i>)	4	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 % (<i>sod fluoride-potassium nitrate</i>)	3	
PREVIDENT DENTAL GEL 1.1 % (<i>sodium fluoride</i>)	4	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 % (<i>sodium fluoride</i>)	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (<i>pediatric multivitamins-fl</i>)	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	3	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>sod fluoride-potassium nitrate dental gel 1.1-5 %</i>	1	
<i>sodium fluoride 5000 enamel dental gel 1.1-5 %</i>	1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	1	
<i>sodium fluoride 5000 ppm dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 ppm dental paste 1.1 %</i>	1	
<i>sodium fluoride 5000 sensitive dental gel 1.1-5 %</i>	1	
<i>sodium fluoride dental cream 1.1 %</i>	1	
<i>sodium fluoride dental gel 1.1 %</i>	1	
<i>sodium fluoride mouth/throat solution 0.2 %</i>	1	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	1	H
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	1	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	1	H
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>ped vit a-c-d-methylfolate-fl</i>)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEVICES - Medical Supplies and Durable Medical Equipment		
DEVICES - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK AVIVA IN VITRO SOLUTION (<i>blood glucose calibration</i>)	1	
ACCU-CHEK FASTCLIX LANCET KIT KIT (<i>lancets misc.</i>)	1	
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
ACCU-CHEK GUIDE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	3	M
ACCU-CHEK GUIDE ME KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	3	M
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT KIT (<i>lancets misc.</i>)	1	
ADVOCATE SAFETY LANCETS 21G (<i>lancets</i>)	3	
ADVOCATE SAFETY LANCETS 23G (<i>lancets</i>)	3	
ADVOCATE SAFETY LANCETS 28G (<i>lancets</i>)	3	
AEROCHAMBER HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	3	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE (<i>spacer/aero-holding chambers</i>)	3	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE (<i>spacer/aero-holding chambers</i>)	3	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE (<i>spacer/aero-holding chambers</i>)	3	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE (<i>spacer/aero-holding chambers</i>)	3	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE (<i>spacer/aero-holding chambers</i>)	3	
ALCOHOL PREP PADS SHEET 70 %	3	
AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (10 syringes per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM	2	QL (10 pen needles per day.)
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
ASSURE ID PRO PEN NEEDLES 30G X 5 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	2	QL (10 pen needles per day.)
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	QL (10 pen needles per day.)
AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	QL (10 pen needles per day.)
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
AUTOLET LANCING DEVICE (<i>lancet devices</i>)	3	QL (1 device per prescription.)
AUTOLET LITE LANCING DEVICE (<i>lancet devices</i>)	3	QL (1 device per prescription.)
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2" (<i>needle (disp)</i>)	2	
BD ECLIPSE NEEDLE 18G X 1-1/2" , 23G X 1" , 25G X 1-1/2" , 25G X 5/8" (<i>needle (disp)</i>)	2	
BD SAFETYGLIDE NEEDLE 23G X 1-1/2" (<i>needle (disp)</i>)	2	
BD SHARPS COLLECTOR (<i>sharps container</i>)	3	
BD ULTRA-FINE INSULIN SYRINGES 29G X 1/2" 0.3 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	QL (10 syringes per day.)
BD ULTRA-FINE INSULIN SYRINGES 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	2	QL (10 syringes per day.)
BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BIGFOOT UNITY PROGRAM KIT (<i>blood glucose monitoring suppl</i>)	3	M
BREATHE COMFORT CHAMBER/ADULT DEVICE	3	
BREATHE COMFORT CHAMBER/CHILD DEVICE	3	
CAREPOINT POLY HUB NEEDLE 18G X 1" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 21G X 1-1/2"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT POLY HUB NEEDLE 27G X 1/2"	2	
CAREPOINT SAFETY 1ST NEEDLE 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	2	
CARESENS CONTROL SOLUTION A/B IN VITRO SOLUTION (<i>blood glucose calibration</i>)	2	
CARESENS LANCETS 30G (<i>lancets</i>)	3	
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
CARETOUCH HYPODERMIC NEEDLE 22G X 1" , 27G X 1-1/2" (<i>needle (disp)</i>)	2	
CARETOUCH LANCING/EJECTOR (<i>lancet devices</i>)	3	QL (1 device per prescription.)
CEQUR SIMPLICITY 2U DEVICE (<i>injection device for insulin</i>)	3	ST
CHEMSTRIP BG LOG BOOK (<i>blood glucose monitoring suppl</i>)	1	M
CHOSEN LANCETS 30G (<i>lancets</i>)	3	
CHOSEN LANCING DEVICE (<i>lancet devices</i>)	3	QL (1 device per prescription.)
CHOSEN SAFETY LANCETS 28G (<i>lancets</i>)	3	
CLEVER CHOICE COMFORT EZ (<i>lancets</i>)	3	
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
COMFORT TOUCH TWIST LANCET 30G (<i>lancets</i>)	3	
CONTOUR CONTROL IN VITRO LIQUID HIGH (<i>blood glucose calibration</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CONTOUR CONTROL IN VITRO LIQUID LOW , NORMAL (<i>blood glucose calibration</i>)	2	
CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL (<i>blood glucose calibration</i>)	2	
CONTOUR NEXT EZ KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	2	M
CONTOUR NEXT GEN MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	2	M
CONTOUR NEXT GEN MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	2	M
CONTOUR NEXT MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	2	M
CONTOUR NEXT ONE DEVICE (<i>blood glucose monitoring suppl</i>)	2	M
CONTOUR NEXT ONE KIT (<i>blood glucose monitoring suppl</i>)	2	M
DEXCOM G6 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	3	PA; M; QL (1 kit per 999 days.)
DEXCOM G6 SENSOR (<i>continuous glucose sensor</i>)	3	PA; M; QL (3 sensors per month.)
DEXCOM G6 TRANSMITTER (<i>continuous glucose transmitter</i>)	3	PA; M; QL (Benefit maximum quantity 1 transmitter per 3 months for Dexcom G6 Transmitter.)
DEXCOM G7 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	3	PA; M; QL (1 kit per 999 days.)
DEXCOM G7 SENSOR (<i>continuous glucose sensor</i>)	3	PA; M; QL (3 sensors per month.)
DIABETES MONITOR DIGIT ADD-ON KIT	3	M
DIABETES MONITOR DIGIT SOLN KIT	3	M
DROPLET MICRON 34G X 3.5 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
DROPSAFE ACTI-LANCE 23G (<i>lancets</i>)	3	
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	QL (10 syringes per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DROPSAFE SICURA 25G X 1" (<i>needle (disp)</i>)	2	
EASIVENT (<i>spacer/aero-holding chambers</i>)	3	
EASY COMFORT SHARPS CONTAINER	3	
EASY TOUCH HEALTHPRO HIGH/LOW IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
EASYMAX CONTROL IN VITRO SOLUTION NORMAL (<i>blood glucose calibration</i>)	3	
EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
EMBECTA AUTOSHIELD DUO 30G X 5 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	2	QL (10 syringes per day.)
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	QL (10 syringes per day.)
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	2	QL (10 syringes per day.)
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML, 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	2	QL (10 syringes per day.)
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	2	QL (10 syringes per day.)
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
EMBECTA PEN NEEDLE NANO 32G X 4 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
ENLITE GLUCOSE SENSOR (<i>continuous glucose sensor</i>)	3	PA; M

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLEXICHAMBER ADULT MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	2	
FLEXICHAMBER CHILD MASK/LARGE (<i>spacer/aero-hold chamber mask</i>)	2	
FLEXICHAMBER CHILD MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	2	
FLEXICHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	3	
FORA TEST N' GO ADVANCE DEVICE (<i>blood glucose/ketone monitor</i>)	3	M
FREESTYLE LIBRE 14 DAY READER DEVICE (<i>continuous glucose receiver</i>)	3	PA; M; QL (1 receiver per 999 days.)
FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous glucose sensor</i>)	3	PA; M; QL (2 sensors per 21 days.)
FREESTYLE LIBRE 2 PLUS SENSOR (<i>continuous glucose sensor</i>)	3	PA; M
FREESTYLE LIBRE 2 READER DEVICE (<i>continuous glucose receiver</i>)	3	PA; M; QL (1 receiver per 999 days.)
FREESTYLE LIBRE 2 SENSOR (<i>continuous glucose sensor</i>)	3	PA; M; QL (2 sensors per 21 days.)
FREESTYLE LIBRE 3 PLUS SENSOR (<i>continuous glucose sensor</i>)	3	PA; M
FREESTYLE LIBRE 3 READER DEVICE (<i>continuous glucose receiver</i>)	3	PA; M
FREESTYLE LIBRE 3 SENSOR (<i>continuous glucose sensor</i>)	3	PA; M; QL (2 sensors per 21 days.)
FREESTYLE LIBRE READER DEVICE (<i>continuous glucose receiver</i>)	3	PA; M; QL (1 kit per 999 days.)
GUARDIAN 4 GLUCOSE SENSOR (<i>continuous glucose sensor</i>)	3	PA; M; QL (5 sensors per month.)
GUARDIAN 4 TRANSMITTER (<i>continuous glucose transmitter</i>)	3	PA; M; QL (1 transmitter kit per year.)
GUARDIAN LINK 3 TRANSMITTER (<i>continuous glucose transmitter</i>)	3	PA; M; QL (1 transmitter kit per 365 days.)
GUARDIAN SENSOR 3	3	PA; M; QL (5 sensors per 24 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IHEALTH CONTROL SOLUTION IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
IHEALTH LANCING DEVICE (<i>lancet devices</i>)	3	QL (1 device per prescription.)
INPEN 100-BLUE-LILLY-HUMALOG DEVICE (<i>injection device for insulin</i>)	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE (<i>injection device for insulin</i>)	3	
INPEN 100-GREY-LILLY-HUMALOG DEVICE (<i>injection device for insulin</i>)	3	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE (<i>injection device for insulin</i>)	3	
INPEN 100-PINK-LILLY-HUMALOG DEVICE (<i>injection device for insulin</i>)	3	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE (<i>injection device for insulin</i>)	3	
INSPIREASE RESERVOIR BAGS (<i>spacer/aero-hold chamber bags</i>)	2	
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 8MM , 31G X 4 MM , 31G X 5 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
INSULIN PEN NEEDLES 29G X 4MM , 29G X 5MM , 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL (10 pen needles per day.)
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML (OTC)	2	QL (10 syringes per day.)
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML (RX)	2	QL (10 syringes per day.)
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML (OTC)	2	QL (10 syringes per day.)
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML (RX)	2	QL (10 syringes per day.)
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML (OTC)	2	QL (10 syringes per day.)
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML (RX)	2	QL (10 syringes per day.)
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	2	QL (10 syringes per day.)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; QL: Quantity Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication. M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INSULIN SYRINGES 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 1/2" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML	2	QL (10 syringes per day.)
LANCETS (<i>lancets</i>)	1	
LANCETS	3	
LANCETS 28G THIN	3	
LANCETS SUPER THIN (<i>lancets</i>)	3	
MICROLET NEXT LANCING DEVICE (<i>lancet devices</i>)	3	QL (1 device per prescription.)
MOBILE LANCETS 30G	3	M
NORDIPEN 5 INJECTION DEVICE (<i>injection device</i>)	3	
NOVOFINE PEN NEEDLE 32G X 6 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
NOVOPEN ECHO DEVICE (<i>injection device for insulin</i>)	3	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per 180 days.)
OMNIPOD 5 DEXG7G6 PODS GEN 5 (<i>insulin disposable pump</i>)	2	PA
OMNIPOD 5 DEXG7G6 PODS GEN 5 (<i>insulin disposable pump</i>)	2	PA; QL (10 pods per prescription.)
OMNIPOD 5 LIBRE2 PLUS G6 KIT (<i>insulin disposable pump</i>)	2	PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS (<i>insulin disposable pump</i>)	2	PA
ONETOUCH DELICA PLUS LANCING (<i>lancet devices</i>)	1	QL (1 device per prescription.)
ONETOUCH DELICA SAFETY LANCING (<i>lancets</i>)	1	
ONETOUCH ULTRA 2 KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	1	M
ONETOUCH ULTRA IN VITRO LIQUID (<i>blood glucose calibration</i>)	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	1	M

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ONETOUCH VERIO IN VITRO LIQUID HIGH (<i>blood glucose calibration</i>)	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	1	M
PARI VORTEX ADULT MASK (<i>spacer/aero-hold chamber mask</i>)	2	
PARI VORTEX PEDIATRIC MASK (<i>spacer/aero-hold chamber mask</i>)	2	
PEN NEEDLE/5-BEVEL TIP 32G X 4 MM	2	QL (10 pen needles per day.)
PEN NEEDLES 31G X 8 MM (OTC)	2	QL (10 pen needles per day.)
PEN NEEDLES 31G X 8 MM (RX)	2	QL (10 pen needles per day.)
PEN NEEDLES 32G X 4 MM (OTC)	2	QL (10 pen needles per day.)
PEN NEEDLES 32G X 4 MM (RX)	2	QL (10 pen needles per day.)
PERFECT POINT SAFETY LANCETS (<i>lancets</i>)	3	
PERFECT POINT SAFETY NEEDLE 25G X 1" (<i>needle (disp)</i>)	2	
PIP GLUCOSE CONTROL SOLUTION IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	2	QL (10 pen needles per day.)
QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM , 31G X 5 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	2	QL (10 pen needles per day.)
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM	2	QL (10 pen needles per day.)
SHARPS COLLECTOR	3	
SHARPS CONTAINER	3	
SURE COMFORT PEN NEEDLES 32G X 4 MM (OTC)	2	QL (10 pen needles per day.)
TECHLITE LANCETS 26G (<i>lancets</i>)	3	
TRUE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	2	QL (10 pen needles per day.)
TRUE METRIX LEVEL 1 IN VITRO SOLUTION LOW (<i>blood glucose calibration</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRUE METRIX LEVEL 2 IN VITRO SOLUTION NORMAL (<i>blood glucose calibration</i>)	2	
TRUE METRIX LEVEL 3 IN VITRO SOLUTION HIGH (<i>blood glucose calibration</i>)	2	
TWIIST REFILL KIT KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per copay.)
TWIIST REFILL KIT/INFUSION SET KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per copay.)
TWIIST STARTER KIT KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 Kit per 730 days.)
UNIFINE OTC PEN NEEDLES 31G X 5 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
UNISTRIIP CONTROL IN VITRO SOLUTION LOW (<i>blood glucose calibration</i>)	3	
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	QL (10 syringes per day.)
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
VERIFINE SAFE LANCET MINI 21G (<i>lancets</i>)	3	
VERIFINE SAFE LANCET MINI 23G (<i>lancets</i>)	3	
VERIFINE SAFE LANCET MINI 28G (<i>lancets</i>)	3	
VERIFINE SAFE LANCET MINI 30G (<i>lancets</i>)	3	
VERIFINE SHARPS CONTAINER (<i>sharps container</i>)	3	
VERISAFE SAFETY STERILE NEEDLE 23G X 1-1/2" , 25G X 1" (<i>needle (disp)</i>)	2	
VIVAGUARD INO CONTROL SOLUTION IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
VIVAGUARD LANCETS 30G (<i>lancets</i>)	3	
VIVAGUARD LANCING DEVICE (<i>lancet devices</i>)	3	QL (1 device per prescription.)
VIVAGUARD SAFETY LANCETS 28G (<i>lancets</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VORTEX VALVE CHAMBER-PEDI MASK DEVICE (<i>spacer/aero-holding chambers</i>)	3	
VORTEX VALVED HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	3	
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
CORTROSYN INJECTION SOLUTION RECONSTITUTED 0.25 MG (<i>cosyntropin</i>)	4	M
<i>cosyntropin injection solution reconstituted 0.25 mg</i>	1	M
CARDIAC FUNCTION		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	3	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DIABETES MELLITUS		
ACCU-CHEK GUIDE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	QL (51 strips per prescription without history 204 strips per prescription with history.)
CONTOUR NEXT TEST IN VITRO STRIP (<i>glucose blood</i>)	2	QL (51 strips per prescription without history 204 strips per prescription with history.)
FORA TEST N'GO ADV-VOICE-6 CON IN VITRO STRIP (<i>ketone blood test</i>)	3	
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP (<i>glucose blood</i>)	1	QL (51 strips per prescription without history 204 strips per prescription with history.)
ONETOUCH ULTRA IN VITRO STRIP (<i>glucose blood</i>)	1	QL (51 strips per prescription without history 204 strips per prescription with history.)
ONETOUCH ULTRA TEST IN VITRO STRIP (<i>glucose blood</i>)	1	QL (51 strips per prescription without history 204 strips per prescription with history.)
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	1	QL (51 strips per prescription without history 204 strips per prescription with history.)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	2	
PHEOCHROMOCYTOMA		
DEMSEER ORAL CAPSULE 250 MG (<i>metirosine</i>)	4	PA
<i>metirosine oral capsule 250 mg</i>	3	PA
PITUITARY FUNCTION		
METOPIRONE ORAL CAPSULE 250 MG (<i>metirapone</i>)	3	
SUGAR		
DIASTIX REAGENT IN VITRO STRIP (<i>glucose urine test-glucose ox</i>)	3	
URINE AND FECES CONTENTS		
CHEMSTRIP UGK IN VITRO STRIP (<i>urine glucose-ketones test</i>)	3	
KETO-DIASTIX IN VITRO STRIP (<i>urine glucose-ketones test</i>)	3	
KETONE CARE IN VITRO STRIP (<i>urine glucose-ketones test</i>)	2	
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
<i>formaldehyde external solution 10 %, 37 %</i>	1	
<i>glutaraldehyde external solution 25 %</i>	1	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AGENTS		
K-PHOS NO 2 ORAL TABLET 305-700 MG (<i>pot & sod ac phosphates</i>)	2	
ALKALINIZING AGENTS		
<i>cytra k crystals oral packet 3300-1002 mg</i>	1	
ORACIT ORAL SOLUTION 490-640 MG/5ML (<i>sod citrate-citric acid</i>)	2	
ORAL CITRATE ORAL SOLUTION 490-640 MG/5ML	2	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	1	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	1	
<i>tricitrates oral solution 550-500-334 mg/5ml</i>	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (<i>potassium citrate</i>)	4	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (<i>potassium citrate</i>)	4	
AMMONIA DETOXICANTS		
<i>carglumic acid oral tablet soluble 200 mg</i>	3	PA; SMCS; SP
<i>constulose oral solution 10 gm/15ml</i>	1	
<i>enulose oral solution 10 gm/15ml</i>	1	
<i>generlac oral solution 10 gm/15ml</i>	1	
KRISTALOSE ORAL PACKET 10 GM (<i>lactulose</i>)	4	
KRISTALOSE ORAL PACKET 20 GM (<i>lactulose</i>)	3	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	1	
<i>lactulose oral packet 20 gm</i>	1	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	1	
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	3	
RAVICTI ORAL LIQUID 1.1 GM/ML (<i>glycerol phenylbutyrate</i>)	4	PA; ST; QL (17.5 ml per day.); SMCS; SP
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	1	PA; SMCS
<i>sodium phenylbutyrate oral tablet 500 mg</i>	4	PA; SMCS
CALORIC AGENTS - Drugs for Nutrition		
CAMINO PRO COMPLETE/GLYTACTIN ORAL BAR (<i>nutritional supplements</i>)	3	M
COMPLEX ESSENTIAL MSD ORAL POWDER (<i>nutritional supplements</i>)	3	
DOJOLVI ORAL LIQUID 100 % (<i>triheptanoin</i>)	4	PA; SMCS; SP
EAA SUPPLEMENT ORAL PACKET (<i>nutritional supplements</i>)	3	
ENCALA ORAL POWDER (<i>nutritional supplements</i>)	3	
ENSURE ORIGINAL ORAL LIQUID (<i>nutritional supplements</i>)	3	
ENSURE PLUS ORAL LIQUID (<i>nutritional supplements</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GLYTACTIN BETTERMILK 15 ORAL PACKET (<i>nutritional supplements</i>)	3	M
GLYTACTIN BETTERMILK DE-LITE ORAL PACKET (<i>nutritional supplements</i>)	3	M
GLYTACTIN BUILD 10PE ORAL PACKET (<i>nutritional supplements</i>)	3	M
GLYTACTIN BUILD 20/20 ORAL PACKET (<i>nutritional supplements</i>)	3	M
GLYTACTIN BUILD 20/20 PKU ORAL PACKET (<i>nutritional supplements</i>)	3	M
GLYTACTIN BURST ORAL PACKET (<i>nutritional supplements</i>)	3	M
GLYTACTIN COMPLETE 10PE ORAL BAR (<i>nutritional supplements</i>)	3	M
GLYTACTIN RESTORE 10 ORAL LIQUID (<i>nutritional supplements</i>)	3	M
GLYTACTIN RESTORE 5 ORAL PACKET (<i>nutritional supplements</i>)	3	M
GLYTACTIN RESTORE LITE 10 ORAL LIQUID (<i>nutritional supplements</i>)	3	M
GLYTACTIN RESTORE LITE 10PE ORAL PACKET (<i>nutritional supplements</i>)	3	M
GLYTACTIN RTD 10 ORAL LIQUID (<i>nutritional supplements</i>)	3	M
GLYTACTIN RTD 15 ORAL LIQUID (<i>nutritional supplements</i>)	3	M
GLYTACTIN RTD LITE 15 ORAL LIQUID (<i>nutritional supplements</i>)	3	M
GLYTACTIN SWIRL 15 ORAL PACKET (<i>nutritional supplements</i>)	3	
GLYTACTIN SWIRL 15PE ORAL PACKET (<i>nutritional supplements</i>)	3	M
L-ISOLEUCINE POWDER	3	PA
MALTOCARB ORAL POWDER (<i>nutritional supplements</i>)	3	
NEOCATE SYNEO JUNIOR ORAL POWDER (<i>nutritional supplements</i>)	3	
PEPTICATE ORAL POWDER (<i>infant foods</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHENYLADE ESSENTIAL DRINK MIX ORAL POWDER (<i>nutritional supplements</i>)	3	M
PHENYLADE GMP MIX DHA/FIBER ORAL POWDER (<i>nutritional supplements</i>)	3	
PHENYLADE GMP MIX-IN ORAL POWDER (<i>nutritional supplements</i>)	3	M
PHENYLADE GMP ULTRA PACKET ORAL (<i>nutritional supplements</i>)	3	
PHENYLADE GMP ULTRA PACKET ORAL (<i>nutritional supplements</i>)	3	M
PHENYLADE60 DRINK MIX POWDER ORAL (<i>nutritional supplements</i>)	3	
PHENYLADE60 DRINK MIX POWDER ORAL (<i>nutritional supplements</i>)	3	M
PKU EASY MICROTABS PLUS ORAL TABLET DELAYED RELEASE (<i>nutritional supplements</i>)	3	M
PKU EASY MICROTABS TABLET DELAYED RELEASE ORAL (OTC) (<i>nutritional supplements</i>)	3	M
PKU EASY MICROTABS TABLET DELAYED RELEASE ORAL (RX) (<i>nutritional supplements</i>)	3	
PKU EASY SHAKE & GO ORAL POWDER (<i>nutritional supplements</i>)	3	M
PKU GOLIKE PLUS 16+ ORAL PACKET	3	M
PKU GOLIKE PLUS 4-16 ORAL PACKET	3	M
PKU START ORAL POWDER (<i>nutritional supplements</i>)	3	M
PREKUNIL ORAL TABLET (<i>nutritional supplements</i>)	3	
PRO-STAT/FIBER ORAL LIQUID (<i>amino acids-protein hydrolys</i>)	3	
REAL FOOD BLENDS ENTERAL LIQUID (<i>nutritional supplements</i>)	3	
REFRESH AA 15 PKU ORAL LIQUID (<i>amino acids</i>)	3	M
CARBONIC ANHYDRASE INHIBITORS - Drugs for Water Balance		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
DIURETICS, MISCELLANEOUS - Drugs for Water Balance		
<i>elixophyllin oral elixir 80 mg/15ml</i>	3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
LOOP DIURETICS (40:28) - Drugs for Water Balance		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BUMEX ORAL TABLET 0.5 MG (<i>bumetanide</i>)	3	
<i>ethacrynic acid oral tablet 25 mg</i>	4	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (<i>furosemide</i>)	4	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
OSMOTIC DIURETICS - Drugs for Water Balance		
HYDRO 40 EXTERNAL FOAM 40 % (<i>urea</i>)	3	
<i>urea external cream 20 %, 40 %, 45 %</i>	1	
<i>urea external lotion 40 %</i>	1	
<i>urea nail external gel 45 %</i>	1	
UREMEZ-40 EXTERNAL CREAM 40 %	3	
OTHER ION-REMOVING AGENTS		
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	3	
PHOSPHATE-REMOVING AGENTS		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	1	
<i>calcium acetate oral tablet 667 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	3	ST
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	3	ST
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	2	PA
<i>sevelamer carbonate oral tablet 800 mg</i>	2	
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	4	ST
XPHOZAH ORAL TABLET 20 MG, 30 MG (<i>tenapanor hcl (ckd)</i>)	4	PA; QL (2 tablets per day.); SMCS
POTASSIUM-REMOVING AGENTS		
LOKELMA ORAL PACKET 10 GM (<i>sodium zirconium cyclosilicate</i>)	3	PA; QL (1 packet per day.)
LOKELMA ORAL PACKET 5 GM (<i>sodium zirconium cyclosilicate</i>)	3	PA; QL (3 packets per day.)
<i>sodium polystyrene sulfonate oral powder</i>	1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	3	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (<i>sodium polystyrene sulfonate</i>)	3	
VELTASSA ORAL PACKET 1 GM (<i>patiomer sorbitex calcium</i>)	3	PA; QL (124 packets per month.)
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiomer sorbitex calcium</i>)	3	PA; QL (1 Packet per day.)
XPHOZAH ORAL TABLET 30 MG (<i>tenapanor hcl (ckd)</i>)	4	PA; QL (2 tablets per day.); SMCS
POTASSIUM-SPARING DIURETICS - Drugs for Water Balance		
<i>amiloride hcl oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	4	PA
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
<i>spironolactone oral suspension 25 mg/5ml</i>	3	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	3	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
REPLACEMENT PREPARATIONS		
CALCIFOL ORAL WAFER 1342-1.6 MG (<i>ca carb-fa-d-b6-b12-boron-mg</i>)	3	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	1	
<i>calcium acetate oral tablet 667 mg</i>	1	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (<i>potassium bicarb-citric acid</i>)	2	
<i>effer-k oral tablet effervescent 25 meq</i>	1	
GALZIN ORAL CAPSULE 25 MG, 50 MG (<i>zinc acetate (oral)</i>)	3	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con m10 oral tablet extended release 10 meq</i>	1	
<i>klor-con m15 oral tablet extended release 15 meq</i>	1	
<i>klor-con m20 oral tablet extended release 20 meq</i>	1	
<i>klor-con oral packet 20 meq</i>	1	
<i>klor-con oral tablet extended release 8 meq</i>	1	
<i>klor-con/ef oral tablet effervescent 25 meq</i>	1	
K-PHOS ORAL TABLET 500 MG (<i>potassium phosphate monobasic</i>)	2	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG (<i>k phos mono-sod phos di & mono</i>)	2	
K-PRIME ORAL TABLET EFFERVESCENT 25 MEQ (<i>potassium bicarbonate</i>)	3	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (<i>insulin regular(human) in nacl</i>)	3	
NEOMATERNA ORAL TABLET 1 MG	3	
NEO-VITAL RX ORAL TABLET 1 MG	3	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG (<i>k phos mono-sod phos di & mono</i>)	2	

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>benazepril-hydrochlorothiazide</i>)	4	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	2	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
THIAZIDE-LIKE DIURETICS - Drugs for Water Balance		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
URICOSURIC AGENTS		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>probenecid oral tablet 500 mg</i>	1	
VASOPRESSIN ANTAGONISTS - Drugs for Water Balance		
JYNARQUE ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	3	PA; QL (2 tablets per day.); SMCS; SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>)	3	PA; QL (2 tablets per day.); SMCS; SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG (<i>tolvaptan</i>)	3	PA; QL (2 tablets per day.); SMCS
<i>tolvaptan oral tablet 15 mg</i>	3	PA; SMCS; SP
<i>tolvaptan oral tablet therapy pack 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg</i>	1	PA; QL (2 tablets per day.); SMCS; SP
<i>tolvaptan oral tablet therapy pack 30 & 15 mg</i>	1	PA; QL (2 tablets per day.); SMCS
<i>tolvaptan tablet 30 mg oral</i>	3	PA; SMCS; SP
<i>tolvaptan tablet 30 mg oral</i>	3	PA; QL (2 tablets per day.); SMCS; SP
ENZYMES		
ENZYME COFACTORS/CHAPERONES		
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	4	PA; QL (14 capsules per 21 days.); SMCS; SP
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG (<i>arimoclomol citrate</i>)	4	PA; QL (90 capsules per month.); SMCS; SP
<i>sapropterin dihydrochloride oral packet 100 mg</i>	3	PA; QL (16 packets per day.); SMCS; SP
<i>sapropterin dihydrochloride oral packet 500 mg</i>	3	PA; QL (4 packets per day.); SMCS; SP
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	3	PA; QL (16 tablets per day.); SMCS; SP
ENZYME INHIBITORS		
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	3	PA; SMCS; SP
<i>miglustat oral capsule 100 mg</i>	3	SMCS
OPFOLDA ORAL CAPSULE 65 MG (<i>miglustat (gaa deficiency)</i>)	3	PA; QL (8 capsules per 21 days.); SMCS; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	3	PA; SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	3	PA; SMCS; SP
ZOKINVY ORAL CAPSULE 50 MG (<i>lonafarnib</i>)	3	PA; QL (5 capsules per day.); SMCS; SP
ZOKINVY ORAL CAPSULE 75 MG (<i>lonafarnib</i>)	3	PA; QL (1 tablet per day.); SMCS; SP
ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	2	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	4	ST
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	3	PA; QL (5 ml per day.); SMCS; SP
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	4	QL (90 grams per prescription.)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML (<i>asfotase alfa</i>)	3	PA; M; QL (5.4 ml per month.); SMCS; SP
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML (<i>asfotase alfa</i>)	3	PA; M; QL (8.4 ml per month.); SMCS; SP
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML (<i>asfotase alfa</i>)	3	PA; M; QL (12 ml tablets per month.); SMCS; SP
STRENSIQ SUBCUTANEOUS SOLUTION 80 MG/0.8ML (<i>asfotase alfa</i>)	3	PA; M; QL (9.6 ml (12 vials) per month.); SMCS; SP
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	3	PA; SMCS; SP
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	4	ST
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ALPHA-ADRENERGIC AGONISTS (EENT) - Drugs for the Eye		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (<i>brimonidine tartrate</i>)	2	QL (10 ml per prescription)
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (<i>brimonidine tartrate</i>)	4	QL (10 ml per prescription)
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	1	
<i>brimonidine tartrate external gel 0.33 %</i>	3	PA; QL (30 grams per prescription.)
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	2	QL (10 ml per prescription)
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	2	QL (5 ml per prescription)
IOPIDINE OPHTHALMIC SOLUTION 1 % (<i>apraclonidine hcl</i>)	3	
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	3	PA; QL (30 grams per prescription.)
ANTIALLERGIC AGENTS - Drugs for Allergy		
ALOCRIAL OPHTHALMIC SOLUTION 2 % (<i>nedocromil sodium</i>)	3	
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	2	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	4	QL (5 ml per prescription)
<i>olopatadine hcl nasal solution 0.6 %</i>	3	
ANTIBACTERIALS (52:04) - Drugs for Infections		
AZASITE OPHTHALMIC SOLUTION 1 % (<i>azithromycin</i>)	3	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (<i>besifloxacin hcl</i>)	3	
CETRAXAL OTIC SOLUTION 0.2 % (<i>ciprofloxacin hcl</i>)	3	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (<i>ciprofloxacin hcl</i>)	3	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	1	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	4	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (<i>neomycin-colist-hc-thonzonium</i>)	3	
DOUBLE PM OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5 %	3	PA
<i>ery external pad 2 %</i>	1	
ERYGEL EXTERNAL GEL 2 % (<i>erythromycin</i>)	3	
<i>erythromycin external gel 2 %</i>	1	
<i>erythromycin external solution 2 %</i>	1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	H
<i>gatifloxacin ophthalmic solution 0.5 %</i>	3	
<i>gentamicin sulfate external cream 0.1 %</i>	1	QL (30 grams per prescription.)
<i>gentamicin sulfate external ointment 0.1 %</i>	1	QL (30 grams per prescription.)
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	QL (15 ml per prescription.)
<i>levofloxacin ophthalmic solution 0.5 %, 1.5 %</i>	1	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (<i>neomycin-polymyxin-dexameth</i>)	4	
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (<i>neomycin-polymyxin-dexameth</i>)	4	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	2	PA
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
MITOSOL OPHTHALMIC KIT 0.2 MG (<i>mitomycin</i>)	3	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	3	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
neomycin sulfate oral tablet 500 mg	1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000	1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 % (bacitracin-polymyx-neo-hc)	3	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000 (neomycin-bacitracin zn-polymyx)	3	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (ofloxacin)	4	
ofloxacin ophthalmic solution 0.3 %	1	
ofloxacin otic solution 0.3 %	2	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM (bacitracin-polymyxin b)	3	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
sulfacetamide sodium ophthalmic ointment 10 %	1	
sulfacetamide sodium ophthalmic solution 10 %	1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	3	
tobramycin inhalation nebulization solution 300 mg/4ml	3	PA; QL (224 ml per 56 days.); SMCS; SP
tobramycin ophthalmic solution 0.3 %	1	QL (5 ml per prescription.)
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TOBREX OPHTHALMIC OINTMENT 0.3 % (<i>tobramycin</i>)	3	QL (3.5 grams per prescription.)
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	PA
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	PA
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	3	
ANTIFUNGALS (EENT) - Drugs for Infections		
NATACYN OPHTHALMIC SUSPENSION 5 % (<i>natamycin</i>)	4	
ANTI-INFECTIVES, MISCELLANEOUS (52:04) - Drugs for Infections		
ARZOL SILVER NIT APPLICATORS EXTERNAL 75-25 % (<i>silver nitrate-pot nitrate</i>)	3	
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % (<i>povidone-iodine</i>)	3	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	4	
<i>periogard mouth/throat solution 0.12 %</i>	1	
PRAMOTIC OTIC LIQUID 1-0.1 % (<i>pramoxine-chloroxylonol</i>)	3	
<i>silver nitrate external solution 0.5 %</i>	1	
XDEMVY OPHTHALMIC SOLUTION 0.25 % (<i>lotilaner</i>)	4	PA; QL (10 ml per 63 days.)
ANTI-INFLAMMATORY AGENTS (EENT) - Drugs for Inflammation		
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (<i>perfluorohexyloctane</i>)	4	PA; QL (3 ml per 23 days.)
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	4	PA; QL (1 ml per day and 56 ml per 365 days.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	4	PA; QL (60 vials per prescription.)
VERKAZIA OPHTHALMIC EMULSION 0.1 % (<i>cyclosporine</i>)	4	PA; QL (4 vials per day.)
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	4	PA; QL (60 vials per prescription.)
ANTIVIRALS (EENT) - Drugs for Infections		
<i>trifluridine ophthalmic solution 1 %</i>	1	
ZIRGAN OPHTHALMIC GEL 0.15 % (<i>ganciclovir</i>)	4	
ASTRINGENTS (52:04) - Drugs for Infections		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	4	
<i>perigard mouth/throat solution 0.12 %</i>	1	
BETA-ADRENERGIC BLOCKING AGENTS (EENT) - Drugs for the Eye		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	
BETIMOL OPHTHALMIC SOLUTION 0.25 % (<i>timolol hemihydrate</i>)	2	QL (5 ml per prescription)
BETIMOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol hemihydrate</i>)	4	QL (5 ml per prescription.)
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	3	
<i>carteolol hcl ophthalmic solution 1 %</i>	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	2	QL (5 ml per prescription)
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	4	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	2	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	4	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>timolol hemihydrate ophthalmic solution 0.5 %</i>	2	QL (5 ml per prescription.)
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	3	
<i>timolol maleate ocudose ophthalmic solution 0.5 %</i>	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (timolol maleate)	4	
CARBONIC ANHYDRASE INHIBITORS (EENT) - Drugs for the Eye		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
brinzolamide ophthalmic suspension 1 %	2	QL (10 ml per prescription)
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (dorzolamide hcl-timolol mal)	4	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	2	
methazolamide oral tablet 25 mg, 50 mg	1	
CORTICOSTEROIDS (EENT) - Drugs for Inflammation		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (fluticasone-salmeterol)	3	QL (0.4 grams per day.)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (albuterol-budesonide)	3	QL (10.7 grams per prescription.)
ALA SCALP EXTERNAL LOTION 2 % (hydrocortisone)	4	
ALREX OPHTHALMIC SUSPENSION 0.2 % (loteprednol etabonate)	4	QL (5 ml per prescription)
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (hydrocortisone ace-pramoxine)	4	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (hydrocortisone ace-pramoxine)	4	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (hydrocortisone ace-pramoxine)	3	
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	2	
ANUSOL-HC EXTERNAL CREAM 2.5 % (hydrocortisone)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate</i>)	2	QL (1 blister per day.)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>fluticasone furoate</i>)	2	QL (1 packet per day.)
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	3	QL (2 blisters per day.)
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	4	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (<i>hc-pramoxine-chloroxylonol</i>)	4	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (<i>hydrocortisone</i>)	4	
CORTENEMA RECTAL ENEMA 100 MG/60ML (<i>hydrocortisone</i>)	4	
CORTIFOAM EXTERNAL FOAM 10 % (<i>hydrocortisone acetate</i>)	2	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (<i>neomycin-colist-hc-thonzonium</i>)	3	
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	4	QL (118.28 ml per prescription.)
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	4	
DERMOTIC OTIC OIL 0.01 % (<i>fluocinolone acetonide</i>)	4	
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	3	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DOUBLE PM OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5 %	3	PA
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (<i>loteprednol etabonate</i>)	4	QL (8.3 mL per prescription)
FLAREX OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone acetate</i>)	2	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	3	
<i>fluocinolone acetonide body external oil 0.01 %</i>	3	QL (118.28 ml per prescription.)
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	3	QL (15 grams per prescription.)
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	QL (15 grams per prescription.)
<i>fluocinolone acetonide external solution 0.01 %</i>	3	QL (60 ml per prescription.)
<i>fluocinolone acetonide otic oil 0.01 %</i>	1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	3	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	1	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	2	QL (16 grams (1 bottle) per prescription)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	3	QL (2 blisters per day.)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL (0.04 mcg per day.)
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (<i>fluorometholone</i>)	3	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone</i>)	4	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG (<i>hydrocortisone acetate</i>)	3	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	2	
<i>hydrocortisone butyrate external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocortisone butyrate external solution 0.1 %	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %	4	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
hydrocortisone rectal enema 100 mg/60ml	1	
hydrocortisone valerate external cream 0.2 %	2	QL (15 grams per prescription.)
hydrocortisone valerate external ointment 0.2 %	3	QL (15 grams per prescription.)
hydrocortisone-acetic acid otic solution 1-2 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
INVELTYS OPHTHALMIC SUSPENSION 1 % (loteprednol etabonate)	3	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (loteprednol etabonate)	3	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (loteprednol etabonate)	3	QL (5 grams per prescription.)
loteprednol etabonate ophthalmic suspension 0.2 %	3	QL (5 ml per prescription)
loteprednol etabonate ophthalmic suspension 0.5 %	3	QL (5 ml per prescription.)
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (dexamethasone)	2	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (neomycin-polymyxin-dexameth)	4	
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (neomycin-polymyxin-dexameth)	4	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
mometasone furoate nasal suspension 50 mcg/act	3	QL (17 grams (1 bottle) per prescription)
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 % (bacitracin-polymyx-neo-hc)	3	
NUCORT EXTERNAL LOTION 2 % (hydrocortisone acetate)	3	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (prednisolone sodium phosphate)	4	
PEDIAPRED ORAL SOLUTION 5 MG/5ML (prednisolone sodium phosphate)	2	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (prednisolone acetate)	3	
prednisolone acetate ophthalmic suspension 1 %	1	
prednisolone oral solution 15 mg/5ml	1	
prednisolone oral tablet 5 mg	3	
prednisolone sodium phosphate ophthalmic solution 1 %	1	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	1	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (hydrocortisone ace-pramoxine)	2	
procto-med hc external cream 2.5 %	1	
PROCTOSOL HC EXTERNAL CREAM 2.5 % (hydrocortisone)	4	
PROCTOZONE-HC EXTERNAL CREAM 2.5 % (hydrocortisone)	4	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (dexamethasone)	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG, 1.5 MG (21) (dexamethasone)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (dexamethasone)	3	
TEXACORT EXTERNAL SOLUTION 2.5 % (hydrocortisone)	2	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	3	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	2	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (fluticasone-umeclidin-vilant)	3	QL (2 blisters per day.)
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	PA
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	PA
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL (2 blisters per day.)
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (loteprednol-tobramycin)	3	
EENT ANTI-INFLAMMATORY AGENTS, MISC. - Drugs for Inflammation		
RESTASIS OPHTHALMIC EMULSION 0.05 % (cyclosporine)	4	PA; QL (60 vials per prescription.)
VERKAZIA OPHTHALMIC EMULSION 0.1 % (cyclosporine)	4	PA; QL (4 vials per day.)
XIIDRA OPHTHALMIC SOLUTION 5 % (lifitegrast)	4	PA; QL (60 vials per prescription.)
EENT DRUGS, MISCELLANEOUS		
acetic acid otic solution 2 %	1	
apraclonidine hcl ophthalmic solution 0.5 %	1	
AQUORAL MOUTH/THROAT SOLUTION (artificial saliva)	3	
CAPHOSOL MOUTH/THROAT SOLUTION (artificial saliva)	3	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	1	
cromolyn sodium ophthalmic solution 4 %	1	
cromolyn sodium oral concentrate 100 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (<i>cysteamine hcl</i>)	4	PA; QL (20 mL per 21 days); SMCS
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	3	PA; QL (60 ml (4 bottles) per month.); SMCS; SP
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (<i>sulfuric acid-sulf phenolics</i>)	2	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	
IOPIDINE OPHTHALMIC SOLUTION 1 % (<i>apraclonidine hcl</i>)	3	
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (<i>perfluorohexyloctane</i>)	4	PA; QL (3 ml per 23 days.)
MUCOSITISRX MOUTH/THROAT PACKET (<i>artificial saliva</i>)	3	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	4	PA; QL (1 ml per day and 56 ml per 365 days.); SMCS; SP
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Inflammation		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (<i>ketorolac tromethamine</i>)	4	
ACULAR OPHTHALMIC SOLUTION 0.5 % (<i>ketorolac tromethamine</i>)	4	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	3	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	1	
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	
LURBIPR ORAL TABLET 100 MG (<i>flurbiprofen</i>)	3	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (<i>nepafenac</i>)	4	
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	PA
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	PA
LOCAL ANESTHETICS (EENT) - Drugs for Numbing		
AKTEN OPHTHALMIC GEL 3.5 % (<i>lidocaine hcl</i>)	3	
ALCAINE OPHTHALMIC SOLUTION 0.5 % (<i>proparacaine hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALTACAINE OPHTHALMIC SOLUTION 0.5 % (<i>tetracaine hcl</i>)	3	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (<i>dph-lido-alhydr-mghydr-simeth</i>)	3	PA
<i>lidocaine hcl mouth/throat solution 4 %</i>	1	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	1	
PRAMOTIC OTIC LIQUID 1-0.1 % (<i>pramoxine-chloroxyleneol</i>)	3	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	1	
<i>tetracaine hcl ophthalmic solution 0.5 %</i>	1	
MACULAR DEGENERATION AGENTS		
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (<i>cysteamine hcl</i>)	4	PA; QL (20 mL per 21 days); SMCS
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	3	PA; QL (60 ml (4 bottles) per month.); SMCS; SP
MIOTICS - Drugs for the Eye		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (<i>echothiophate iodide</i>)	2	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (<i>pilocarpine hcl</i>)	4	
MYDRIATICS - Drugs for the Eye		
<i>altafrin ophthalmic solution 10 %, 2.5 %</i>	1	
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 % (<i>cyclopentolate hcl</i>)	4	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (<i>cyclopentolate-phenylephrine</i>)	3	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	1	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	1	
OSMOTIC AGENTS - Drugs for the Eye		
HYDRO 40 EXTERNAL FOAM 40 % (<i>urea</i>)	3	
<i>urea external cream 20 %, 40 %, 45 %</i>	1	
<i>urea external lotion 40 %</i>	1	
<i>urea nail external gel 45 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
UREMEZ-40 EXTERNAL CREAM 40 %	3	
PROSTAGLANDIN ANALOGS - Drugs for the Eye		
<i>bimatoprost ophthalmic solution 0.03 %</i>	2	QL (2.5 ml per prescription.)
LATANOPROST OIL	3	PA
<i>latanoprost ophthalmic solution 0.005 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	2	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	3	QL (2.5 mL per prescription.)
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	3	ST; QL (30 unit of use droppers per prescription.)
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	3	QL (2.5 ml per prescription)
XELPROS OPHTHALMIC EMULSION 0.005 % (<i>latanoprost</i>)	3	QL (2.5 ml per prescription.)
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (<i>tafluprost</i>)	3	ST; QL (30 unit of use droppers per prescription.)
RHO KINASE INHIBITORS - Drugs for the Eye		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (<i>netarsudil dimesylate</i>)	3	QL (2.5 ml per prescription.)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	3	QL (2.5 mL per prescription.)
VASOCONSTRICTORS		
ADRENALIN NASAL SOLUTION 0.1 % (<i>epinephrine hcl (nasal)</i>)	2	
<i>altafrin ophthalmic solution 10 %, 2.5 %</i>	1	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (<i>cyclopentolate-phenylephrine</i>)	3	
<i>epinephrine hcl (nasal) nasal solution 0.1 %</i>	1	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	1	
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (<i>dph-lido-alhydr-mghydr-simeth</i>)	3	PA
CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	2	PA; QL (2 capsules per day.)

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GUANYLATE CYCLASE C (GCC) RECEPT AGONIST		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	2	PA; QL (1 capsule per day.)
IMMUNOMODULATORY AGENTS (56:44)		
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (<i>vedolizumab</i>)	3	PA; M; QL (0.05 ml per day.); SMCS; SP
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML (<i>mirikizumab-mrkz</i>)	3	PA; M; SMCS; SP
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML (<i>mirikizumab-mrkz</i>)	3	PA; M; SMCS; SP
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mirikizumab-mrkz</i>)	3	PA; M; QL (0.072 ml per day.); SMCS; SP
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mirikizumab-mrkz</i>)	3	PA; M; QL (2 prefilled syringe per month.); SMCS; SP
OPIOID ANTAGONISTS (56:18)		
<i>alvimopan oral capsule 12 mg</i>	3	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	4	PA; M; QL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	4	PA; M; QL (0.4 ml per day.)
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	2	PA; QL (1 tablet per day.)
GASTROINTESTINAL DRUGS - Drugs for the Stomach		
5-HT3 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	4	QL (1 capsule per prescription.)
ANZEMET ORAL TABLET 50 MG (<i>dolasetron mesylate</i>)	4	QL (6 tablets per prescription.)
<i>granisetron hcl oral tablet 1 mg</i>	2	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	1	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1	
<i>ondansetron odt oral tablet dispersible 4 mg, 8 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIDIARRHEA AGENTS - Drugs for Diarrhea		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate-atropine</i>)	4	
<i>opium oral tincture 10 mg/ml (1%)</i>	1	
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	4	PA; QL (2 tablets per day.)
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	4	PA; QL (3 tablets per day.); SMCS; SP
ANTIEMETICS, MISCELLANEOUS - Drugs for Vomiting and Nausea		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	2	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	2	QL (1 capsule per day)
<i>promethazine hcl oral solution 12.5 mg/10ml, 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (<i>promethazine hcl</i>)	3	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	3	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (<i>olanzapine-fluoxetine hcl</i>)	4	QL (1 capsule per day)
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	4	PA; QL (4 ml per day.)
ANTIFLATULENTS - Drugs for Gas		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (<i>dph-lido-alhydr-mghydr-simeth</i>)	3	PA
ANTI-HISTAMINES (GI DRUGS) - Drugs for Vomiting and Nausea		
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>trimethobenzamide hcl oral capsule 300 mg</i>	1	
ANTI-INFLAMMATORY AGENTS (GI DRUGS) - Drugs for Inflammation		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	2	PA; QL (2 tablets per day)
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	1	
<i>balsalazide disodium oral capsule 750 mg</i>	1	
<i>mesalamine oral capsule delayed release 400 mg</i>	2	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	2	
<i>mesalamine rectal enema 4 gm</i>	1	
<i>mesalamine rectal suppository 1000 mg</i>	2	QL (1 suppository per day.)
<i>mesalamine-cleanser rectal kit 4 gm</i>	1	QL (4 kits per month.)
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
ANTIULCER AGENTS AND ACID SUPPRESSANTS - Drugs for Ulcers and Stomach Acid		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	2	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	3	PA
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	4	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CATHARTICS AND LAXATIVES - Drugs for Constipation		
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	E	H
<i>citroma oral solution 1.745 gm/30ml</i>	E	H
<i>clearlax oral powder 17 gm/scoop</i>	E	H
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML (<i>sod picosulfate-mag ox-cit acd</i>)	3	QL (350 ml per prescription.)
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (<i>dph-lido-alhydr-mghydr-simeth</i>)	3	PA
<i>ft clearlax oral powder 17 gm/scoop</i>	E	H
<i>ft laxative oral tablet delayed release 5 mg</i>	E	H
<i>ft magnesium citrate oral solution 1.745 gm/30ml</i>	E	H
<i>gavilax oral powder 17 gm/scoop</i>	E	H
<i>gavilyte-c oral solution reconstituted 240 gm</i>	1	H
<i>gavilyte-g oral solution reconstituted 236 gm</i>	1	QL (4000 mL per prescription.); H
<i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>	1	QL (4000 ml per prescription.); H
<i>gentle laxative oral tablet delayed release 5 mg</i>	E	H
<i>glycolax oral powder 17 gm/scoop</i>	E	H
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	1	QL (4000 mL per prescription.); H
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	E	H
<i>mineral oil heavy oral oil</i>	1	
<i>mm clearlax oral powder 17 gm/scoop</i>	E	H
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	4	QL (1 kit per prescription.)
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	3	QL (354 ml per prescription.)
<i>peg 3350 oral powder 17 gm/scoop</i>	E	H
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	1	QL (4000 ml per prescription.); H
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	QL (4000 mL per prescription.); H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	3	QL (1 kit per prescription.)
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	3	QL (1 kit per prescription.)
PEG-PREP ORAL KIT 5-210 MG-GM (bisacodyl-peg-kcl-nabicar-nacl)	4	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (peg-kcl-nacl-nasulf-na asc-c)	3	QL (3 cartons per prescription.)
polyethylene glycol 3350 oral powder 17 gm/scoop	E	H
smooth lax oral powder 17 gm/scoop	E	H
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (peg 3350-kcl-nacl-nasulf-mgsul)	3	QL (2 doses (1 box) per prescription.)
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (na sulfate-k sulfate-mg sulf)	3	QL (354 ml per prescription.)
SUTAB ORAL TABLET 1479-225-188 MG (sodium sulfate-mag sulfate-kcl)	3	H
true laxative oral powder 17 gm/scoop	E	H
CHOLELITHOLYTIC AGENTS - Drugs for the Stomach		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (cholic acid)	3	PA; QL (4 capsules per day.); SMCS; SP
IQIRVO ORAL TABLET 80 MG (elafibranor)	4	PA; ST; QL (31 tablets per month.); SMCS; SP
LIVDELZI ORAL CAPSULE 10 MG (seladelpar lysine)	4	PA; ST; QL (30 capsules per month.); SMCS; SP
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG (maralixibat chloride)	4	PA; SMCS; SP
OICALIVA ORAL TABLET 10 MG, 5 MG (obeticholic acid)	4	PA; ST; QL (1 tablet per day.); SMCS; SP
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
URSODIOL+SYRSPEND SF ORAL SUSPENSION 30 MG/ML (ursodiol)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIGESTANTS - Drugs for the Stomach		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	2	
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	3	PA; M; QL (1 vial per day.); SMCS; SP
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	4	ST
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	4	ST
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	2	
DOPAMINE RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (<i>promethazine hcl</i>)	3	
GI DRUGS, MISCELLANEOUS - Drugs for the Stomach		
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	3	PA; M; QL (0.03 ml per day.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	3	PA; M; SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML	3	PA; M; QL (0.01 ml per day.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	3	PA; M; QL (0.02 ml per day.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA; M; QL (0.03 ml per day.); SMCS; SP
<i>alvimopan oral capsule 12 mg</i>	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	3	PA; M; QL (2 auto-injectors (1 carton) per month.); SMCS; SP
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	3	PA; M; QL (2 auto-injectors (1 carton) per month.); SMCS; SP
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	3	PA; M; QL (2 syringes per month per month.); SMCS; SP
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	3	PA; M; SMCS; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	3	PA; QL (4 capsules per day.); SMCS; SP
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	3	PA; M; QL (1 kit per 21 days.); SMCS; SP
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	3	PA; M; QL (1 kit per 21 days.); SMCS; SP
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (<i>vedolizumab</i>)	3	PA; M; QL (0.05 ml per day.); SMCS; SP
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	3	PA; M; QL (1 vial per day.); SMCS; SP
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	3	PA; M; QL (4 pens per 365 days.); SMCS; SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	3	PA; M; QL (2 pens per month.); SMCS; SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	3	PA; M; QL (2 pens per month.); SMCS; SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	3	PA; M; QL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS (<i>adalimumab</i>)	3	PA; M; QL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab</i>)	3	PA; M; QL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	3	PA; M; QL (2 syringes per month.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab</i>)	3	PA; M; QL (2 syringes per month.); SMCS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	3	PA; M; QL (4 pens per 365 days.); SMCS; SP
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	3	PA; M; QL (3 pens per year.); SMCS; SP
IQIRVO ORAL TABLET 80 MG (<i>elafibranor</i>)	4	PA; ST; QL (31 tablets per month.); SMCS; SP
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	2	PA; QL (1 capsule per day.)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	2	PA; QL (2 capsules per day.)
OCALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	4	PA; ST; QL (1 tablet per day.); SMCS; SP
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA; M; SMCS
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA; M; SMCS
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mirikizumab-mrkz</i>)	3	PA; M; QL (0.072 ml per day.); SMCS; SP
ORLISTAT ORAL CAPSULE 120 MG	3	PA
<i>prucalopride succinate oral tablet 1 mg, 2 mg</i>	3	PA; QL (1 tablet per day.)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	4	PA; M; QL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	4	PA; M; QL (0.4 ml per day.)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>golimumab</i>)	3	PA; M; QL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (<i>golimumab</i>)	3	PA; M; QL (0.5 ml (1 syringe) per month); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>golimumab</i>)	3	PA; M; QL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>golimumab</i>)	3	PA; M; QL (0.5 ml (1 syringe) per month); SMCS; SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (<i>risankizumab-rzaa</i>)	3	PA; M; QL (1.2 ml per 42 days.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (<i>risankizumab-rzaa</i>)	3	PA; M; QL (2.4 mL per 42 days.); SMCS; SP
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	2	PA; QL (1 tablet per day.)
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	4	PA; QL (4 ml per day.)
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	4	PA; QL (2 tablets per day.)
VOWST ORAL CAPSULE (<i>fecal microb spores, live-brpk</i>)	4	PA; QL (12 capsules per 365 days.); SMCS; SP
XENICAL ORAL CAPSULE 120 MG (<i>orlistat</i>)	3	PA
XPHOZAH ORAL TABLET 30 MG (<i>tenapanor hcl (ckd)</i>)	4	PA; QL (2 tablets per day.); SMCS
HISTAMINE H2-ANTAGONISTS - Drugs for Ulcers and Stomach Acid		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	1	
LIPOTROPIC AGENTS - Drugs for the Stomach		
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	3	
NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	4	QL (1 capsule per prescription.)
<i>aprepitant oral 80 & 125 mg</i>	2	QL (3 capsules per prescription)
<i>aprepitant oral capsule 125 mg, 40 mg</i>	2	QL (1 capsule per prescription)
<i>aprepitant oral capsule 80 & 125 mg</i>	2	QL (3 capsules per prescription)
<i>aprepitant oral capsule 80 mg</i>	2	QL (2 capsules per prescription)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (<i>aprepitant</i>)	2	QL (3 pouches per prescription.)
POTASSIUM-COMPETITIVE ACID BLOCKERS - Drugs for Ulcers and Stomach Acid		
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (<i>amoxicillin-vonoprazan</i>)	4	ST; QL (112 tablets per 180 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VOQUEZNA ORAL TABLET 10 MG (<i>vonoprazan fumarate</i>)	4	PA; QL (1 tablet per day and 186 tablets per 365 days.)
VOQUEZNA ORAL TABLET 20 MG (<i>vonoprazan fumarate</i>)	4	PA; QL (1 tablet per day and 62 tablets per 365 days.)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicill-clarithro-vonoprazan</i>)	4	ST; QL (112 tablets per 180 days.)
PROKINETIC AGENTS - Drugs for the Stomach		
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
REGLAN ORAL TABLET 10 MG, 5 MG (<i>metoclopramide hcl</i>)	4	
PROSTAGLANDINS - Drugs for Ulcers and Stomach Acid		
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (<i>misoprostol</i>)	4	SM
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	3	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	SM
PROTECTANTS - Drugs for Ulcers and Stomach Acid		
<i>sucralfate oral suspension 1 gm/10ml</i>	3	
<i>sucralfate oral tablet 1 gm</i>	1	
PROTON-PUMP INHIBITORS - Drugs for Ulcers and Stomach Acid		
<i>esomeprazole magnesium oral packet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	4	PA; ST; QL (1 packet per day.)
<i>esomeprazole magnesium oral packet 40 mg</i>	4	PA; ST; QL (1 packet per day)
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML (<i>lansoprazole</i>)	3	PA
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML (<i>omeprazole</i>)	3	PA
FIRST-PANTOPRAZOLE ORAL SUSPENSION 4 MG/ML (<i>pantoprazole sodium</i>)	3	
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	3	PA; ST; QL (1 tablet per day.)
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>esomeprazole magnesium</i>)	4	PA; ST; QL (1 packet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEXIUM ORAL PACKET 40 MG (<i>esomeprazole magnesium</i>)	4	PA; ST; QL (1 packet per day)
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicillin-clarithro-omeprazole</i>)	4	QL (1 carton (10 administrative cards, 80 tablets) per 6 months.)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML (<i>omeprazole</i>)	3	PA
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	2	QL (1 tablet per day)
VOQUEZNA ORAL TABLET 10 MG (<i>vonoprazan fumarate</i>)	4	PA; QL (1 tablet per day and 186 tablets per 365 days.)
VOQUEZNA ORAL TABLET 20 MG (<i>vonoprazan fumarate</i>)	4	PA; QL (1 tablet per day and 62 tablets per 365 days.)
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	2	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	3	PA; SMCS; SP
<i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>	3	PA; SMCS; SP
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	3	PA; SMCS; SP
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	3	PA; SMCS; SP
<i>deferiprone oral tablet 1000 mg</i>	4	PA; SMCS
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	3	SMCS; SP
<i>penicillamine oral tablet 250 mg</i>	3	SMCS; SP
<i>trientine hcl oral capsule 500 mg</i>	4	PA; SMCS
HORMONES AND SYNTHETIC SUBSTITUTES		
MELANOCORTIN RECEPTOR ANTAGONISTS		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	3	PA; M; SMCS; SP
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	4	PA; M; QL (4 autoinjector pens (1.2mls) per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones		
ADRENALS - Hormones		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	3	QL (0.4 grams per day.)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	QL (10.7 grams per prescription.)
ALA SCALP EXTERNAL LOTION 2 % (<i>hydrocortisone</i>)	4	
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	4	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	4	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	3	
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	2	
ANUSOL-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	4	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate</i>)	2	QL (1 blister per day.)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>fluticasone furoate</i>)	2	QL (1 packet per day.)
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	3	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	3	
<i>betamethasone dipropionate external cream 0.05 %</i>	2	
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	
<i>betamethasone valerate external cream 0.1 %</i>	1	
<i>betamethasone valerate external lotion 0.1 %</i>	1	
<i>betamethasone valerate external ointment 0.1 %</i>	1	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	3	QL (2 blisters per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	3	QL (0.36 grams per day.)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	2	QL (120 ml (2 boxes) per 30 days.)
<i>budesonide inhalation suspension 1 mg/2ml</i>	2	QL (60 ml (1 box) per 30 days.)
<i>budesonide oral capsule delayed release particles 3 mg</i>	2	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (<i>hc-pramoxine-chloroxylonol</i>)	4	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (<i>hydrocortisone</i>)	4	
CORTENEMA RECTAL ENEMA 100 MG/60ML (<i>hydrocortisone</i>)	4	
CORTIFOAM EXTERNAL FOAM 10 % (<i>hydrocortisone acetate</i>)	2	
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	3	
DIPROLENE EXTERNAL OINTMENT 0.05 % (<i>betamethasone dipropionate aug</i>)	4	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	3	
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external ointment 0.005 %</i>	1	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	2	QL (16 grams (1 bottle) per prescription)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	3	QL (2 blisters per day.)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL (0.04 mcg per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG (<i>hydrocortisone acetate</i>)	3	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	2	
<i>hydrocortisone butyrate external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate external solution 0.1 %</i>	1	
<i>hydrocortisone external cream 2.5 %</i>	1	
<i>hydrocortisone external lotion 2 %</i>	4	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	2	QL (15 grams per prescription.)
<i>hydrocortisone valerate external ointment 0.2 %</i>	3	QL (15 grams per prescription.)
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	
<i>hydrocort-pramoxine (perianal) external cream 2.5-1 %</i>	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG (<i>methylprednisolone</i>)	4	
MEDROL ORAL TABLET 2 MG (<i>methylprednisolone</i>)	2	
MEDROL ORAL TABLET THERAPY PACK 4 MG (<i>methylprednisolone</i>)	4	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	
<i>mometasone furoate external cream 0.1 %</i>	1	
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	3	QL (17 grams (1 bottle) per prescription)
NUCORT EXTERNAL LOTION 2 % (<i>hydrocortisone acetate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (<i>prednisolone sodium phosphate</i>)	4	
PEDIAPRED ORAL SOLUTION 5 MG/5ML (<i>prednisolone sodium phosphate</i>)	2	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	3	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	
<i>prednisolone oral solution 15 mg/5ml</i>	1	
<i>prednisolone oral tablet 5 mg</i>	3	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	2	
<i>procto-med hc external cream 2.5 %</i>	1	
PROCTOSOL HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	4	
PROCTOZONE-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	4	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (<i>beclomethasone diprop hfa</i>)	2	QL (10.6 grams per month.)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	2	QL (42.4 grams per month.)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	3	QL (0.35 grams per day.)
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG, 1.5 MG (21) (<i>dexamethasone</i>)	4	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	3	
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	2	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	3	QL (2 blisters per day.)
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	2	QL (63 grams per prescription.)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external cream 0.5 %</i>	1	QL (15 grams per prescription.)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triderm external cream 0.5 %</i>	1	QL (15 grams per prescription.)
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>olezarsen sodium</i>)	4	PA; QL (1 Auto-injector (0.8 mL) per month.); SMCS; SP
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	3	QL (2 blisters per day.)
ALPHA-GLUCOSIDASE INHIBITORS - Drugs for Diabetes		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	2	
ANDROGENS - Hormones		
COVARYX HS ORAL TABLET 0.625-1.25 MG (<i>est estrogens-methyltest</i>)	3	
COVARYX ORAL TABLET 1.25-2.5 MG (<i>est estrogens-methyltest</i>)	2	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML (<i>testosterone cypionate</i>)	3	M
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML (<i>testosterone cypionate</i>)	4	M

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EC-RX TESTOSTERONE TRANSDERMAL CREAM 0.2 %, 0.4 %, 10 %, 20 %	3	PA
EEMT HS ORAL TABLET 0.625-1.25 MG (<i>est estrogens-methyltest</i>)	3	
EEMT ORAL TABLET 1.25-2.5 MG (<i>est estrogens-methyltest</i>)	2	
<i>est estrogens-methyltest ds oral tablet 1.25-2.5 mg</i>	1	
<i>est estrogens-methyltest hs oral tablet 0.625-1.25 mg</i>	1	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	1	
<i>estratest f.s. oral tablet 1.25-2.5 mg</i>	1	
ESTRATEST H.S. ORAL TABLET 0.625-1.25 MG (<i>est estrogens-methyltest</i>)	3	
KYZATREX ORAL CAPSULE 100 MG (<i>testosterone undecanoate</i>)	4	PA; QL (2 capsules per day.)
KYZATREX ORAL CAPSULE 150 MG, 200 MG (<i>testosterone undecanoate</i>)	4	PA; QL (4 capsules per day.)
METHITEST ORAL TABLET 10 MG	2	
<i>methyltestosterone oral capsule 10 mg</i>	2	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	2	PA; QL (100 mg Testosterone (2 X 5 grams tubes = 10 grams) per day)
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	M
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	M
<i>testosterone gel 20.25 mg/act (1.62%) transdermal</i>	2	PA; QL (150 grams (2 pumps) per month.)
<i>testosterone transdermal gel 1.62 %</i>	2	PA; QL (150 grams (2 pumps) per month.)
ANTIDIABETIC AGENTS, MISCELLANEOUS - Drugs for Diabetes		
<i>colesevelam hcl oral packet 3.75 gm</i>	2	
<i>colesevelam hcl oral tablet 625 mg</i>	2	
<i>mifepristone oral tablet 300 mg</i>	4	PA; QL (4 tablets per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIESTROGENS - Drugs for Women		
<i>anastrozole oral tablet 1 mg</i>	1	H
<i>exemestane oral tablet 25 mg</i>	2	H
<i>letrozole oral tablet 2.5 mg</i>	1	H
ANTIGONADTROPINS - Hormones		
<i>aftera oral tablet 1.5 mg</i>	1	H
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (<i>cetrorelix acetate</i>)	4	PA; ST; M; QL (14 cartons per 21 days.); SMCS; SP
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML (<i>testosterone cypionate</i>)	3	M
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML (<i>testosterone cypionate</i>)	4	M
<i>econtra one-step oral tablet 1.5 mg</i>	1	H
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (<i>degarelix acetate</i>)	4	M; SMCS; SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (<i>degarelix acetate</i>)	4	M; SMCS; SP
FYREMADEL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML (<i>ganirelix acetate</i>)	3	M; QL (7 ml per 21 days.); SMCS; SP
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	2	M; QL (7 ml per 21 days.); SMCS; SP
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	3	M; QL (7 ml per 21 days.); SMCS; SP
<i>her style oral tablet 1.5 mg</i>	1	H
KYZATREX ORAL CAPSULE 100 MG (<i>testosterone undecanoate</i>)	4	PA; QL (2 capsules per day.)
KYZATREX ORAL CAPSULE 150 MG, 200 MG (<i>testosterone undecanoate</i>)	4	PA; QL (4 capsules per day.)
<i>levonorgestrel oral tablet 1.5 mg</i>	1	H
<i>my choice oral tablet 1.5 mg</i>	1	H
<i>my way oral tablet 1.5 mg</i>	1	H
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>)	2	PA; QL (1 tablet day.)
<i>new day oral tablet 1.5 mg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>opcicon one-step oral tablet 1.5 mg</i>	1	H
<i>option 2 oral tablet 1.5 mg</i>	1	H
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	4	PA; QL (1 tablet per day); SMCS; SP; CM
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	2	PA; QL (2 capsules per day.)
ORLISSA ORAL TABLET 150 MG (<i>elagolix sodium</i>)	2	PA; QL (1 tablet per day.)
ORLISSA ORAL TABLET 200 MG (<i>elagolix sodium</i>)	2	PA; QL (2 tablets per day.)
PLAN B ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	1	H
<i>react oral tablet 1.5 mg</i>	1	H
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	4	H
<i>take action oral tablet 1.5 mg</i>	1	H
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	2	PA; QL (100 mg Testosterone (2 X 5 grams tubes = 10 grams) per day)
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	M
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	M
<i>testosterone gel 20.25 mg/act (1.62%) transdermal</i>	2	PA; QL (150 grams (2 pumps) per month.)
<i>testosterone transdermal gel 1.62 %</i>	2	PA; QL (150 grams (2 pumps) per month.)
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS - Hormones		
<i>diazoxide oral suspension 50 mg/ml</i>	3	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (<i>diazoxide</i>)	4	
ANTIPARATHYROID AGENTS - Drugs for Bones		
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	3	M
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	2	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (<i>calcitonin (salmon)</i>)	3	M
ANTITHYROID AGENTS - Drugs for the Thyroid		
<i>iodine strong oral solution 5 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
BIGUANIDES - Drugs for Diabetes		
ALOGLIPTIN-METFORMIN HCL ORAL TABLET 12.5-1000 MG, 12.5-500 MG	2	QL (2 tablets per day.)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	2	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	2	QL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>linagliptin-metformin hcl</i>)	2	QL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>linagliptin-metformin hcl</i>)	2	QL (1 tablet per day.)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>metformin hcl oral solution 500 mg/5ml</i>	3	
<i>metformin hcl oral tablet 1000 mg, 500 mg</i>	1	
<i>metformin hcl oral tablet 850 mg</i>	1	H
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	2	QL (3 tablets per day)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg</i>	2	QL (62 tablets per month.)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg</i>	2	QL (31 tablets per month.)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	2	QL (2 tablets per day.)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	QL (1 tablet per day.)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	QL (2 tablets per day.)

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	H
<i>errin oral tablet 0.35 mg</i>	1	H
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	H
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	H
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	1	H
<i>falmina oral tablet 0.1-20 mg-mcg</i>	1	H
<i>feirza 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>feirza 1/20 oral tablet 1-20 mg-mcg</i>	1	H
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (norethindrone acet-ethinyl est)	4	H
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	4	H
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	1	H
<i>heather oral tablet 0.35 mg</i>	1	H
<i>her style oral tablet 1.5 mg</i>	1	H
<i>iclevia oral tablet 0.15-0.03 mg</i>	2	H
<i>incassia oral tablet 0.35 mg</i>	1	H
<i>introvale oral tablet 0.15-0.03 mg</i>	2	H
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	H
<i>jaimiess oral tablet 0.15-0.03 & 0.01 mg</i>	1	H
<i>jencycla oral tablet 0.35 mg</i>	1	H
<i>jolessa oral tablet 0.15-0.03 mg</i>	2	H
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	4	H
<i>juleber oral tablet 0.15-30 mg-mcg</i>	1	H
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>june1 fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>june1 fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>june1 fe 24 oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	1	H
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	1	H
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	1	H
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	1	H
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	1	H
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	H
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	H
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg</i>	3	H
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	2	H
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	4	H
<i>levonorgestrel oral tablet 1.5 mg</i>	1	H
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	1	H
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	1	H
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	4	H
<i>lojaimiess oral tablet 0.1-0.02 & 0.01 mg</i>	3	H
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	1	H
<i>lutera oral tablet 0.1-20 mg-mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lyleq oral tablet 0.35 mg</i>	1	H
<i>lyza oral tablet 0.35 mg</i>	1	H
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	H
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	QL (5 ml per year.); H
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	1	QL (5 mL per 365 days.); H
<i>merzee oral capsule 1-20 mg-mcg(24)</i>	4	H
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	H
<i>minzoya oral tablet 0.1-20 mg-mcg(21)</i>	4	H
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	1	H
<i>my choice oral tablet 1.5 mg</i>	1	H
<i>my way oral tablet 1.5 mg</i>	1	H
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	1	H
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	H
<i>new day oral tablet 1.5 mg</i>	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	4	H
<i>nora-be oral tablet 0.35 mg</i>	1	H
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	3	H
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	4	H
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	H
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethindrone oral tablet 0.35 mg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc oral tablet 0.35 mg	1	H
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	H
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	H
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nylia 1/35 oral tablet 1-35 mg-mcg	1	H
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
opcicon one-step oral tablet 1.5 mg	1	H
OPILL ORAL TABLET 0.075 MG (<i>norgestrel</i>)	1	H
option 2 oral tablet 1.5 mg	1	H
philith oral tablet 0.4-35 mg-mcg	1	H
pimtreea oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
PLAN B ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	1	H
portia-28 oral tablet 0.15-30 mg-mcg	1	H
react oral tablet 1.5 mg	1	H
reclipsen oral tablet 0.15-30 mg-mcg	1	H
rivelsa oral tablet 42-21-21-7 days	1	H
rosyrah oral tablet 42-21-21-7 days	1	H
setlakin oral tablet 0.15-0.03 mg	2	H
sharobel oral tablet 0.35 mg	1	H
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
simpesse oral tablet 0.15-0.03 & 0.01 mg	1	H
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	4	H
sprintec 28 oral tablet 0.25-35 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	H
<i>take action oral tablet 1.5 mg</i>	1	H
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	1	H
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	4	H
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	H
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	H
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	H
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	H
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	H
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	H
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	4	H
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	1	
<i>valtya 1/50 oral tablet 1-50 mg-mcg</i>	1	H
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	H
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	H
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	1	H
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	H
<i>wera oral tablet 0.5-35 mg-mcg</i>	1	H
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>xarah fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>xelria fe oral tablet chewable 0.4-35 mg-mcg</i>	1	H
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	3	H
YASMIN 28 ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	2	H
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	2	H
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	3	H
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	H
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS - Drugs for Diabetes		
ALOGLIPTIN BENZOATE ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	2	QL (1 tablet per day.)
ALOGLIPTIN-METFORMIN HCL ORAL TABLET 12.5-1000 MG, 12.5-500 MG	2	QL (2 tablets per day.)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	2	QL (1 tablet per day.)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	2	ST; QL (1 tablet per day.)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	2	QL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>linagliptin-metformin hcl</i>)	2	QL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>linagliptin-metformin hcl</i>)	2	QL (1 tablet per day.)
<i>saxagliptin hcl oral tablet 2.5 mg, 5 mg</i>	2	QL (1 tablet per day)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg</i>	2	QL (62 tablets per month.)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg</i>	2	QL (31 tablets per month.)
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	2	QL (1 tablet per day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	QL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linaglip-metform</i>)	2	QL (2 tablets per day.)
ESTROGEN AGONIST-ANTAGONISTS - Drugs for Women		
CLOMID ORAL TABLET 50 MG (<i>clomiphene citrate</i>)	2	
<i>clomiphene citrate oral tablet 50 mg</i>	2	
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	4	QL (1 tablet per day.)
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	3	PA; QL (1 tablet per day.)
<i>raloxifene hcl oral tablet 60 mg</i>	2	H
<i>tamoxifen citrate oral tablet 10 mg</i>	1	
<i>tamoxifen citrate oral tablet 20 mg</i>	1	H
<i>toremifene citrate oral tablet 60 mg</i>	3	CM
ESTROGENS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (<i>estradiol-norethindrone acet</i>)	4	
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	H
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	3	QL (8 patches (1 box) per 28 days.)
<i>altavera oral tablet 0.15-30 mg-mcg</i>	1	H
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>amethyst oral tablet 90-20 mcg</i>	1	H
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	3	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	3	QL (1 vaginal ring per 327 days); H
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	H
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	H
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	1	H
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	H
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	1	H
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
aurovela fe 1/20 oral tablet 1-20 mg-mcg	1	H
aviane oral tablet 0.1-20 mg-mcg	1	H
ayuna oral tablet 0.15-30 mg-mcg	1	H
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (levonorgest-eth estrad-fe bisg)	4	ST; H
balziva oral tablet 0.4-35 mg-mcg	1	H
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (estradiol-progesterone)	3	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	1	H
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
blisovi fe 1/20 oral tablet 1-20 mg-mcg	1	H
briellyn oral tablet 0.4-35 mg-mcg	1	H
camrese lo oral tablet 0.1-0.02 & 0.01 mg	3	H
camrese oral tablet 0.15-0.03 & 0.01 mg	1	H
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
chateal eq oral tablet 0.15-30 mg-mcg	1	H
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (estradiol-levonorgestrel)	3	QL (4 patches per month.)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (estradiol-norethindrone acet)	3	QL (8 patches per 28 days.)
COVARYX HS ORAL TABLET 0.625-1.25 MG (est estrogens-methyltest)	3	
COVARYX ORAL TABLET 1.25-2.5 MG (est estrogens-methyltest)	2	
cryselle-28 oral tablet 0.3-30 mg-mcg	1	H
cyred eq oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	1	H
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
daysee oral tablet 0.15-0.03 & 0.01 mg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML (<i>estradiol valerate</i>)	4	M
<i>delyla oral tablet 0.1-20 mg-mcg</i>	1	H
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (<i>estradiol cypionate</i>)	3	M
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (<i>estradiol</i>)	3	
<i>dolishale oral tablet 90-20 mcg</i>	1	H
<i>dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	QL (8 patches (1 box) per 28 days.)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	4	H
<i>drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg</i>	1	H
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	4	QL (1 tablet per day.)
EC-RX ESTRADIOL TRANSDERMAL CREAM 0.4 %, 0.6 %	3	PA
EEMT HS ORAL TABLET 0.625-1.25 MG (<i>est estrogens-methyltest</i>)	3	
EEMT ORAL TABLET 1.25-2.5 MG (<i>est estrogens-methyltest</i>)	2	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	3	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	H
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	1	H
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	1	H
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	H
<i>est estrogens-methyltest ds oral tablet 1.25-2.5 mg</i>	1	
<i>est estrogens-methyltest hs oral tablet 0.625-1.25 mg</i>	1	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	H
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL (50 grams (1 box) per month.)
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	QL (8 patches (1 box) per 28 days.)
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	QL (4 patches (1 carton) per 28 days.)
estradiol vaginal cream 0.1 mg/gm	4	
estradiol vaginal tablet 10 mcg	2	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	M
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
estratest f.s. oral tablet 1.25-2.5 mg	1	
ESTRATEST H.S. ORAL TABLET 0.625-1.25 MG (estrogens-methyltest)	3	
ESTRING VAGINAL RING 7.5 MCG/24HR (estradiol)	2	QL (1 ring per 90 days.)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (estradiol)	3	QL (50 grams (1 box) per month.)
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	H
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	1	H
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (estradiol)	2	
falmina oral tablet 0.1-20 mg-mcg	1	H
feirza 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
feirza 1/20 oral tablet 1-20 mg-mcg	1	H
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (norethindrone acet-ethinyl est)	4	H
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (estradiol acetate)	4	QL (1 ring per 3 months.)
finzala oral tablet chewable 1-20 mg-mcg(24)	1	H
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	4	H
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	1	H
<i>iclevia oral tablet 0.15-0.03 mg</i>	2	H
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG (<i>estradiol</i>)	2	QL (0.29 vaginal insert per day.)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 4 MCG (<i>estradiol</i>)	2	QL (0.29 insert per day.)
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	2	QL (18 inserts per year.)
<i>introvale oral tablet 0.15-0.03 mg</i>	2	H
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	H
<i>jaimiess oral tablet 0.15-0.03 & 0.01 mg</i>	1	H
<i>jinteli oral tablet 1-5 mg-mcg</i>	3	
<i>jolessa oral tablet 0.15-0.03 mg</i>	2	H
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	4	H
<i>juleber oral tablet 0.15-30 mg-mcg</i>	1	H
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	1	H
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	1	H
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	1	H
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	1	H
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	1	H
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	H
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	H
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg</i>	3	H
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	2	H
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	4	H
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	1	H
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	1	H
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	4	H
<i>lojaimiess oral tablet 0.1-0.02 & 0.01 mg</i>	3	H
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	1	H
<i>lutra oral tablet 0.1-20 mg-mcg</i>	1	H
<i>lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	QL (8 patches (1 box) per 28 days.)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	H
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (<i>esterified estrogens</i>)	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	3	QL (4 patches (1 carton) per 28 days.)
<i>merzee oral capsule 1-20 mg-mcg(24)</i>	4	H
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	H
mili oral tablet 0.25-35 mg-mcg	1	H
mimvey oral tablet 1-0.5 mg	2	
minzoya oral tablet 0.1-20 mg-mcg(21)	4	H
mono-lynyah oral tablet 0.25-35 mg-mcg	1	H
MYFEMBREE ORAL TABLET 40-1-0.5 MG (relugolix-estradiol-norethind)	2	PA; QL (1 tablet day.)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (estradiol valerate-dienogest)	1	H
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (drospirenone-estetrol)	4	H
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	3	H
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	4	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	H
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	2	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	H
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	H
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nylia 1/35 oral tablet 1-35 mg-mcg	1	H
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	2	PA; QL (2 capsules per day.)
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	H
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	H
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	4	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	3	
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrogen-medroxyprogesterone</i>)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrogen-medroxyprogesterone</i>)	4	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	1	H
<i>rivelsa oral tablet 42-21-21-7 days</i>	1	H
<i>rosyrah oral tablet 42-21-21-7 days</i>	1	H
<i>setlakin oral tablet 0.15-0.03 mg</i>	2	H
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>simpesse oral tablet 0.15-0.03 & 0.01 mg</i>	1	H
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	1	H
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	H
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	1	H
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	4	H
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	H
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	H
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	H
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	H
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	H
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	H
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	4	H
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	1	
<i>valtya 1/50 oral tablet 1-50 mg-mcg</i>	1	H
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	H
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	H
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	1	H
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	H
<i>wera oral tablet 0.5-35 mg-mcg</i>	1	H
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	1	H
<i>xarah fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>xelria fe oral tablet chewable 0.4-35 mg-mcg</i>	1	H
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	3	H
YASMIN 28 ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	2	H
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	2	H
<i>yuvaferm vaginal tablet 10 mcg</i>	2	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	3	H
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	H
GLYCOGENOLYTIC AGENTS - Hormones		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	QL (2 intranasal devices per prescription.)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	QL (2 intranasal devices per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
glucagon emergency kit injection kit 1 mg	2	QL (2 boxes per prescription.)
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	QL (2 boxes per prescription.)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML (glucagon)	2	M; QL (0.2 ml per prescription.)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML (glucagon)	2	M; QL (0.4 ml per prescription.)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML (glucagon)	2	M; QL (0.2 ml per prescription.)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML (glucagon)	2	M; QL (0.4 ml per prescription.)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (glucagon)	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (glucagon)	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (dasiglucagon hcl)	2	QL (1.2 ml per prescription.)
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (dasiglucagon hcl)	2	QL (1.2 ml per prescription.)
GONADOTROPINS - Hormones		
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	3	M; SMCS
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML (follitropin beta)	2	PA; M; QL (5.4 mL per 21 days.); SMCS; SP
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 600 UNT/0.72ML, 900 UNT/1.08ML (follitropin beta)	2	PA; M; QL (8.64 mL per 21 days.); SMCS; SP
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (follitropin alfa)	4	PA; ST; M; SMCS; SP
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML (follitropin alfa)	4	PA; ST; M; SMCS; SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (follitropin alfa)	4	PA; ST; M; SMCS; SP
leuprolide acetate injection kit 1 mg/0.2ml	1	PA; M; SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>menotropins</i>)	4	PA; M; QL (6 vials per day.); SMCS; SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT (<i>chorionic gonadotropin</i>)	3	M; SMCS; SP
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML (<i>choriogonadotropin alfa</i>)	4	M; SMCS; SP
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (<i>chorionic gonadotropin</i>)	3	M; SMCS
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	2	
INCRETIN MIMETICS - Drugs for Diabetes		
EXENATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	3	PA; QL (2.4 ml (one pen) per month.)
EXENATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	3	PA; QL (1.2 ml (one pen) per month.)
<i>liraglutide solution pen-injector 18 mg/3ml subcutaneous</i>	1	PA; QL (If member has previous history of Victoza, then member may be eligible to receive 9ml (3 pens) per month (only applies to 3 pack NDC-00169406013). This medication is over-rideable.)
<i>liraglutide solution pen-injector 18 mg/3ml subcutaneous</i>	2	PA; QL (If member has previous history of Victoza, then member may be eligible to receive 9ml (3 pens) per month (only applies to 3 pack NDC-00169406013). This medication is over-rideable.)
<i>liraglutide solution pen-injector 18 mg/3ml subcutaneous</i>	3	PA; QL (If member has previous history of Victoza, then member may be eligible to receive 9ml (3 pens) per month (only applies to 3 pack NDC-00169406013). This medication is over-rideable.)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide</i>)	3	PA; QL (0.08 ml per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (semaglutide)	3	PA; QL (1 Pen-injector per month.)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML (semaglutide)	3	PA; QL (3 ml per month.)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (semaglutide)	3	PA; QL (1 tablet per day.)
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (liraglutide -weight management)	3	PA; M; QL (0.6 ml per day.)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (insulin glargine-lixisenatide)	2	QL (18 ml per month.)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (dulaglutide)	3	PA; QL (2 ml per month.)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML (dulaglutide)	3	PA; QL (2 mL per month.)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML (semaglutide-weight management)	3	PA; M; QL (0.08 ml per day and 4 ml per 365 days.)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML (semaglutide-weight management)	3	PA; M; QL (0.11 ml per day.)
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (tirzepatide-weight management)	3	PA; M
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (tirzepatide-weight management)	3	PA; M; QL (0.08 ml per day.)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML (tirzepatide-weight management)	3	PA; M; QL (0.08 ml per day and 4 ml per 365 days.)
INTERMEDIATE-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (insulin nph isophane & regular)	2	QL (75 ml per prescription.)
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (insulin nph isophane & regular)	2	QL (70 ml per prescription.)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (insulin nph human (isophane))	2	QL (75 ml per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	2	QL (70 ml per prescription.)
LEPTINS - Hormones		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	4	PA; M; QL (0.9 vial per day.); SMCS; SP
LONG-ACTING INSULINS - Drugs for Diabetes		
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	2	QL (75 ml per prescription.)
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	2	QL (70 ml per prescription.)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	2	QL (18 ml per month.)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	3	QL (75 ml per prescription.)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	3	QL (37.5 ml per prescription.)
MEGLITINIDES - Drugs for Diabetes		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	QL (3 tablets per day)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	QL (4 tablets per day)
<i>repaglinide oral tablet 2 mg</i>	2	QL (8 tablets per day)
PARATHYROID AGENTS - Drugs for Bones		
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	4	PA; M; SMCS; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	4	PA; M; SMCS; SP
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML (<i>palopegteriparatide</i>)	4	PA; M; QL (2 pens (1.12 mL) per 28 days.); SMCS; SP
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 294 MCG/0.98ML (<i>palopegteriparatide</i>)	4	PA; M; QL (2 pens (1.96 mL) per 28 days.); SMCS; SP
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 420 MCG/1.4ML (<i>palopegteriparatide</i>)	4	PA; M; QL (2 pens (2.8 mL) per 28 days.); SMCS; SP
PITUITARY - Hormones		
CRENESSITY ORAL CAPSULE 100 MG, 50 MG (<i>crinecerfont</i>)	4	PA; QL (62 capsules per month.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CRENESSITY ORAL SOLUTION 50 MG/ML (<i>crinecerfont</i>)	4	PA; QL (120 mL (4 bottles) per month.); SMCS; SP
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	1	M
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	1	M
<i>desmopressin acetate spray nasal solution 0.01 %</i>	1	
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (<i>somatrogon-ghla</i>)	4	PA; M; QL (0.172 ml per day.); SMCS; SP
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML (<i>somatropin</i>)	3	PA; M; QL (13.5 mL per month.); SMCS
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML, 30 MG/3ML (<i>somatropin</i>)	3	PA; M; QL (9 mL per month.); SMCS; SP
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/1.5ML (<i>somatropin</i>)	3	PA; M; QL (27 mL per month.); SMCS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML (<i>somatropin</i>)	3	PA; M; QL (13.5 mL per month.); SMCS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML (<i>somatropin</i>)	3	PA; M; QL (27 mL per month.); SMCS
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	3	PA; M; QL (16 vials per month.); SMCS; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (<i>lonapegsomatropin-tcgd</i>)	4	PA; M; QL (0.143 cartridge per day.); SMCS; SP
PROGESTINS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (<i>estradiol-norethindrone acet</i>)	4	
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	H
<i>aftera oral tablet 1.5 mg</i>	1	H
<i>altavera oral tablet 0.15-30 mg-mcg</i>	1	H
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>amethyst oral tablet 90-20 mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	3	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	3	QL (1 vaginal ring per 327 days); H
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	H
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	H
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	1	H
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	H
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	H
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	1	H
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	4	ST; H
<i>balziva oral tablet 0.4-35 mg-mcg</i>	1	H
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (<i>estradiol-progesterone</i>)	3	
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	H
<i>camila oral tablet 0.35 mg</i>	1	H
<i>camrese lo oral tablet 0.1-0.02 & 0.01 mg</i>	3	H
<i>camrese oral tablet 0.15-0.03 & 0.01 mg</i>	1	H
<i>charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>chateal eq oral tablet 0.15-30 mg-mcg</i>	1	H
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>)	3	QL (4 patches per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (estradiol-norethindrone acet)	3	QL (8 patches per 28 days.)
CRINONE VAGINAL GEL 4 %, 8 % (progesterone)	4	ST
cryselle-28 oral tablet 0.3-30 mg-mcg	1	H
cyred eq oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	1	H
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
daysee oral tablet 0.15-0.03 & 0.01 mg	1	H
deblitane oral tablet 0.35 mg	1	H
delyla oral tablet 0.1-20 mg-mcg	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (medroxyprogesterone acetate)	4	QL (5 ml per year.)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (medroxyprogesterone acetate)	4	QL (5 mL per 365 days.)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (medroxyprogesterone acetate)	1	QL (3.25 ml per year.); H
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
dolishale oral tablet 90-20 mcg	1	H
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	4	H
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
econtra one-step oral tablet 1.5 mg	1	H
EC-RX PROGESTERONE TRANSDERMAL CREAM 10 %, 20 %	3	PA
elinest oral tablet 0.3-30 mg-mcg	1	H
ELLA ORAL TABLET 30 MG (ulipristal acetate)	1	QL (1 tablet per 21 days.); H
eluryng vaginal ring 0.12-0.015 mg/24hr	1	H
emzahh oral tablet 0.35 mg	1	H
ENDOMETRIN VAGINAL INSERT 100 MG (progesterone)	2	
enilloring vaginal ring 0.12-0.015 mg/24hr	1	H
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	H
<i>errin oral tablet 0.35 mg</i>	1	H
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	H
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	H
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	1	H
<i>falmina oral tablet 0.1-20 mg-mcg</i>	1	H
<i>feirza 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>feirza 1/20 oral tablet 1-20 mg-mcg</i>	1	H
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (norethindrone acet-ethinyl est)	4	H
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG (progesterone)	3	PA
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	3	
<i>gallifrey oral tablet 5 mg</i>	1	
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	4	H
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	1	H
<i>heather oral tablet 0.35 mg</i>	1	H
<i>her style oral tablet 1.5 mg</i>	1	H
<i>iclevia oral tablet 0.15-0.03 mg</i>	2	H
<i>incassia oral tablet 0.35 mg</i>	1	H
<i>introvale oral tablet 0.15-0.03 mg</i>	2	H
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	H
<i>jaimiess oral tablet 0.15-0.03 & 0.01 mg</i>	1	H
<i>jencycla oral tablet 0.35 mg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>jinteli oral tablet 1-5 mg-mcg</i>	3	
<i>jolessa oral tablet 0.15-0.03 mg</i>	2	H
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	4	H
<i>juleber oral tablet 0.15-30 mg-mcg</i>	1	H
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	1	H
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	1	H
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	1	H
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	1	H
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	1	H
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	H
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	H
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg</i>	3	H
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	2	H
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	4	H
<i>levonorgestrel oral tablet 1.5 mg</i>	1	H
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	1	H
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	1	H
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (norethin-eth estrad-fe biphas)	4	H
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	3	H
low-ogestrel oral tablet 0.3-30 mg-mcg	1	H
lutra oral tablet 0.1-20 mg-mcg	1	H
lyleq oral tablet 0.35 mg	1	H
lyza oral tablet 0.35 mg	1	H
marlissa oral tablet 0.15-30 mg-mcg	1	H
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	1	QL (5 ml per year.); H
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	1	QL (5 mL per 365 days.); H
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	1	
megestrol acetate oral suspension 40 mg/ml	1	
megestrol acetate oral suspension 625 mg/5ml	3	
megestrol acetate oral tablet 20 mg, 40 mg	1	
merzee oral capsule 1-20 mg-mcg(24)	4	H
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin 1/20 oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	H
mili oral tablet 0.25-35 mg-mcg	1	H
mimvey oral tablet 1-0.5 mg	2	
minzoya oral tablet 0.1-20 mg-mcg(21)	4	H
mono-linyah oral tablet 0.25-35 mg-mcg	1	H
my choice oral tablet 1.5 mg	1	H
my way oral tablet 1.5 mg	1	H
MYFEMBREE ORAL TABLET 40-1-0.5 MG (relugolix-estradiol-norethind)	2	PA; QL (1 tablet day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	1	H
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	H
<i>new day oral tablet 1.5 mg</i>	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	4	H
<i>nora-be oral tablet 0.35 mg</i>	1	H
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	3	H
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	4	H
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	H
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	H
<i>norethindrone oral tablet 0.35 mg</i>	1	H
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	H
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	H
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>norlyroc oral tablet 0.35 mg</i>	1	H
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	H
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	H
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	H
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>opcicon one-step oral tablet 1.5 mg</i>	1	H
OPILL ORAL TABLET 0.075 MG (<i>norgestrel</i>)	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
option 2 oral tablet 1.5 mg	1	H
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (elagolix-estradiol-norethind)	2	PA; QL (2 capsules per day.)
philith oral tablet 0.4-35 mg-mcg	1	H
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
PLAN B ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	1	H
portia-28 oral tablet 0.15-30 mg-mcg	1	H
PREMPHASE ORAL TABLET 0.625-5 MG (conj estrogen-medroxyprogesterone)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (conj estrogen-medroxyprogesterone)	4	
progesterone intramuscular oil 50 mg/ml	1	M
PROGESTERONE MICRONIZED TRANSDERMAL CREAM 10 %	3	PA
progesterone oral capsule 100 mg, 200 mg	2	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (medroxyprogesterone acetate)	4	
react oral tablet 1.5 mg	1	H
reclipsen oral tablet 0.15-30 mg-mcg	1	H
rivelsa oral tablet 42-21-21-7 days	1	H
rosyrah oral tablet 42-21-21-7 days	1	H
setlakin oral tablet 0.15-0.03 mg	2	H
sharobel oral tablet 0.35 mg	1	H
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
simpesse oral tablet 0.15-0.03 & 0.01 mg	1	H
SLYND ORAL TABLET 4 MG (drospirenone)	4	H
sprintec 28 oral tablet 0.25-35 mg-mcg	1	H
sronyx oral tablet 0.1-20 mg-mcg	1	H
take action oral tablet 1.5 mg	1	H
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	H
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	H
taysofy oral capsule 1-20 mg-mcg(24)	4	H
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>tri-lynyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	H
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	H
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	H
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	H
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	H
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	H
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	4	H
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	1	
<i>valtya 1/50 oral tablet 1-50 mg-mcg</i>	1	H
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	H
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	H
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	1	H
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	H
<i>wera oral tablet 0.5-35 mg-mcg</i>	1	H
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	1	H
<i>xarah fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>xelria fe oral tablet chewable 0.4-35 mg-mcg</i>	1	H
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	3	H
YASMIN 28 ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	2	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	2	H
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	3	H
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	H
RAPID-ACTING INSULINS - Drugs for Diabetes		
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	2	QL (75 ml per prescription.)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (<i>insulin lispro</i>)	2	QL (75 ml (25 pens) per prescription.)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	2	QL (75 ml per prescription.)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	2	QL (75 ml per prescription.)
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	2	QL (70 ml per prescription.)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	2	QL (75 ml per prescription.)
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	2	QL (75 ml per prescription.)
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	QL (75 ml per prescription.)
INSULIN LISPRO INJECTION SOLUTION 100 UNIT/ML	2	QL (70 ml per prescription.)
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	QL (75 ml per prescription.)
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	2	QL (75 ml per prescription.)
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro-aabc</i>)	2	QL (75 ml per prescription.)
LYUMJEV VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro-aabc</i>)	2	QL (70 ml per prescription.)
MERILOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart-szjj</i>)	3	
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart-szjj</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SHORT-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	2	QL (75 ml per prescription.)
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	2	QL (70 ml per prescription.)
HUMULIN R SOLUTION 100 UNIT/ML INJECTION (<i>insulin regular human</i>)	1	QL (70 ml per prescription.)
HUMULIN R SOLUTION 100 UNIT/ML INJECTION (<i>insulin regular human</i>)	2	QL (70 ml per prescription.)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	2	QL (75 mL per prescription.)
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular human</i>)	2	QL (80 ml per prescription.)
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (<i>insulin regular(human) in nacl</i>)	3	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	2	QL (75 ml per prescription.)
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	2	QL (75 ml per prescription.)
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - Drugs for Diabetes		
BRENZAVVY ORAL TABLET 20 MG (<i>bexagliflozin</i>)	3	ST; QL (1 tablet per day.)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	2	ST; QL (1 tablet per day.)
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	2	QL (30 tablets per month.)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	2	QL (2 tablets per day.)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	QL (1 tablet per day.)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	QL (2 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (empagliflozin-linagliptin-metform)	2	QL (1 tablet per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (empagliflozin-linagliptin-metform)	2	QL (2 tablets per day.)
SOMATOSTATIN AGONISTS - Hormones		
lanreotide acetate subcutaneous solution 120 mg/0.5ml	4	M
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA; M; SMCS
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA; M; SMCS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (lanreotide acetate)	4	M
SOMATOTROPIN AGONISTS - Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (mecasermin)	3	PA; M; QL (52 vials per month.); SMCS; SP
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML (somatropin)	3	PA; M; QL (13.5 mL per month.); SMCS
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML, 30 MG/3ML (somatropin)	3	PA; M; QL (9 mL per month.); SMCS; SP
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/1.5ML (somatropin)	3	PA; M; QL (27 mL per month.); SMCS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML (somatropin)	3	PA; M; QL (13.5 mL per month.); SMCS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML (somatropin)	3	PA; M; QL (27 mL per month.); SMCS
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (somatropin)	3	PA; M; QL (16 vials per month.); SMCS; SP
SULFONYLUREAS - Drugs for Diabetes		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (pioglitazone hcl-glimepiride)	3	QL (1 tablet per day)
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	2	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG (<i>glipizide</i>)	4	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	QL (1 tablet per day)
THIAZOLIDINEDIONES - Drugs for Diabetes		
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	2	QL (1 tablet per day.)
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (<i>pioglitazone hcl-glimepiride</i>)	3	QL (1 tablet per day)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (1 tablet per day)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	QL (1 tablet per day)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	2	QL (3 tablets per day)
THYROID AGENTS - Drugs for the Thyroid		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid</i>)	3	
ERMEZA ORAL SOLUTION 150 MCG/5ML (<i>levothyroxine sodium</i>)	3	PA
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	2	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	2	
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid)	3	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (resmetirom)	4	PA; QL (1 Tablet per day.); SMCS; SP
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
IMMUNOMODULATORY AGENTS (90:00)		
AMINO ACID POLYMERS		
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	3	PA; M; QL (30 ml per month.); SMCS
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	3	PA; M; QL (12 ml per 21 days.); SMCS
glatopa subcutaneous solution prefilled syringe 20 mg/ml	3	PA; M; QL (30 ml per month.); SMCS
glatopa subcutaneous solution prefilled syringe 40 mg/ml	3	PA; M; QL (12 ml per 21 days.); SMCS
ANTIMETABOLITES		
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (cladribine)	4	PA; ST; QL (40 tablets per 720 days.); SMCS
teriflunomide oral tablet 14 mg	3	PA; QL (1 tablet per day.); SMCS
teriflunomide oral tablet 7 mg	3	PA; QL (31 tablets per month.); SMCS
ANTIMETABOLITES, IMMUNOSUPP THERAPY MISC		
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	4	
azathioprine oral tablet 100 mg, 75 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>azathioprine oral tablet 50 mg</i>	1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
CALCINEURIN INHIBITORS, MISC (90:28)		
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	4	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	4	PA
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	4	PA; QL (60 vials per prescription.)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	2	QL (30 grams per prescription.)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
VERKAZIA OPHTHALMIC EMULSION 0.1 % (<i>cyclosporine</i>)	4	PA; QL (4 vials per day.)
COMPLEMENT INHIBITOR AGENTS (90:20)		
FABHALTA ORAL CAPSULE 200 MG (<i>iptacopan hcl</i>)	3	PA; QL (2 capsules per day.); SMCS; SP
COMPLEMENT INHIBITORS (90:08)		
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML (<i>zilucoplan sodium</i>)	4	PA; M; QL (0.416 ml per day.); SMCS; SP
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML (<i>zilucoplan sodium</i>)	4	PA; M; QL (0.574 ml per day.); SMCS; SP
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML (<i>zilucoplan sodium</i>)	4	PA; M; QL (0.81 ml per day.); SMCS; SP
DISEASE-MODIFYING ANTIRHEUMAT DRUGS MISC		
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (<i>vedolizumab</i>)	3	PA; M; QL (0.05 ml per day.); SMCS; SP
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	4	PA; ST; M; QL (4 autoinjectors per month.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	4	PA; ST; M; QL (4 syringes per month.); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (<i>abatacept</i>)	4	PA; ST; M; QL (0.06 ml per day.); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (<i>abatacept</i>)	4	PA; ST; M; QL (0.1 ml per day.); SMCS; SP
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS		
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	3	PA; M; QL (1 kit per 21 days.); SMCS; SP
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	3	PA; M; QL (1 kit per 21 days.); SMCS; SP
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	4	PA; CM
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	M
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	1	M
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	M
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	CM
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML (<i>methotrexate (anti-rheumatic)</i>)	2	M; QL (0.8 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML (<i>methotrexate (anti-rheumatic)</i>)	2	M; QL (0.6 ml (4 auto-injectors) per month.)
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>guselkumab</i>)	3	PA; M; SMCS
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	3	PA; M; QL (1 mL (1 device) every 8 weeks.); SMCS; SP
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	3	PA; M; QL (1 mL (1 device) every 8 weeks.); SMCS; SP
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>guselkumab</i>)	3	PA; M; SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	3	PA; M; QL (1 mL (1 syringe) every 8 weeks.); SMCS; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (<i>guselkumab</i>)	3	PA; M; SMCS
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	4	PA; QL (4 ml per day.); CM
FUMARATES		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	3	PA; QL (4 capsules per day.); SMCS; SP
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	1	PA; QL (56 capsules per year.); SMCS
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	1	PA; QL (2 capsules per day.); SMCS
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	1	PA; QL (60 capsules (1 starter pack) per 365 days.); SMCS
IGG1 MONOCLONAL ANTIBODIES		
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	3	PA; M; QL (4 ml per month.); SMCS; SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	3	PA; M; QL (4 ml per month.); SMCS; SP
IMMUNOMODULATORY AGENTS (90:00)		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	3	CM
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	3	CM
<i>everolimus oral tablet 7.5 mg</i>	3	PA; QL (2 tablets per day.); SMCS; SP; CM
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	3	PA; QL (1 tablet per day.); SMCS; SP; CM
<i>everolimus tablet 10 mg oral</i>	3	PA; QL (2 tablets per day.); SP; CM
<i>everolimus tablet 10 mg oral</i>	3	PA; QL (2 tablets per day.); SMCS; SP; CM
<i>everolimus tablet 2.5 mg oral</i>	3	PA; QL (1 tablet per day.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>everolimus tablet 2.5 mg oral</i>	3	PA; QL (1 tablet per day.); SMCS; SP; CM
<i>everolimus tablet 5 mg oral</i>	3	PA; QL (1 tablet per day.); SP; CM
<i>everolimus tablet 5 mg oral</i>	3	PA; QL (1 tablet per day.); SMCS; SP; CM
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	3	SMCS; SP; CM
<i>mercaptopurine oral tablet 50 mg</i>	1	CM
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	4	SMCS; SP; CM
<i>torpenz oral tablet 10 mg</i>	3	PA; QL (2 tablets per day.); SP; CM
<i>torpenz oral tablet 2.5 mg</i>	3	PA; QL (1 tablet per day.); SP; CM
<i>torpenz oral tablet 5 mg</i>	3	PA; QL (1 tablet per day.); SMCS; SP; CM
<i>torpenz oral tablet 7.5 mg</i>	3	PA; QL (2 tablets per day.); SMCS; SP; CM
INTERFERONS		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	3	PA; M; QL (4 pens (1 box) per month.); SMCS; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	3	PA; M; QL (4 syringes (1 box) per month.); SMCS; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	3	PA; M; QL (14 vials per month.); SMCS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	3	M; SMCS; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	3	M; SMCS; SP
INTERLEUKIN INHIBITOR AGENTS, MISC		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>omalizumab</i>)	3	PA; M; QL (2 auto injectors per month.); SMCS; SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>omalizumab</i>)	3	PA; M; QL (0.15 ml per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (omalizumab)	3	PA; M; QL (0.04 ml per day.); SMCS; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (omalizumab)	3	PA; M; QL (0.08 ml per day.); SMCS; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (omalizumab)	3	PA; M; QL (0.15 ml per day.); SMCS; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (omalizumab)	3	PA; M; QL (0.04 ml per day.); SMCS; SP
INTERLEUKIN-MEDIATED AGENTS, MISC		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (tocilizumab)	4	PA; ST; M; QL (3.6 ml per 21 days.); SMCS; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (tocilizumab)	4	PA; ST; M; QL (4 syringes (3.6 ml) per month.); SMCS; SP
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (secukinumab)	3	PA; M; QL (0.072 ml per day.); SMCS; SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (secukinumab)	3	PA; M; QL (0.036 ml per day.); SMCS; SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (secukinumab)	3	PA; M; QL (0.018 ml per day.); SMCS; SP
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	3	PA; M; QL (0.072 ml per day.); SMCS; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	3	PA; M; QL (0.036 ml per day.); SMCS; SP
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (secukinumab)	3	PA; QL (0.072 ml per day.); SMCS; SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (anakinra)	4	PA; ST; M; QL (0.67 ml (1 syringe) per day.); SMCS; SP
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (ustekinumab-stba)	3	PA; M; QL (1 syringe every 3 months.); SMCS; SP
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (tocilizumab-aazg)	4	PA; ST; M; SMCS; SP
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (tocilizumab-aazg)	4	PA; ST; M; SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-kfce</i>)	3	PA; M; QL (1 single-dose vial every 3 months.); SMCS; SP
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-kfce</i>)	3	PA; M; QL (1 syringe every 3 months.); SMCS; SP
JANUS KINASE INHIBITORS, MISCELLANEOUS		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	3	PA; QL (1 tablet per day.); SMCS; SP; CM
OLUMIANT ORAL TABLET 1 MG, 4 MG (<i>baricitinib</i>)	4	PA; ST; QL (1 tablet per day.); SMCS
OLUMIANT ORAL TABLET 2 MG (<i>baricitinib</i>)	4	PA; ST; QL (1 tablet per day.); SMCS; SP
RINVOQ LQ ORAL SOLUTION 1 MG/ML (<i>upadacitinib</i>)	3	PA; QL (360 mL (2 bottles) per month.); SMCS; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>upadacitinib</i>)	3	PA; QL (1 tablet per day.); SMCS; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (<i>upadacitinib</i>)	3	PA; QL (84 tablets per 365 days.); SMCS; SP
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	3	PA; QL (8 mL per day.); SMCS; SP
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	3	PA; QL (2 tablets per day.); SMCS; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (<i>tofacitinib citrate</i>)	3	PA; QL (1 tablet per day.); SMCS; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (<i>tofacitinib citrate</i>)	3	PA; QL (1 tablet per day.); SMCS
MONOCARBOXYLIC ACID AMIDE AGENTS		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
MTOR INHIBITORS, MISCELLANEOUS		
HYFTOR EXTERNAL GEL 0.2 % (<i>sirolimus</i>)	4	PA; QL (10 g per 23 days.)
<i>sirolimus oral solution 1 mg/ml</i>	3	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
PHOSPHODIESTERASE-4 INHIBITORS, MISC		
OTEZLA ORAL TABLET 20 MG (<i>apremilast</i>)	3	PA; QL (60 tablets per month.); SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	3	PA; QL (2 tablets per day.); SMCS; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	3	PA; QL (55 tablets (one starter pack) per year.); SMCS; SP
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (<i>apremilast</i>)	3	PA; QL (1 starter pack per year.); SMCS
SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS		
<i>fingolimod hcl oral capsule 0.5 mg</i>	1	PA; QL (1 capsule per day.); SMCS
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	4	PA; QL (4 tablets per day.); SMCS
MAYZENT ORAL TABLET 1 MG (<i>siponimod fumarate</i>)	4	PA; QL (1 tablet per day.); SMCS
MAYZENT ORAL TABLET 2 MG (<i>siponimod fumarate</i>)	4	PA; QL (1 tablet per day.); SMCS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (<i>siponimod fumarate</i>)	4	PA; QL (12 tablets per 365 days.); SMCS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (<i>siponimod fumarate</i>)	4	PA; QL (7 tablets per 365 days.); SMCS
TUMOR NECROSIS FACTOR INHIBITORS, MISC		
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	3	PA; M; QL (0.03 ml per day.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	3	PA; M; SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML	3	PA; M; QL (0.01 ml per day.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	3	PA; M; QL (0.02 ml per day.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA; M; QL (0.03 ml per day.); SMCS; SP
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	3	PA; M; QL (2 auto-injectors (1 carton) per month.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	3	PA; M; QL (2 auto-injectors (1 carton) per month.); SMCS; SP
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	3	PA; M; QL (2 syringes per month per month.); SMCS; SP
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	3	PA; M; SMCS; SP
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	3	PA; M; QL (1 kit per 21 days.); SMCS; SP
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	3	PA; M; QL (1 kit per 21 days.); SMCS; SP
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	3	PA; M; QL (0.15 ml per day.); SMCS; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	3	PA; M; QL (0.15 ml per day.); SMCS; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	3	PA; M; QL (0.15 ml per day.); SMCS; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	3	PA; M; QL (0.15 ml per day.); SMCS; SP
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	3	PA; M; QL (4 pens per 365 days.); SMCS; SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	3	PA; M; QL (2 pens per month.); SMCS; SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	3	PA; M; QL (2 pens per month.); SMCS; SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	3	PA; M; QL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS (<i>adalimumab</i>)	3	PA; M; QL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab</i>)	3	PA; M; QL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	3	PA; M; QL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab</i>)	3	PA; M; QL (2 syringes per month.); SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	3	PA; M; QL (4 pens per 365 days.); SMCS; SP
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	3	PA; M; QL (3 pens per year.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>golimumab</i>)	3	PA; M; QL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (<i>golimumab</i>)	3	PA; M; QL (0.5 ml (1 syringe) per month); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>golimumab</i>)	3	PA; M; QL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>golimumab</i>)	3	PA; M; QL (0.5 ml (1 syringe) per month); SMCS; SP
LOCAL ANESTHETICS - Drugs for Numbing		
LOCAL ANESTHETICS - Drugs for Numbing		
ALTACAIN OPHTHALMIC SOLUTION 0.5 % (<i>tetracaine hcl</i>)	3	
LETS KIT	3	PA
<i>tetracaine hcl ophthalmic solution 0.5 %</i>	1	
ZTLIDO EXTERNAL PATCH 1.8 % (<i>lidocaine</i>)	3	PA; QL (3 patches per day.)
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
<i>dutasteride oral capsule 0.5 mg</i>	2	
<i>finasteride oral tablet 5 mg</i>	1	
5-ALPHA-REDUCTASE INHIBITORS (92:04) - Drugs for Alcohol Dependence		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	2	
<i>finasteride oral tablet 5 mg</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
ANTIDOTES (92:12) - Drugs for Overdose or Poisoning		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	QL (2 intranasal devices per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	QL (2 intranasal devices per prescription.)
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	2	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	3	ST
<i>glucagon emergency kit injection kit 1 mg</i>	2	QL (2 boxes per prescription.)
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	QL (2 boxes per prescription.)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML (<i>glucagon</i>)	2	M; QL (0.2 ml per prescription.)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML (<i>glucagon</i>)	2	M; QL (0.4 ml per prescription.)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML (<i>glucagon</i>)	2	M; QL (0.2 ml per prescription.)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML (<i>glucagon</i>)	2	M; QL (0.4 ml per prescription.)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (<i>glucagon</i>)	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (<i>glucagon</i>)	2	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	3	ST
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
<i>phytonadione oral tablet 5 mg</i>	3	QL (5 tablets per prescription.)
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	3	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	2	PA
<i>sevelamer carbonate oral tablet 800 mg</i>	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sodium polystyrene sulfonate oral powder	1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML (sodium polystyrene sulfonate)	3	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (sodium polystyrene sulfonate)	3	
VISTOGARD ORAL PACKET 10 GM (uridine triacetate)	3	QL (20 packets per prescription.)
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (dasiglucagon hcl)	2	QL (1.2 ml per prescription.)
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (dasiglucagon hcl)	2	QL (1.2 ml per prescription.)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (naloxone hcl)	2	QL (1 ml per prescription.)
ANTIGOUT AGENTS - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral capsule 0.6 mg	2	
colchicine oral tablet 0.6 mg	2	
colchicine-probenecid oral tablet 0.5-500 mg	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG (naproxen)	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG (naproxen)	4	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1	
febuxostat oral tablet 40 mg, 80 mg	3	
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (colchicine)	4	PA
INDOCIN RECTAL SUPPOSITORY 50 MG (indomethacin)	4	PA
indomethacin er oral capsule extended release 75 mg	2	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin rectal suppository 50 mg	3	PA
MITIGARE ORAL CAPSULE 0.6 MG (colchicine)	2	
naproxen dr oral tablet delayed release 500 mg	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg, 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>probenecid oral tablet 500 mg</i>	1	
ANTISENSE OLIGONUCLEOTIDES		
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (<i>sodium oxybate</i>)	4	PA; QL (1 packet per day.); SMCS; SP
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM (<i>sodium oxybate</i>)	4	PA; QL (1 box (28 packets) per year.); SMCS; SP
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; QL (18 ml per day.); SMCS; SP
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>olezarsen sodium</i>)	4	PA; QL (1 Auto-injector (0.8 mL) per month.); SMCS; SP
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML (<i>eplontersen sodium</i>)	3	PA; M; QL (0.029 ml per day.); SMCS; SP
BONE ANABOLIC AGENTS		
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	4	PA; M; SMCS; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	4	PA; M; SMCS; SP
BONE RESORPTION INHIBITORS - Drugs for Bone Loss		
<i>alendronate sodium oral solution 70 mg/75ml</i>	1	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	3	QL (8 patches (1 box) per 28 days.)
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	3	M
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	2	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML (<i>estradiol valerate</i>)	4	M
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (<i>estradiol cypionate</i>)	3	M
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (<i>estradiol</i>)	3	
<i>dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	QL (8 patches (1 box) per 28 days.)
EC-RX ESTRADIOL TRANSDERMAL CREAM 0.4 %, 0.6 %	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	3	
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	3	QL (50 grams (1 box) per month.)
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	QL (8 patches (1 box) per 28 days.)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL (4 patches (1 carton) per 28 days.)
<i>estradiol vaginal cream 0.1 mg/gm</i>	4	
<i>estradiol vaginal tablet 10 mcg</i>	2	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	M
ESTRING VAGINAL RING 7.5 MCG/24HR (<i>estradiol</i>)	2	QL (1 ring per 90 days.)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (<i>estradiol</i>)	3	QL (50 grams (1 box) per month.)
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	2	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (<i>estradiol acetate</i>)	4	QL (1 ring per 3 months.)
FOSAMAX ORAL TABLET 70 MG (<i>alendronate sodium</i>)	4	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	3	
<i>ibandronate sodium oral tablet 150 mg</i>	2	
<i>lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	QL (8 patches (1 box) per 28 days.)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (<i>esterified estrogens</i>)	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	3	QL (4 patches (1 carton) per 28 days.)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (<i>calcitonin (salmon)</i>)	3	M

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens conjugated)	4	
PREMARIN VAGINAL CREAM 0.625 MG/GM (estrogens, conjugated)	3	
raloxifene hcl oral tablet 60 mg	2	H
risedronate sodium oral tablet 150 mg	4	QL (1 tablet per month)
risedronate sodium oral tablet 30 mg, 5 mg	4	
risedronate sodium oral tablet 35 mg	4	QL (4 tablets per 28 days.)
yuvaferm vaginal tablet 10 mcg	2	
BRADYKININ RECEPTOR ANTAGONISTS		
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	3	PA; M; QL (0.6 ml per day.); SMCS; SP
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
dichlorphenamide oral tablet 50 mg	3	PA; QL (4 tablets per day.); SMCS; SP
CARIOSTATIC AGENTS - Vitamins and Fluoride		
CLINPRO 5000 DENTAL PASTE 1.1 % (sodium fluoride)	3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (sodium fluoride)	4	
DENTA 5000 PLUS SENSITIVE DENTAL GEL 1.1-5 %	3	
DENTAGEL DENTAL GEL 1.1 % (sodium fluoride)	4	
EASYGEL DENTAL GEL 0.4 % (stannous fluoride)	3	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (sodium fluoride-vitamin d)	3	
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 % (stannous fluoride)	3	
FLUORIDEX DENTAL PASTE 1.1 % (sodium fluoride)	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 % (sodium fluoride)	3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (sodium fluoride)	3	
FLUORIMAX 5000 SENSITIVE DENTAL GEL 1.1-5 % (sod fluoride-potassium nitrate)	3	
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	4	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (sodium fluoride)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	1	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML <i>(ped multivitamins-fl-iron)</i>	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG <i>(ped multivitamins-fl-iron)</i>	3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % <i>(sodium fluoride)</i>	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % <i>(sodium fluoride)</i>	4	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 % <i>(sod fluoride-potassium nitrate)</i>	3	
PREVIDENT 5000 KIDS DENTAL PASTE 1.1 % <i>(sodium fluoride)</i>	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % <i>(sodium fluoride)</i>	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % <i>(sodium fluoride)</i>	4	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 % <i>(sod fluoride-potassium nitrate)</i>	3	
PREVIDENT DENTAL GEL 1.1 % <i>(sodium fluoride)</i>	4	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 % <i>(sodium fluoride)</i>	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML <i>(pediatric multivitamins-fl)</i>	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG <i>(pediatric multivitamins-fl)</i>	3	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>sod fluoride-potassium nitrate dental gel 1.1-5 %</i>	1	
<i>sodium fluoride 5000 enamel dental gel 1.1-5 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	1	
<i>sodium fluoride 5000 ppm dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 ppm dental paste 1.1 %</i>	1	
<i>sodium fluoride 5000 sensitive dental gel 1.1-5 %</i>	1	
<i>sodium fluoride dental cream 1.1 %</i>	1	
<i>sodium fluoride dental gel 1.1 %</i>	1	
<i>sodium fluoride mouth/throat solution 0.2 %</i>	1	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	1	H
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	1	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	1	H
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>ped vit a-c-d-methylfolate-fl</i>)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
COMPLEMENT INHIBITORS		
BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	4	PA; ST; M; QL (0.4 boxes per day.); SMCS; SP
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (<i>pegcetacoplan</i>)	3	PA; M; QL (5.8 ml per day. 2,100 ml per 360 days.); SMCS; SP
FABHALTA ORAL CAPSULE 200 MG (<i>iptacopan hcl</i>)	3	PA; QL (2 capsules per day.); SMCS; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT (<i>c1 esterase inhibitor (human)</i>)	3	PA; M; QL (24 vials per month.); SMCS; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	3	PA; M; QL (16 vials per month.); SMCS; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	4	PA; M; QL (0.27 vials per day.); SMCS; SP
VOYDEYA ORAL TABLET 100 MG (<i>danicopan</i>)	3	PA; QL (6 tablets per day.); SMCS; SP
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG (<i>danicopan</i>)	3	PA; SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML (<i>ziluoplan sodium</i>)	4	PA; M; QL (0.416 ml per day.); SMCS; SP
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML (<i>ziluoplan sodium</i>)	4	PA; M; QL (0.574 ml per day.); SMCS; SP
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML (<i>ziluoplan sodium</i>)	4	PA; M; QL (0.81 ml per day.); SMCS; SP
COMPLEMENT INHIBITORS (92:32)		
BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	4	PA; ST; M; QL (0.4 boxes per day.); SMCS; SP
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (<i>pegcetacoplan</i>)	3	PA; M; QL (5.8 ml per day. 2,100 ml per 360 days.); SMCS; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT (<i>c1 esterase inhibitor (human)</i>)	3	PA; M; QL (24 vials per month.); SMCS; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	3	PA; M; QL (16 vials per month.); SMCS; SP
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	3	PA; M; QL (0.6 ml per day.); SMCS; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	4	PA; M; QL (0.27 vials per day.); SMCS; SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	3	PA; M; QL (0.072 ml per day.); SMCS; SP
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - Drugs for Arthritis		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	4	PA; ST; M; QL (3.6 ml per 21 days.); SMCS; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	4	PA; ST; M; QL (4 syringes (3.6 ml) per month.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	3	PA; M; QL (0.03 ml per day.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	3	PA; M; SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML	3	PA; M; QL (0.01 ml per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	3	PA; M; QL (0.02 ml per day.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA; M; QL (0.03 ml per day.); SMCS; SP
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	3	PA; M; QL (2 auto-injectors (1 carton) per month.); SMCS; SP
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	3	PA; M; QL (2 auto-injectors (1 carton) per month.); SMCS; SP
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	3	PA; M; QL (2 syringes per month per month.); SMCS; SP
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	3	PA; M; SMCS; SP
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	4	
<i>azathioprine oral tablet 100 mg, 75 mg</i>	3	
<i>azathioprine oral tablet 50 mg</i>	1	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	3	PA; QL (1 tablet per day.); SMCS; SP; CM
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	3	PA; M; QL (1 kit per 21 days.); SMCS; SP
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	3	PA; M; QL (1 kit per 21 days.); SMCS; SP
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	3	PA; M; QL (0.072 ml per day.); SMCS; SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	3	PA; M; QL (0.036 ml per day.); SMCS; SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>secukinumab</i>)	3	PA; M; QL (0.018 ml per day.); SMCS; SP
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	3	PA; M; QL (0.072 ml per day.); SMCS; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	3	PA; M; QL (0.036 ml per day.); SMCS; SP
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>secukinumab</i>)	3	PA; QL (0.072 ml per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	3	SMCS; SP
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (etanercept)	3	PA; M; QL (0.15 ml per day.); SMCS; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (etanercept)	3	PA; M; QL (0.15 ml per day.); SMCS; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (etanercept)	3	PA; M; QL (0.15 ml per day.); SMCS; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (etanercept)	3	PA; M; QL (0.15 ml per day.); SMCS; SP
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (adalimumab)	3	PA; M; QL (4 pens per 365 days.); SMCS; SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (adalimumab)	3	PA; M; QL (2 pens per month.); SMCS; SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (adalimumab)	3	PA; M; QL (2 pens per month.); SMCS; SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (adalimumab)	3	PA; M; QL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS (adalimumab)	3	PA; M; QL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (adalimumab)	3	PA; M; QL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (adalimumab)	3	PA; M; QL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (adalimumab)	3	PA; M; QL (2 syringes per month.); SMCS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (adalimumab)	3	PA; M; QL (4 pens per 365 days.); SMCS; SP
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (adalimumab)	3	PA; M; QL (3 pens per year.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
JYLAMVO ORAL SOLUTION 2 MG/ML (methotrexate)	4	PA; CM
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (anakinra)	4	PA; ST; M; QL (0.67 ml (1 syringe) per day.); SMCS; SP
leflunomide oral tablet 10 mg, 20 mg	1	
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	M
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	M
methotrexate sodium injection solution reconstituted 1 gm	1	M
methotrexate sodium oral tablet 2.5 mg	1	CM
OLUMIANT ORAL TABLET 1 MG, 4 MG (baricitinib)	4	PA; ST; QL (1 tablet per day.); SMCS
OLUMIANT ORAL TABLET 2 MG (baricitinib)	4	PA; ST; QL (1 tablet per day.); SMCS; SP
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (abatacept)	4	PA; ST; M; QL (4 autoinjectors per month.); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (abatacept)	4	PA; ST; M; QL (4 syringes per month.); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (abatacept)	4	PA; ST; M; QL (0.06 ml per day.); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (abatacept)	4	PA; ST; M; QL (0.1 ml per day.); SMCS; SP
OTEZLA ORAL TABLET 30 MG (apremilast)	3	PA; QL (2 tablets per day.); SMCS; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (apremilast)	3	PA; QL (55 tablets (one starter pack) per year.); SMCS; SP
penicillamine oral tablet 250 mg	3	SMCS; SP
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML (methotrexate (anti-rheumatic))	2	M; QL (0.8 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML (methotrexate (anti-rheumatic))	2	M; QL (1 ml (4 auto-injectors) per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML (methotrexate (anti-rheumatic))	2	M; QL (1.2 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML (methotrexate (anti-rheumatic))	2	M; QL (1.4 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (methotrexate (anti-rheumatic))	2	M; QL (1.6 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML (methotrexate (anti-rheumatic))	2	M; QL (1.8 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML (methotrexate (anti-rheumatic))	2	M; QL (2 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML (methotrexate (anti-rheumatic))	2	M; QL (2.4 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML (methotrexate (anti-rheumatic))	2	M; QL (0.6 ml (4 auto-injectors) per month.)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (upadacitinib)	3	PA; QL (1 tablet per day.); SMCS; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (upadacitinib)	3	PA; QL (84 tablets per 365 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (golimumab)	3	PA; M; QL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (golimumab)	3	PA; M; QL (0.5 ml (1 syringe) per month); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (golimumab)	3	PA; M; QL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (golimumab)	3	PA; M; QL (0.5 ml (1 syringe) per month); SMCS; SP
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	4	PA; QL (4 ml per day.); CM
XELJANZ ORAL SOLUTION 1 MG/ML (tofacitinib citrate)	3	PA; QL (8 mL per day.); SMCS; SP
XELJANZ ORAL TABLET 10 MG, 5 MG (tofacitinib citrate)	3	PA; QL (2 tablets per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (<i>tofacitinib citrate</i>)	3	PA; QL (1 tablet per day.); SMCS; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (<i>tofacitinib citrate</i>)	3	PA; QL (1 tablet per day.); SMCS
IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	4	PA; ST; M; QL (3.6 ml per 21 days.); SMCS; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	4	PA; ST; M; QL (4 syringes (3.6 ml) per month.); SMCS; SP
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (<i>interferon gamma-1b</i>)	3	PA; M; QL (8.5 mls per month.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	3	PA; M; QL (0.03 ml per day.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	3	PA; M; SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML	3	PA; M; QL (0.01 ml per day.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	3	PA; M; QL (0.02 ml per day.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA; M; QL (0.03 ml per day.); SMCS; SP
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	3	PA; M; QL (2 auto-injectors (1 carton) per month.); SMCS; SP
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	3	PA; M; QL (2 auto-injectors (1 carton) per month.); SMCS; SP
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	3	PA; M; QL (2 syringes per month per month.); SMCS; SP
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	3	PA; M; SMCS; SP
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	3	PA; M; QL (4 pens (1 box) per month.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	3	PA; M; QL (4 syringes (1 box) per month.); SMCS; SP
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	4	
<i>azathioprine oral tablet 100 mg, 75 mg</i>	3	
<i>azathioprine oral tablet 50 mg</i>	1	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	3	PA; QL (4 capsules per day.); SMCS; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	3	PA; M; QL (14 vials per month.); SMCS
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	3	PA; M; QL (1 kit per 21 days.); SMCS; SP
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	3	PA; M; QL (1 kit per 21 days.); SMCS; SP
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	1	PA; QL (56 capsules per year.); SMCS
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	1	PA; QL (2 capsules per day.); SMCS
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	1	PA; QL (60 capsules (1 starter pack) per 365 days.); SMCS
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	3	PA; M; QL (0.15 ml per day.); SMCS; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	3	PA; M; QL (0.15 ml per day.); SMCS; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	3	PA; M; QL (0.15 ml per day.); SMCS; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	3	PA; M; QL (0.15 ml per day.); SMCS; SP
<i>fingolimod hcl oral capsule 0.5 mg</i>	1	PA; QL (1 capsule per day.); SMCS
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	3	PA; M; QL (30 ml per month.); SMCS
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	3	PA; M; QL (12 ml per 21 days.); SMCS
glatopa subcutaneous solution prefilled syringe 20 mg/ml	3	PA; M; QL (30 ml per month.); SMCS
glatopa subcutaneous solution prefilled syringe 40 mg/ml	3	PA; M; QL (12 ml per 21 days.); SMCS
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (adalimumab)	3	PA; M; QL (4 pens per 365 days.); SMCS; SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (adalimumab)	3	PA; M; QL (2 pens per month.); SMCS; SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (adalimumab)	3	PA; M; QL (2 pens per month.); SMCS; SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (adalimumab)	3	PA; M; QL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS (adalimumab)	3	PA; M; QL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (adalimumab)	3	PA; M; QL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (adalimumab)	3	PA; M; QL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (adalimumab)	3	PA; M; QL (2 syringes per month.); SMCS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (adalimumab)	3	PA; M; QL (4 pens per 365 days.); SMCS; SP
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (adalimumab)	3	PA; M; QL (3 pens per year.); SMCS; SP
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
JOENJA ORAL TABLET 70 MG (leniolisib phosphate)	3	PA; QL (2 tablets per day.); SMCS; SP
JYLAMVO ORAL SOLUTION 2 MG/ML (methotrexate)	4	PA; CM
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (ofatumumab)	3	PA; M; QL (0.02 ml per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	4	PA; ST; M; QL (0.67 ml (1 syringe) per day.); SMCS; SP
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg</i>	3	PA; QL (28 capsules per 21 days.); SMCS; SP; CM
<i>lenalidomide oral capsule 20 mg, 25 mg</i>	3	PA; QL (21 capsules per 21 days.); SMCS; SP; CM
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	4	PA; ST; QL (40 tablets per 720 days.); SMCS
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	4	PA; QL (4 tablets per day.); SMCS
MAYZENT ORAL TABLET 1 MG (<i>siponimod fumarate</i>)	4	PA; QL (1 tablet per day.); SMCS
MAYZENT ORAL TABLET 2 MG (<i>siponimod fumarate</i>)	4	PA; QL (1 tablet per day.); SMCS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (<i>siponimod fumarate</i>)	4	PA; QL (12 tablets per 365 days.); SMCS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (<i>siponimod fumarate</i>)	4	PA; QL (7 tablets per 365 days.); SMCS
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	M
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	1	M
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	M
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	CM
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	4	PA; ST; M; QL (4 autoinjectors per month.); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	4	PA; ST; M; QL (4 syringes per month.); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (<i>abatacept</i>)	4	PA; ST; M; QL (0.06 ml per day.); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (<i>abatacept</i>)	4	PA; ST; M; QL (0.1 ml per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OTEZLA ORAL TABLET 20 MG (<i>apremilast</i>)	3	PA; QL (60 tablets per month.); SMCS
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	3	PA; QL (2 tablets per day.); SMCS; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	3	PA; QL (55 tablets (one starter pack) per year.); SMCS; SP
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (<i>apremilast</i>)	3	PA; QL (1 starter pack per year.); SMCS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	3	M; SMCS; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	3	M; SMCS; SP
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	4	PA; QL (1 ml per month.); SMCS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	4	PA; M; QL (2 ml per year without additional quantity notification.); SMCS; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	4	PA; M; QL (2 ml per year without additional quantity notification.); SMCS; SP
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	4	PA; M; QL (1 ml per month.); SMCS; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	4	PA; M; QL (1 ml per month.); SMCS; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	4	PA; QL (21 capsules per 21 days.); SMCS; SP; CM
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>lenalidomide</i>)	3	PA; QL (28 capsules per 21 days.); SMCS; SP; CM
REVLIMID ORAL CAPSULE 20 MG, 25 MG (<i>lenalidomide</i>)	3	PA; QL (21 capsules per 21 days.); SMCS; SP; CM
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>golimumab</i>)	3	PA; M; QL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (<i>golimumab</i>)	3	PA; M; QL (0.5 ml (1 syringe) per month); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (golimumab)	3	PA; M; QL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (golimumab)	3	PA; M; QL (0.5 ml (1 syringe) per month); SMCS; SP
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
teriflunomide oral tablet 14 mg	3	PA; QL (1 tablet per day.); SMCS
teriflunomide oral tablet 7 mg	3	PA; QL (31 tablets per month.); SMCS
THALOMID ORAL CAPSULE 100 MG, 50 MG (thalidomide)	3	PA; QL (28 capsules per prescription.); SMCS; SP; CM
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	4	PA; QL (4 ml per day.); CM
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (ozanimod hcl)	4	PA; ST; QL (7 capsules per year.); SMCS
ZEPOSIA ORAL CAPSULE 0.92 MG (ozanimod hcl)	4	PA; ST; QL (1 capsule per day.); SMCS
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) (ozanimod hcl)	4	PA; ST; QL (1 starter kit (28 capsules) per year.); SMCS
IMMUNOSUPPRESSIVE AGENTS - Drugs for Transplant		
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	4	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (belimumab)	3	PA; M; QL (4 ml per month.); SMCS; SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (belimumab)	3	PA; M; QL (4 ml per month.); SMCS; SP
cyclophosphamide oral capsule 25 mg, 50 mg	3	CM
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	3	CM
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cyclosporine oral capsule 100 mg, 25 mg	1	
engraf oral capsule 100 mg, 25 mg	1	
engraf oral solution 100 mg/ml	1	
HYFTOR EXTERNAL GEL 0.2 % (sirolimus)	4	PA; QL (10 g per 23 days.)
JYLAMVO ORAL SOLUTION 2 MG/ML (methotrexate)	4	PA; CM
leflunomide oral tablet 10 mg, 20 mg	1	
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (cladribine)	4	PA; ST; QL (40 tablets per 720 days.); SMCS
mercaptopurine oral suspension 2000 mg/100ml	3	SMCS; SP; CM
mercaptopurine oral tablet 50 mg	1	CM
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	M
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	M
methotrexate sodium injection solution reconstituted 1 gm	1	M
methotrexate sodium oral tablet 2.5 mg	1	CM
mycophenolate mofetil oral capsule 250 mg	1	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	1	
mycophenolate mofetil oral tablet 500 mg	1	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	3	
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	3	
MYHIBBIN ORAL SUSPENSION 200 MG/ML (mycophenolate mofetil)	1	
pimecrolimus external cream 1 %	3	QL (30 grams per prescription.)
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)	4	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (tacrolimus)	4	PA
PURIXAN ORAL SUSPENSION 2000 MG/100ML (mercaptopurine)	4	SMCS; SP; CM
sirolimus oral solution 1 mg/ml	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	2	QL (30 grams per prescription.)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	4	PA; QL (4 ml per day.); CM
KALLIKREIN INHIBITORS		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	3	PA; M; QL (0.072 ml per day.); SMCS; SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>lanadelumab-flyo</i>)	3	PA; QL (0.0375 ml per day.); SMCS; SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>lanadelumab-flyo</i>)	3	PA; QL (0.072 ml per day.); SMCS; SP
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
AQNEURSA ORAL PACKET 1 GM (<i>levacetylleucine</i>)	4	PA; QL (112 packets per month.); SMCS; SP
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	3	PA; M; QL (4 vials per 21 days.); SMCS; SP
<i>betaine oral powder</i>	3	SMCS; SP
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	3	PA; SMCS; SP
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (<i>prenat-fecb-fefum-fa-dha w/o a</i>)	3	
COMPLEX ESSENTIAL MSD ORAL POWDER (<i>nutritional supplements</i>)	3	
CYSTADANE ORAL POWDER (<i>betaine</i>)	4	SMCS; SP
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	3	SMCS; SP
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	3	PA; QL (2 tablets per day); SMCS
DEMSEER ORAL CAPSULE 250 MG (<i>metirosine</i>)	4	PA
DIABETES MONITOR DIGIT ADD-ON KIT	3	M
DIABETES MONITOR DIGIT SOLN KIT	3	M

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EC-RX DHEA EXTERNAL CREAM 10 %, 4 % (prasterone (dhea))	3	
ENBRACE HR ORAL CAPSULE (prenat vit-fe gly cys-fa-omega)	3	
ENDARI ORAL PACKET 5 GM (glutamine (sickle cell))	4	PA; QL (6 packets per day.)
EVOTAZ ORAL TABLET 300-150 MG (atazanavir-cobicistat)	2	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (risdiplam)	3	PA; QL (6.7 ml per day, 1280 ml per 180 days.); SMCS; SP
EVRYSDI ORAL TABLET 5 MG (risdiplam)	3	PA; QL (30 tablets per month.); SMCS; SP
FILSPARI ORAL TABLET 200 MG, 400 MG (sparsentan)	4	PA; QL (1 tablet per day.); SMCS; SP
FIRDAPSE ORAL TABLET 10 MG (amifampridine phosphate)	3	PA; QL (300 tablets per month.); SMCS; SP
GALAFOLD ORAL CAPSULE 123 MG (migalastat hcl)	4	PA; QL (14 capsules per 21 days.); SMCS; SP
levocarnitine oral solution 1 gm/10ml	1	
levocarnitine oral tablet 330 mg	1	
levocarnitine sf oral solution 1 gm/10ml	1	
l-glutamine oral packet 5 gm	3	PA; QL (6 packets per day.)
LODOCO ORAL TABLET 0.5 MG (colchicine)	4	QL (1 tablet per day.)
me/naphos/mb/hyo1 oral tablet 81.6 mg	1	
metyrosine oral capsule 250 mg	3	PA
miglustat oral capsule 100 mg	3	SMCS
NESTABS ONE ORAL CAPSULE 38-1-225 MG (prenat-fe-methylfol-dha w/o a)	3	
OPFOLDA ORAL CAPSULE 65 MG (miglustat (gaa deficiency))	3	PA; QL (8 capsules per 21 days.); SMCS; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	3	PA; SMCS; SP
ORFADIN ORAL SUSPENSION 4 MG/ML (nitisinone)	3	PA; SMCS; SP
PREMESISRX ORAL TABLET 1 MG (prenatal ca-b6-b12-fa-ginger)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (<i>prenat-fecbn-feasp-meth-fa-dha</i>)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	2	
PROCYSBI ORAL PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	4	SMCS; SP
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML (<i>nedosiran sodium</i>)	4	PA; M; QL (0.04 ml per day.); SMCS; SP
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML (<i>nedosiran sodium</i>)	4	PA; M; QL (0.03 ml per day.); SMCS; SP
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (<i>nedosiran sodium</i>)	4	PA; M; QL (0.04 ml per day.); SMCS; SP
<i>sapropterin dihydrochloride oral packet 100 mg</i>	3	PA; QL (16 packets per day.); SMCS; SP
<i>sapropterin dihydrochloride oral packet 500 mg</i>	3	PA; QL (4 packets per day.); SMCS; SP
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	3	PA; QL (16 tablets per day); SMCS; SP
SKYCLARYS ORAL CAPSULE 50 MG (<i>omaveloxolone</i>)	3	PA; QL (3 capsules per day.); SMCS; SP
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (<i>palovarotene</i>)	4	PA; QL (1 capsule per day.); SMCS; SP
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	2	QL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SYMTUZA ORAL TABLET 800-150-200-10 MG (darun-cobic-emtricit-tenofaf)	3	QL (1 tablet per day.)
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (tiopronin)	4	SMCS; SP
THIOLA ORAL TABLET 100 MG (tiopronin)	4	SMCS; SP
tiopronin oral tablet 100 mg	4	SMCS; SP
tiopronin oral tablet delayed release 100 mg, 300 mg	4	SMCS; SP
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TYBOST ORAL TABLET 150 MG (cobicistat)	2	
URELLE ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	4	
uretron d/s oral tablet 81.6 mg	4	
UROGESIC-BLUE ORAL TABLET 81.6 MG (methen-hyosc-meth blue-na phos)	2	
VIJOICE ORAL PACKET 50 MG (alpelisib)	4	PA; QL (28 packets (1 carton) per month.); SMCS; SP
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG (alpelisib)	4	PA; QL (28 tablets (1 blister pack) per month.); SMCS; SP
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG (alpelisib)	4	PA; QL (56 tablets (2 blister packs) per month.); SMCS; SP
VILEVEV MB ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	4	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (prenatal mv-min-fe fum-fa-dha)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (prenat w/o a-fe-methfol-fa-dha)	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (prenat-fefum-fered-fa-dha w/oa)	3	
VOWST ORAL CAPSULE (fecal microb spores, live-brpk)	4	PA; QL (12 capsules per 365 days.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (vosoritide)	4	PA; M; QL (1 vial per day.); SMCS; SP
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	3	PA; QL (1 capsule per day.); SMCS; SP
VYNDAQEL ORAL CAPSULE 20 MG (tafamidis meglumine (cardiac))	3	PA; QL (4 capsules per day.); SMCS; SP
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	4	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
XURIDEN ORAL PACKET 2 GM (uridine triacetate)	3	PA; QL (30 packets per prescription.); SMCS; SP
ZOKINVY ORAL CAPSULE 50 MG (lonafarnib)	3	PA; QL (5 capsules per day.); SMCS; SP
ZOKINVY ORAL CAPSULE 75 MG (lonafarnib)	3	PA; QL (1 tablet per day.); SMCS; SP
PROTECTIVE AGENTS		
adapalene-benzoyl peroxide external gel 0.1-2.5 %	3	QL (45 grams per prescription)
adapalene-benzoyl peroxide external gel 0.3-2.5 %	3	QL (45 grams per prescription.)
dalfampridine er oral tablet extended release 12 hour 10 mg	3	PA; QL (2 tablets per day); SMCS
mesna oral tablet 400 mg	2	SMCS; SP; CM
MESNEX ORAL TABLET 400 MG (mesna)	4	SMCS; SP; CM
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
CAYA VAGINAL DIAPHRAGM (diaphragm arc-spring)	3	H
CONDOMS	3	QL (1 box of 12 condoms per 30 days.); H
DUREX EXTRA SENSITIVE THIN (condoms latex lubricated)	3	QL (1 box of 12 condoms per 30 days.); H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DUREX EXTRA SENSITIVE THIN DEVICE (<i>condoms latex lubricated</i>)	3	QL (1 box of 12 condoms per 30 days.); H
DUREX TROPICAL (<i>condoms latex lubricated</i>)	3	QL (1 box of 12 condoms per 30 days.); H
ENCARE VAGINAL SUPPOSITORY 100 MG (<i>nonoxynol-9</i>)	E	H
FC2 FEMALE CONDOM (<i>condoms - female</i>)	E	H
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical caps</i>)	3	H
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>)	3	H
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (<i>nonoxynol-9</i>)	E	H
PHEXXI VAGINAL GEL 1.8-1-0.4 % (<i>lactic ac-citric ac-pot bitart</i>)	4	H
TRUE COVER DEVICE	3	QL (1 box of 12 condoms per 30 days.); H
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>)	E	H
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	E	H
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	2	H
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	2	H
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	2	H
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	2	H
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	2	H
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	2	H
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	2	H
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	2	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OXYTOCICS - Drugs for Women		
OXYTOCICS - Drugs for Women		
CERVIDIL VAGINAL INSERT 10 MG (<i>dinoprostone</i>)	3	
METHERGINE ORAL TABLET 0.2 MG (<i>methylergonovine maleate</i>)	4	QL (28 tablets per year.)
<i>methylergonovine maleate oral tablet 0.2 mg</i>	1	QL (28 tablets per year.)
MIFEPREX ORAL TABLET 200 MG (<i>mifepristone</i>)	3	SM
<i>mifepristone oral tablet 200 mg</i>	1	SM
PREPIDIL VAGINAL GEL 0.5 MG/3GM (<i>dinoprostone</i>)	3	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
VERSAPENN (AG) ANHYDROUS TRANSDERMAL GEL (<i>transdermal base</i>)	3	
VERSAPENN (AL) ANHYD LIPID TRANSDERMAL GEL (<i>transdermal base</i>)	3	
RESPIRATORY TRACT AGENTS - Drugs for the Lungs		
ALPHA AND BETA ADRENERGIC AGONIST(RESPR) - Drugs for Asthma/COPD		
ADRENALIN NASAL SOLUTION 0.1 % (<i>epinephrine hcl (nasal)</i>)	2	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML (<i>epinephrine</i>)	2	QL (2 pens per prescription.)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	2	QL (2 injections per prescription.)
<i>epinephrine hcl (nasal) nasal solution 0.1 %</i>	1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml</i>	1	QL (2 injections per prescription.)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	1	QL (4 injections per prescription.)
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>)	4	QL (2 injections per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTICHOLINERGIC AGENTS (RESPIR.TRACT) - Drugs for Asthma/COPD		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG (<i>hyoscyamine sulfate</i>)	2	
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	3	QL (0.87 grams per day.)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	4	QL (0.28 grams per day.)
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	1	
<i>hyosyne oral elixir 0.125 mg/5ml</i>	1	
<i>hyosyne oral solution 0.125 mg/ml</i>	1	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	1	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml, 2.5-0.5 mg/3ml</i>	2	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG (<i>hyoscyamine sulfate</i>)	4	
LEVSIN ORAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	4	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG (<i>hyoscyamine sulfate</i>)	4	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (<i>hyoscyamine sulfate</i>)	4	
OSCIMIN ORAL TABLET 0.125 MG	4	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	4	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	2	QL (1 capsule per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	2	QL (0.15 grams per day.)
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	4	PA; QL (3 ml per day.)
ANTIFIBROTIC AGENTS - Drugs for the Lungs		
<i>pirfenidone oral capsule 267 mg</i>	2	PA; QL (9 capsules per day.); SMCS; SP
<i>pirfenidone oral tablet 267 mg</i>	3	PA; QL (9 tablets per day.); SMCS; SP
<i>pirfenidone oral tablet 534 mg</i>	3	PA; QL (3 tablets per day.); SMCS
<i>pirfenidone oral tablet 801 mg</i>	3	PA; QL (3 tablets per day.); SMCS; SP
ANTI-INFLAMMATORY AGENTS (RESPIRATORY) - Drugs for Inflammation		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	4	PA; M; QL (0.04 mL per day.); SMCS; SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	4	PA; M; QL (0.04 mL per day.); SMCS; SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>mepolizumab</i>)	4	PA; M; QL (0.015 ml per day.); SMCS
ANTITUSSIVES - Drugs for Cough and Cold		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
<i>bromphen-pseudoeph-dm oral syrup 2-30-10 mg/5ml</i>	1	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	NTT
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (<i>diphenhydramine hcl</i>)	3	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml</i>	1	
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	3	PA; QL (360 ml per month.)
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	1	PA; QL (120 mL per prescription and 360 ml per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	1	PA
hydromet oral solution 5-1.5 mg/5ml	1	PA; QL (120 mL per prescription and 360 ml per month.)
maxi-tuss ac oral solution 100-10 mg/5ml	1	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (phenylephrine-chlorphen-dm)	3	
promethazine-codeine oral solution 6.25-10 mg/5ml	1	PA; QL (360 ml per month.)
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (chlorpheniramine-codeine)	3	PA; QL (10 tablets per prescription and 30 tablets per month.)
CORTICOSTEROIDS (RESPIRATORY TRACT) - Drugs for Inflammation		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (fluticasone-salmeterol)	3	QL (0.4 grams per day.)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (albuterol-budesonide)	3	QL (10.7 grams per prescription.)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (fluticasone furoate)	2	QL (1 blister per day.)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (fluticasone furoate)	2	QL (1 packet per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (fluticasone furoate-vilanterol)	3	QL (2 blisters per day.)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	2	QL (120 ml (2 boxes) per 30 days.)
budesonide inhalation suspension 1 mg/2ml	2	QL (60 ml (1 box) per 30 days.)
flunisolide nasal solution 25 mcg/act (0.025%)	3	
fluticasone propionate nasal suspension 50 mcg/act	2	QL (16 grams (1 bottle) per prescription)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL (2 blisters per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL (0.04 mcg per day.)
<i>mometasone furoate external cream 0.1 %</i>	1	
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	3	QL (17 grams (1 bottle) per prescription)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (<i>beclomethasone diprop hfa</i>)	2	QL (10.6 grams per month.)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	2	QL (42.4 grams per month.)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	3	QL (2 blisters per day.)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	3	QL (2 blisters per day.)
CYSTIC FIBROSIS (CFTR) CORRECTORS - Drugs for the Lungs		
ALYFTREK ORAL TABLET 10-50-125 MG (<i>vanzacaft-tezacaft-deutivacaft</i>)	4	PA; QL (56 tablets per month.); SMCS; SP
ALYFTREK ORAL TABLET 4-20-50 MG (<i>vanzacaft-tezacaft-deutivacaft</i>)	4	PA; QL (84 tablets per month.); SMCS; SP
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (<i>lumacaftor-ivacaftor</i>)	2	PA; QL (728 packets per 356 days.); SMCS; SP
ORKAMBI ORAL PACKET 75-94 MG (<i>lumacaftor-ivacaftor</i>)	2	PA; QL (2 packets per day and 56 packets per 21 days.); SMCS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	3	PA; QL (1456 tablets per 356 days.); SMCS; SP
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG (<i>tezacaftor-ivacaftor</i>)	3	PA; QL (56 tablets per month. 728 tablets per 365 days.); SMCS; SP
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	3	PA; QL (56 tablets per month. 728 tablets per 365 days.); SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	3	PA; QL (3 tablets per day (1 pack per month) and 1092 tablets per year.); SMCS; SP
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	3	PA; QL (3 tablets per day. 1092 tablets per 364 days.); SMCS; SP
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	3	PA; QL (2 packets per day. 728 packets per 356 days.); SMCS; SP
CYSTIC FIBROSIS (CFTR) POTENTIATORS - Drugs for the Lungs		
ALYFTREK ORAL TABLET 10-50-125 MG (<i>vanzacaft-tezacaft-deutivacaft</i>)	4	PA; QL (56 tablets per month.); SMCS; SP
ALYFTREK ORAL TABLET 4-20-50 MG (<i>vanzacaft-tezacaft-deutivacaft</i>)	4	PA; QL (84 tablets per month.); SMCS; SP
KALYDECO ORAL PACKET 13.4 MG (<i>ivacaftor</i>)	3	PA; QL (2 packets per day. 728 packets per 356 days.); SMCS
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	3	PA; QL (728 packets per 356 days.); SMCS; SP
KALYDECO ORAL PACKET 5.8 MG (<i>ivacaftor</i>)	3	PA; QL (2 packets per day and 728 packets per 365 days.); SMCS
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	3	PA; QL (780 tablets per 356 days.); SMCS; SP
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (<i>lumacaftor-ivacaftor</i>)	2	PA; QL (728 packets per 356 days.); SMCS; SP
ORKAMBI ORAL PACKET 75-94 MG (<i>lumacaftor-ivacaftor</i>)	2	PA; QL (2 packets per day and 56 packets per 21 days.); SMCS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	3	PA; QL (1456 tablets per 356 days.); SMCS; SP
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG (<i>tezacaftor-ivacaftor</i>)	3	PA; QL (56 tablets per month. 728 tablets per 365 days.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	3	PA; QL (56 tablets per month. 728 tablets per 365 days.); SMCS
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG (<i>ellexacaftor-tezacaftor-ivacaft</i>)	3	PA; QL (3 tablets per day (1 pack per month) and 1092 tablets per year.); SMCS; SP
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG (<i>ellexacaftor-tezacaftor-ivacaft</i>)	3	PA; QL (3 tablets per day. 1092 tablets per 364 days.); SMCS; SP
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>ellexacaftor-tezacaftor-ivacaft</i>)	3	PA; QL (2 packets per day. 728 packets per 356 days.); SMCS; SP
ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs for the Lungs		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	3	PA; QL (1 tablet per day.); SMCS; SP
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	3	PA; QL (2 tablets per day.); SMCS; SP
FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>)	4	PA; QL (1 tablet per day.); SMCS; SP
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	3	PA; QL (1 tablet per day.); SMCS; SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	3	PA; QL (2 tablets per day.); SMCS; SP
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	3	PA; QL (4 tablets per day.); SMCS; SP
EXPECTORANTS - Drugs for the Lungs		
<i>guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml</i>	1	
<i>iodine strong oral solution 5 %</i>	1	
<i>maxi-tuss ac oral solution 100-10 mg/5ml</i>	1	
<i>potassium iodide (expectorant) oral solution 1 gm/ml</i>	1	
SSKI ORAL SOLUTION 1 GM/ML (<i>potassium iodide (expectorant)</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIRST GENERATION ANTIHIST.(RESPIR TRACT) - Drugs for Allergy		
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
CLEMASZ ORAL TABLET 2.68 MG (<i>clemastine fumarate</i>)	3	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (<i>diphenhydramine hcl</i>)	3	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>promethazine hcl oral solution 12.5 mg/10ml, 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (<i>promethazine hcl</i>)	3	
INTERLEUKIN ANTAGONISTS - Drugs for Inflammation		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	3	PA; M; QL (4 vials per 21 days.); SMCS; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>dupilumab</i>)	3	PA; M; QL (0.09 ml per day.); SMCS; SP
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	4	PA; M; QL (1 pen per 56 days.); SMCS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	4	PA; M; QL (0.07 ml per day.); SMCS; SP
LEUKOTRIENE MODIFIERS - Drugs for Inflammation		
ACCOLATE ORAL TABLET 10 MG, 20 MG (<i>zafirlukast</i>)	4	
<i>montelukast sodium oral packet 4 mg</i>	2	
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	
SINGULAIR ORAL PACKET 4 MG (<i>montelukast sodium</i>)	3	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAST-CELL STABILIZERS - Drugs for Inflammation		
ALOCRILOPHTHALMIC SOLUTION 2 % (<i>nedocromil sodium</i>)	3	
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	
MUCOLYTIC AGENTS - Drugs for the Lungs		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %, 7 % (<i>sodium chloride</i>)	2	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % (<i>sodium chloride</i>)	3	
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 % (<i>sodium chloride</i>)	2	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	3	PA; QL (5 ml per day.); SMCS; SP
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	1	
NASAL PREPARATIONS (STEROIDS) - Drugs for Inflammation		
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	3	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	2	QL (16 grams (1 bottle) per prescription)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	3	QL (17 grams (1 bottle) per prescription)
ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	QL (10.7 grams per prescription.)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate</i>)	2	QL (1 blister per day.)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>fluticasone furoate</i>)	2	QL (1 packet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	2	QL (120 ml (2 boxes) per 30 days.)
<i>budesonide inhalation suspension 1 mg/2ml</i>	2	QL (60 ml (1 box) per 30 days.)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (<i>beclomethasone diprop hfa</i>)	2	QL (10.6 grams per month.)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	2	QL (42.4 grams per month.)
PHOSPHODIESTERASE TYPE 4 INHIBITORS - Drugs for the Lungs		
<i>roflumilast oral tablet 250 mcg</i>	2	QL (31 tablets per year.)
<i>roflumilast oral tablet 500 mcg</i>	2	QL (1 tablet per day)
ZORYVE EXTERNAL CREAM 0.15 % (<i>roflumilast</i>)	4	PA
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	4	PA; QL (60 grams per 30 days.)
ZORYVE EXTERNAL FOAM 0.3 % (<i>roflumilast</i>)	4	PA; QL (60 grams per prescription.)
PHOSPHODIESTERASE-5 INHIBITORS (RESPIR) - Drugs for the Lungs		
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	4	PA; QL (186 ml per month.); SMCS; SP
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (0.5 tablet per day.)
<i>sildenafil citrate oral tablet 20 mg</i>	1	QL (0.5 tablet per day.); SMCS
<i>tadalafil (pah) oral tablet 20 mg</i>	1	PA; QL (2 tablets per day); SMCS; SP
<i>tadalafil oral tablet 10 mg, 20 mg</i>	2	QL (0.5 tablet per day.)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	QL (1 tablet per day.)
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	4	PA; QL (10 ml per day.); SMCS; SP
PROSTACYCLIN & PROSTACYCLIN DERIVATIVES - Drugs for the Lungs		
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	4	PA; QL (168 tablets per year.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	4	PA; QL (336 tablets per year.); SMCS; SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	4	PA; QL (252 tablets per year.); SMCS; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	4	PA; QL (6 tablets per day.); SMCS; SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	3	PA; QL (112 cartridges per 23 days.); SMCS; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	3	PA; QL (112 cartridges per 23 days.); SMCS; SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (<i>treprostinil</i>)	3	PA; QL (252 cartridges per 365 days.); SMCS; SP
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	3	PA; SMCS; SP
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	3	PA; SMCS; SP
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	3	PA; SMCS; SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	3	PA; SMCS; SP
RESPIRATORY TRACT AGENTS, MISCELLANEOUS - Drugs for the Lungs		
<i>pirfenidone oral capsule 267 mg</i>	2	PA; QL (9 capsules per day.); SMCS; SP
<i>pirfenidone oral tablet 267 mg</i>	3	PA; QL (9 tablets per day.); SMCS; SP
<i>pirfenidone oral tablet 534 mg</i>	3	PA; QL (3 tablets per day.); SMCS
<i>pirfenidone oral tablet 801 mg</i>	3	PA; QL (3 tablets per day.); SMCS; SP
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	4	PA; M; QL (0.07 ml per day.); SMCS; SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>omalizumab</i>)	3	PA; M; QL (2 auto injectors per month.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>omalizumab</i>)	3	PA; M; QL (0.15 ml per day.); SMCS; SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (<i>omalizumab</i>)	3	PA; M; QL (0.04 ml per day.); SMCS; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	3	PA; M; QL (0.08 ml per day.); SMCS; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>omalizumab</i>)	3	PA; M; QL (0.15 ml per day.); SMCS; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>)	3	PA; M; QL (0.04 ml per day.); SMCS; SP
SECOND GENERATION ANTIHIST(RESPIR TRACT) - Drugs for Allergy		
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	2	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - Drugs for Asthma/COPD		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	QL (10.7 grams per prescription.)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	2	QL (1 inhaler per copay.)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	2	QL (1 inhaler per prescription.)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	2	QL (18 grams per prescription.)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	2	QL (6.7 grams per prescription.)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	2	QL (8.5 grams per prescription.)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	3	PA
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	4	QL (2 nebulas per day)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	3	QL (90 ml per prescription.)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	3	QL (30 vials per prescription)
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL (15 grams per prescription.)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>salmeterol xinafoate</i>)	2	QL (1 diskus (60 blisters) per month.)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	2	QL (0.15 grams per day.)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	1	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (<i>levalbuterol tartrate</i>)	3	QL (15 grams per prescription.)
VASODILATING AGENTS (RESPIRATORY TRACT) - Drugs for the Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	3	PA; QL (3 tablets per day.); SMCS; SP
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	3	PA; QL (1 tablet per day.); SMCS; SP
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	3	PA; QL (2 tablets per day.); SMCS; SP
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	3	PA; QL (1 tablet per day.); SMCS; SP
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	4	PA; QL (168 tablets per year.); SMCS; SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	4	PA; QL (336 tablets per year.); SMCS; SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	4	PA; QL (252 tablets per year.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	4	PA; QL (6 tablets per day.); SMCS; SP
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	4	PA; QL (186 ml per month.); SMCS; SP
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (0.5 tablet per day.)
<i>sildenafil citrate oral tablet 20 mg</i>	1	QL (0.5 tablet per day.); SMCS
<i>tadalafil (pah) oral tablet 20 mg</i>	1	PA; QL (2 tablets per day.); SMCS; SP
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	4	PA; QL (10 ml per day.); SMCS; SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	3	PA; QL (2 tablets per day.); SMCS; SP
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	3	PA; QL (4 tablets per day.); SMCS; SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	3	PA; QL (112 cartridges per 23 days.); SMCS; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	3	PA; QL (112 cartridges per 23 days.); SMCS; SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (<i>treprostinil</i>)	3	PA; QL (252 cartridges per 365 days.); SMCS; SP
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	3	PA; SMCS; SP
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	3	PA; SMCS; SP
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	3	PA; SMCS; SP
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	4	PA; QL (2 tablets per day.); SMCS; SP
UPTRAVI TABLET 200 MCG ORAL (<i>selexipag</i>)	4	PA; QL (140 tablets per 365 days.); SMCS; SP
UPTRAVI TABLET 200 MCG ORAL (<i>selexipag</i>)	4	PA; QL (2 tablets per day.); SMCS; SP
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	4	PA; QL (200 tablets per year.); SMCS; SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	3	PA; SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VASODILATING AGENTS, MISC - Drugs for the Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	3	PA; QL (3 tablets per day.); SMCS; SP
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	4	PA; QL (2 tablets per day.); SMCS; SP
UPTRAVI TABLET 200 MCG ORAL (<i>selexipag</i>)	4	PA; QL (140 tablets per 365 days.); SMCS; SP
UPTRAVI TABLET 200 MCG ORAL (<i>selexipag</i>)	4	PA; QL (2 tablets per day.); SMCS; SP
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	4	PA; QL (200 tablets per year.); SMCS; SP
XANTHINE DERIVATIVES - Drugs for Asthma/COPD		
<i>elixophyllin oral elixir 80 mg/15ml</i>	3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTIPROLIFERANTS		
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	3	
<i>bexarotene external gel 1 %</i>	4	QL (60 grams per prescription.); SMCS; SP
<i>bexarotene oral capsule 75 mg</i>	3	SMCS; CM
<i>fluorouracil external cream 5 %</i>	1	
<i>fluorouracil external solution 2 %, 5 %</i>	1	
<i>imiquimod external cream 5 %</i>	1	
KLISYRI (250 MG) EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	4	ST; QL (5 units per prescription)
KLISYRI (350 MG) EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	4	ST; QL (5 units per prescription)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PANRETIN EXTERNAL GEL 0.1 % (<i>alitretinoin</i>)	3	
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	3	PA; QL (120 grams per prescription.); SMCS; SP
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin		
ADRENERGIC AGONISTS - Drugs for the Skin		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (<i>brimonidine tartrate</i>)	2	QL (10 ml per prescription)
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (<i>brimonidine tartrate</i>)	4	QL (10 ml per prescription)
<i>brimonidine tartrate external gel 0.33 %</i>	3	PA; QL (30 grams per prescription.)
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	2	QL (10 ml per prescription)
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	2	QL (5 ml per prescription)
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	3	PA; QL (30 grams per prescription.)
ANTIBACTERIALS (84:04) - Drugs for the Skin		
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (<i>sulfacetamide sodium-sulfur</i>)	4	
AVIDOXY ORAL TABLET 100 MG	4	
<i>azelaic acid external gel 15 %</i>	3	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	QL (23.3 grams per prescription.)
CLEOCIN ORAL CAPSULE 150 MG, 300 MG (<i>clindamycin hcl</i>)	4	
CLEOCIN ORAL CAPSULE 75 MG (<i>clindamycin hcl</i>)	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (<i>clindamycin palmitate hcl</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLEOCIN VAGINAL CREAM 2 % (<i>clindamycin phosphate</i>)	4	
<i>clindacin etz external swab 1 %</i>	1	
<i>clindacin external foam 1 %</i>	3	
<i>clindacin-p external swab 1 %</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	2	
<i>clindamycin phos (once-daily) external gel 1 %</i>	2	QL (75 grams per prescription.)
<i>clindamycin phos (twice-daily) external gel 1 %</i>	2	QL (75 grams per prescription.)
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	3	QL (1 bottle (45 grams) per month.)
<i>clindamycin phosphate external foam 1 %</i>	3	
<i>clindamycin phosphate external lotion 1 %</i>	3	
<i>clindamycin phosphate external solution 1 %</i>	1	
<i>clindamycin phosphate external swab 1 %</i>	1	
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
CLINDESSE VAGINAL CREAM 2 % (<i>clindamycin phosphate (1 dose)</i>)	2	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (<i>clindamycin-tretinoin-cholesty</i>)	3	PA
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg</i>	2	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	3	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>ery external pad 2 %</i>	1	
ERYGEL EXTERNAL GEL 2 % (<i>erythromycin</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>erythromycin external gel 2 %</i>	1	
<i>erythromycin external solution 2 %</i>	1	
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	4	
<i>gentamicin sulfate external cream 0.1 %</i>	1	QL (30 grams per prescription.)
<i>gentamicin sulfate external ointment 0.1 %</i>	1	QL (30 grams per prescription.)
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	QL (15 ml per prescription.)
KLARON EXTERNAL LOTION 10 % (<i>sulfacetamide sodium (acne)</i>)	4	
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	4	
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	4	
METROLOTION EXTERNAL LOTION 0.75 % (<i>metronidazole</i>)	4	
<i>metronidazole external cream 0.75 %</i>	1	
<i>metronidazole external gel 0.75 %</i>	1	
<i>metronidazole external lotion 0.75 %</i>	1	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	2	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	2	PA
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	3	
<i>mupirocin calcium external cream 2 %</i>	3	QL (15 grams per prescription)
<i>mupirocin external ointment 2 %</i>	1	QL (22 grams per prescription.)
<i>neomycin sulfate oral tablet 500 mg</i>	1	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 % (<i>bacitracin-polymyx-neo-hc</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
neuac external gel 1.2-5 %	3	QL (1 bottle (45 grams) per month.)
OVACE PLUS EXTERNAL CREAM 10 % (sulfacetamide sodium)	3	
OVACE PLUS EXTERNAL SHAMPOO 10 % (sulfacetamide sodium)	3	
OVACE PLUS WASH EXTERNAL GEL 10 % (sulfacetamide sodium)	3	
OVACE PLUS WASH EXTERNAL LIQUID 10 % (sulfacetamide sodium)	4	
OVACE WASH EXTERNAL LIQUID 10 % (sulfacetamide sodium)	4	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM (bacitracin-polymyxin b)	3	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
sodium sulfacetamide external shampoo 10 %	1	
sodium sulfacetamide wash external liquid 10 %	1	
sss 10-5 external cream 10-5 %	1	
SSS 10-5 EXTERNAL FOAM 10-5 %	4	
sulfacetamide sodium (acne) external lotion 10 %	1	
sulfacetamide sodium (cleans) external gel 10 %	1	
sulfacetamide sodium external liquid 10 %	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (mafenide acetate)	3	
tetracycline hcl oral capsule 250 mg, 500 mg	3	
VANDAZOLE VAGINAL GEL 0.75 % (metronidazole)	4	
XACIATO VAGINAL GEL 2 % (clindamycin phosphate)	2	QL (1 gel tube (8 grams) per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIFULGALS (SKIN, MUCOUS MEMBRANE),MISC - Drugs for the Skin		
EXODERM EXTERNAL LOTION 25-1 % (<i>sod thiosulfate-salicylic acid</i>)	3	
ANTI-INFLAMMATORY AGENTS, MISC (SKIN) - Drugs for the Skin		
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	3	ST; QL (60 grams per prescription.)
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	4	PA; QL (60 grams per prescription.)
ANTIPRURITICS AND LOCAL ANESTHETICS - Drugs for the Skin		
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	4	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	4	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	3	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (<i>hc-pramoxine-chloroxylonol</i>)	4	
<i>doxepin hcl external cream 5 %</i>	4	PA; QL (45 grams per prescription.)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	
DYCLOPRO EXTERNAL SOLUTION 0.5 %	4	
ENOVARX-LIDOCAINE HCL EXTERNAL CREAM 10 %, 5 %	3	PA
EPIFOAM EXTERNAL FOAM 1-1 % (<i>pramoxine-hc</i>)	2	
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (<i>dph-lido-alhydr-mghydr-simeth</i>)	3	PA
<i>glydo external prefilled syringe 2 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %</i>	1	
<i>hydrocort-pramoxine (perianal) external cream 2.5-1 %</i>	1	

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K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (<i>ketoprofen-baclofen-gabap-lido</i>)	3	PA
<i>lidocaine external ointment 5 %</i>	2	QL (1.19 grams per day.)
<i>lidocaine external patch 5 %</i>	3	PA; QL (3 patches per day)
<i>lidocaine hcl external solution 4 %</i>	1	
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	1	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	1	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	
LIDTOPIC MAX EXTERNAL CREAM 10 % (<i>lidocaine</i>)	3	PA
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	1	
PRAMOSONE EXTERNAL CREAM 1-1 % (<i>pramoxine-hc</i>)	2	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (<i>pramoxine-hc</i>)	2	
PRAMOSONE EXTERNAL OINTMENT 1-1 % (<i>pramoxine-hc</i>)	2	
PRAMOSONE EXTERNAL OINTMENT 1-2.5 % (<i>pramoxine-hc</i>)	4	
<i>premium lidocaine external ointment 5 %</i>	2	QL (1.19 grams per day.)
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	2	
PYRIDIDIUM ORAL TABLET 100 MG, 200 MG (<i>phenazopyridine hcl</i>)	3	
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	PA
ZTLIDO EXTERNAL PATCH 1.8 % (<i>lidocaine</i>)	3	PA; QL (3 patches per day.)
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>acyclovir external ointment 5 %</i>	3	QL (15 grams per prescription.)
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ASTRINGENTS (84:12) - Drugs for the Skin		
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	2	QL (0.36 grams per day.)
CUVPOSA ORAL SOLUTION 1 MG/5ML (<i>glycopyrrolate</i>)	4	
DRYSOL EXTERNAL SOLUTION 20 % (<i>aluminum chloride</i>)	4	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	3	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
ASTRINGENTS, ANTI-INFECTIVE - Drugs for the Skin		
<i>benzalkonium chloride external solution</i>	2	
<i>benzalkonium chloride external solution 50 %</i>	1	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	1	
<i>iodine strong oral solution 5 %</i>	1	
<i>iodine tincture external tincture 2 %</i>	1	
LUGOLS STRONG IODINE EXTERNAL SOLUTION 5-10 %	3	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	4	
<i>periogard mouth/throat solution 0.12 %</i>	1	
<i>selenium sulfide external lotion 2.5 %</i>	1	
SILVADENE EXTERNAL CREAM 1 % (<i>silver sulfadiazine</i>)	4	
<i>silver sulfadiazine external cream 1 %</i>	1	
<i>ssd external cream 1 %</i>	1	
AZOLES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>clotrimazole mouth/throat troche 10 mg</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	
<i>econazole nitrate external cream 1 %</i>	2	
EXELDERM EXTERNAL CREAM 1 % (<i>sulconazole nitrate</i>)	3	
EXELDERM EXTERNAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	3	
GYNAZOLE-1 VAGINAL CREAM 2 % (<i>butoconazole nitrate (1 dose)</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ketoconazole external cream 2 %</i>	1	QL (30 grams per prescription.)
<i>ketoconazole external foam 2 %</i>	3	ST
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketodan external foam 2 %</i>	3	ST
<i>miconazole 3 vaginal suppository 200 mg</i>	1	
ORAVIG BUCCAL TABLET 50 MG (<i>miconazole</i>)	4	
SULCONAZOLE NITRATE EXTERNAL CREAM 1 %	3	
SULCONAZOLE NITRATE EXTERNAL SOLUTION 1 %	3	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
BASIC LOTIONS AND LINIMENTS - Drugs for the Skin		
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (<i>salicylic acid-lactic acid</i>)	2	
<i>methyl salicylate external liquid</i>	1	
PRONAL EXTERNAL GEL 40-10 % (<i>urea-lactic acid</i>)	3	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 % (<i>salicylic acid-urea in lactac</i>)	3	
<i>turpentine external spirit</i>	1	
VITAMIN C BRIGHTENING SERUM EXTERNAL LIQUID	3	
XIRUN EXTERNAL GEL 40-10 %	3	
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 % (<i>benzoyl peroxide-hyaluronate</i>)	3	
BASIC OINTMENTS AND PROTECTANTS - Drugs for the Skin		
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML (<i>fibrin sealant component</i>)	3	
ARTISS EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	3	
<i>calcipotriene external cream 0.005 %</i>	2	QL (60 grams per prescription)
<i>calcipotriene external ointment 0.005 %</i>	2	
<i>calcipotriene external solution 0.005 %</i>	1	QL (60 mL per prescription)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CALCITRENE EXTERNAL OINTMENT 0.005 % (<i>calcipotriene</i>)	3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	4	QL (60 grams per prescription.)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	4	QL (90 grams per prescription.)
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML (<i>fibrin sealant component</i>)	3	
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	4	PA; QL (60 grams per prescription.)
BASIC POWDERS AND DEMULCENTS - Drugs for the Skin		
<i>benzoin compound external tincture</i>	1	
<i>benzoin external tincture</i>	1	
CELL STIMULANTS AND PROLIFERANTS - Drugs for the Skin		
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (<i>clindamycin-tretinoin-cholesty</i>)	3	PA
<i>finasteride oral tablet 5 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	3	QL (20 grams per prescription.)
<i>tretinoin oral capsule 10 mg</i>	3	QL (279 capsules per prescription.); SMCS; SP; CM
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ALA SCALP EXTERNAL LOTION 2 % (<i>hydrocortisone</i>)	4	
<i>alclometasone dipropionate external cream 0.05 %</i>	1	
<i>alclometasone dipropionate external ointment 0.05 %</i>	1	
<i>amcinonide external cream 0.1 %</i>	3	
<i>amcinonide external ointment 0.1 %</i>	1	
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	4	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	3	
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	2	
ANUSOL-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	4	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	3	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	3	
<i>betamethasone dipropionate external cream 0.05 %</i>	2	
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	
<i>betamethasone valerate external cream 0.1 %</i>	1	
<i>betamethasone valerate external lotion 0.1 %</i>	1	
<i>betamethasone valerate external ointment 0.1 %</i>	1	
<i>budesonide rectal foam 2 mg, 2 mg/act</i>	2	
<i>clobetasol propionate e external cream 0.05 %</i>	2	QL (30 grams per prescription.)
<i>clobetasol propionate external cream 0.05 %</i>	2	QL (30 grams per prescription.)
<i>clobetasol propionate external gel 0.05 %</i>	2	QL (30 grams per prescription.)
<i>clobetasol propionate external liquid 0.05 %</i>	1	QL (59 ml per prescription)
<i>clobetasol propionate external ointment 0.05 %</i>	2	QL (30 grams per prescription.)
<i>clobetasol propionate external solution 0.05 %</i>	1	QL (25 ml per prescription.)
<i>clocortolone pivalate external cream 0.1 %</i>	3	ST; QL (75 grams per prescription.)
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (<i>flurandrenolide</i>)	3	QL (1 packet per prescription.)
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (<i>hc-pramoxine-chloroxylonol</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (hydrocortisone)	4	
CORTENEMA RECTAL ENEMA 100 MG/60ML (hydrocortisone)	4	
CORTIFOAM EXTERNAL FOAM 10 % (hydrocortisone acetate)	2	
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (fluocinolone acetonide)	4	QL (118.28 ml per prescription.)
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (fluocinolone acetonide)	4	
DERMOTIC OTIC OIL 0.01 % (fluocinolone acetonide)	4	
desonide external cream 0.05 %	2	QL (15 grams per prescription.)
desonide external lotion 0.05 %	3	QL (60 ml per prescription.)
desonide external ointment 0.05 %	2	QL (15 grams per prescription.)
DESOWEN EXTERNAL CREAM 0.05 % (desonide)	3	QL (15 grams per prescription.)
desoximetasone external cream 0.05 %	1	QL (60 gm per prescription.)
desoximetasone external cream 0.25 %	1	QL (15 grams per prescription.)
desoximetasone external gel 0.05 %	3	QL (15 grams per prescription.)
desoximetasone external ointment 0.05 %	3	QL (60 grams per prescription.)
desoximetasone external ointment 0.25 %	3	QL (15 grams per prescription.)
diflorasone diacetate external cream 0.05 %	3	QL (30 grams per prescription.)
DIPROLENE EXTERNAL OINTMENT 0.05 % (betamethasone dipropionate aug)	4	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (calcipotriene-betameth diprop)	4	QL (60 grams per prescription.)
EPIFOAM EXTERNAL FOAM 1-1 % (pramoxine-hc)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>fluocinolone acetonide body external oil 0.01 %</i>	3	QL (118.28 ml per prescription.)
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	3	QL (15 grams per prescription.)
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	QL (15 grams per prescription.)
<i>fluocinolone acetonide external solution 0.01 %</i>	3	QL (60 ml per prescription.)
<i>fluocinolone acetonide otic oil 0.01 %</i>	1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	3	
<i>fluocinonide emulsified base external cream 0.05 %</i>	1	
<i>fluocinonide external cream 0.05 %</i>	1	
<i>fluocinonide external gel 0.05 %</i>	1	
<i>fluocinonide external ointment 0.05 %</i>	1	
<i>fluocinonide external solution 0.05 %</i>	1	
<i>flurandrenolide external cream 0.05 %</i>	3	ST; QL (120 ml per prescription.)
<i>flurandrenolide external lotion 0.05 %</i>	3	ST; QL (120 ml per prescription.)
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external ointment 0.005 %</i>	1	
<i>halobetasol propionate external cream 0.05 %</i>	2	QL (15 grams per prescription.)
<i>halobetasol propionate external ointment 0.05 %</i>	2	QL (15 grams per prescription.)
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG (<i>hydrocortisone acetate</i>)	3	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	2	
<i>hydrocortisone butyrate external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate external solution 0.1 %</i>	1	
<i>hydrocortisone external cream 2.5 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocortisone external lotion 2 %	4	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
hydrocortisone rectal enema 100 mg/60ml	1	
hydrocortisone valerate external cream 0.2 %	2	QL (15 grams per prescription.)
hydrocortisone valerate external ointment 0.2 %	3	QL (15 grams per prescription.)
hydrocortisone-acetic acid otic solution 1-2 %	1	
hydrocortisone-iodoquinol external cream 1-1 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
KOURZEQ MOUTH/THROAT PASTE 0.1 % (triamcinolone acetoneide)	2	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
NUCORT EXTERNAL LOTION 2 % (hydrocortisone acetate)	3	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	2	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	2	
ORALONE MOUTH/THROAT PASTE 0.1 % (triamcinolone acetoneide)	2	
PRAMOSONE EXTERNAL CREAM 1-1 % (pramoxine-hc)	2	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (pramoxine-hc)	2	
PRAMOSONE EXTERNAL OINTMENT 1-1 % (pramoxine-hc)	2	
PRAMOSONE EXTERNAL OINTMENT 1-2.5 % (pramoxine-hc)	4	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (hydrocortisone ace-pramoxine)	2	
procto-med hc external cream 2.5 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROCTOSOL HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	4	
PROCTOZONE-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	4	
SCALACORT DK EXTERNAL KIT 2 & 2-2 % (<i>hc & sal acid-sulfur & shampoo</i>)	3	
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	2	
TOPICORT EXTERNAL CREAM 0.05 % (<i>desoximetasone</i>)	4	QL (60 gm per prescription.)
TOPICORT EXTERNAL CREAM 0.25 % (<i>desoximetasone</i>)	4	QL (15 grams per prescription.)
TOPICORT EXTERNAL GEL 0.05 % (<i>desoximetasone</i>)	4	QL (15 grams per prescription.)
TOPICORT EXTERNAL OINTMENT 0.05 % (<i>desoximetasone</i>)	4	QL (60 grams per prescription.)
TOPICORT EXTERNAL OINTMENT 0.25 % (<i>desoximetasone</i>)	4	QL (15 grams per prescription.)
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	2	QL (63 grams per prescription.)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external cream 0.5 %</i>	1	QL (15 grams per prescription.)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	1	
<i>triderm external cream 0.5 %</i>	1	QL (15 grams per prescription.)
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS - Drugs for the Skin		
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (<i>benzoyl perox-salicyl ac-vit e</i>)	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (<i>benzoyl perox-salicyl ac-vit e</i>)	3	
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 % (<i>benzoyl peroxide-vitamin e</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
<i>ciclodan external solution 8 %</i>	1	
<i>ciclopirox external gel 0.77 %</i>	1	
<i>ciclopirox external shampoo 1 %</i>	2	
<i>ciclopirox external solution 8 %</i>	1	
<i>ciclopirox olamine external cream 0.77 %</i>	1	
<i>ciclopirox olamine external suspension 0.77 %</i>	1	
IMMUNOMODULATORY AGENTS (84:06) - Drugs for the Skin		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>tralokinumab-ldrm</i>)	2	PA; M; QL (2 auto-injectors per month.); SMCS; SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	3	PA; M; QL (0.15 ml per day.); SMCS; SP
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (<i>bimekizumab-bkzx</i>)	4	PA; ST; M; QL (1 auto-injector per month.); SMCS; SP
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML (<i>bimekizumab-bkzx</i>)	4	PA; ST; M; QL (2 ml (1 syringe) per month.); SMCS; SP
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (<i>bimekizumab-bkzx</i>)	4	PA; ST; M; QL (1 syringe per month.); SMCS; SP
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML (<i>bimekizumab-bkzx</i>)	4	PA; ST; M; QL (2 ml (1 syringe) per month.); SMCS; SP
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML (<i>dupilumab</i>)	3	PA; M; QL (0.09 ml per day.); SMCS; SP
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>dupilumab</i>)	3	PA; M; QL (0.15 ml per day.); SMCS; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>dupilumab</i>)	3	PA; M; QL (0.09 ml per day.); SMCS; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>dupilumab</i>)	3	PA; M; QL (0.15 ml per day.); SMCS; SP
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML (<i>lebrikizumab-lbkz</i>)	3	PA; M; QL (2 mL (1 pen) per month.); SMCS; SP

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; QL: Quantity Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication. M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML (<i>lebrikizumab-lbkz</i>)	3	PA; M; QL (2 mL (1 syringe) per month.); SMCS; SP
HYFTOR EXTERNAL GEL 0.2 % (<i>sirolimus</i>)	4	PA; QL (10 g per 23 days.)
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG (<i>nemolizumab-ilto</i>)	3	PA; QL (2 pens every 4 weeks.); SMCS; SP
<i>pimecrolimus external cream 1 %</i>	3	QL (30 grams per prescription.)
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	4	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	4	PA
<i>sirolimus oral solution 1 mg/ml</i>	3	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	3	PA; M; QL (1 ml per 63 days.); SMCS; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	3	PA; M; QL (1 ml per 63 days.); SMCS; SP
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>spesolimab-sbzo</i>)	4	PA; M; QL (2 Prefilled syringes per month.); SMCS; SP
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	2	QL (30 grams per prescription.)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>guselkumab</i>)	3	PA; M; SMCS
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	3	PA; M; QL (1 mL (1 device) every 8 weeks.); SMCS; SP
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	3	PA; M; QL (1 mL (1 device) every 8 weeks.); SMCS; SP
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>guselkumab</i>)	3	PA; M; SMCS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	3	PA; M; QL (1 mL (1 syringe) every 8 weeks.); SMCS; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (<i>guselkumab</i>)	3	PA; M; SMCS

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; QL: Quantity Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication. M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JANUS KINASE INHIBITORS (84:06) - Drugs for the Skin		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	3	PA; QL (1 tablet per day.); SMCS; SP; CM
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	3	PA; QL (2 tablets per day.); SMCS; SP; CM
LEQSELVI ORAL TABLET 8 MG (<i>deuruxolitinib phosphate</i>)	3	
LITFULO ORAL CAPSULE 50 MG (<i>ritlecitinib tosylate</i>)	4	PA; QL (1 capsule per day.); SMCS; SP
<i>roflumilast oral tablet 250 mcg</i>	2	QL (31 tablets per year.)
<i>roflumilast oral tablet 500 mcg</i>	2	QL (1 tablet per day)
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	3	PA; QL (1 tablet per day.); SMCS; SP
ZORYVE EXTERNAL CREAM 0.15 % (<i>roflumilast</i>)	4	PA
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	4	PA; QL (60 grams per 30 days.)
ZORYVE EXTERNAL FOAM 0.3 % (<i>roflumilast</i>)	4	PA; QL (60 grams per prescription.)
KERATOLYTIC AGENTS - Drugs for the Skin		
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	3	QL (45 grams per prescription)
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	3	QL (45 grams per prescription.)
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	4	PA; QL (45 grams per prescription.)
<i>amnestem oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (<i>sulfacetamide sodium-sulfur</i>)	4	
AVIDOXY DK COMBINATION KIT 100 MG (<i>doxycycline-sunscreen-sal acid</i>)	3	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
CONDYLOX EXTERNAL GEL 0.5 % (<i>podofilox</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EXODERM EXTERNAL LOTION 25-1 % (<i>sod thiosulfate-salicylic acid</i>)	3	
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (<i>salicylic acid-lactic acid</i>)	2	
HYDRO 40 EXTERNAL FOAM 40 % (<i>urea</i>)	3	
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (<i>benzoyl perox-salicyl ac-vit e</i>)	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (<i>benzoyl perox-salicyl ac-vit e</i>)	3	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
PODOCON-25 EXTERNAL SOLUTION 25 % (<i>podophyllum resin</i>)	3	
<i>podofilox external gel 0.5 %</i>	3	
<i>podofilox external solution 0.5 %</i>	1	
PRONAL EXTERNAL GEL 40-10 % (<i>urea-lactic acid</i>)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
SALICATE EXTERNAL LIQUID 10 % (<i>salicylic acid</i>)	3	
<i>salicylic acid external solution 26 %</i>	1	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 % (<i>salicylic acid-urea in lactac</i>)	3	
SCALACORT DK EXTERNAL KIT 2 & 2-2 % (<i>hc & sal acid-sulfur & shampoo</i>)	3	
<i>sss 10-5 external cream 10-5 %</i>	1	
SSS 10-5 EXTERNAL FOAM 10-5 %	4	
<i>sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %</i>	1	
<i>sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %</i>	1	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	1	
<i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>	1	
<i>sulfacetamide sod-sulfur wash external liquid 9-4 %</i>	1	
<i>tazarotene external cream 0.05 %, 0.1 %</i>	3	PA; QL (30 grams per prescription.)
<i>tazarotene external gel 0.05 %, 0.1 %</i>	3	PA; QL (30 grams per prescription.)
<i>urea external cream 20 %, 40 %, 45 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>urea external lotion 40 %</i>	1	
<i>urea nail external gel 45 %</i>	1	
UREMEZ-40 EXTERNAL CREAM 40 %	3	
XIRUN EXTERNAL GEL 40-10 %	3	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
KERATOPLASTIC AGENTS - Drugs for the Skin		
<i>coal tar external solution 20 %</i>	1	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS - Drugs for the Skin		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	3	QL (45 grams per prescription)
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	3	QL (45 grams per prescription.)
<i>benzalkonium chloride external solution</i>	2	
<i>benzalkonium chloride external solution 50 %</i>	1	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	QL (23.3 grams per prescription.)
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	3	QL (1 bottle (45 grams) per month.)
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (<i>hc-pramoxine-chloroxyleneol</i>)	4	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (<i>sulfuric acid-sulf phenolics</i>)	2	
FEM PH VAGINAL GEL 0.9-0.025 % (<i>acetic acid-oxyquinoline</i>)	4	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	1	
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (<i>benzoyl perox-salicyl ac-vit e</i>)	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (<i>benzoyl perox-salicyl ac-vit e</i>)	3	
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 % (<i>benzoyl peroxide-vitamin e</i>)	4	
<i>iodine tincture external tincture 2 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LUGOLS STRONG IODINE EXTERNAL SOLUTION 5-10 %	3	
<i>neuac external gel 1.2-5 %</i>	3	QL (1 bottle (45 grams) per month.)
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	4	
<i>periogard mouth/throat solution 0.12 %</i>	1	
<i>selenium sulfide external lotion 2.5 %</i>	1	
SILVADENE EXTERNAL CREAM 1 % (<i>silver sulfadiazine</i>)	4	
<i>silver sulfadiazine external cream 1 %</i>	1	
<i>ssd external cream 1 %</i>	1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (<i>mafenide acetate</i>)	3	
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 % (<i>benzoyl peroxide-hyaluronate</i>)	3	
ZACLIR CLEANSING EXTERNAL LOTION 8 %	3	
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin		
<i>diclofenac sodium external gel 3 %</i>	2	PA; QL (100 grams per prescription.)
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	PA
ENOVARX-IBUPROFEN EXTERNAL CREAM 10 %	3	PA
ENOVARX-NAPROXEN EXTERNAL CREAM 10 %	3	PA
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA
FROTEK EXTERNAL CREAM 10 % (<i>ketoprofen</i>)	3	PA
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (<i>ketoprofen-baclofen-gabap-lido</i>)	3	PA
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	
VP FC KIT EXTERNAL CREAM	3	PA
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	PA
PHOSPHODIESTERASE-4 INHIBITORS (84:06) - Drugs for the Skin		
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	3	ST; QL (60 grams per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>roflumilast oral tablet 250 mcg</i>	2	QL (31 tablets per year.)
<i>roflumilast oral tablet 500 mcg</i>	2	QL (1 tablet per day)
ZORYVE EXTERNAL CREAM 0.15 % (<i>roflumilast</i>)	4	PA
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	4	PA; QL (60 grams per 30 days.)
PIGMENTING AGENTS - Drugs for the Skin		
<i>methoxsalen rapid oral capsule 10 mg</i>	1	
POLYENES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>klayesta external powder 100000 unit/gm</i>	1	QL (120 grams per prescription.)
<i>nyamyc external powder 100000 unit/gm</i>	1	QL (120 grams per prescription.)
<i>nystatin external cream 100000 unit/gm</i>	1	QL (90 grams per prescription.)
<i>nystatin external ointment 100000 unit/gm</i>	1	QL (90 grams per prescription.)
<i>nystatin external powder 100000 unit/gm</i>	1	QL (120 grams per prescription.)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	2	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	2	
<i>nystop external powder 100000 unit/gm</i>	1	QL (120 grams per prescription.)
SCABICIDES AND PEDICULICIDES - Drugs for the Skin		
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>)	3	
ELIMITE EXTERNAL CREAM 5 % (<i>permethrin</i>)	4	
<i>malathion external lotion 0.5 %</i>	1	
OVIDE EXTERNAL LOTION 0.5 % (<i>malathion</i>)	4	
<i>permethrin external cream 5 %</i>	1	
<i>pruradik external lotion 10 %</i>	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	4	QL (45 grams per prescription.)
<i>spinosad external suspension 0.9 %</i>	3	
<i>sulfurated lime external solution</i>	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC. - Drugs for the Skin		
A.A.G.C. KIT IN TERODERM EXTERNAL CREAM 8-4-10-4 % (<i>amantad-amitrip-gabap-cycloben</i>)	3	PA
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	3	QL (45 grams per prescription)
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	3	QL (45 grams per prescription.)
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	3	PA; M; QL (0.15 ml per day.); SMCS; SP
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	4	PA; QL (45 grams per prescription.)
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	3	
<i>amnestem oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML (<i>fibrin sealant component</i>)	3	
ARTISS EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	3	
<i>azelaic acid external gel 15 %</i>	3	
B & C EXTERNAL OINTMENT	3	
<i>balsam peru-castor oil external ointment</i>	1	
<i>bexarotene external gel 1 %</i>	4	QL (60 grams per prescription.); SMCS; SP
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (<i>bimekizumab-bkzx</i>)	4	PA; ST; M; QL (1 auto-injector per month.); SMCS; SP
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (<i>bimekizumab-bkzx</i>)	4	PA; ST; M; QL (1 syringe per month.); SMCS; SP
<i>brimonidine tartrate external gel 0.33 %</i>	3	PA; QL (30 grams per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
calcipotriene external cream 0.005 %	2	QL (60 grams per prescription)
calcipotriene external ointment 0.005 %	2	
calcipotriene external solution 0.005 %	1	QL (60 mL per prescription)
CALCITRENE EXTERNAL OINTMENT 0.005 % (calcipotriene)	3	
calcitriol external ointment 3 mcg/gm	1	QL (100 grams per prescription)
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (abrocitinib)	3	PA; QL (1 tablet per day.); SMCS; SP; CM
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (clindamycin-tretinoin-cholesty)	3	PA
CONDYLOX EXTERNAL GEL 0.5 % (podofilox)	4	
COPASIL EXTERNAL GEL (scar treatment products)	3	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (secukinumab)	3	PA; M; QL (0.072 ml per day.); SMCS; SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (secukinumab)	3	PA; M; QL (0.036 ml per day.); SMCS; SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (secukinumab)	3	PA; M; QL (0.018 ml per day.); SMCS; SP
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	3	PA; M; QL (0.072 ml per day.); SMCS; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	3	PA; M; QL (0.036 ml per day.); SMCS; SP
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (secukinumab)	3	PA; QL (0.072 ml per day.); SMCS; SP
dapsone oral tablet 100 mg, 25 mg	2	
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	PA
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML (dupilumab)	3	PA; M; QL (0.09 ml per day.); SMCS; SP
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (dupilumab)	3	PA; M; QL (0.15 ml per day.); SMCS; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (dupilumab)	3	PA; M; QL (0.15 ml per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	4	PA; QL (6 packets per day.)
ENOVARX-TRAMADOL EXTERNAL CREAM 5 %	3	PA
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	4	QL (60 grams per prescription.)
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA
FEM PH VAGINAL GEL 0.9-0.025 % (<i>acetic acid-oxyquinoline</i>)	4	
FILSUVEZ EXTERNAL GEL 10 % (<i>birch triterpenes</i>)	4	PA; QL (14.4 grams per day.); SMCS; SP
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	4	
<i>fluorouracil external cream 5 %</i>	1	
<i>fluorouracil external solution 2 %, 5 %</i>	1	
HALUCORT EXTERNAL GEL (<i>dermatological products, misc.</i>)	3	PA
HYFTOR EXTERNAL GEL 0.2 % (<i>sirolimus</i>)	4	PA; QL (10 g per 23 days.)
<i>imiquimod external cream 5 %</i>	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (<i>ketoprofen-baclofen-gabap-lido</i>)	3	PA
KLISYRI (250 MG) EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	4	ST; QL (5 units per prescription)
KLISYRI (350 MG) EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	4	ST; QL (5 units per prescription)
<i>l-glutamine oral packet 5 gm</i>	3	PA; QL (6 packets per day.)
LITFULO ORAL CAPSULE 50 MG (<i>ritlecitinib tosylate</i>)	4	PA; QL (1 capsule per day.); SMCS; SP
MEDERMA SPF 30 EXTERNAL CREAM (<i>scar treatment products</i>)	3	PA
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	2	PA
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	3	PA; QL (30 grams per prescription.)
OTEZLA ORAL TABLET 20 MG (<i>apremilast</i>)	3	PA; QL (60 tablets per month.); SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	3	PA; QL (2 tablets per day.); SMCS; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	3	PA; QL (55 tablets (one starter pack) per year.); SMCS; SP
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (<i>apremilast</i>)	3	PA; QL (1 starter pack per year.); SMCS
PANRETIN EXTERNAL GEL 0.1 % (<i>alitretinoin</i>)	3	
<i>pimecrolimus external cream 1 %</i>	3	QL (30 grams per prescription.)
PODOCON-25 EXTERNAL SOLUTION 25 % (<i>podophyllum resin</i>)	3	
<i>podofilox external gel 0.5 %</i>	3	
<i>podofilox external solution 0.5 %</i>	1	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
REGRANEX EXTERNAL GEL 0.01 % (<i>becaplermin</i>)	2	PA; QL (30 grams per prescription.)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	4	QL (90 grams per prescription.)
SCARCIN EXTERNAL CREAM	3	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	3	PA; M; QL (1 ml per 63 days.); SMCS; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	3	PA; M; QL (1 ml per 63 days.); SMCS; SP
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	3	PA; QL (1 tablet per day.); SMCS; SP
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	2	QL (30 grams per prescription.)
<i>tazarotene external cream 0.05 %, 0.1 %</i>	3	PA; QL (30 grams per prescription.)
<i>tazarotene external gel 0.05 %, 0.1 %</i>	3	PA; QL (30 grams per prescription.)
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML (<i>fibrin sealant component</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	3	PA; M; QL (1 mL (1 device) every 8 weeks.); SMCS; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	3	PA; M; QL (1 mL (1 syringe) every 8 weeks.); SMCS; SP
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	3	PA; QL (120 grams per prescription.); SMCS; SP
VENELEX EXTERNAL OINTMENT (<i>balsam peru-castor oil</i>)	3	
VP FC KIT EXTERNAL CREAM	3	PA
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	PA
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	4	PA; QL (60 grams per prescription.)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	4	PA; QL (60 grams per 30 days.)
ZORYVE EXTERNAL FOAM 0.3 % (<i>roflumilast</i>)	4	PA; QL (60 grams per prescription.)
SUNSCREEN AGENTS - Drugs for the Skin		
AVIDOXY DK COMBINATION KIT 100 MG (<i>doxycycline-sunscreen-sal acid</i>)	3	
THIOCARBAMATES(SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
MYCOZYL AL EXTERNAL SOLUTION 1 % (<i>tolnaftate</i>)	3	
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles		
ANTIMUSCARINICS - Drugs for the Urinary System		
<i>flavoxate hcl oral tablet 100 mg</i>	1	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride oral tablet 2.5 mg</i>	4	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	2	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	3	ST

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	1	
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEOMATERNA ORAL TABLET 1 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
NEO-VITAL RX ORAL TABLET 1 MG	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (<i>prenat-fe-methylfol-dha w/o a</i>)	3	
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-w/o vit a</i>)	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
<i>pnv 27-ca/fe/fa oral tablet 60-1 mg</i>	1	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (<i>ped multivitamins-fl-iron</i>)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (<i>ped multivitamins-fl-iron</i>)	3	
PREMESISRX ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	3	
<i>prenatal oral tablet 27-1 mg</i>	1	
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (<i>prenatal-feaspgly-methylfol-fa</i>)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (<i>prenat-fecbn-feasp-meth-fa-dha</i>)	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (<i>prenat mv-min-methylfolate-fa</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (<i>pediatric multivitamins-fl</i>)	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	4	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>ped vit a-c-d-methylfolate-fl</i>)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (<i>prenat-fefum-fered-fa-dha w/oa</i>)	3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	4	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITAMIN A		
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>ped vit a-c-d-methylfolate-fl</i>)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
VITAMIN B COMPLEX		
ATABEX OB ORAL TABLET 29-1 MG (<i>prenatal vit w/ fe bisg-fa</i>)	3	
CALCIFOL ORAL WAFER 1342-1.6 MG (<i>ca carb-fa-d-b6-b12-boron-mg</i>)	3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (<i>prenat-fecb-fefum-fa-dha w/o a</i>)	3	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
<i>cyanocobalamin nasal solution 500 mcg/0.1ml</i>	3	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	4	H
<i>drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg</i>	1	H
ELITE-OB ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	3	
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	3	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	E	H
<i>folic acid tablet 1 mg oral (rx)</i>	1	
<i>ft folic acid oral tablet 400 mcg, 800 mcg</i>	E	H
<i>hematinic/folic acid oral tablet 324-1 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	4	
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEOMATERNA ORAL TABLET 1 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEONATAL COMPLETE ORAL TABLET 27-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
NEO-VITAL RX ORAL TABLET 1 MG	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (<i>prenat-fe-methylfol-dha w/o a</i>)	3	
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-w/o vit a</i>)	3	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
<i>pnv 27-ca/fe/fa oral tablet 60-1 mg</i>	1	
PREMESISRX ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	3	
<i>prenatal oral tablet 27-1 mg</i>	1	
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (<i>prenatal-feaspgly-methylfol-fa</i>)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (<i>prenat-fechn-feasp-meth-fa-dha</i>)	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (<i>prenat mv-min-methylfolate-fa</i>)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>ped vit a-c-d-methylfolate-fl</i>)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
TRUE FOLIC ACID ORAL TABLET 400 MCG	E	H
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (<i>prenat-fefum-fered-fa-dha w/oa</i>)	3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	4	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
VITAMIN C		
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	4	QL (1 kit per prescription.)
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	3	QL (1 kit per prescription.)
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	3	QL (1 kit per prescription.)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	3	QL (3 cartons per prescription.)
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>ped vit a-c-d-methylfolate-fl</i>)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; QL: Quantity Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication. M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITAMIN D		
CALCIFOL ORAL WAFER 1342-1.6 MG (<i>ca carb-fa-d-b6-b12-boron-mg</i>)	3	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (<i>ergocalciferol</i>)	4	
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	1	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (<i>sodium fluoride-vitamin d</i>)	3	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	3	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>ped vit a-c-d-methylfolate-fl</i>)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	1	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (<i>paricalcitol</i>)	4	
VITAMIN E		
<i>wheat germ oil oral oil</i>	1	
VITAMIN K ACTIVITY		
<i>phytonadione oral tablet 5 mg</i>	3	QL (5 tablets per prescription.)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; QL: Quantity Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication. M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Index of Drugs

A.A.G.C. KIT IN TERODERM.....	323	ADEMPAS.....	299, 301	ALOGLIPTIN-METFORMIN	
abacavir sulfate	35	ADIPEX-P.....	116	HCL.....	217, 225
abacavir sulfate-lamivudine ...	35	ADRENALIN.....	64, 197, 287	ALOGLIPTIN-PIOGLITAZONE	
abiraterone acetate	45	ADVAIR HFA....	72, 189, 209, 290	.....	225, 251
ABRYSVO.....	60	ADVATE.....	79	ALORA.....	226, 264
acamprosate calcium	16, 134	ADVOCATE SAFETY		alosetron hcl	200
acarbose	213	LANCETS 21G.....	160	ALPHAGAN P.....	184, 302
ACCOLATE.....	294	ADVOCATE SAFETY		ALPHANATE.....	80
ACCU-CHEK AVIVA.....	160	LANCETS 23G.....	160	ALPHANINE SD.....	80
ACCU-CHEK FASTCLIX		ADVOCATE SAFETY		alprazolam	132
LANCET KIT.....	160	LANCETS 28G.....	160	alprazolam er	132
ACCU-CHEK GUIDE.....	160	ADYNOVATE.....	79	alprazolam intensol	132
ACCU-CHEK GUIDE		AEROCHAMBER HOLDING		alprazolam xr	132
CONTROL.....	160	CHAMBER.....	160	ALPROLIX.....	80
ACCU-CHEK GUIDE ME.....	160	AEROCHAMBER PLS FLOVU		ALREX.....	189
ACCU-CHEK GUIDE TEST....	170	MTHPIECE.....	160	ALTACAIN.....	196, 261
ACCU-CHEK SMARTVIEW		AEROCHAMBER PLUS FLO-		altafrin	196, 197
CONTROL.....	160	VU INTERM.....	160	altavera	218, 226, 239
ACCU-CHEK SOFTCLIX		AEROCHAMBER PLUS FLO-		ALTUVIIIIO.....	80
LANCET DEVICE KIT.....	160	VU LARGE.....	160	ALUNBRIG.....	45, 46
ACCURETIC.....	92, 180	AEROCHAMBER PLUS FLO-		ALVAIZ.....	78
accutane	318, 323	VU MEDIUM.....	160	alvimopan	198, 203
ACD-A NOCLOT-50.....	76	AEROCHAMBER PLUS FLO-		alyacen 1/35	218, 226, 239
acebutolol hcl		VU SMALL.....	160	alyacen 7/7/7	218, 226, 239
.....	74, 93, 100, 102, 108	afirmelle	218, 226, 239	ALYFTREK.....	291, 292
acetaminophen-codeine		AFLURIA.....	60	amantadine hcl	22, 116
.....	117, 139, 142	AFLURIA PRESERVATIVE		ambrisentan	113, 293, 299
acetazolamide		FREE.....	60	amcinonide	310
.....	88, 99, 121, 176, 189	AFSTYLA.....	80	AMELUZ.....	301, 323
acetazolamide er		aftera	215, 218, 239	amethyst	218, 226, 239
.....	88, 99, 120, 175, 189	AIMOVIG.....	133	amiloride hcl	89, 112, 177
acetic acid	194	AIRSUPRA		amiloride-	
acetylcysteine	16, 261, 295	.....	72, 189, 209, 290, 295, 298	hydrochlorothiazide	177, 180
acitretin	318, 323	AKEEGA.....	45	aminocaproic acid	80
ACTEMRA.....	257, 269, 274	AKLIEF.....	318, 323	amiodarone hcl	103
ACTEMRA ACTPEN		AKTEN.....	195	amitriptyline hcl	154
.....	257, 269, 274	AKYNZEO.....	198, 206	AMJEVITA	
ACTHIB.....	60	ALA SCALP.....	189, 209, 310	.....	204, 259, 260, 270, 274
ACTIMMUNE.....	274	albendazole	24	AMJEVITA-PED 15KG TO	
ACTIVELLA.....	226, 239	albuterol sulfate	73, 298, 299	<30KG	204, 260, 270, 274
ACULAR.....	149, 195	ALBUTEROL SULFATE...	73, 298	AMLODIPINE	
ACULAR LS.....	149, 195	albuterol sulfate hfa ..	72, 73, 298	BES+SYRSPEND SF.....	105, 113
acyclovir	39, 307	ALCAINE.....	195	amlodipine besylate	105, 113
ADACEL.....	59, 60	alclometasone dipropionate	310	amlodipine besylate-	
ADALIMUMAB-ADAZ		ALCOHOL PREP PADS.....	160	benazepril hcl	92, 105
.....	203, 259, 269, 270, 274	ALECENSA.....	45	amlodipine besylate-	
adapalene-benzoyl peroxide		alendronate sodium	264	valsartan	90, 105
.....	285, 318, 320, 323	alfuzosin hcl er	72	amnestem	318, 323
ADASUVE.....	128, 135	allopurinol	263	amoxapine	154
ADBRY.....	316, 323	almotriptan malate	152	amoxicillin	23, 24, 200
ADDYI.....	134	ALOCRI.....	184, 295	amoxicillin-potassium	
adefovir dipivoxil	39	ALOGLIPTIN BENZOATE.....	225	clavulanate	24

amphetamine sulfate	117	ashlyna	218, 226, 240	aurovela fe 1/20	218, 227, 240
amphetamine-		aspirin	86, 87, 126, 151	AUSTEDO.....	155
dextroamphetamine	117	aspirin 81	86, 87, 126, 151	AUSTEDO XR.....	155
amphetamine-		aspirin adult low dose		AUSTEDO XR PATIENT	
dextroamphetamine er	117	.....	86, 87, 126, 151	TITRATION.....	155
amphet-dextroamphet 3-		aspirin adult low strength		AUTOLET LANCING DEVICE	161
bead er	117	.....	86, 87, 126, 151	AUTOLET LITE LANCING	
ampicillin	24	aspirin childrens	86, 87, 126, 151	DEVICE.....	161
anagrelide hcl	87	aspirin ec adult low dose		AUVI-Q.....	64, 65, 287
ANALPRAM HC		.....	86, 87, 126, 151	avanafil	111
.....	189, 209, 306, 310	aspirin ec low dose		AVAR CLEANSER.....	302, 318
ANALPRAM-HC		.....	86, 87, 126, 151	aviane	218, 227, 240
.....	189, 209, 306, 310, 311	aspirin ec low strength		AVIDOXY.....	25, 44, 302
ANASPAZ.....	16, 65, 288	.....	86, 87, 126, 151	AVIDOXY DK.....	44, 318, 327
anastrozole	46, 215	aspirin low dose	86, 87, 126, 151	AVMAPKI FAKZYNJA CO-	
ANCOBON.....	43	aspirin regimen	86, 87, 126, 151	PACK.....	46
ANGELIQ.....	226, 240	aspirin-dipyridamole er		AVONEX PEN.....	256, 274
ANNOVERA.....	218, 226, 240	.....	86, 111, 151, 170	AVONEX PREFILLED....	256, 275
ANORO ELLIPTA.....	66, 73	ASPRUZYO SPRINKLE.....	99	ayuna	218, 227, 240
ANTICOAGULANT SODIUM		ASSURE ID DUO PRO PEN		AYVAKIT.....	46
CITRATE.....	76	NEEDLES.....	161	AZASAN.....	252, 270, 275, 279
ANUCORT-HC.....	189, 209, 311	ASSURE ID PRO PEN		AZASITE.....	184
ANUSOL-HC.....	189, 209, 311	NEEDLES.....	161	azathioprine	
ANZEMET.....	198	ASTRINGYN.....	80	.....	252, 253, 270, 275, 279
apraclonidine hcl	184, 194	ATABEX OB.....	84, 328, 331	azelaic acid	302, 323
aprepitant	206	atazanavir sulfate	37	azelastine hcl	184, 298
apri	218, 226, 240	atenolol	74, 93, 100, 102, 108	azithromycin	40, 41
APRISO.....	200	ATENOLOL+SYRSPEND SF		AZSTARYS.....	148
APTIVUS.....	36	.....	74, 94, 100, 102, 108	azurette	218, 227, 240
AQ INSULIN SYRINGE.....	160	atenolol-chlorthalidone		B & C.....	323
AQINJECT PEN NEEDLE.....	161	.....	94, 100, 181	bac (butalbital-acetamin-	
AQNEURSA.....	281	atomoxetine hcl	134, 148	caff)	117, 130, 140, 148
AQUORAL.....	194	ATORVALIQ.....	107	bacitracin	29, 184, 302
ARAKODA.....	25	atorvastatin calcium	107	bacitracin-polymyxin b	
aranelle	218, 226, 240	atovaquone	26	.....	29, 184, 302
ARANESP (ALBUMIN FREE)		atovaquone-proguanil hcl	25	bacitra-neomycin-	
.....	75, 76, 78	atropine sulfate	16, 66, 196, 288	polymyxin-hc	29, 184, 190, 302
ARBLI.....	91	ATROVENT HFA.....	66, 288	BACLOFEN.....	69
ARCALYST.....	281, 294	ATTRUBY.....	99	baclofen	70
AREXVY.....	60	aubra eq	218, 226, 240	BACTRIM.....	26, 43, 44
arformoterol tartrate	73, 299	AUGTYRO.....	46	BACTRIM DS.....	26, 43, 44
ARIKAYCE.....	23	AUM INSULIN SAFETY PEN		BAFIERTAM.....	255, 275
aripiprazole	124, 129	NEEDLE.....	161	BALCOLTRA.....	218, 227, 240
armodafinil	156	AUM MINI INSULIN PEN		balsalazide disodium	200
ARMOUR THYROID.....	251	NEEDLE.....	161	balsam peru-castor oil	323
ARNUITY ELLIPTA		AUM PEN NEEDLE.....	161	balziva	218, 227, 240
.....	190, 209, 290, 295	AUM READYGARD DUO PEN		BAQSIMI ONE PACK	16, 234, 261
ARTISS.....	309, 323	NEEDLE.....	161	BAQSIMI TWO PACK	
ARZOL SILVER NIT		AUM SAFETY PEN NEEDLE.....	161	.....	16, 234, 262
APPLICATORS.....	187	aurovela 1.5/30	218, 226, 240	BARACLUDE.....	39
ascomp-codeine		aurovela 1/20	218, 226, 240	BAXDELA.....	43
.....	130, 142, 147, 151	aurovela 24 fe	218, 227, 240	BD AUTOSHIELD DUO PEN	
asenapine maleate	124, 129	aurovela fe 1.5/30	218, 227, 240	NEEDLES.....	161

BD ECLIPSE LUER-LOK NEEDLE.....161	BIKTARVY..... 33, 34, 35	butalbital-apap-caffeine 118, 130, 140, 148
BD ECLIPSE NEEDLE..... 161	BILTRICIDE..... 24	butalbital-asa-caff-codeine 130, 142, 148, 151
BD SAFETYGLIDE NEEDLE.. 161	bimatoprost 197	butalbital-aspirin-caffeine 130, 148, 151
BD SHARPS COLLECTOR 161	BIMZELX.....316, 323	butorphanol tartrate 126, 147
BD ULTRA-FINE INSULIN SYRINGES..... 161	BINAXNOW COVID-19 AG HOME TEST..... 171	cabergoline 136
BD ULTRA-FINE PEN NEEDLES..... 161	bisacodyl ec 201	CABLIVI..... 76, 88
BELBUCA..... 146	bisoprolol fumarate 74, 94, 100, 102, 109	CABOMETYX..... 46
benazepril hcl 91, 92	bisoprolol- hydrochlorothiazide 94, 100, 180	caffeine citrate 126, 148
benazepril- hydrochlorothiazide 92, 180	blisovi 24 fe 218, 227, 240	CALCIFOL..... 178, 331, 334
BENEFIX.....80	blisovi fe 1.5/30 218, 227, 240	calcipotriene 309, 324
BENLYSTA..... 255, 279	blisovi fe 1/20 218, 227, 240	calcitonin (salmon) 216, 264
benzalkonium chloride . 308, 320	BOOSTRIX..... 59, 60	CALCITRENE..... 310, 324
BENZHYDROCODONE- ACETAMINOPHEN.117, 140, 142	bosentan 113, 293, 299	calcitriol 324, 334
BENZNIDAZOLE..... 26, 39	BOSULIF.....46	calcium acetate 176, 178
benzoin 310	BREATHE COMFORT CHAMBER/ADULT..... 162	calcium acetate (phos binder) 176, 178
benzoin compound 310	BREATHE COMFORT CHAMBER/CHILD..... 162	CALQUENCE.....46
benzonatate 289	BRENZAVVY..... 249	camila 219, 240
benzoyl peroxide- erythromycin 302, 320	BREO ELLIPTA 73, 190, 209, 290	CAMINO PRO
benzphetamine hcl 117	BREZTRI AEROSPHERE 66, 73, 210	COMPLETE/GLYTACTIN..... 173
benztropine mesylate 68, 120	brillevyn 219, 227, 240	camrese 219, 227, 240
BERINERT.....268, 269	brimonidine tartrate 184, 302, 323	camrese lo 219, 227, 240
BESIVANCE..... 185	brinzolamide 189	CAMZYOS..... 99
BETADINE OPHTHALMIC PREP..... 187	bromfenac sodium (once- daily) 195	candesartan cilexetil 90, 91
betaine 281	bromocriptine mesylate 136	candesartan cilexetil-hctz 91, 180
betamethasone dipropionate 209, 311	bromphen-pseudoeph-dm 19, 21, 65, 289	capecitabine 46
betamethasone dipropionate aug 209, 311	BRUKINSA.....46	CAPHOSOL..... 194
betamethasone valerate 209, 311	budesonide 210, 290, 296, 311	CAPLYTA.....129
BETAPACE AF 70, 94, 100, 102, 103, 109	bumetanide 88, 108, 176	CAPRELSA.....46
BETASERON.....256, 275	BUMEX..... 88, 108, 176	captopril 91, 92
betaxolol hcl 74, 94, 100, 102, 109, 188	buprenorphine 146, 147	captopril- hydrochlorothiazide 92, 180
bethanechol chloride 71	buprenorphine hcl 146	CAPVAXIVE.....60
BETIMOL..... 70, 94, 102, 188	buprenorphine hcl-naloxone hcl 145, 146	carbamazepine 121, 124
BETOPTIC-S..... 74, 102, 188	bupropion hcl 123	carbamazepine er 121, 124
BEVESPI AEROSPHERE 66, 73, 308	bupropion hcl er (smoking det) 63, 123	carbidopa 135
bexarotene 46, 301, 323	bupropion hcl er (sr) 123	carbidopa-levodopa 135
BEXSERO.....60	bupropion hcl er (xl) 123	carbidopa-levodopa er 135
BEYFORTUS..... 38	buspirone hcl 128, 139	carbidopa-levodopa- entacapone 134, 135
bicalutamide 46	butalbital-acetaminophen 118, 130, 140	carbinoxamine maleate .. 19, 294
BIGFOOT UNITY PROGRAM 162	butalbital-apap-caff-cod 118, 130, 140, 142, 148	CARDURA..... 71, 89, 90, 94
BIJUVA..... 227, 240		CARDURA XL..... 71, 90, 94
		CAREPOINT POLY HUB NEEDLE.....162
		CAREPOINT SAFETY 1ST NEEDLE.....162
		CARESENS CONTROL SOLUTION A/B..... 162

CARESENS LANCETS 30G ... 162	cholestyramine light 95	clindamycin phos-benzoyl perox 38, 303, 320
CARESTART COVID-19	CHORIONIC	clindamycin phosphate .. 38, 303
HOME TEST 171	GONADOTROPIN 235	CLINDESSE 38, 303
CARETOUCH CONTROL SOL	CHOSEN LANCETS 30G 162	CLINITEST RAPID COVID-19
LEVEL 2 162	CHOSEN LANCING DEVICE. 162	TEST 171
CARETOUCH HYPODERMIC	CHOSEN SAFETY LANCETS	CLINOIN 95, 303, 310, 324
NEEDLE 162	28G 162	CLINPRO 5000 158, 266
CARETOUCH	CIBINQO 258, 270, 318, 324	clobazam 131, 132
LANCING/EJECTOR 162	ciclodan 316	clobetasol propionate 311
carglumic acid 173	ciclopirox 316	clobetasol propionate e 311
carisoprodol 69	ciclopirox olamine 316	clocortolone pivalate 311
CAROSPIR 89, 108, 112, 177	cilostazol 86, 111	CLOMID 226
carteolol hcl 188	CILOXAN 185	clomiphene citrate 226
cartia xt 96, 97, 98, 104, 113	CIMDUO 35	clomipramine hcl 154
carvedilol	cimetidine 20, 206	clonazepam 131, 132
..... 70, 72, 90, 94, 100, 102, 109	cimetidine hcl 20, 206	clonidine 65, 100, 106
CAVERJECT 106, 113	CIMZIA (2 SYRINGE)	clonidine hcl 65, 100, 106
CAVERJECT IMPULSE .. 106, 113	 204, 254, 260, 270, 275	clonidine hcl er 65, 106
CAYA 285	CIMZIA-STARTER	clopidogrel bisulfate 86
cefaclor 22	 204, 254, 260, 270, 275	clorazepate dipotassium
cefaclor er 21	cinacalcet hcl 216	 131, 132
cefadroxil 21	CIPRO 27, 43	clotrimazole 308
cefdinir 22	ciprofloxacin hcl 27, 43, 185	clotrimazole-betamethasone
cefixime 22	ciprofloxacin-	 308, 311
cefepodoxime proxetil 22	dexamethasone 185, 190	clozapine 129
cefprozil 22	citapram hydrobromide 153	CLOZARIL 129
cefuroxime axetil 22	CITRANATAL MEDLEY	COAGADEX 80
celecoxib 135	 84, 281, 328, 331	coal tar 320
CELONTIN 154	citroma 201	COARTEM 25
cephalexin 21	claravis 318, 324	codeine sulfate 142, 289
CEQUR SIMPLICITY 2U 162	clarithromycin 27, 40, 41, 200	colchicine 263
CERDELGA 182, 281	clarithromycin er .. 27, 40, 41, 200	colchicine-probenecid .. 181, 263
CERVIDIL 287	CLEARDETECT COVID-19	colesevelam hcl 95, 214
CETRAXAL 185	AG HOME 171	COLESTID 95
CETROTIDE 215	clearlax 201	colestipol hcl 95, 96
cevimeline hcl 71	clemastine fumarate 19, 294	colistimethate sodium (cba) .. 42
charlotte 24 fe 219, 227, 240	CLEMASZ 19, 294	COLY-MYCIN M 42
chateal eq 219, 227, 240	CLENPIQ 201	COMBIGAN 184, 188, 302
CHEMET 16, 208, 262	CLEOCIN 37, 302, 303	COMBIPATCH 227, 241
CHEMSTRIP BG LOG BOOK. 162	CLEVER CHOICE COMFORT	COMBIVENT RESPIMAT
CHEMSTRIP K 171	EZ 162	 66, 73, 288
CHEMSTRIP UGK 172	CLIMARA PRO 227, 240	COMETRIQ 47
chlordiazepoxide hcl 132	clindacin 37, 303	COMFORT EZ PRO PEN
chlordiazepoxide-	clindacin etz 37, 303	NEEDLES 162
amitriptyline 132, 154	clindacin-p 38, 303	COMFORT TOUCH TWIST
chlorhexidine gluconate	clindamycin hcl 38, 303	LANCET 30G 162
..... 22, 187, 188, 308, 320	clindamycin palmitate hcl	COMIRNATY 60
chloroquine phosphate 25	 38, 303	COMPLERA 34, 35, 39
chlorpromazine hcl 147	clindamycin phos (once-	COMPLEX ESSENTIAL MSD
chlorthalidone 89, 113, 181	daily) 38, 303	 173, 281
chlorzoxazone 69	clindamycin phos (twice-	CONDOMS 285
CHOLBAM 202, 204	daily) 38, 303	CONDYLOX 318, 324
cholestyramine 95		

constulose	173	CYCLOMYDRIL.....	196, 197	DEPAKOTE ER	
CONTOUR CONTROL... 162, 163		cyclopentolate hcl	196	.....	121, 124, 126, 136
CONTOUR NEXT CONTROL.163		cyclophosphamide . 47, 255, 279		DEPAKOTE SPRINKLES	
CONTOUR NEXT EZ.....163		CYCLOPHOSPHAMIDE		.....	121, 124, 126
CONTOUR NEXT GEN		.....	47, 255, 279	DEPEN TITRATABS.16, 208, 271	
MONITOR.....	163	cycloserine	27	DEPO-ESTRADIOL.....	228, 264
CONTOUR NEXT MONITOR. 163		cyclosporine		DEPO-PROVERA.....	219, 241
CONTOUR NEXT ONE.....	163	.....	187, 253, 271, 275, 280	DEPO-SUBQ PROVERA 104	
CONTOUR NEXT TEST.....	170	cyclosporine modified		.....	219, 241
CONTRACE.....	119	.....	187, 253, 271, 275, 279	DEPO-TESTOSTERONE213, 215	
COPASIL.....	324	cyproheptadine hcl	19, 294	DERMA-SMOOTH/FS BODY	
COPIKTRA.....	47	cyred eq	219, 227, 241	.....	190, 312
CORDRAN.....	311	CYSTADANE.....	281	DERMA-SMOOTH/FS	
CORIFACT.....	80	CYSTADROPS.....	195, 196	SCALP.....	190, 312
CORLANOR.....	99, 113, 114	CYSTAGON.....	281	DERMOTIC.....	190, 312
CORTANE-B		CYSTARAN.....	195, 196	DESCOVY.....	35, 40
.....	190, 210, 306, 311, 320	CYTOTEC.....	207	desipramine hcl	155
CORTEF.....	190, 210, 312	cytra k crystals	172	desmopressin ace spray	
CORTENEMA.....	190, 210, 312	dabigatran etexilate		refrig	80, 239
CORTIFOAM.....	190, 210, 312	mesylate	77	desmopressin acetate	80, 239
CORTISPORIN-TC.....	185, 190	dalfampridine er	281, 285	desmopressin acetate pf	81, 239
CORTROSYN.....	170	danazol	213	desmopressin acetate spray	
COSENTYX (300 MG DOSE)		DANTRIUM.....	69	.....	81, 239
.....	257, 270, 324	dantrolene sodium	69	desogestrel-ethinyl estradiol	
COSENTYX 150 MG/ML		dapsone	25, 26, 303, 324	.....	219, 228, 241
.....	257, 270, 324	DAPTACEL.....	59, 60	desonide	312
COSENTYX SENSOREADY		DARAPRIM.....	25	DESOWEN.....	312
(300 MG).....	257, 270, 324	darunavir	37	desoximetasone	312
COSENTYX SENSOREADY		dasatinib	47	desvenlafaxine succinate er	
PEN.....	257, 270, 324	dasetta 1/35 (28)	219, 227, 241	.....	151, 152
COSENTYX UNOREADY		dasetta 7/7/7	219, 227, 241	dexamethasone	190, 210
.....	257, 270, 324	DAURISMO.....	47	dexamethasone intensol	
COSOPT.....	188, 189	DAYBUE.....	134	.....	190, 210
cosyntropin	170	DAYPRO.....	140, 149	dexamethasone sodium	
COTELLIC.....	47	daysee	219, 227, 241	phosphate	190
COVARYX.....	213, 227	DEBACTEROL.....	195, 320	DEXCOM G6 RECEIVER.....	163
COVARYX HS.....	213, 227	deblitane	219, 241	DEXCOM G6 SENSOR.....	163
COVID-19 AT HOME		deferasirox	208	DEXCOM G6 TRANSMITTER	163
ANTIGEN TEST.....	171	deferasirox granules	208	DEXCOM G7 RECEIVER.....	163
COVID-19 AT-HOME TEST....	171	deferiprone	208	DEXCOM G7 SENSOR.....	163
CRENESSITY.....	80, 238, 239	DELESTROGEN.....	228, 264	dexmethylphenidate hcl	148
CREON.....	183, 203	DELSTRIGO.....	34, 35	dexmethylphenidate hcl er ...	148
CRESEMBA.....	28	delyla	219, 228, 241	dextroamphetamine sulfate . 117	
CREXONT.....	135	demeclocycline hcl	44	dextroamphetamine sulfate	
CRINONE.....	241	DEMSE.....	172, 281	er	117
cromolyn sodium ..	184, 194, 295	DENG VAXIA.....	60	DIABETES MONITOR DIGIT	
CROTAN.....	322	DENTA 5000 PLUS 156, 158, 266		ADD-ON.....	163, 281
cryselle-28	219, 227, 241	DENTA 5000 PLUS		DIABETES MONITOR DIGIT	
CUVPOSA.....	66, 308	SENSITIVE.....	158, 266	SOLN.....	163, 281
cyanocobalamin	86, 331	DENTAGEL.....	156, 158, 266	DIASTIX REAGENT.....	172
CYANOCOBALAMIN.....	86, 331	DEPAKOTE....	121, 124, 126, 136	DIATRUST COVID-19 HOME	
cyclobenzaprine hcl	69			TEST.....	171
CYCLOGYL.....	196			diazepam	131, 132

diazepam intensol	131, 132	DORZOLAMIDE HCL	189	EC-NAPROSYN	
diazoxide	216	dorzolamide hcl	189	.....	127, 141, 149, 150, 263
dichlorphenamide	88, 266	dorzolamide hcl-timolol mal		ec-naproxen ...127, 141, 150, 263	
diclofenac potassium	140	.....	188, 189	econazole nitrate	308
diclofenac sodium		dotti	228, 264	econtra one-step ... 215, 219, 241	
.....	140, 149, 156, 195, 321	DOUBLE PM	185, 191	EC-RX DHEA	282
diclofenac sodium er	140	DOVATO	33, 35	EC-RX ESTRADIOL	228, 264
diclofenac-misoprostol	140, 207	doxazosin mesylate		EC-RX PROGESTERONE	241
dicloxacin sodium	42	.....	71, 89, 90, 94	EC-RX TESTOSTERONE	214
DICOPANOL FUSEPAQ		doxepin hcl	155, 306	EDEX	106, 114
.....	19, 68, 120, 128, 289, 294	doxercalciferol	334	EDURANT	34
dicyclomine hcl	66	doxycycline hyclate ..	25, 44, 303	EDURANT PED	34
diethylpropion hcl	116	doxycycline monohydrate		EEMT	214, 228
diethylpropion hcl er	116	.....	25, 44, 303	EEMT HS	214, 228
DIFICID	41	DRISDOL	334	efavirenz	34
diflorasone diacetate	312	DRIZALMA SPRINKLE	152	efavirenz-emtricitab-tenofo	
diflunisal	140, 149	dronabinol	199, 204	df	34, 35
difluprednate	190	DROPLET MICRON	163	efavirenz-lamivudine-	
digoxin	93, 99	DROPSAFE ACTI-LANCE		tenofovir	34, 35
dihydroergotamine mesylate		23G	163	EFFER-K	178
.....	71, 127	DROPSAFE SAFETY		effe-k	178
DILANTIN	101, 137	SYRINGE/NEEDLE	163	EGATEN	24
DILANTIN INFATABS	101, 137	DROPSAFE SICURA	164	ELESTRIN	228, 265
DILANTIN-125	101, 137	drospiren-eth estrad-		eletriptan hydrobromide	152
diltiazem hcl 96, 97, 98, 104, 114		levomefol	219, 228, 241, 331	ELIMITE	322
diltiazem hcl er		DROXIA	47	elinest	219, 228, 241
.....	96, 97, 98, 104, 114	DRYSOL	308	ELIQUIS	77
diltiazem hcl er beads		DUAL COMPLEX FORMULA 1		ELIQUIS DVT/PE STARTER	
.....	96, 97, 98, 104, 114	KIT	69, 321, 324	PACK	77
diltiazem hcl er coated		DUAVEE	226, 228	ELITE-OB	84, 328, 331
beads	96, 97, 98, 104, 114	DUETACT	250, 251	elixophyllin	
dilt-xr	96, 97, 98, 104, 114	duloxetine hcl	136, 152	.....	107, 148, 176, 301, 328
dimethyl fumarate	255, 275	DUOPA	136	ELLA	219, 241
dimethyl fumarate starter		DUPIXENT	294, 316, 324	ELLUME COVID-19 HOME	
pack	255, 275	DUREX EXTRA SENSITIVE		TEST	171
diphenhydramine hcl		THIN	285, 286	eltrombopag olamine	78
.....	19, 68, 120, 128, 289, 294	DUREX TROPICAL	286	eluryng	219, 228, 241
diphenoxylate-atropine ..	66, 199	dutasteride	261	EMBECTA AUTOSHIELD	
DIPROLENE	210, 312	DYCLOPRO	306	DUO	164
dipyridamole	86, 111, 114, 170	E.E.S. GRANULES	30	EMBECTA INS SYR U/F 1/2	
disopyramide phosphate	101	EAA SUPPLEMENT	173	UNIT	164
disulfiram	16, 261	EASIVENT	164	EMBECTA INSULIN SYR	
DIURIL	89, 113, 181	EASY COMFORT SHARPS		ULTRAFINE	164
divalproex sodium		CONTAINER	164	EMBECTA INSULIN SYRINGE	
.....	121, 124, 127, 136	EASY TOUCH HEALTHPRO		.....	164
divalproex sodium er		HIGH/LOW	164	EMBECTA INSULIN SYRINGE	
.....	121, 124, 127, 136	EASYGEL	156, 158, 266	U-100	164
DIVIGEL	228, 264	EASYMAX 15 LEVEL 2-3		EMBECTA INSULIN SYRINGE	
dofetilide	103	CONTROL	164	U-500	164
DOJOLVI	173	EASYMAX CONTROL	164	EMBECTA PEN NEEDLE	
dolishale	219, 228, 241	EASYMAX CONTROL		NANO	164
donepezil hcl	71	NORMAL/HIGH	164	EMBECTA PEN NEEDLE	
DOPTLET	78	EBGLYSS	316, 317	NANO 2 GEN	164

FIRST-MOUTHWASH BLM	<i>flurbiprofen</i>	141, 150, 195	<i>ft aspirin</i>	86, 87, 127, 151
.... 19, 20, 196, 197, 199, 201, 306	<i>flurbiprofen sodium</i>	150, 195	<i>ft aspirin low dose</i>	
FIRST-OMEPRazole.....	<i>fluticasone propionate</i>		.....	86, 87, 127, 151
FIRST-PANTOPRAZOLE.....	.....	191, 210, 290, 295, 313	<i>ft clearlax</i>	201
FIRST-PROGESTERONE	<i>fluticasone-salmeterol</i>		<i>ft folic acid</i>	331
VGS.....	.....	73, 191, 210, 290	<i>ft laxative</i>	201
FIRVANQ.....	FLUTICASONE-		<i>ft magnesium citrate</i>	201
FLAREX.....	SALMETEROL..	73, 191, 210, 291	<i>ft naloxone hcl</i>	16, 145
<i>flavoxate hcl</i>	<i>fluvastatin sodium</i>	107	<i>ft nicotine</i>	63, 68
<i>flecainide acetate</i>	<i>fluvoxamine maleate</i>	153	<i>ft nicotine mini</i>	63, 68
FLEQSUVY.....	<i>fluvoxamine maleate er</i>	153	<i>furosemide</i>	88, 108, 176
FLEXICHAMBER.....	FLUZONE.....	61	FUZEON.....	33
FLEXICHAMBER ADULT	FLUZONE HIGH-DOSE.....	61	<i>fyavolv</i>	229, 242
MASK/SMALL.....	FML FORTE.....	191	FYCOMPA.....	121
FLEXICHAMBER CHILD	FML LIQUIFILM.....	191	FYREMADEL.....	215
MASK/LARGE.....	<i>folic acid</i>	331	<i>gabapentin</i>	118, 121, 136
FLEXICHAMBER CHILD	FOLLISTIM AQ.....	235	GALAFOLD.....	182, 282
MASK/SMALL.....	<i>fondaparinux sodium</i> ..	76, 83, 84	<i>galantamine hydrobromide</i>	72
FLOLIPID.....	FORA TEST N' GO ADVANCE		<i>galantamine hydrobromide</i>	
FLORIVA.....	.....	165	<i>er</i>	72
FLOWFLEX COVID-19 AG	FORA TEST N'GO ADV-		<i>gallifrey</i>	242
HOME TEST.....	VOICE-6 CON.....	170	GALZIN.....	178
FLUAD.....	FORANE.....	138	<i>ganirelix acetate</i>	215
FLUARIX.....	<i>formaldehyde</i>	172	GARDASIL 9.....	61
FLUCELVAX.....	FOSAMAX.....	265	<i>gatifloxacin</i>	185
<i>fluconazole</i>	FOSAMAX PLUS D.....	265, 334	GATTEX.....	203, 204
<i>flucytosine</i>	<i>fosamprenavir calcium</i>	37	<i>gavilax</i>	201
<i>fludrocortisone acetate</i>	<i>fosfomycin tromethamine</i>	44	<i>gavilyte-c</i>	201
FLULAVAL.....	<i>fosinopril sodium</i>	92	<i>gavilyte-g</i>	201
FLUMIST.....	<i>fosinopril sodium-hctz</i> ...	92, 181	<i>gavilyte-n with flavor pack</i> ...	201
<i>flunisolide</i>	FOSRENOL.....	177, 262	GAVRETO.....	48
<i>fluocinolone acetonide</i> ..	FRAICHE 5000 DENTAL		<i>gefitinib</i>	48
<i>fluocinolone acetonide body</i>	.....	157, 158, 266	GELFILM.....	81
.....	FREESTYLE LIBRE 14 DAY		<i>gemfibrozil</i>	107
<i>fluocinolone acetonide scalp</i>	READER.....	165	<i>gemmily</i>	220, 230, 242
.....	FREESTYLE LIBRE 14 DAY		<i>generlac</i>	173
<i>fluocinonide</i>	SENSOR.....	165	<i>gengraf</i> ... 187, 253, 271, 275, 280	
<i>fluocinonide emulsified base</i>	FREESTYLE LIBRE 2 PLUS		<i>gentamicin sulfate</i> ..	23, 185, 304
.....	SENSOR.....	165	<i>gentle laxative</i>	201
FLUORIDEX.....	FREESTYLE LIBRE 2		GENVOYA.....	33, 36
FLUORIDEX DAILY	READER.....	165	GILOTRIF.....	48
RENEWAL.....	FREESTYLE LIBRE 2		<i>glatiramer acetate</i>	252, 276
FLUORIDEX ENHANCED	SENSOR.....	165	<i>glatopa</i>	252, 276
WHITENING.....	FREESTYLE LIBRE 3 PLUS		GLEOSTINE.....	48
FLUORIMAX 5000.....	SENSOR.....	165	<i>glimepiride</i>	250
FLUORIMAX 5000 SENSITIVE	FREESTYLE LIBRE 3		<i>glipizide</i>	251
.....	READER.....	165	<i>glipizide er</i>	250
<i>fluorometholone</i>	FREESTYLE LIBRE 3		<i>glipizide-metformin hcl</i> ..	217, 251
<i>fluorouracil</i>	SENSOR.....	165	GLOPERBA.....	263
<i>fluoxetine hcl</i>	FREESTYLE LIBRE READER	165	<i>glucagon emergency kit</i>	
<i>fluphenazine hcl</i>	FROTEK.....	321	.....	16, 235, 262
<i>flurandrenolide</i>	<i>frovatriptan succinate</i>	152	GLUCAGON EMERGENCY	
<i>flurazepam hcl</i>	FRUZAQLA.....	48	KIT.....	16, 235, 262

GLUCOTROL XL.....	251	GVOKE HYPOPEN 1-PACK	16, 235, 262	HUMIRA (1 PEN)	204, 260, 271, 276
glutaraldehyde	172	GVOKE HYPOPEN 2-PACK	16, 235, 262	HUMIRA (2 PEN)	204, 260, 271, 276
glyburide	251	GVOKE KIT.....	16, 235, 262	HUMIRA (2 SYRINGE)	204, 205, 260, 271, 276
glyburide micronized	251	GVOKE PFS.....	17, 235, 262	HUMIRA-CD/UC/HS	205, 261, 271, 276
glyburide-metformin	217, 251	GYNAZOLE-1.....	308	HUMIRA-PSORIASIS/UVEIT	205, 261, 271, 276
glycolax	201	habitrol	64, 68	STARTER.....	205, 261, 271, 276
glycopyrrolate	66, 308	HAEGARDA.....	268, 269	HUMULIN 70/30 KWIKPEN	237, 249
glydo	306	hailey 1.5/30	220, 230, 242	HUMULIN 70/30 VIAL.....	237, 249
GLYTACTIN BETTERMILK 15174		hailey 24 fe	220, 230, 242	HUMULIN N KWIKPEN.....	237
GLYTACTIN BETTERMILK		hailey fe 1.5/30	220, 230, 242	HUMULIN N VIAL.....	238
DE-LITE.....	174	hailey fe 1/20	220, 230, 242	HUMULIN R U-500 KWIKPEN	249
GLYTACTIN BUILD 10PE.....	174	HALCION.....	132	HUMULIN R U-500 VIAL.....	249
GLYTACTIN BUILD 20/20.....	174	halobetasol propionate	313	HUMULIN R VIAL.....	249
GLYTACTIN BUILD 20/20		haloette	220, 230, 242	HYCANTIN.....	49
PKU.....	174	haloperidol	133	hydralazine hcl	106
GLYTACTIN BURST.....	174	haloperidol lactate	133	HYDREA.....	49
GLYTACTIN COMPLETE		HALUCORT.....	325	HYDRO 40.....	88, 176, 196, 319
10PE.....	174	HARVONI.....	31, 32	hydrochlorothiazide	89, 113, 181
GLYTACTIN RESTORE 10....	174	HAVRIX.....	61	hydrocod poli-chlorphe poli	
GLYTACTIN RESTORE 5.....	174	heather	220, 242	er	20, 21, 289
GLYTACTIN RESTORE LITE		hematinic/folic acid	84, 331	hydrocodone bitartrate er	142
10.....	174	HEMLIBRA.....	81	hydrocodone bit-homatrop	
GLYTACTIN RESTORE LITE		HEMMOREX-HC....	191, 211, 313	mbr	66, 289, 290
10PE.....	174	HEMOFIL M.....	81	hydrocodone-	
GLYTACTIN RTD 10.....	174	heparin na (pork) lock flsh pf	83	acetaminophen	118, 140, 142
GLYTACTIN RTD 15.....	174	heparin sod (pork) lock flush	83	hydrocodone-ibuprofen	
GLYTACTIN RTD LITE 15.....	174	heparin sodium (porcine)	83	.....	141, 142, 150
GLYTACTIN SWIRL 15.....	174	heparin sodium (porcine) pf.	83	hydrocortisone	
GLYTACTIN SWIRL 15PE.....	174	HEPLISAV-B.....	61	.....	192, 211, 313, 314
GLYXAMBI.....	225, 249	HEPZATO W/50MM		hydrocortisone (perianal)	
GOLYTELY.....	201	CATHETER.....	49	.....	191, 211, 313
GOMEKLI.....	48, 49	HEPZATO W/62MM		hydrocortisone ace-	
GONAL-F.....	235	CATHETER.....	49	pramoxine	191, 211, 306, 313
GONAL-F RFF.....	235	her style	215, 220, 242	hydrocortisone acetate	
GONAL-F RFF REDIRECT....	235	HETLIOZ.....	128, 138	.....	191, 211, 313
goodsense aspirin low dose		HETLIOZ LQ.....	128, 138	hydrocortisone butyrate	
.....	86, 87, 127, 151	HIBERIX.....	61	.....	191, 192, 211, 313
goodsense nicotine	64, 68	HIPREX.....	44	hydrocortisone valerate	
GORDOFILM.....	309, 319	HUMALOG.....	248	.....	192, 211, 314
granisetron hcl	198	HUMALOG KWIKPEN.....	248	hydrocortisone valeric acid	
GRASTEK.....	58	HUMALOG MIX 50/50		.....	192, 195, 211, 314
griseofulvin microsize	24	KWIKPEN.....	248	hydrocortisone-iodoquinol	
griseofulvin ultramicrosize	24	HUMALOG MIX 75/25		.....	22, 308, 314, 320
guaifenesin-codeine	289, 293	KWIKPEN.....	248	hydrocort-pramoxine	
guanfacine hcl	100, 106, 134	HUMALOG MIX 75/25 VIAL....	248	(perianal)	192, 211, 306, 314
guanfacine hcl er	134	HUMALOG U-100 JUNIOR		hydromet	66, 290
GUARDIAN 4 GLUCOSE		KWIKPEN.....	248	hydromorphone hcl	143
SENSOR.....	165	HUMATE-P.....	81	hydromorphone hcl er ..	142, 143
GUARDIAN 4 TRANSMITTER	165	HUMATIN.....	22, 23		
GUARDIAN LINK 3					
TRANSMITTER.....	165				
GUARDIAN SENSOR 3.....	165				

hydroxychloroquine sulfate 25, 254, 272, 276	INPEN 100-BLUE-LILLY-HUMALOG..... 166	isradipine 105, 106
hydroxyurea 49	INPEN 100-BLUE-NOVOLOG-FIASP..... 166	ISTALOL..... 70, 94, 102, 188
hydroxyzine hcl 20, 128	INPEN 100-GREY-LILLY-HUMALOG..... 166	ITOVEBI..... 50
hydroxyzine pamoate 20, 128	INPEN 100-GREY-NOVOLOG-FIASP..... 166	itraconazole 28
HYFTOR..... 258, 280, 317, 325	INPEN 100-PINK-LILLY-HUMALOG..... 166	ivabradine hcl 99, 114
hyoscyamine sulfate 17, 66, 288	INPEN 100-PINK-NOVOLOG-FIASP..... 166	ivermectin 24
hyoscyamine sulfate er 17, 66, 288	INQOVI..... 50	IWILFIN..... 50
hyosyne 17, 67, 288	INSPIREASE RESERVOIR BAGS..... 166	jaimiess 220, 230, 242
HYPERSAL..... 295	INSULIN LISPRO..... 248	JAKAFI..... 50, 318
ibandronate sodium 265	INSULIN LISPRO (1 UNIT DIAL)..... 248	jantoven 77
IBRANCE..... 49	INSULIN LISPRO JUNIOR KWIKPEN..... 248	JARDIANCE..... 249
ibuprofen 127, 141, 150	INSULIN LISPRO PROT & LISPRO..... 248	JAYPIRCA..... 50
icatibant acetate 88, 266, 269	INSULIN PEN NEEDLES..... 166, 168	jencycla 220, 242
iclevia 220, 230, 242	INSULIN SYRINGES..... 166, 167	JENTADUETO..... 217, 225
ICLUSIG..... 49	INTELENCE..... 34	JENTADUETO XR..... 217, 225
IDELVION..... 81	INTELISWAB COVID-19 RAPID TEST..... 171	jinteli 230, 243
IDHIFA..... 49	introvale 220, 230, 242	JIVI..... 81
IHEALTH CONTROL SOLUTION..... 166	INVELTYS..... 192	JOENJA..... 276
IHEALTH COVID-19 RAPID TEST..... 171	iodine strong 17, 25, 216, 293, 308	jolessa 220, 230, 243
IHEALTH LANCING DEVICE..... 166	iodine tincture 308, 320	JORNAY PM..... 148
imatinib mesylate 49	IOPIDINE..... 184, 195	JOURNAVX..... 118
IMBRUVICA..... 49, 50	IPOL..... 61	joyeaux 220, 230, 243
IMCIVREE..... 119, 208	ipratropium bromide 67, 288	juleber 220, 230, 243
imipramine hcl 155	ipratropium-albuterol 67, 74, 288	JULUCA..... 34, 35
imipramine pamoate 155	IQIRVO..... 202, 205	junel 1.5/30 220, 230, 243
imiquimod 301, 325	irbesartan 90, 91	junel 1/20 220, 230, 243
IMKELDI..... 50	irbesartan-hydrochlorothiazide 91, 181	junel fe 1.5/30 221, 230, 243
IMPAVIDO..... 26, 39	IRESSA..... 50	junel fe 1/20 221, 230, 243
IMVEXXY MAINTENANCE PACK..... 230	ISENTRESS..... 34	junel fe 24 221, 230, 243
IMVEXXY STARTER PACK..... 230	ISENTRESS HD..... 34	JUST RIGHT 5000..... 158, 266
INBRIJA..... 136	isibloom 220, 230, 242	JYLAMVO..... 50, 254, 272, 276, 280
incassia 220, 242	isoflurane 138	JYNARQUE..... 182
INCRELEX..... 250	isoniazid 27	K.B.G.L IN TERODERM..... 70, 141, 307, 321, 325
indapamide 89, 113, 181	isosorb dinitrate-hydralazine 106, 109, 110	kaitlib fe 221, 230, 243
INDICAID COVID-19 RAPID TEST..... 171	isosorbide dinitrate 109, 110	KALETRA..... 37
INDOCIN..... 141, 150, 263	isosorbide mononitrate 109, 110	kalliga 221, 230, 243
indomethacin 141, 150, 263	isosorbide mononitrate er 109, 110	KALYDECO..... 292
indomethacin er 141, 150, 263	isotretinoin 319, 325	KAPSPARGO SPRINKLE..... 75, 94, 100, 102, 109
INFANRIX..... 59, 61		kariva 221, 230, 243
INGREZZA..... 155, 156		kelnor 1/35 221, 230, 243
INLYTA..... 50		kelnor 1/50 221, 230, 243
INOVA..... 315, 320		KESIMPTA..... 276
INOVA 4/1 ACNE CONTROL THERAPY..... 315, 319, 320		ketoconazole 28, 29, 309
INOVA 8/2 ACNE CONTROL THERAPY..... 315, 319, 320		ketodan 29, 309
		KETO-DIASTIX..... 172
		KETONE CARE..... 172
		ketorolac tromethamine 141, 150, 195
		KETOSTIX..... 172
		KINERET..... 257, 272, 277
		KLARON..... 304

klayesta	42, 322	larin 1/20	221, 231, 243	lidocaine hcl	
KLISYRI (250 MG).....	301, 325	larin 24 fe	221, 231, 243	urethral/mucosal	307
KLISYRI (350 MG).....	301, 325	larin fe 1.5/30	221, 231, 243	lidocaine viscous hcl	196
klor-con	178	larin fe 1/20	221, 231, 243	lidocaine-prilocaine	307
klor-con 10	178	LASIX.....	88, 108, 176	LIDTOPIC MAX.....	307
klor-con m10	178	LATANOPROST.....	197	LIKMEZ.....	22, 26, 39, 200, 304
klor-con m15	178	latanoprost	197	linezolid	42
klor-con m20	178	layolis fe	221, 231, 243	LINZESS.....	198, 205
klor-con/ef	178	LAZCLUZE.....	50, 51	liothyronine sodium	252
KLOXXADO.....	17, 145	LEDIPASVIR-SOFOSBUVIR		liraglutide	119, 120, 236
KOATE.....	81	.....	31, 32	lisdexamfetamine dimesylate	
KOATE-DVI.....	81	leena	221, 231, 243	.....	117
KOGENATE FS.....	81	leflunomide	258, 272, 277, 280	lisinopril	92
KOSELUGO.....	50	lenalidomide	51, 277	lisinopril-	
KOURZEQ.....	314	LENVIMA.....	51	hydrochlorothiazide	92, 181
KOVALTRY.....	81	LEQSEVI.....	318	L-ISOLEUCINE.....	174
K-PHOS.....	178	lessina	221, 231, 243	LITFULO.....	318, 325
K-PHOS NO 2.....	172	letrozole	51, 215	lithium	125
K-PHOS-NEUTRAL.....	178	LETS.....	65, 261	lithium carbonate	125
K-PRIME.....	178	leucovorin calcium .	18, 262, 331	lithium carbonate er	125
KRAZATI.....	50	LEUKERAN.....	51	LITHOBID.....	125
KRINTAFEL.....	25	LEUKINE.....	78	LITHOSTAT.....	173
KRISTALOSE.....	173	leuprolide acetate	51, 235	LIVDELZI.....	202
kurvelo	221, 230, 243	levallbuterol hcl	74, 299	LIVMARLI.....	202
KYZATREX.....	214, 215	LEVALBUTEROL HFA.....	74, 299	LIVTENCITY.....	28
labetalol hcl		LEVBID.....	17, 67, 288	LO LOESTRIN FE...221, 231, 244	
.....	70, 72, 90, 94, 100, 102, 109	levetiracetam	122	LODOCO.....	76, 282
lacosamide	121, 122, 138	levetiracetam er	122	lojaimiess	221, 231, 244
lactulose	173	levobunolol hcl	188	LOKELMA.....	177
lactulose encephalopathy	173	levocarnitine	282	LOMAIRA.....	116
LAGEVRIO.....	40	levocarnitine sf	282	LOMOTIL.....	67, 199
LAMICTAL ODT.....	122, 124	levocetirizine		LOPID.....	107
lamivudine	36	dihydrochloride	21	lopinavir-ritonavir	37
lamivudine-zidovudine	36	levofloxacin	27, 43, 185, 304	LOPRESSOR	
lamotrigine	122, 125	levonest	221, 231, 243	.....	75, 94, 100, 102, 109
lamotrigine starter kit-blue		levonorgest-eth estrad 91-		lorazepam	131, 132
.....	122, 125	day	221, 231, 243	lorazepam intensol	131, 132
lamotrigine starter kit-green		levonorgest-eth estradiol-		LORBRENA.....	51
.....	122, 125	iron	221, 231, 243	losartan potassium	90, 91
lamotrigine starter kit-		levonorgestrel	215, 221, 243	losartan potassium-hctz	91, 181
orange	122, 125	levonorgestrel-ethinyl estrad		LOTEMAX.....	192
LAMPIT.....	26	.....	221, 231, 243	LOTEMAX SM.....	192
LANCETS.....	167	levonorg-eth estrad triphasic		LOTENSIN.....	92, 93
LANCETS 28G THIN.....	167	.....	221, 231, 243	LOTENSIN HCT.....	93, 181
LANCETS SUPER THIN.....	167	levora 0.15/30 (28)	221, 231, 244	loteprednol etabonate	192
LANOXIN.....	93, 99	levo-t	251	lovastatin	107
lanreotide acetate	250	levothyroxine sodium	251	low-ogestrel	221, 231, 244
lansoprazole	207	levoxyl	252	loxapine succinate	128, 135
lanthanum carbonate	177, 262	LEVSIN.....	17, 67, 288	lubiprostone	197, 205
LANTUS SOLOSTAR.....	238	LEVSIN/SL.....	17, 67, 288	LUGOLS STRONG IODINE	
LANTUS U-100 VIAL.....	238	l-glutamine	282, 325	.....	308, 321
lapatinib ditosylate	50	lidocaine	307	LUMAKRAS.....	51
larin 1.5/30	221, 230, 243	lidocaine hcl	196, 307	LUMIGAN.....	197

LUMRYZ.....	134, 156, 264	MENOPUR.....	236	<i>metoprolol succinate er</i>	75, 94, 100, 103, 109
LUMRYZ STARTER PACK	156, 264	MENOSTAR.....	231, 265	<i>metoprolol tartrate</i>	75, 94, 100, 103, 109
<i>lurasidone hcl</i>	129	MENQUADFI.....	62	<i>metoprolol-</i>	
LURBIPR.....	141, 150, 195	MENVEO.....	62	<i>hydrochlorothiazide</i>	94, 100, 181
<i>luter</i>	221, 231, 244	<i>meperidine hcl</i>	143	METROCREAM.....	22, 39, 304
<i>lyleq</i>	222, 244	<i>meprobamate</i>	128, 139	METROLOTION.....	22, 39, 304
<i>lyllana</i>	231, 265	<i>mercaptapurine</i>	52, 256, 280	<i>metronidazole</i>	22, 23, 26, 39, 200, 304
LYNPARZA.....	51	MERILOG.....	248	<i>metyrosine</i>	172, 282
LYRICA.....	122, 136, 137	MERILOG SOLOSTAR.....	248	<i>mexiletine hcl</i>	101
LYSODREN.....	51	<i>merzee</i>	222, 231, 244	MIACALCIN.....	216, 265
LYTGOBI (12 MG DAILY		<i>mesalamine</i>	200	<i>mibelas 24 fe</i>	222, 231, 244
DOSE).....	51	<i>mesalamine-cleanser</i>	200	<i>miconazole 3</i>	309
LYTGOBI (16 MG DAILY		<i>mesna</i>	285	<i>microgestin 1.5/30</i>	222, 231, 244
DOSE).....	51	MESNEX.....	285	<i>microgestin 1/20</i>	222, 231, 244
LYTGOBI (20 MG DAILY		MESTINON.....	72	<i>microgestin fe 1.5/30</i>	222, 231, 244
DOSE).....	51	<i>metaxalone</i>	69	.....	222, 231, 244
LYUMJEV KWIKPEN.....	248	<i>metformin hcl</i>	217	<i>microgestin fe 1/20</i>	222, 232, 244
LYUMJEV VIAL.....	248	<i>metformin hcl er</i>	217	MICROLET NEXT LANCING	
<i>lyza</i>	222, 244	<i>methadone hcl</i>	143	DEVICE.....	167
MACROBID.....	44	<i>methadone hcl intensol</i>	143	<i>midazolam hcl</i>	133
MACRODANTIN.....	45	METHADOSE.....	143	MIDAZOLAM+SYRSPEND SF	133
<i>magnesium citrate</i>	201	<i>methadose</i>	143	.....	133
MALARONE.....	25	METHADOSE SUGAR-FREE.....	143	<i>midodrine hcl</i>	65
<i>malathion</i>	322	<i>methamphetamine hcl</i>	117	MIEBO.....	187, 195
MALTOCARB.....	174	<i>methazolamide</i>	88, 99, 189	MIFEPREX.....	287
<i>maraviroc</i>	33	<i>methenamine hippurate</i>	45	<i>mifepristone</i>	214, 287
<i>marlissa</i>	222, 231, 244	<i>methenamine mandelate</i>	45	MIGERGOT.....	71, 127, 149
MATULANE.....	51	METHERGINE.....	287	<i>miglitol</i>	213
<i>matzim la</i>	96, 97, 98, 104, 114	<i>methimazole</i>	217	<i>miglustat</i>	182, 282
MAVENCLAD...52, 252, 277, 280		METHITEST.....	214	<i>mili</i>	222, 232, 244
MAVYRET.....	32, 33	<i>methocarbamol</i>	35, 69	<i>mimvey</i>	232, 244
MAXIDEX.....	192	<i>methotrexate sodium</i>	52, 254, 272, 277, 280	<i>mineral oil heavy</i>	201
MAXITROL.....	185, 192	<i>methotrexate sodium (pf)</i>	52, 254, 272, 277, 280	<i>minocycline hcl</i>	25, 44, 185, 304
<i>maxi-tuss ac</i>	290, 293	.....	52, 254, 272, 277, 280	<i>minocycline hcl er</i>	25, 44, 185, 304, 325
MAYZENT.....	259, 277	<i>methoxsalen rapid</i>	322	<i>minoxidil</i>	107, 310
MAYZENT STARTER PACK	259, 277	<i>methscopolamine bromide</i>	67	<i>minzoya</i>	222, 232, 244
<i>me/naphos/mb/hyo1</i>	45, 67, 282	<i>methsuximide</i>	154	MIPLYFFA.....	182
<i>meclofenamate sodium</i>	141, 150	<i>methyl salicylate</i>	309	<i>mirabegron er</i>	328
MEDERMA SPF 30.....	325	<i>methyldopa</i>	65, 100, 107	<i>mirtazapine</i>	123, 154
MEDROL.....	211	<i>methylergonovine maleate</i> ...287		MIRVASO.....	184, 302, 325
<i>medroxyprogesterone</i>		<i>methylphenidate hcl</i>	149	<i>misoprostol</i>	207
<i>acetate</i>	222, 244	<i>methylphenidate hcl er</i>	149	MITIGARE.....	263
<i>mefenamic acid</i>	141, 150	<i>methylphenidate hcl er (cd)</i>	148	MITOSOL.....	185
<i>mefloquine hcl</i>	25	<i>methylphenidate hcl er (la)</i>	148, 149	<i>mm aspirin</i>	86, 87, 127, 151
<i>megestrol acetate</i>	52, 244	<i>methylphenidate hcl er</i>	149	<i>mm clearlax</i>	201
MEKINIST.....	52	<i>(osm)</i>	149	M-M-R II.....	62
MELOXICAM.....	141, 150	<i>methylprednisolone</i>	211	M-NATAL PLUS.....	84, 328, 331
<i>meloxicam</i>	141, 150	<i>methyltestosterone</i>	214	MOBILE LANCETS 30G.....	167
<i>memantine hcl</i>	134	<i>metoclopramide hcl</i>	207	<i>modafinil</i>	156
<i>memantine hcl er</i>	134	<i>metolazone</i>	89, 113, 181		
MENEST.....	231, 265	METOPIRONE.....	172		

MODERNA COVID-19 VAC			
6M-11Y	62		
moexipril hcl	92, 93		
molindone hcl	128, 135		
mometasone furoate			
.....	192, 211, 291, 295, 314		
mono-lynyah	222, 232, 244		
MONSELS FERRIC			
SUBSULFATE	81		
montelukast sodium	294		
morphine sulfate	144		
morphine sulfate			
(concentrate)	143		
morphine sulfate er	143, 144		
morphine sulfate er beads ...	143		
MOTPOLY XR	122, 138		
MOUNJARO	236		
MOVIPREP	201, 333		
moxifloxacin hcl 27, 43, 185, 304			
moxifloxacin hcl (2x day) 43, 185			
MOZOBIL	78		
MUCOSITISRX	195		
MULPLETA	78		
multivitamin w/fluoride			
.....	157, 158, 267, 328		
multivitamin/fluoride			
.....	157, 158, 267, 329, 331		
multi-vitamin/fluoride			
.....	157, 158, 267, 328		
multi-vitamin/fluoride/iron			
.....	84, 267, 329		
mupirocin	304		
mupirocin calcium	304		
my choice	215, 222, 244		
my way	215, 222, 244		
MYALEPT	238		
mycophenolate mofetil 253, 280			
mycophenolate sodium	280		
mycophenolic acid	280		
MYCOZYL AL	327		
MYFEMBREE	215, 232, 244		
MYHIBBIN	280		
MYLERAN	52		
MYXREDLIN	178, 249		
na sulfate-k sulfate-mg sulf. 201			
nabumetone	141, 150		
nadolol			
.....	70, 75, 89, 94, 100, 103, 109		
naloxone hcl	17, 18, 145, 262		
naltrexone hcl			
.....	16, 18, 64, 145, 261, 262		
naproxen	127, 141, 150, 263		
naproxen dr ...	127, 141, 150, 263		
naproxen sodium			
.....	127, 141, 150, 264		
naratriptan hcl	152		
NARCAN	17, 145		
NARDIL	139		
NASCOBAL	86, 331		
NATACYN	187		
NATAL PNV	84, 329, 331		
NATAZIA	222, 232, 245		
nateglinide	238		
NAYZILAM	131, 133		
nebivolol hcl	70, 94, 100, 103		
NEBUSAL	295		
necon 0.5/35 (28) ...	222, 232, 245		
nefazodone hcl	154		
NEFFY	65		
NEMLUVIO	317		
NEOCATE SYNEO JUNIOR ...	174		
NEOMATERNA. 84, 178, 329, 331			
neomycin sulfate	23, 186, 304		
neomycin-bacitracin zn-			
polymyx	186		
neomycin-polymyxin-			
dexameth	186, 192, 193		
neomycin-polymyxin-			
gramicidin	186		
neomycin-polymyxin-hc			
.....	186, 193		
NEONATAL COMPLETE			
.....	84, 329, 332		
NEONATAL PLUS ...	84, 329, 332		
NEO-POLYCIN	186		
NEO-POLYCIN HC			
.....	29, 186, 193, 304		
NEOTUSS PLUS ..	20, 21, 65, 290		
NEO-VITAL RX. 84, 178, 329, 332			
NERLYNX	52		
NESTABS	84, 329, 332		
NESTABS ONE 84, 282, 329, 332			
neuac	38, 305, 321		
NEULASTA	78		
NEURAPTINE	118, 137		
NEVANAC	195		
nevirapine	35		
nevirapine er	35		
new day	215, 222, 245		
NEXIUM	207, 208		
NEXLETOL	89, 93		
NEXLIZET	89, 93, 101		
NEXTSTELLIS	222, 232, 245		
NGENLA	239		
niacin er			
(antihyperlipidemic)	93, 332		
nicardipine hcl	105, 106, 114		
NICORETTE	64, 68		
NICORETTE MINI	64, 68		
nicotine	64, 69		
nicotine mini	64, 68		
nicotine polacrilex	64, 68		
nicotine polacrilex mini ...	64, 68		
nicotine step 1	64, 68		
nicotine step 2	64, 68		
nicotine step 3	64, 69		
NICOTROL	64, 69		
NICOTROL NS	64, 69		
nifedipine	105, 106, 114		
nifedipine er	105, 106, 114		
nifedipine er osmotic release			
.....	105, 106, 114		
nilotinib hcl	52		
nimodipine	105, 106, 114		
NIMODIPINE	105, 106, 114		
NINLARO	52		
nisoldipine er	105, 106		
nitazoxanide	26		
NITRO-BID	109, 110		
NITRO-DUR	109, 110		
nitrofurantoin	45		
nitrofurantoin macrocrystal ...	45		
nitrofurantoin monohydrate			
macrocrystals	45		
nitroglycerin	109, 110		
NITROSTAT	109, 110		
NITRO-TIME	109, 110		
NIVA THYROID	252		
NIVESTYM	79		
nora-be	222, 245		
NORDIPEN 5 INJECTION			
DEVICE	167		
NORDITROPIN FLEXPOR			
.....	239, 250		
norelgestromin-eth estradiol			
.....	222, 232, 245		
norethin ace-eth estrad-fe			
.....	222, 232, 245		
norethindrone	223, 245		
norethindrone acetate	245		
norethindrone acet-ethinyl			
est	223, 232, 245		
norethindrone-eth estradiol			
.....	232, 245		
norgestimate-eth estradiol			
.....	223, 232, 245		
norgestimate-ethinyl			
estradiol triphasic 223, 232, 245			
NORLIQVA	105, 106, 114		

norlyroc	223, 245	olanzapine-fluoxetine hcl	125, 129, 153, 199	opium	144, 199
NORPACE.....	101	olmesartan medoxomil	90, 91	OPSUMIT.....	114, 293, 299
NORPACE CR.....	101	olmesartan medoxomil-hctz	91, 181	option 2	216, 223, 246
NORPRAMIN.....	155	olopatadine hcl	20, 184	OPTIONS GYNOL II CONTRACEPTIVE.....	286
nortrel 0.5/35 (28) ..	223, 232, 245	OLUMIANT.....	258, 272	OPVEE.....	145
nortrel 1/35 (21)	223, 232, 245	OMECLAMOX-PAK....	24, 41, 208	ORACIT.....	172
nortrel 1/35 (28)	223, 232, 245	omega-3-acid ethyl esters	93, 110	ORAL CITRATE.....	172
nortrel 7/7/7	223, 232, 245	omeprazole	208	ORALAIR.....	58
nortriptyline hcl	155	OMEPRAZOLE+SYRSPEND SF ALKA.....	208	ORALAIR ADULT STARTER PACK.....	58
NORVIR.....	37	OMNIFLEX DIAPHRAGM.....	286	ORALAIR CHILDRENS STARTER PACK.....	58
NOVAREL.....	236	OMNIPOD 5 DEXG7G6 INTRO GEN 5.....	167	ORALONE.....	314
NOVOEIGHT.....	81, 82	OMNIPOD 5 DEXG7G6 PODS GEN 5.....	167	ORAPRED ODT.....	193, 212
NOVOFINE PEN NEEDLE....	167	OMNIPOD 5 LIBRE2 PLUS G6	167	ORAVIG.....	309
NOVOFINE PLUS PEN NEEDLE.....	167	OMNIPOD 5 LIBRE2 PLUS G6 PODS.....	167	ORENCIA.....	254, 272, 277
NOVOLIN R FLEXPEN.....	249	OMNITROPE.....	239, 250	ORENCIA CLICKJECT	253, 272, 277
NOVOLIN R FLEXPEN RELION.....	249	OMVOH.....	198, 205	ORENITRAM.....	115, 297, 300
NOVOPEN ECHO.....	167	OMVOH (300 MG DOSE).....	198	ORENITRAM MONTH 1	115, 296, 299
NOVOSEVEN RT.....	82	ON/GO COVID-19 ANTIGEN TEST.....	171	ORENITRAM MONTH 2	115, 297, 299
NOXAFIL.....	29	ON/GO ONE COVID-19 HOME TEST.....	171	ORENITRAM MONTH 3	115, 297, 299
np thyroid	252	ondansetron hcl	198	ORFADIN.....	182, 183, 282
NUBEQA.....	52	ondansetron odt	198	ORGOVYX.....	53, 216
NUCALA.....	289	ONE VITE WOMENS PLUS	84, 329, 332	ORIAHNN.....	216, 233, 246
NUCORT.....	193, 211, 314	ONETOUCH DELICA PLUS LANCING.....	167	ORLISSA.....	216
NUCYNTA.....	144	ONETOUCH DELICA SAFETY LANCING.....	167	ORKAMBI.....	291, 292
NUCYNTA ER.....	144	ONETOUCH ULTRA.....	167, 170	ORLISTAT.....	205
NUDEXTA.....	134	ONETOUCH ULTRA 2.....	167	orphenadrine citrate er	70, 75, 120
NULEV.....	17, 67, 288	ONETOUCH ULTRA BLUE TEST.....	170	ORSERDU.....	53
NUPLAZID.....	129	ONETOUCH ULTRA TEST....	170	OSCIMIN.....	17, 67, 288
NURTEC.....	133	ONETOUCH VERIO.....	168, 170	oseltamivir phosphate	38
NUWIQ.....	82	ONETOUCH VERIO FLEX SYSTEM.....	167	OSPHENA.....	226
NUZYRA.....	23	ONETOUCH VERIO REFLECT.....	168	OTEZLA	258, 259, 272, 278, 325, 326
nyamyc	42, 322	ONFI.....	131, 133	OVACE PLUS.....	305
nylia 1/35	223, 232, 245	ONUREG.....	53	OVACE PLUS WASH.....	305
nylia 7/7/7	223, 232, 245	ONYDA XR.....	65	OVACE WASH.....	305
NYMALIZE.....	105, 106, 114	opcicon one-step ..	216, 223, 245	OVIDE.....	322
nystatin	42, 322	OPFOLDA.....	182, 282	OVIDREL.....	236
nystatin-triamcinolone	42, 314, 322	OPILL.....	223, 245	oxaprozin	141, 150
nystop	42, 322			oxazepam	133
OBIZUR.....	82			oxcarbazepine	122, 138
OICALIVA.....	202, 205			OXERVATE.....	187, 195
octreotide acetate	205, 250			oxybutynin chloride	327
OCUFLOX.....	43, 186			oxybutynin chloride er	327
ODACTRA.....	58			oxycodone hcl	144
ODEFSEY.....	35, 36, 40				
ODOMZO.....	52				
ofloxacin	43, 186				
OGSIVEO.....	52, 53				
OJEMDA.....	53				
OJJAARA.....	53				
olanzapine	125, 129, 199				

oxycodone-acetaminophen	118, 140, 144	PERFECT POINT SAFETY		pioglitazone hcl-glimepiride	251
oxymorphone hcl	144	NEEDLE	168	pioglitazone hcl-metformin	
oxymorphone hcl er	144	PERIDEX ..	23, 187, 188, 308, 321	hcl	217, 251
OZEMPIC	237	perindopril erbumine	92, 93	PIP GLUCOSE CONTROL	
OZOBAX DS	70	periogard ..	23, 187, 188, 308, 321	SOLUTION	168
PACERONE	103	permethrin	322	PIQRAY	53
PALFORZIA	59	perphenazine	147	pirfenidone	289, 297
PALFORZIA (1 MG DAILY		perphenazine-amitriptyline		piroxicam	141, 150
DOSE)	58	.....	147, 155	PKU EASY MICROTABS	175
PALFORZIA INITIAL DOSE 1-		PERTZYE	183, 203	PKU EASY MICROTABS	
3YRS	58	PFIZER COVID-19 VAC-TRIS		PLUS	175
PALFORZIA INITIAL DOSE 4-		5-11Y	62	PKU EASY SHAKE & GO	175
17YRS	58	PFIZER COVID-19 VAC-TRIS		PKU GOLIKE PLUS 16+	175
PANRETIN	302, 326	6M-4Y	62	PKU GOLIKE PLUS 4-16	175
pantoprazole sodium	208	phenazopyridine hcl	307	PKU START	175
PARI VORTEX ADULT MASK	168	phendimetrazine tartrate	116	PLAN B ONE-STEP	216, 223, 246
PARI VORTEX PEDIATRIC		phendimetrazine tartrate er ..	116	PLEGRIDY	278
MASK	168	phenelzine sulfate	139	PLEGRIDY STARTER PACK ..	278
paricalcitol	334	phenobarbital	130, 131	PLENVU	202, 333
PARNATE	139	phenoxybenzamine hcl ..	71, 113	plerixafor	79
paroxetine hcl	153, 154	phentermine hcl	116	PNEUMOVAX 23	62
paroxetine hcl er	153	phentermine-topiramate er ..	119	pnv 27-ca/fe/fa	84, 329, 332
PAXLOVID	28, 30	PHENYLADE ESSENTIAL		PODOCON-25	319, 326
PAXLOVID (150/100)	28, 29	DRINK MIX	175	podofilox	319, 326
PAXLOVID (300/100)	28, 30	PHENYLADE GMP MIX		POLYCIN	29, 186, 305
PEDIAPRED	193, 212	DHA/FIBER	175	polyethylene glycol 3350	202
PEDIARIX	59, 62	PHENYLADE GMP MIX-IN	175	polymyxin b-trimethoprim	
PEDVAX HIB	62	PHENYLADE GMP ULTRA	175	.....	43, 186, 305
peg 3350	201	PHENYLADE60 DRINK MIX ...175		POLY-VI-FLOR/IRON	
peg 3350-kcl-na bicarb-nacl ..	201	phenylephrine hcl	196, 197	.....	84, 267, 329
peg-3350/electrolytes	201	phenytek	101, 137	POMALYST	53, 278
peg-		phenytoin	102, 137	portia-28	223, 233, 246
3350/electrolytes/ascorbat		phenytoin infatabs	101, 137	posaconazole	29
.....	202, 333	phenytoin sodium extended		potassium chloride	179
PEGASYS	37, 53, 256, 278	.....	102, 137	potassium chloride crys er ..	179
peg-kcl-nacl-nasulf-na asc-c		PHEXXI	286	potassium chloride er	179
.....	202, 333	philith	223, 233, 246	potassium citrate er	172
PEG-PREP	202	PHOSPHA 250 NEUTRAL	178	potassium citrate-citric acid	172
PEMAZYRE	53	PHOSPHOLINE IODIDE	196	potassium iodide	
PEN NEEDLE/5-BEVEL TIP ...168		phosphorous	179	(expectorant)	293
PENBRAYA	62	phospho-trin 250 neutral	179	pramipexole dihydrochloride	
penicillamine	17, 208, 272	PHOXILLUM B22K4/0	179	.....	139
penicillin v potassium	38	PHOXILLUM BK4/2.5	179	PRAMOSONE	307, 314
PENTACEL	59, 62	phytonadione	17, 262, 334	PRAMOTIC	187, 196
pentamidine isethionate	26	PIFELTRO	35	prasugrel hcl	86
pentazocine-naloxone hcl		pilocarpine hcl	72, 196	pravastatin sodium	107
.....	145, 147	PILOT COVID-19 AT-HOME		praziquantel	24
pentoxifylline er	79	TEST	171	prazosin hcl	71, 89, 90, 95
PEPTICATE	174	pimecrolimus	280, 317, 326	PRED MILD	193, 212
PERFECT POINT SAFETY		pimozide	128, 135	prednisolone	193, 212
LANCETS	168	pimtrea	223, 233, 246	prednisolone acetate	193, 212
		pindolol	70, 95, 101, 103, 109	prednisolone sodium	
		pioglitazone hcl	251	phosphate	193, 212

prednisone	212	PRISMASOL BGK 0/2.5.....	180	PURIXAN.....	53, 256, 280
prednisone intensol	212	PRISMASOL BGK 2/0.....	180	pyrazinamide	28
pregabalin	122, 136, 137	PRISMASOL BGK 2/3.5.....	180	PYRIDIDIUM.....	307
PREGNYL.....	236	PRISMASOL BGK 4/0/1.2.....	180	pyridostigmine bromide	72
PREKUNIL.....	175	PRISMASOL BGK 4/2.5.....	180	pyridostigmine bromide er	72
PREMARIN.....	233, 266	PRISMASOL BK 0/0/1.2.....	180	pyrimethamine	25
PREMESISRX.....	179, 282, 329, 332	probenecid	182, 264	PYROGALLIC ACID.....	287, 319, 326
premium lidocaine	307	prochlorperazine	147, 199	PYRUKYND.....	76
PREMPHASE.....	233, 246	prochlorperazine maleate	147, 199	PYRUKYND TAPER PACK.....	77
PREMPRO.....	233, 246	PROCTOFOAM HC	193, 212, 307, 314	QBRELIS.....	93
prenatal	85, 329, 332	procto-med hc	193, 212, 314	QSYMIA.....	119
prenatal plus vitamin/mineral	85, 329, 332	PROCTOSOL HC... ..	193, 212, 315	QUADRACEL.....	60, 62
PRENATE.....	179, 329, 332	PROCTOZONE-HC.....	193, 212, 315	QUALAQUIN.....	25
PRENATE DHA	85, 179, 283, 329, 332	PROCYSBI.....	283	QUESTRAN.....	96
PRENATE ELITE.....	85, 329, 332	PROFILNINE.....	82	QUESTRAN LIGHT.....	96
PRENATE ENHANCE	85, 179, 283, 329, 332	progesterone	246	quetiapine fumarate	125, 130
PRENATE ESSENTIAL	85, 179, 283, 329, 332	PROGESTERONE MICRONIZED.....	246	quetiapine fumarate er	125, 129
PRENATE MINI	85, 179, 283, 329, 332	PROGLYCEM.....	216	QUFLORA PEDIATRIC	157, 159, 267, 330
PRENATE PIXIE	85, 179, 283, 330, 332	PROGRAF.....	253, 280, 317	QUICK TOUCH INSULIN PEN NEEDLE.....	168
PRENATE RESTORE	85, 179, 283, 330, 332	PROMACTA.....	79	QUICKVUE AT-HOME COVID-19 TEST.....	171
PREPIDIL.....	287	promethazine hcl	19, 20, 128, 199, 203, 294	quinapril hcl	92, 93
PRETOMANID.....	27	promethazine-codeine	20, 21, 290	quinapril- hydrochlorothiazide	93, 181
prevalite	96	promethazine-dm	20, 21, 290	quinidine gluconate er	26, 101
PREVIDENT.....	157, 159, 267	promethazine-phenylephrine	20, 21, 65	quinidine sulfate	26, 101
PREVIDENT 5000 BOOSTER PLUS.....	158, 267	PROMETHEGAN	20, 21, 128, 199, 203, 294	quinine sulfate	26
PREVIDENT 5000 DRY MOUTH.....	157, 158, 267	PRONAL.....	309, 319	QULIPTA.....	133
PREVIDENT 5000 ENAMEL PROTECT.....	158, 267	propafenone hcl	102	QVAR REDIHALER.....	212, 291, 296
PREVIDENT 5000 KIDS.....	158, 267	propafenone hcl er	102	rabeprazole sodium	208
PREVIDENT 5000 ORTHO DEFENSE.....	159, 267	proparacaine hcl	196	RADICAVA ORS.....	116, 134
PREVIDENT 5000 PLUS	157, 159, 267	propranolol hcl	70, 95, 101, 103, 110, 127	RADICAVA ORS STARTER KIT.....	116, 134
PREVIDENT 5000 SENSITIVE	159, 267	propranolol hcl er	70, 95, 101, 103, 110, 127	RADIOGARDASE.....	18, 176, 262
PREVNAR 20.....	62	propylthiouracil	217	RAGWITEK.....	59
PREVYMIS.....	28	PROQUAD.....	62	raloxifene hcl	226, 266
PREZCOBIX.....	37, 283	PRO-STAT/FIBER.....	175	ramelteon	128, 138
PREZISTA.....	37	protriptyline hcl	155	ramipril	92, 93
PRIFTIN.....	27, 43	PROVERA.....	246	ranolazine er	99
primaquine phosphate	25	prucalopride succinate	205	RASUVO.....	254, 272, 273
primidone	130	pruradik	322	RAVICTI.....	173
PRIORIX.....	62	pseudoephedrine- bromphen-dm	20, 21, 65, 290	RAYA SURE PEN NEEDLE... ..	168
PRISMASOL B22GK 4/0.....	179	PULMOSAL.....	295	react	216, 223, 246
		PULMOZYME.....	183, 295	REAL FOOD BLENDS.....	175
		PURE COMFORT SAFETY PEN NEEDLE.....	168	reclipsen	223, 233, 246
				RECOMBIMATE.....	82
				RECOMBIVAX HB.....	62, 63
				RECOTHROM.....	82
				RECOTHROM SPRAY KIT.....	82
				REFRESH AA 15 PKU.....	175
				REGLAN.....	207

REGRANEX.....	326	RUKOBIA.....	33	SKYCLARYS.....	283
RELENZA DISKHALER.....	39	RYBELSUS.....	237	SKYRIZI.....	205, 206, 317, 326
RELISTOR.....	145, 146, 198, 205	RYDAPT.....	54	SKYRIZI PEN.....	317, 326
RELNATE DHA.....	85, 283, 330, 332	SAFETY PEN NEEDLES.....	168	SKYTROFA.....	239
RENTHYROID.....	252	SALAGEN.....	72, 196	SLYND.....	216, 223, 246
repaglinide	238	SALICATE.....	319	smooth lax	202
REPATHA.....	111	salicylic acid	319	sod citrate-citric acid	173
REPATHA PUSHTRONEX		salsalate	151	sod fluoride-potassium	
SYSTEM.....	110	SALVAX DUO PLUS.....	309, 319	nitrate	159, 267
REPATHA SURECLICK.....	111	SANTYL.....	183, 310, 326	sodium chloride	295
RESTASIS.....	188, 194, 253	sapropterin dihydrochloride		sodium fluoride	157, 159, 268
RESTORIL.....	133	.....	182, 283	sodium fluoride 5000 enamel	
RETACRIT.....	76, 79	SAVELLA.....	136, 152	.....	159, 267
RETEVMO.....	53	SAVELLA TITRATION PACK		sodium fluoride 5000 plus	
RETROVIR.....	36	.....	136, 152	.....	157, 159, 268
REVLIMID.....	53, 54, 278	saxagliptin hcl	225	sodium fluoride 5000 ppm	
REVUFORJ.....	54	saxagliptin-metformin er		.....	157, 159, 268
REXTOVY.....	18, 146	.....	217, 225	sodium fluoride 5000	
REXULTI.....	130	SAXENDA.....	120, 237	sensitive	159, 268
REYATAZ.....	37	SCALACORT DK.....	315, 319	SODIUM OXYBATE.....	134, 156, 264
REZDIFFRA.....	252	SCARCIN.....	326	sodium phenylbutyrate	173
REZLIDHIA.....	54	SCEMBLIX.....	54	sodium polystyrene	
RHOPRESSA.....	197	scopolamine	67, 199, 206	sulfonate	18, 177, 263
ribavirin	40	SELECT-OB.....	85, 330, 332	sodium sulfacetamide	305
rifabutin	28, 43	selegiline hcl	138, 139	sodium sulfacetamide wash	305
rifampin	28, 43	selenium sulfide	308, 321	SOFOSBUVIR-VELPATASVIR	
RIFAMPIN+SYRSPEND SF28,	43	SELZENTRY.....	33	.....	31, 33
riluzole	116, 134	SEREVENT DISKUS.....	74, 299	SOHONOS.....	283
rimantadine hcl	22	sertraline hcl	154	solifenacin succinate	327
RINVOQ.....	258, 273	setlakin	223, 233, 246	SOLIQUA.....	237, 238
RINVOQ LQ.....	258	sevelamer carbonate		SOMATULINE DEPOT.....	250
risedronate sodium	266	.....	18, 177, 262	SOOLANTRA.....	323
risperidone	125, 130	sevoflurane	138	sorafenib tosylate	54
ritonavir	37	sf	157, 159, 267	sotalol hcl	
rivaroxaban	77	sf 5000 plus	157, 159, 267	.....	70, 95, 101, 103, 104, 110
rivastigmine	72	sharobel	223, 246	sotalol hcl (af)	
rivastigmine tartrate	72	SHARPS COLLECTOR.....	168	.....	70, 95, 101, 103, 104, 110
rivelsa	223, 233, 246	SHARPS CONTAINER.....	168	SOTYKTU.....	318, 326
RIVFLOZA.....	283	SHINGRIX.....	63	SOTYLIZE	
RIVIVE.....	18, 146	sildenafil citrate		.....	71, 95, 101, 103, 104, 110
RIXUBIS.....	82	.....	111, 296, 300, 328	SOVALDI.....	31
rizatriptan benzoate	152	silodosin	72	SPEEDY SWAB COVID-19	
ROCKLATAN.....	197	SILVADENE.....	308, 321	ANTIGEN.....	171
roflumilast	296, 318, 322	silver nitrate	187	SPEVIGO.....	317
ropinirole hcl	139	silver sulfadiazine	308, 321	SPIKEVAX.....	63
rosuvastatin calcium	108	simliya	223, 233, 246	spinosad	323
rosyrah	223, 233, 246	simpesse	223, 233, 246	SPIRIVA HANDIHALER....	67, 288
ROTARIX.....	63	SIMPONI.....	205, 261, 273, 278, 279	SPIRIVA RESPIMAT.....	67, 289
ROTATEQ.....	63	simvastatin	108	spironolactone	
roweepra	122	SINEMET.....	136	.....	89, 108, 112, 113, 177
ROZLYTREK.....	54	SINGULAIR.....	294	spironolactone-hctz	
RUCONEST.....	268, 269	sirolimus	258, 280, 281, 317	.....	89, 108, 113, 178, 181
rufinamide	122, 138	SIRTURO.....	28	SPORANOX.....	29

timolol maleate	71, 95, 101, 103, 110, 128, 189
timolol maleate (once-daily)	71, 95, 103, 188
timolol maleate ocudose	71, 95, 103, 188
timolol maleate pf	71, 95, 103, 189
TIMOPTIC OCUDOSE	71, 95, 103, 189
tinidazole	27
tiopronin	284
TISSEEL	310, 326
TIVICAY	34
TIVICAY PD	34
tizanidine hcl	69
TOBRADEX	23, 186, 194
tobramycin	23, 186
tobramycin-dexamethasone	23, 186, 194
TOBREX	23, 187
tolterodine tartrate	327
tolvaptan	182
TOPICORT	315
topiramate	123, 128
toremifene citrate	55, 226
torpenz	55, 56, 256
torsemide	88, 108, 176
TOUJEO MAX SOLOSTAR	238
TOUJEO SOLOSTAR	238
TRACLEER	115, 293, 300
TRADJENTA	225
tramadol hcl	145
tramadol hcl (er biphasic)	144
tramadol hcl er	144
tramadol-acetaminophen	118, 140, 145
trandolapril	92, 93
trandolapril-verapamil hcl er	93, 98
tranexamic acid	83
tranylcypromine sulfate	139
travoprost (bak free)	197
trazodone hcl	154
TRECTOR	28
TRELEGY ELLIPTA	67, 74, 194, 213, 291
TREMFYA	255, 317, 327
TREMFYA CROHNS INDUCTION	254, 317
TREMFYA ONE-PRESS	254, 317, 327
TREMFYA PEN	254, 317
tretinoin	56, 310
TRETTEN	83
TREXALL	56, 255, 273, 279, 281
triamcinolone acetonide	213, 315
triamterene	89, 112, 178
triamterene-hctz	178, 181
triazolam	133
TRICITRASOL	76
tricitrates	173
triderm	213, 315
trientine hcl	208
tri-estarylla	224, 233, 247
trifluoperazine hcl	147
trifluridine	188
trihexyphenidyl hcl	68, 120
TRIJARDY XR	218, 225, 226, 250
TRIKAFTA	292, 293
tri-legest fe	224, 233, 247
tri-linyah	224, 233, 247
tri-lo-estarylla	224, 233, 247
tri-lo-marzia	224, 233, 247
tri-lo-mili	224, 233, 247
tri-lo-sprintec	224, 233, 247
trimethobenzamide hcl	200
trimethoprim	45
tri-mili	224, 233, 247
trimipramine maleate	155
TRINATE	85, 330, 333
TRINTELLIX	154
TRIPLE COMPLEX FORMULA 3 KIT	307, 321, 327
TRIPLE PMB	187, 194, 195
TRIPLE PMK	187, 194, 195
tri-sprintec	224, 234, 247
TRISTART DHA	85, 180, 284, 330, 333
TRIUMEQ	34, 36
TRIUMEQ PD	34, 36
TRI-VI-FLOR	157, 159, 268, 330, 331, 333, 334
TRI-VI-FLORO	157, 159, 268, 330, 331, 333, 334
tri-vite/fluoride	158, 159, 268, 330, 331, 333, 334
trivora (28)	224, 234, 247
tri-vylibra	224, 234, 247
tri-vylibra lo	224, 234, 247
trosipium chloride	328
TRUE COMFORT SAFETY PEN NEEDLE	168
TRUE COVER	286
TRUE FOLIC ACID	333
true laxative	202
TRUE METRIX LEVEL 1	168
TRUE METRIX LEVEL 2	169
TRUE METRIX LEVEL 3	169
TRULICITY	237
TRUMENBA	63
TRUQAP	56
TRUVADA	36, 40
TRYNGOLZA	93, 213, 264
TUKYSA	56
TURALIO	56
turpentine	309
turqoz	224, 234, 247
TUXARIN ER	20, 21, 290
TWIIST REFILL KIT	169
TWIIST REFILL KIT/INFUSION SET	169
TWIIST STARTER KIT	169
TWINRIX	63
TWIRLA	224, 234, 247
TYBLUME	224, 234, 247
TYBOST	284
TYENNE	257
TYMLOS	238, 264
TYVASO	115, 297, 300
TYVASO DPI INSTITUTIONAL KIT	115, 297, 300
TYVASO DPI MAINTENANCE KIT	115, 297, 300
TYVASO DPI TITRATION KIT	115, 297, 300
TYVASO REFILL KIT	115, 297, 300
TYVASO STARTER KIT	115, 297, 300
UBRELVY	133
UDENYCA	79
ULTANE	138
UNIFINE OTC PEN NEEDLES	169
UNIFINE PROTECT PEN NEEDLE	169
UNISTRIP CONTROL	169
unithroid	252
UPTRAVI	300, 301
UPTRAVI TITRATION	300, 301
urea	88, 89, 176, 196, 319, 320
urea nail	89, 176, 196, 320
URELLE	45, 67, 118, 284
UREMEZ-40	89, 176, 197, 320
uretron d/s	45, 67, 118, 284
UROCIT-K 10	173
UROCIT-K 15	173

UROGESIC-BLUE.....	45, 67, 284	VERIFINE INSULIN SYRINGE	169	VIVAGUARD INO CONTROL	169
ursodiol	202	VERIFINE PLUS PEN	169	SOLUTION.....	169
URSODIOL+SYRSPEND SF..	202	NEEDLE.....	169	VIVAGUARD LANCETS 30G.	169
valacyclovir hcl	40	VERIFINE SAFE LANCET	169	VIVAGUARD LANCING	169
VALCHLOR.....	302, 327	MINI 21G.....	169	DEVICE.....	169
valganciclovir hcl	40	VERIFINE SAFE LANCET	169	VIVAGUARD SAFETY	169
valproic acid ..	123, 126, 128, 137	MINI 23G.....	169	LANCETS 28G.....	169
VALSARTAN.....	90, 91	VERIFINE SAFE LANCET	169	VIVJOA.....	29
valsartan	90, 91	MINI 28G.....	169	VIZIMPRO.....	57
valsartan-		VERIFINE SAFE LANCET	169	volnea	224, 234, 247
hydrochlorothiazide	91, 181	MINI 30G.....	169	VONJO.....	57
VALTOCO 10 MG DOSE.....	131	VERIFINE SHARPS	169	VONVENDI.....	83
VALTOCO 15 MG DOSE.....	131	CONTAINER.....	169	VOQUEZNA.....	207, 208
VALTOCO 20 MG DOSE.....	131	VERISAFE SAFETY STERILE	169	VOQUEZNA DUAL PAK... 24, 206	
VALTOCO 5 MG DOSE.....	132	NEEDLE.....	169	VOQUEZNA TRIPLE PAK	24, 41, 207
valtya 1/50	224, 234, 247	VERKAZIA.....	188, 194, 253	VORANIGO.....	57
VANCOCIN.....	30	VERSAPENN (AG)	287	voriconazole	29
vancomycin hcl	30, 31	ANHYDROUS.....	287	VORTEX VALVE CHAMBER-	170
VANCOMYCIN+SYRSPEND		VERSAPENN (AL) ANHYD	287	PEDI MASK.....	170
SF.....	31	LIPID.....	287	VORTEX VALVED HOLDING	170
VANDAZOLE.....	23, 39, 305	VERZENIO.....	56	CHAMBER.....	170
VANFLYTA.....	56	VFEND.....	29	VOSEVI.....	31, 32, 33
VAQTA.....	63	VIBERZI.....	199, 206	VOWST.....	206, 284
varidenafil hcl	111, 112	vienna	224, 234, 247	VOXZOGO.....	285
varenicline tartrate	64, 69	vigabatrin	123, 137	VOYDEYA.....	268
varenicline tartrate (starter)	64, 69	VIGADRONE.....	123, 137	VP FC KIT.....	69, 321, 327
varenicline tartrate(continue)	64, 69	VIGAFYDE.....	137	VP GKL KIT.....	307, 321, 327
VARIVAX.....	63	vigpoder	123, 137	VRAYLAR.....	130
VAXELIS.....	60, 63	VIJOICE.....	284	VTAMA.....	306, 310, 327
VAXNEUVANCE.....	63	vilazodone hcl	154	vyfemla	224, 234, 247
VCF VAGINAL		VILEVEV MB.....	45, 68, 118, 284	VYLEESI.....	135, 208
CONTRACEPTIVE.....	286	VIMPAT.....	123, 138	vylibra	224, 234, 247
VECAMYL.....	113	VIOKACE.....	183, 203	VYNDAMAX.....	99, 135, 285
velivet	224, 234, 247	viorele	224, 234, 247	VYNDAQEL.....	99, 285
VELPHORO.....	177	VIRACEPT.....	37	WAINUA.....	264
VELTASSA.....	177	VIREAD.....	36	WAKIX.....	156
VENCLEXTA.....	56	VISTOGARD.....	19, 263	warfarin sodium	77
VENCLEXTA STARTING		VITAFOL FE+	85, 180, 284, 330, 333	WEGOVY.....	120, 237
PACK.....	56	VITAFOL-OB+DHA	85, 180, 284, 330, 333	WELIREG.....	57
VENELEX.....	327	VITAMEDMD ONE		wera	224, 234, 247
venlafaxine hcl	152	RX/QUATREFOLIC	85, 180, 284, 330, 333	WESCAP-C DHA	85, 285, 330, 333
venlafaxine hcl er	152	VITAMIN C BRIGHTENING		WESCAP-PN DHA	85, 180, 285, 330, 333
VENTAVIS.....	115, 297, 300	SERUM.....	309	WESNATAL DHA COMPLETE	85, 180, 285, 330, 333
VEOZAH.....	135	vitamin d (ergocalciferol)	334	WESNATE DHA.....	85, 180, 285, 330, 333
verapamil hcl	97, 98, 99, 104, 116	VITAPEARL.....	85, 284, 330, 333	wes-phos 250 neutral	180
verapamil hcl er	96, 97, 98, 99, 104, 115, 116	VITATHELY WITH GINGER	85, 330, 333	WESTGEL DHA	86, 180, 285, 330, 333
VERELAN.....	97, 98, 99, 105, 116	VITRAKVI.....	57	wheat germ oil	334
VERIFINE INSULIN PEN				WIDE-SEAL DIAPHRAGM 60	286
NEEDLE.....	169				

WIDE-SEAL DIAPHRAGM 65	286	YESINTEK.....	258
WIDE-SEAL DIAPHRAGM 70	286	YORVIPATH.....	238
WIDE-SEAL DIAPHRAGM 75	286	YUPELRI.....	68, 289
WIDE-SEAL DIAPHRAGM 80	286	yuvaferm	234, 266
WIDE-SEAL DIAPHRAGM 85	286	ZACARE.....	309, 321
WIDE-SEAL DIAPHRAGM 90	286	ZACLIR CLEANSING.....	321
WIDE-SEAL DIAPHRAGM 95	286	zafemy	225, 234, 248
WILATE.....	83	zafirlukast	294
wixela inhub	74, 194, 213, 291	zaleplon	129, 139
wymzya fe	224, 234, 247	ZANAFLEX.....	69
XACIATO.....	38, 305	ZARONTIN.....	154
xarah fe	225, 234, 247	ZARXIO.....	79
XARELTO.....	77	ZAVZPRET.....	133
XARELTO STARTER PACK....	77	ZEGALOGUE.....	18, 235, 263
XATMEP... 57, 255, 273, 279,	281	ZEJULA.....	58
XDEMZY.....	187	ZELBORAF.....	58
XELJANZ.....	258, 273	ZEMPLAR.....	334
XELJANZ XR.....	258, 274	zenatane	320, 327
XELPROS.....	197	ZENPEP.....	183, 203
xelria fe	225, 234, 247	ZEPATIER.....	32, 33
XELSTRYM.....	117	ZEPBOUND.....	120, 237
XENICAL.....	206	ZEPOSIA.....	279
XERMELO.....	199	ZEPOSIA 7-DAY STARTER	
XIIDRA.....	188, 194	PACK.....	279
XIRUN.....	309, 320	ZEPOSIA STARTER KIT.....	279
XOFLUZA (40 MG DOSE)..	28, 30	zidovudine	36
XOFLUZA (80 MG DOSE)..	28, 30	ZILBRYSQ.....	253, 269
XOLAIR.....	256, 257, 297, 298	ZIMHI.....	18, 146, 263
XOLREMDI.....	79	ZIOPTAN.....	197
XOPENEX HFA.....	74, 299	ziprasidone hcl	126, 130
XOSPATA.....	57	ZIRGAN.....	40, 188
XPHOZAH.....	177, 206	ZITHROMAX.....	41, 42
XPOVIO (100 MG ONCE		ZITHROMAX TRI-PAK.....	41, 42
WEEKLY).....	57	ZITHROMAX Z-PAK.....	41, 42
XPOVIO (40 MG ONCE		ZOKINVY.....	183, 285
WEEKLY).....	57	ZOLINZA.....	58
XPOVIO (40 MG TWICE		zolmitriptan	153
WEEKLY).....	57	zolpidem tartrate	129, 139
XPOVIO (60 MG ONCE		zolpidem tartrate er	129, 139
WEEKLY).....	57	ZOMIG.....	153
XPOVIO (60 MG TWICE		ZONISADE.....	123, 138
WEEKLY).....	57	zonisamide	123, 138
XPOVIO (80 MG ONCE		ZONTIVITY.....	87
WEEKLY).....	57	ZORYVE.....	296, 318, 322, 327
XPOVIO (80 MG TWICE		zovia 1/35 (28)	225, 234, 248
WEEKLY).....	57	ZTALMY.....	123, 137
XTAMPZA ER.....	145	ZTLIDO.....	261, 307
XTANDI.....	58	ZUBSOLV.....	146, 147
xulane	225, 234, 247	ZURZUVAE.....	124
XURIDEN.....	19, 285	ZYDELIG.....	58
XYWAV.....	135	ZYLET.....	187, 194
YASMIN 28.....	225, 234, 247	ZYVOX.....	42
YAZ.....	225, 234, 248		