



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

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 All previous versions of this PDL are no longer in effect.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

This PDL can also be accessed online at uhc.com/CA-LargeGroup-4TACC-CDI-Current. Plan-specific coverage documents 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 pharmacy information specific to your benefit plan.

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

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

Updated 10/1/2024

Contents

At UnitedHealthcare, we want to help you better 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
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	15

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

How do I use my PDL?

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

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

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

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

Example:

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

If your medication is not listed in this document, please visit myuhc.com 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	SP	Specialty medication
Drug Tier 2	Your mid-range cost medications	CM	Orally administered anti-cancer medication
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		
SL	Supply Limit		
ST	Step Therapy		
H	Part of health care reform preventive when age and/or condition appropriate		

What are tiers?

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

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

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

\$	Drug Tier	Includes	Helpful Tips
\$	Tier 1 Your lowest cost	Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
\$\$	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.

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 supply limits, at any time but most often upon FDA approval of the medication or its generic, Jan. 1, May 1, or Sept. 1.

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

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

Utilization Management Programs

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

Supply limit – Amount of medication covered per copayment or in a specific time period. Medications with supply 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. For specific step therapy requirements, please refer to your Evidence of Coverage.

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 Traditional and Access 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.

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. PST and Saturday from 6 a.m. – 3 p.m. PST to assist licensed physicians. Most authorizations are completed within 24 hours. The most common reason for delay in the authorization process is insufficient information. Your licensed physician may need to provide information on diagnosis and medication history and/or evidence in the form of documents, records or lab tests which establish that the use of the requested Prescription Drug Product meets plan criteria. You may determine whether a particular Prescription Drug Product is subject to prior authorization or step therapy requirements by going online at myuhc.com 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 for an up-to-date list.

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

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

1. Call your prescribing provider to obtain a new prescription for each medication. When you call, ask the physician to write the prescription for a 90-day supply which represents 3 prescription units with up to 3 additional refills. The doctor will tell you when to pick up the written prescription. (Note: Optum Rx must have a new prescription to process any new Mail Order request.)
2. After picking up the prescription, complete the Mail Order Form included in your enrollment materials. (To obtain additional forms or for assistance in completing the form, contact UnitedHealthcare's customer service department by calling the telephone number on the back of your ID card. You can also find the form at [optumrx.com](https://www.optumrx.com).)
3. Enclose the prescription and appropriate copayment via check, money order, or credit card. Your Pharmacy Schedule of Benefits will have the applicable copayment for the mail order pharmacy program, Optum Home Delivery. Make the check or money order payable to **Optum Rx**. No cash please.

Important Tip: If you are starting a new Prescription Drug Product, please request 2 prescriptions from your physician. Have 1 filled immediately at a network pharmacy while mailing the second prescription to Optum Home Delivery. Once you receive your medication through the mail order pharmacy program, you should stop filling the prescription at the network pharmacy.

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

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

Designated Pharmacies

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

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

How do I get updated information about my pharmacy benefit?

Since the PDL may change during your plan year, we encourage you to visit myuhc.com 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 Insurance:

California Department of Insurance
Consumer Communications Bureau
300 South Spring Street, South Tower
Los Angeles, CA 90013

1-800-927-HELP (1-800-927-4357)

1-800-482-4833 (TTY)

Internet Website: www.insurance.ca.gov

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

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

Español

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

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

中文

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

State of California

Table of Contents of Prescription Drug List

INFORMATIONAL SECTION..... 1
ANTIDOTE THERAPEUTICS..... 15
ANTIHISTAMINE DRUGS - Drugs for Allergy..... 17
ANTI-INFECTIVE AGENTS - Drugs for Infections..... 20
ANTINEOPLASTIC AGENTS - Drugs for Cancer..... 43
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES - DRUGS FOR THE IMMUNE SYSTEM..... 54
AUTONOMIC DRUGS..... 59
AUTONOMIC DRUGS - Drugs for the Nervous System..... 60
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood..... 70
CARDIOVASCULAR DRUGS..... 83
CARDIOVASCULAR DRUGS - Drugs for the Heart..... 84
CENTRAL NERVOUS SYSTEM AGENTS..... 110
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System..... 110
DENTAL AGENTS..... 157
DENTAL AGENTS - Oral Care..... 159
DEVICES - Medical Supplies and Durable Medical Equipment..... 161
DIAGNOSTIC AGENTS..... 169
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants..... 172
ELECTROLYTIC, CALORIC, AND WATER BALANCE..... 172
ENZYMES..... 179
EYE, EAR, NOSE AND THROAT (EENT) PREPS..... 181
GASTROINTESTINAL DRUGS..... 193
GASTROINTESTINAL DRUGS - Drugs for the Stomach..... 194
GOLD COMPOUNDS..... 204
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron..... 204
HORMONES AND SYNTHETIC SUBSTITUTES..... 204
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones..... 204
IMMUNOMODULATORY AGENTS (90:00)..... 246
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing..... 253
MISCELLANEOUS THERAPEUTIC AGENTS..... 254
NONHORMONAL CONTRACEPTIVES - Drugs for Women..... 278
OXYTOCICS - Drugs for Women..... 279
PHARMACEUTICAL AIDS..... 279
RESPIRATORY TRACT AGENTS - Drugs for the Lungs..... 280
SKIN AND MUCOUS MEMBRANE AGENTS..... 292
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin..... 293
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles..... 320
VITAMINS..... 321

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 ointment 1 %</i>	1	
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	2	
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	2	SP
<i>glucagon emergency kit injection kit 1 mg</i>	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	2	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (<i>glucagon</i>)	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<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	
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	
<i>penicillamine oral tablet 250 mg</i>	1	SP
<i>phytonadione oral tablet 5 mg</i>	1	
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>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
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	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (<i>naloxone hcl</i>)	2	
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	
FLUOROPYRIMIDINE ANTIDOTE		
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	2	PA
ANTIHISTAMINE DRUGS - Drugs for Allergy		
ANTIHISTAMINE DRUGS - Drugs for Allergy		
<i>promethazine hcl oral tablet 25 mg</i>	1	
ETHANOLAMINE DERIVATIVES - Drugs for Allergy		
CARBINOXAMINE MALEATE ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	4	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (<i>diphenhydramine hcl</i>)	3	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (<i>dph-lido-alhydr-mghydr-simeth</i>)	3	PA
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	4	
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		
CARBINOXAMINE MALEATE ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	4	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<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	
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>	1	PA
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	4	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	3	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	1	PA
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
RYCLORA ORAL SOLUTION 2 MG/5ML (<i>dexchlorpheniramine maleate</i>)	4	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	3	
OTHER ANTIHISTAMINES - Drugs for Allergy		
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	1	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>olopatadine hcl nasal solution 0.6 %</i>	1	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	4	
PHENOTHIAZINE DERIVATIVES - Drugs for Allergy		
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	1	PA
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
PROPYLAMINE DERIVATIVES - Drugs for Allergy		
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	1	PA
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	
RYCLORA ORAL SOLUTION 2 MG/5ML (<i>dexchlorpheniramine maleate</i>)	4	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	3	
SECOND GENERATION ANTIHISTAMINES - Drugs for Allergy		
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (<i>Iodoxamide tromethamine</i>)	3	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (<i>desloratadine-pseudoephedrine</i>)	3	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>desloratadine oral tablet dispersible 5 mg</i>	1	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	1	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	1	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	1	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
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>	1	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	4	
<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	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	3	PA
<i>metronidazole external cream 0.75 %</i>	1	
<i>metronidazole external gel 0.75 %, 1 %</i>	1	
<i>metronidazole external lotion 0.75 %</i>	1	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	4	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	4	
<i>periogard mouth/throat solution 0.12 %</i>	1	
AMINOGLYCOSIDE ANTIBIOTICS - Antibiotics		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (<i>amikacin sulfate liposome</i>)	4	PA; SL (8.4 ml per day.); SP
<i>neomycin sulfate oral tablet 500 mg</i>	1	
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	3	PA; SL (224 capsules per 56 days.); SP
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	1	PA; SL (224 ml per 56 days.); SP
AMINOMETHYLCYCLINES - Antibiotics		
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	4	

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AMINOPENICILLIN ANTIBIOTICS - Antibiotics		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	1	SL (112 capsules and tablets (1 Package) per 180 days.)
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-potassium clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	1	
<i>amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-potassium clavulanate oral tablet chewable 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	4	
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicill-clarithro-omeprazole</i>)	3	SL (1 carton (10 administrative cards, 80 tablets) per 6 months.)
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (<i>amoxicillin-vonoprazan</i>)	4	SL (112 tablets per 180 days.)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicill-clarithro-vonoprazan</i>)	4	SL (112 tablets per 180 days.)
ANTHELMINTICS - Drugs for Parasites		
<i>albendazole oral tablet 200 mg</i>	1	SL (124 tablets per month.)
BILTRICIDE ORAL TABLET 600 MG (<i>praziquantel</i>)	4	
EGATEN ORAL TABLET 250 MG (<i>triclabendazole</i>)	3	
EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>)	4	SL (6 tablets per 3 days.)
<i>ivermectin oral tablet 3 mg</i>	1	PA; SL (20 tablets per 3 months.)
<i>praziquantel oral tablet 600 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STROMEKTOL ORAL TABLET 3 MG (<i>ivermectin</i>)	4	PA; SL (20 tablets per 3 months.)
ANTIFUNGALS, MISCELLANEOUS - Drugs for Fungus		
BREXAFEMME ORAL TABLET 150 MG (<i>ibrexafungerp citrate</i>)	4	PA
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>iodine strong oral solution 5 %</i>	1	
ANTI-INFECTIVES (SYSTEMIC), MISC. - Drugs for Infections		
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	SL (120 capsules per 180 days.)
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	SL (120 capsules per 180 days.)
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	4	SL (120 capsules per 180 days.)
ANTILEPROSY AGENTS - Antibiotics		
<i>dapsone external gel 5 %, 7.5 %</i>	1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
ANTIMALARIALS - Drugs for the Mouth and Throat		
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	4	SL (16 tablets per month.)
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	1	
<i>avidoxy oral tablet 100 mg</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
COARTEM ORAL TABLET 20-120 MG (<i>artemether-lumefantrine</i>)	2	
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	4	PA; SP
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (<i>doxycycline hyclate</i>)	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	1	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (<i>atovaquone-proguanil hcl</i>)	4	
<i>mefloquine hcl oral tablet 250 mg</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>mondoxyme nl oral capsule 100 mg</i>	1	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	1	PA; SP
QUALAQUIN ORAL CAPSULE 324 MG (<i>quinine sulfate</i>)	4	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>quinine sulfate oral capsule 324 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
ANTIMYCOBACTERIALS, MISCELLANEOUS - Antibiotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
ANTIPROTOZOALS, CRYPTOSPORIDIOSIS - Drugs for the Mouth and Throat		
<i>nitazoxanide oral tablet 500 mg</i>	1	
ANTIPROTOZOALS, MISCELLANEOUS - Drugs for the Mouth and Throat		
<i>atovaquone oral suspension 750 mg/5ml</i>	1	
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	4	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BENZNIDAZOLE ORAL TABLET 100 MG	2	PA; SL (248 tablets per 720 days)
BENZNIDAZOLE ORAL TABLET 12.5 MG	2	PA; SL (720 tablets per 720 days.)
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	SL (120 capsules per 180 days.)
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	SL (120 capsules per 180 days.)
<i>dapsone external gel 5 %, 7.5 %</i>	1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	3	PA
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	4	
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	2	PA; SL (3 capsules per day.)
LAMPIT ORAL TABLET 120 MG (<i>nifurtimox</i>)	4	PA; SL (7.5 tablets per day.)
LAMPIT ORAL TABLET 30 MG (<i>nifurtimox</i>)	4	PA; SL (9 tablets per day.)
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	4	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	3	PA
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (<i>pentamidine isethionate</i>)	4	
<i>nitazoxanide oral tablet 500 mg</i>	1	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	1	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	4	SL (120 capsules per 180 days.)
SOLOSEC ORAL PACKET 2 GM (<i>secnidazole</i>)	4	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIPROTOZOALS,NITROIMIDAZOLE-DERIVATIVE - Drugs for the Mouth and Throat		
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
ANTIRETROVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG (<i>lenacapavir sodium</i>)	4	PA; SL (4 tablets per 365 days.)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG (<i>lenacapavir sodium</i>)	4	PA; SL (5 tablets per 365 days.)
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>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>cycloserine oral capsule 250 mg</i>	1	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid oral syrup 50 mg/5ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	4	
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	2	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML (<i>rifampin</i>)	3	PA
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	2	
TRECTOR ORAL TABLET 250 MG (<i>ethionamide</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
LIVTENCITY ORAL TABLET 200 MG (<i>maribavir</i>)	4	PA; SL (4 tablets per day.); SP
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	2	SM
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	2	SM
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	2	PA
TPOXX ORAL CAPSULE 200 MG (<i>tecovirimat</i>)	4	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (<i>baloxavir marboxil</i>)	3	SL (1 tablet per month.)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	3	SL (1 tablet per month.)
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	SL (180 capsules per 365 days)
<i>itraconazole oral solution 10 mg/ml</i>	1	SL (1800 ml per 365 days)
<i>ketoconazole oral tablet 200 mg</i>	1	
NOXAFIL ORAL PACKET 300 MG (<i>posaconazole</i>)	2	
NOXAFIL ORAL SUSPENSION 40 MG/ML (<i>posaconazole</i>)	4	SL (20 ml per day.)
<i>posaconazole oral suspension 40 mg/ml</i>	1	SL (20 ml per day.)
<i>posaconazole oral tablet delayed release 100 mg</i>	1	
SPORANOX ORAL CAPSULE 100 MG (<i>itraconazole</i>)	4	SL (180 capsules per 365 days)
SPORANOX ORAL SOLUTION 10 MG/ML (<i>itraconazole</i>)	4	SL (1800 ml per 365 days)
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>voriconazole</i>)	4	
VFEND ORAL TABLET 50 MG (<i>voriconazole</i>)	3	
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (<i>oteseconazole</i>)	3	SL (18 capsules per 84 days.)
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	
ENDONUCLEASE INHIBITORS - Drugs for Viral Infections		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (<i>baloxavir marboxil</i>)	3	SL (1 tablet per month.)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	3	SL (1 tablet per month.)
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 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (<i>erythromycin ethylsuccinate</i>)	4	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG (<i>erythromycin base</i>)	4	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	1	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<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>	1	
GLYCOPEPTIDE ANTIBIOTICS - Antibiotics		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (<i>vancomycin hcl</i>)	4	
VANCOGIN 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>)	2	PA; SL (2 packets per day and 84 packets per 720 days.); SP
EPCLUSA ORAL PACKET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; SL (1 packet per day and 84 packets per 720 days.); SP
EPCLUSA ORAL TABLET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; SL (1 tablet per day.); SP
EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; SL (84 tablets per 720 days.); SP
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; ST; SL (1 packet of pellets per day and 56 packets of pellets per 720 days.)
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; ST; SL (84 tablets per 720 days.)
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; ST; SL (56 tablets per 720 days.)
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	2	PA; ST; SL (56 tablets per 720 days.)
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	2	PA; SL (84 tablets per 720 days.); SP
SOVALDI ORAL PACKET 150 MG, 200 MG (<i>sofosbuvir</i>)	4	PA; ST; SL (1 packet of pellets per day and 84 packets of pellets per 720 days.); SP
SOVALDI ORAL TABLET 200 MG (<i>sofosbuvir</i>)	4	PA; ST; SL (84 tablets per 720 days.)
SOVALDI ORAL TABLET 400 MG (<i>sofosbuvir</i>)	4	PA; ST; SL (84 tablets per 720 days.); SP
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	2	PA; SL (84 tablets per 720 days.); SP

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	2	PA; SL (84 tablets per 720 days.); SP
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	2	PA; SL (84 tablets per 720 days); SP
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	2	PA; SL (84 tablets per 720 days (12 weeks).); SP
HIV CAPSID INHIBITORS - Drugs for Viral Infections		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG (<i>lenacapavir sodium</i>)	4	PA; SL (4 tablets per 365 days.)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG (<i>lenacapavir sodium</i>)	4	PA; SL (5 tablets per 365 days.)
HIV ENTRY AND FUSION INHIBITORS - Drugs for Viral Infections		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (<i>enfuvirtide</i>)	4	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	PA
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>fostemsavir tromethamine</i>)	4	PA
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	2	PA
SELZENTRY ORAL TABLET 150 MG, 300 MG (<i>maraviroc</i>)	4	PA
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	SL (1 tablet per day.)
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	2	SL (1 tablet per day.)
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	2	SL (1 tablet per day.)
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	2	
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	2	
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	2	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	2	
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	2	SL (1 tablet per day.)
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	2	SL (1 tablet 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; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; 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
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-lamivudine</i>)	2	SL (1 tablet per day.)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	2	SL (6 tablets per day.)
VOCABRIA ORAL TABLET 30 MG (<i>cabotegravir sodium</i>)	4	
HIV NONNUCLEOSIDE REV.TRANSSCRIP. INHIB. - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir-emtricitabine-tenofovir</i>)	3	SL (1 tablet per day.)
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitabine-rilpivirine-tenofovir</i>)	3	SL (1 tablet per day.)
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirine-lamivudine-tenofovir df</i>)	2	SL (1 tablet per day.)
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	2	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitabine-tenofovir df oral tablet 600-200-300 mg</i>	1	SL (1 tablet per day.)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	SL (1 tablet per day.)
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	
INTELENCE ORAL TABLET 100 MG, 200 MG (<i>etravirine</i>)	4	
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	2	
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	2	SL (1 tablet per day.)
<i>methocarbamol oral tablet 500 mg</i>	1	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	
<i>nevirapine oral suspension 50 mg/5ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitabine-rilpivirine-tenofovir af</i>)	3	SL (1 tablet per day.)
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	3	
SYMFI LO ORAL TABLET 400-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	2	SL (1 tablet per day.)
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	2	SL (1 tablet per day.)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RETROVIR ORAL CAPSULE 100 MG (<i>zidovudine</i>)	4	
RETROVIR ORAL SYRUP 50 MG/5ML (<i>zidovudine</i>)	3	
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	2	SL (1 tablet per day.)
SYMFI LO ORAL TABLET 400-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	2	SL (1 tablet per day.)
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	2	SL (1 tablet per day.)
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	3	SL (1 tablet per day.)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	H
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	2	SL (1 tablet per day.)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	2	SL (6 tablets per day.)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (<i>emtricitabine-tenofovir df</i>)	4	SL (1 tablet per day.)
VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	2	
ZIAGEN ORAL SOLUTION 20 MG/ML (<i>abacavir sulfate</i>)	4	
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 50 mg/5ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
HIV PROTEASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	2	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	1	
<i>darunavir oral tablet 600 mg, 800 mg</i>	1	
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	2	
<i>fosamprenavir calcium oral tablet 700 mg</i>	1	
KALETRA ORAL SOLUTION 400-100 MG/5ML (<i>lopinavir-ritonavir</i>)	4	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (<i>lopinavir-ritonavir</i>)	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	
NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>)	2	
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	2	
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	2	
PREZISTA ORAL TABLET 150 MG, 75 MG (<i>darunavir</i>)	2	
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	2	
<i>ritonavir oral tablet 100 mg</i>	1	
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	3	SL (1 tablet per day.)
VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nelfinavir mesylate</i>)	2	
INTERFERON ANTIVIRALS - Drugs for Viral Infections		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	4	PA; ST; SL (0.08 ml per day.)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	2	SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	2	SP
LINCOMYCIN ANTIBIOTICS - Antibiotics		
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phospho benzoyl perox</i>)	4	
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	
CLEOCIN VAGINAL CREAM 2 % (<i>clindamycin phosphate</i>)	4	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (<i>clindamycin phosphate</i>)	2	
CLEOCIN-T EXTERNAL LOTION 1 % (<i>clindamycin phosphate</i>)	4	
<i>clindacin etz external swab 1 %</i>	1	
<i>clindacin external foam 1 %</i>	1	
<i>clindacin-p external swab 1 %</i>	1	
CLINDAGEL EXTERNAL GEL 1 % (<i>clindamycin phosphate</i>)	4	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	1	SL (1 bottle (45 grams) per month.)
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %</i>	1	
<i>clindamycin phosphate external foam 1 %</i>	1	
<i>clindamycin phosphate external gel 1 %</i>	1	
<i>clindamycin phosphate external lotion 1 %</i>	1	
<i>clindamycin phosphate external solution 1 %</i>	1	
<i>clindamycin phosphate external swab 1 %</i>	1	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	1	
CLINDESSE VAGINAL CREAM 2 % (<i>clindamycin phosphate (1 dose)</i>)	2	
<i>neuac external gel 1.2-5 %</i>	1	SL (1 bottle (45 grams) per month.)
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phos-benzoyl perox</i>)	4	
XACIATO VAGINAL GEL 2 % (<i>clindamycin phosphate</i>)	2	
MONOBACTAM ANTIBIOTICS - Antibiotics		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (<i>aztreonam lysine</i>)	4	PA; ST; SL (84 vials per 56 days.); SP
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>	1	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	1	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (<i>zanamivir</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NITROIMIDAZOLE DERIVATIVE, ANTI-LEISHMAL - Drugs for the Mouth and Throat		
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	2	PA; SL (3 capsules per day.)
NITROIMIDAZOLE DERIVATIVE, TRYPANOCIDAL - Drugs for the Mouth and Throat		
BENZNIDAZOLE ORAL TABLET 100 MG	2	PA; SL (248 tablets per 720 days)
BENZNIDAZOLE ORAL TABLET 12.5 MG	2	PA; SL (720 tablets per 720 days.)
NITROIMIDAZOLE DERIVATIVES, MISC - Drugs for the Mouth and Throat		
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	4	
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 %, 1 %</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>	1	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	4	
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - Drugs for Viral Infections		
<i>acyclovir external cream 5 %</i>	1	
<i>acyclovir external ointment 5 %</i>	1	
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>adefovir dipivoxil oral tablet 10 mg</i>	1	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	2	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (<i>entecavir</i>)	4	
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab- tenofovir</i>)	3	SL (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	SL (1 tablet per day.)
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	3	SL (1 tablet per day.); H
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	SL (1 tablet per day.)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	1	SL (1 tablet per day.); H
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
LAGEVRIO ORAL CAPSULE 200 MG (<i>molnupiravir</i>)	2	SM
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab-rilpivir-tenofovir af</i>)	3	SL (1 tablet per day.)
<i>ribavirin inhalation solution reconstituted 6 gm</i>	1	
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
TEMBEXA ORAL SUSPENSION 10 MG/ML (<i>brincidofovir</i>)	4	
TEMBEXA ORAL TABLET 100 MG (<i>brincidofovir</i>)	4	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (<i>emtricitabine-tenofovir df</i>)	4	SL (1 tablet per day.)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	1	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	1	
<i>valganciclovir hcl oral tablet 450 mg</i>	1	
VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM (<i>ribavirin</i>)	4	
ZOVIRAX EXTERNAL CREAM 5 % (<i>acyclovir</i>)	4	
OTHER MACROLIDE ANTIBIOTICS - Antibiotics		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	1	SL (112 capsules and tablets (1 Package) per 180 days.)
<i>azithromycin oral packet 1 gm</i>	1	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	

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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>)	3	SL (136 mL per 10 days.)
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	3	SL (20 tablets per 7 days)
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicill-clarithro-omeprazole</i>)	3	SL (1 carton (10 administrative cards, 80 tablets) per 6 months.)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicill-clarithro-vonoprazan</i>)	4	SL (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>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	1	SL (112 capsules and tablets (1 Package) per 180 days.)
<i>azithromycin oral packet 1 gm</i>	1	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fidaxomicin</i>)	3	SL (136 mL per 10 days.)
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	3	SL (20 tablets per 7 days)
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicill-clarithro-omeprazole</i>)	3	SL (1 carton (10 administrative cards, 80 tablets) per 6 months.)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicill-clarithro-vonoprazan</i>)	4	SL (112 tablets per 180 days.)
ZITHROMAX ORAL PACKET 1 GM (<i>azithromycin</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
OXAZOLIDINONE ANTIBIOTICS - Antibiotics		
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	1	
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>linezolid</i>)	4	
PENICILLINASE-RESISTANT PENICILLINS - Antibiotics		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	
POLYENE ANTIFUNGALS - Drugs for Fungus		
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	
POLYMYXIN ANTIBIOTICS - Antibiotics		
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	1	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED 150 MG (<i>colistimethate sodium</i>)	4	
<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>)	3	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (<i>ciprofloxacin</i>)	3	
CIPRO ORAL TABLET 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	4	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>levofloxacin ophthalmic solution 1.5 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
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>	1	
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (<i>moxifloxacin hcl</i>)	4	
RIFAMYCIN ANTIBIOTICS - Antibiotics		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG (<i>rifamycin sodium</i>)	3	
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	2	
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML (<i>rifampin</i>)	3	PA
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	3	
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	3	SL (62 tablets per month.)
SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - Antibiotics		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	4	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	4	
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	4	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	4	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<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	
<i>avidoxy oral tablet 100 mg</i>	1	
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	SL (120 capsules per 180 days.)
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	SL (120 capsules per 180 days.)
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	1	
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (<i>doxycycline hyclate</i>)	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	4	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>mondoxyne nl oral capsule 100 mg</i>	1	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	4	SL (120 capsules per 180 days.)
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
URINARY ANTI-INFECTIVES - Drugs for the Urinary System		
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	4	
<i>fosfomycin tromethamine oral packet 3 gm</i>	1	
HIPREX ORAL TABLET 1 GM (<i>methenamine hippurate</i>)	4	
MACROBID ORAL CAPSULE 100 MG (<i>nitrofurantoin monohydrate macro</i>)	4	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	4	
<i>me/naphos/mb/lyo1 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>	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>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
URELLE ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
<i>uretron d/s oral tablet 81.6 mg</i>	1	
<i>urin ds oral tablet 81.6 mg</i>	1	
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 phosph sal</i>)	3	
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
<i>abiraterone acetate oral tablet 250 mg</i>	1	PA; SL (4 tablets per day.); SP; CM
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (<i>niraparib-abiraterone acetate</i>)	4	PA; ST; SL (2 tablets per day.); SP; CM
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	2	PA; SL (8 capsules per day.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALUNBRIG ORAL TABLET 180 MG, 90 MG (<i>brigatinib</i>)	2	PA; SL (1 tablet per day); SP; CM
ALUNBRIG ORAL TABLET 30 MG (<i>brigatinib</i>)	2	PA; SL (6 tablets per day); SP; CM
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (<i>brigatinib</i>)	2	PA; SL (30 packs per year); SP; CM
<i>anastrozole oral tablet 1 mg</i>	1	H
AUGTYRO ORAL CAPSULE 40 MG (<i>repotrectinib</i>)	2	PA; SL (8 capsules per day.); SP; CM
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (<i>avapritinib</i>)	4	PA; SL (1 tablet per day.); SP; CM
BALVERSA ORAL TABLET 3 MG (<i>erdafitinib</i>)	4	PA; SL (3 tablets per day.); SP; CM
BALVERSA ORAL TABLET 4 MG (<i>erdafitinib</i>)	4	PA; SL (2 tablets per day.); SP; CM
BALVERSA ORAL TABLET 5 MG (<i>erdafitinib</i>)	4	PA; SL (1 tablet per day.); SP; CM
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	4	PA; ST; SL (0.08 ml per day.)
<i>bexarotene external gel 1 %</i>	1	SP
<i>bexarotene oral capsule 75 mg</i>	1	CM
<i>bicalutamide oral tablet 50 mg</i>	1	CM
BOSULIF ORAL CAPSULE 100 MG (<i>bosutinib</i>)	2	PA; ST; SL (3 Capsules per day.); SP; CM
BOSULIF ORAL CAPSULE 50 MG (<i>bosutinib</i>)	2	PA; ST; SL (1 Capsule per day.); SP; CM
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	2	PA; ST; SL (4 tablets per day.); SP; CM
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	2	PA; ST; SL (1 tablet per day.); SP; CM
BRAFTOVI ORAL CAPSULE 75 MG (<i>encorafenib</i>)	4	PA; ST; SL (6 capsules per day); SP; CM
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	3	PA; ST; SL (4 capsules per day.); SP; CM
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	2	PA; SL (1 tablet per day.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CALQUENCE ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>)	2	PA; SL (2 tablets per day.); SP; CM
<i>capecitabine oral tablet 150 mg, 500 mg</i>	1	SP; CM
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	2	PA; SL (2 tablets per day.); SP; CM
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	2	PA; SL (1 tablet per day.); SP; CM
CASODEX ORAL TABLET 50 MG (<i>bicalutamide</i>)	4	CM
COMETRIQ ORAL KIT 20 MG (<i>cabozantinib s-malate</i>)	2	PA; SL (93 capsules per month.); SP; CM
COMETRIQ ORAL KIT 3 X 20 MG & 80 MG (<i>cabozantinib s-malate</i>)	2	PA; SL (124 capsules per month.); SP; CM
COMETRIQ ORAL KIT 80 & 20 MG (<i>cabozantinib s-malate</i>)	2	PA; SL (62 capsules per month.); SP; CM
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	4	PA; SL (2 capsules per day.); SP; CM
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	2	PA; SL (63 tablets per 21 days); SP; CM
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	CM
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	2	CM
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	1	PA; ST; SL (1 tablet per day.); SP; CM
<i>dasatinib oral tablet 20 mg</i>	1	PA; ST; SL (2 tablets per day.); SP; CM
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	2	PA; SL (2 tablets per day.); SP; CM
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	2	CM
EFUDEX EXTERNAL CREAM 5 % (<i>fluorouracil</i>)	4	
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	2	PA; SL (1 capsule per day.); SP; CM
ERLEADA ORAL TABLET 240 MG (<i>apalutamide</i>)	2	PA; SL (1 tablet per day.)
ERLEADA ORAL TABLET 60 MG (<i>apalutamide</i>)	2	PA; SL (4 tablets per day.); SP; CM
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	1	PA; SL (1 tablet per day.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>erlotinib hcl oral tablet 25 mg</i>	1	PA; SL (2 tablets per day.); SP; CM
<i>etoposide oral capsule 50 mg</i>	1	SP; CM
<i>everolimus oral tablet 10 mg, 7.5 mg</i>	1	PA; SL (2 tablets per day.); SP; CM
<i>everolimus oral tablet 2.5 mg, 5 mg</i>	1	PA; SL (1 tablet per day.); SP; CM
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	1	PA; SL (1 tablet per day.); SP; CM
<i>exemestane oral tablet 25 mg</i>	1	H
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (<i>degarelix acetate</i>)	3	SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (<i>degarelix acetate</i>)	3	SP
<i>fluorouracil external cream 5 %</i>	1	
<i>fluorouracil external solution 2 %, 5 %</i>	1	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (<i>tivozanib hcl</i>)	4	PA; SL (0.75 capsules per day.); SP; CM
FRUZAQLA ORAL CAPSULE 1 MG (<i>fruquintinib</i>)	4	PA; ST; SL (84 capsules per 21 days.); SP; CM
FRUZAQLA ORAL CAPSULE 5 MG (<i>fruquintinib</i>)	4	PA; ST; SL (21 capsules per 21 days.); SP; CM
GAVRETO ORAL CAPSULE 100 MG (<i>pralsetinib</i>)	4	PA; SL (4 capsules per day.); SP; CM
<i>gefitinib oral tablet 250 mg</i>	1	PA; SL (2 tablets per day.); SP; CM
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>)	3	PA; SL (1 tablet per day.); SP; CM
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	2	SP; CM
HEPZATO W/50MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED 50 MG (<i>melphalan hcl</i>)	3	
HEPZATO W/62MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED 50 MG (<i>melphalan hcl</i>)	3	
HYCAMTIN ORAL CAPSULE 0.25 MG (<i>topotecan hcl</i>)	2	PA; SL (15 capsules per 15 days.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYCAMTIN ORAL CAPSULE 1 MG (<i>topotecan hcl</i>)	2	PA; SL (305 capsules per 15 days.); SP; CM
HYDREA ORAL CAPSULE 500 MG (<i>hydroxyurea</i>)	4	CM
<i>hydroxyurea oral capsule 500 mg</i>	1	CM
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	2	PA; SL (21 capsules per month.); SP; CM
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	2	PA; SL (0.75 tablets per day.); SP; CM
ICLUSIG ORAL TABLET 10 MG (<i>ponatinib hcl</i>)	3	PA; SL (1 tablet per day.); CM
ICLUSIG ORAL TABLET 15 MG, 45 MG (<i>ponatinib hcl</i>)	3	PA; SL (1 tablet per day.); SP; CM
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	2	PA; SL (1 tablet per day); SP; CM
<i>imatinib mesylate oral tablet 100 mg</i>	1	PA; SL (6 tablets per day.); SP; CM
<i>imatinib mesylate oral tablet 400 mg</i>	1	PA; SL (1 tablet per day.); SP; CM
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	2	PA; SL (4 capsules per day.); SP; CM
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	2	PA; SL (1 capsule per day.); SP; CM
IMBRUVICA ORAL SUSPENSION 70 MG/ML (<i>ibrutinib</i>)	2	PA; SL (7.2 ml per day.); SP; CM
IMBRUVICA ORAL TABLET 420 MG (<i>ibrutinib</i>)	2	PA; SL (1 tablet per day.); SP; CM
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	3	PA; SL (6 tablets per day.); SP; CM
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	3	PA; SL (124 tablets per 30 days.); SP; CM
INQOVI ORAL TABLET 35-100 MG (<i>decitabine-cedazuridine</i>)	4	PA; SL (5 tablets per month.); SP; CM
INREBIC ORAL CAPSULE 100 MG (<i>fedratinib hcl</i>)	4	PA; ST; SL (4 capsules per day.); SP; CM
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	4	PA; SL (2 tablets per day.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IWILFIN ORAL TABLET 192 MG (<i>eflornithine hcl</i>)	2	PA; SL (8 tablets per day.); SP; CM
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	2	PA; SL (2 tablets per day.); SP; CM
JAYPIRCA ORAL TABLET 100 MG (<i>pirtobrutinib</i>)	4	PA; SL (3 tablets per day.); SP; CM
JAYPIRCA ORAL TABLET 50 MG (<i>pirtobrutinib</i>)	4	PA; SL (1 tablet per day.); SP; CM
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	4	PA; CM
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	4	PA; SL (21 tablets per month); SP; CM
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	4	PA; SL (42 tablets per 21 days.); SP; CM
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	4	PA; SL (63 tablets per 21 days.); SP; CM
KOSELUGO ORAL CAPSULE 10 MG (<i>selumetinib sulfate</i>)	3	PA; SL (8 capsules per day.); SP; CM
KOSELUGO ORAL CAPSULE 25 MG (<i>selumetinib sulfate</i>)	3	PA; SL (4 capsules per day.); SP; CM
KRAZATI ORAL TABLET 200 MG (<i>adagrasib</i>)	4	PA; SL (6 tablets per day.); SP; CM
<i>lapatinib ditosylate oral tablet 250 mg</i>	1	PA; SP; CM
LAZCLUZE ORAL TABLET 240 MG, 80 MG (<i>lazertinib mesylate</i>)	4	PA; SP; CM
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg</i>	1	PA; SL (28 capsules per 21 days.); SP; CM
<i>lenalidomide oral capsule 20 mg, 25 mg</i>	1	PA; SL (21 capsules per 21 days.); SP; CM
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 2 X 10 MG, 2 X 4 MG (<i>lenvatinib mesylate</i>)	3	PA; SL (2 capsules per day.); SP; CM
LENVIMA ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG, 2 X 10 MG & 4 MG, 3 X 4 MG (<i>lenvatinib mesylate</i>)	3	PA; SL (3 capsules per day.); SP; CM
LENVIMA ORAL CAPSULE THERAPY PACK 10 MG, 4 MG (<i>lenvatinib mesylate</i>)	3	PA; SL (1 capsule per day.); SP; CM
<i>letrozole oral tablet 2.5 mg</i>	1	H
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	2	CM
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LONSURF ORAL TABLET 15-6.14 MG (<i>trifluridine-tipiracil</i>)	4	PA; SL (100 tablets per month.); SP; CM
LONSURF ORAL TABLET 20-8.19 MG (<i>trifluridine-tipiracil</i>)	4	PA; SL (80 tablets per 21 days.); SP; CM
LORBRENA ORAL TABLET 100 MG, 25 MG (<i>lorlatinib</i>)	3	PA; ST; SP; CM
LUMAKRAS ORAL TABLET 120 MG (<i>sotorasib</i>)	4	PA; SL (4 tablets per day.); SP; CM
LUMAKRAS ORAL TABLET 320 MG (<i>sotorasib</i>)	4	PA; SL (3 tablets per day.); SP; CM
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	2	PA; SL (4 tablets per day); SP; CM
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	2	CM
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	4	PA; SL (84 tablets per month.); SP; CM
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	4	PA; SL (112 tablets per month.); SP; CM
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	4	PA; SL (140 tablets per month.); SP; CM
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	2	SP; CM
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	3	PA; ST; SL (40 tablets per 720 days.)
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	1	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (<i>trametinib dimethyl sulfoxide</i>)	4	ST; SL (17.4 ml per day.); SP; CM
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	4	PA; ST; SL (2 tablets per day.); SP; CM
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	4	PA; ST; SL (1 tablet per day.); SP; CM
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	4	PA; ST; SL (6 tablets per day); SP; CM
<i>mercaptopurine oral tablet 50 mg</i>	1	CM
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	

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<i>methotrexate sodium oral tablet 2.5 mg</i>	1	CM
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	2	CM
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	2	PA; SL (6 tablets per day.); SP; CM
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	2	PA; SP; CM
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	2	PA; SL (4 tablets per day.); SP; CM
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	2	PA; SL (1 capsule per day.); SP; CM
OGSIVEO ORAL TABLET 100 MG, 150 MG (<i>nirogacestat hydrobromide</i>)	2	PA; SP; CM
OGSIVEO ORAL TABLET 50 MG (<i>nirogacestat hydrobromide</i>)	2	PA; SL (6 tablets per day.); SP; CM
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML (<i>tovorafenib</i>)	4	PA; SL (96 ml per month.); SP; CM
OJEMDA ORAL TABLET 100 MG (<i>tovorafenib</i>)	4	PA; SL (24 tablets per month.); SP; CM
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (<i>mometotinib dihydrochloride</i>)	4	PA; SL (1 tablet per day.); SP; CM
ONUREG ORAL TABLET 200 MG, 300 MG (<i>azacitidine</i>)	2	PA; SL (14 tablets per 24 days.); SP; CM
OPZELURA EXTERNAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	4	PA; SL (120 grams per prescription and 1200 grams per 365 days.); SP
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	3	PA; SL (1 tablet per day); SP; CM
ORSERDU ORAL TABLET 345 MG (<i>elacestrant hydrochloride</i>)	2	PA; SL (1 tablet per day.); SP; CM
ORSERDU ORAL TABLET 86 MG (<i>elacestrant hydrochloride</i>)	2	PA; SL (3 tablets per day.); SP; CM
<i>pazopanib hcl oral tablet 200 mg</i>	1	PA; SL (4 tablets per day.); SP; CM
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	2	SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	2	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (<i>pemigatinib</i>)	4	PA; SL (1 tablet per day.); SP; CM
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG (<i>alpelisib</i>)	2	PA; SL (2 tablets per day.); SP; CM
PIQRAY ORAL TABLET THERAPY PACK 200 MG (<i>alpelisib</i>)	2	PA; SL (1 tablet per day.); SP; CM
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	3	PA; SL (21 capsules per 21 days.); SP; CM
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	4	SP; CM
QINLOCK ORAL TABLET 50 MG (<i>ripretinib</i>)	4	PA; SL (3 tablets per day.); SP; CM
RETEVMO ORAL CAPSULE 40 MG (<i>selpercatinib</i>)	4	PA; SL (6 capsules per day.); SP; CM
RETEVMO ORAL CAPSULE 80 MG (<i>selpercatinib</i>)	4	PA; SP; CM
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG (<i>selpercatinib</i>)	4	PA; SP; CM
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>lenalidomide</i>)	2	PA; SL (28 capsules per 21 days.); SP; CM
REVLIMID ORAL CAPSULE 20 MG, 25 MG (<i>lenalidomide</i>)	2	PA; SL (21 capsules per 21 days.); SP; CM
REZLIDHIA ORAL CAPSULE 150 MG (<i>olutasidenib</i>)	2	PA; SL (2 capsules per day.); CM
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (<i>entrectinib</i>)	2	PA; SL (3 capsules per day.); SP; CM
ROZLYTREK ORAL PACKET 50 MG (<i>entrectinib</i>)	2	SL (3 pellet packets per day.); SP; CM
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>)	3	PA; ST; SL (4 tablets per day.); SP; CM
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	2	PA; SL (8 capsules per day); SP; CM
SCSEMBLIX ORAL TABLET 100 MG (<i>asciminib hcl</i>)	4	PA; SP; CM
SCSEMBLIX ORAL TABLET 20 MG, 40 MG (<i>asciminib hcl</i>)	4	PA; SL (2 tablets per day.); SP; CM
SOLTAMOX ORAL SOLUTION 10 MG/5ML (<i>tamoxifen citrate</i>)	4	
<i>sorafenib tosylate oral tablet 200 mg</i>	1	PA; SL (4 tablets per day.); SP; CM

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STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	2	PA; SL (84 tablets per 21 days.); SP; CM
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	PA; SL (1 capsule per day.); SP; CM
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	2	SP; CM
TABRECTA ORAL TABLET 150 MG, 200 MG (<i>capmatinib hcl</i>)	4	PA; SL (4 tablets per day.); SP; CM
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	4	PA; ST; SL (4 capsules per day.); SP; CM
TAFINLAR ORAL TABLET SOLUBLE 10 MG (<i>dabrafenib mesylate</i>)	4	ST; SL (12 tablets per day.); SP; CM
TAGRISSO ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	3	PA; SL (1 tablet per day.); SP; CM
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (<i>talazoparib tosylate</i>)	4	PA; ST; SL (1 capsule per day.); SP; CM
<i>tamoxifen citrate oral tablet 10 mg</i>	1	
<i>tamoxifen citrate oral tablet 20 mg</i>	1	H
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (<i>nilotinib hcl</i>)	2	PA; ST; SL (4 capsules per day.); SP; CM
TAZVERIK ORAL TABLET 200 MG (<i>tazemetostat hbr</i>)	4	PA; SL (8 tablets per day.); SP; CM
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	1	PA; SP; CM
TEPMETKO ORAL TABLET 225 MG (<i>tepotinib hcl</i>)	4	PA; SL (2 tablets per day.); SP; CM
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	2	PA; SL (2 tablets per day.); SP; CM
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	4	
<i>toremifene citrate oral tablet 60 mg</i>	1	CM
<i>torpenz oral tablet 10 mg, 7.5 mg</i>	1	PA; SL (2 tablets per day.); SP; CM
<i>torpenz oral tablet 2.5 mg, 5 mg</i>	1	PA; SL (1 tablet per day.); SP; CM
<i>tretinoin oral capsule 10 mg</i>	1	SP; CM
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	2	CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRUQAP ORAL TABLET 160 MG, 200 MG (<i>capivasertib</i>)	2	PA; SL (64 tablets per month.); SP
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG (<i>capivasertib</i>)	3	PA; SP; CM
TUKYSA ORAL TABLET 150 MG (<i>tucatinib</i>)	2	PA; SL (4 tablets per day.); SP; CM
TUKYSA ORAL TABLET 50 MG (<i>tucatinib</i>)	2	PA; SL (10 tablets per day.); SP; CM
TURALIO ORAL CAPSULE 125 MG (<i>pexidartinib hcl</i>)	2	PA; SL (4 capsules per day.); SP; CM
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (<i>quizartinib dihydrochloride</i>)	4	PA; SL (2 tablets per day.); SP; CM
VENCLEXTA ORAL TABLET 10 MG, 100 MG (<i>venetoclax</i>)	2	PA; SL (4 tablets per day.); SP; CM
VENCLEXTA ORAL TABLET 50 MG (<i>venetoclax</i>)	2	PA; SL (1 tablet per day.); SP; CM
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	2	PA; SL (42 tablets per year.); SP; CM
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	2	PA; SL (2 tablets per day.); SP; CM
VITRAKVI ORAL CAPSULE 100 MG (<i>larotrectinib sulfate</i>)	2	PA; SL (2 capsules per day.); SP; CM
VITRAKVI ORAL CAPSULE 25 MG (<i>larotrectinib sulfate</i>)	2	PA; SL (6 capsules per day.); SP; CM
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	2	PA; SL (10 mL per day.); SP; CM
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	3	PA; SL (1 tablet per day.); SP; CM
VONJO ORAL CAPSULE 100 MG (<i>pacritinib citrate</i>)	4	PA; SL (4 capsules per day.); SP; CM
VORANIGO ORAL TABLET 10 MG, 40 MG (<i>vorasidenib</i>)	4	PA; SP; CM
WELIREG ORAL TABLET 40 MG (<i>belzutifan</i>)	4	PA; SL (3 tablets day.); SP; CM
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	4	SL (4 ml per day); CM
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	3	PA; SL (3 tablets per day.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (<i>selinexor</i>)	4	PA; SL (0.26 tablet per day.); SP; CM
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	4	PA; SL (0.14 tablet per day.); SP; CM
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	4	PA; SL (0.29 tablet per day.); SP; CM
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (<i>selinexor</i>)	4	PA; SL (0.14 tablet per day.); SP; CM
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	4	PA; SL (0.86 tablets per day.); SP; CM
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	4	PA; SL (0.29 tablet per day.); SP; CM
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	4	PA; SL (1.15 tablets per day.); SP; CM
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	2	PA; SL (4 capsules per day.); SP; CM
XTANDI ORAL TABLET 40 MG (<i>enzalutamide</i>)	2	PA; SL (4 tablets per day.); SP; CM
XTANDI ORAL TABLET 80 MG (<i>enzalutamide</i>)	2	PA; SL (2 tablets per day.); SP; CM
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (<i>niraparib tosylate</i>)	2	PA; SL (1 tablet per day.); SP; CM
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	2	PA; SL (8 tablets per day.); SP; CM
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	2	PA; SL (4 capsules per day.); SP; CM
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	4	PA; SL (60 tablets per month.); SP; CM
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; SL (1 tablet per day.)
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (<i>dust mite mixed allergen ext</i>)	4	PA; SL (1 tablet per day.)
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	4	PA; SL (1 tablet per day.)

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ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 100 IR (<i>grass mix pollens allergen ext</i>)	4	PA; SL (3 tablets per year.)
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	4	PA; SL (1 tablet per day.)
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (<i>peanut powder-dnfp</i>)	3	PA; SL (13 capsules per year.); SP
PALFORZIA ORAL 2 X 1 MG & 10 MG, 3 X 1 MG (<i>peanut powder-dnfp</i>)	3	PA; SL (45 capsules per 13 days.); SP
PALFORZIA ORAL 2 X 100 MG, 2 X 20 MG, 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	3	PA; SL (30 capsules per 13 days.); SP
PALFORZIA ORAL 2 X 20 MG & 2 X 100 MG, 4 X 20 MG (<i>peanut powder-dnfp</i>)	3	PA; SL (60 capsules per 13 days.); SP
PALFORZIA ORAL 20 MG (<i>peanut powder-dnfp</i>)	3	PA; SL (15 capsules per 13 days.); SP
PALFORZIA ORAL 3 X 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	3	PA; SL (60 capsule per 13 days.); SP
PALFORZIA ORAL 6 X 1 MG (<i>peanut powder-dnfp</i>)	3	PA; SL (90 capsules per 13 days.); SP
PALFORZIA ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	3	PA; SL (1 capsule per day.); SP
PALFORZIA ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	3	PA; SL (15 capsules per 13 days.); SP
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (<i>short ragweed pollen ext</i>)	4	PA; SL (1 tablet per day.)
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	H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR (<i>diphth-acell pertussis-tetanus</i>)	2	H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR (<i>diphth-acell pertussis-tetanus</i>)	3	H
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-hepatitis b recomb-ipv</i>)	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>dtap-ipv-hib vaccine</i>)	3	H
QUADRACEL INTRAMUSCULAR SUSPENSION (<i>dtap-ipv vaccine</i>)	3	H
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML (<i>tetanus-diphtheria toxoids td</i>)	3	H
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (<i>tetanus-diphtheria toxoids td</i>)	3	H
VAXELIS INTRAMUSCULAR SUSPENSION (<i>dtap-ipv-hib-hepatitis b recomb</i>)	3	H
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv-hib-hepatitis b recomb</i>)	3	H
VACCINES - Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML (<i>rsv pre-fusion f a&b vac recomb</i>)	3	H
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	2	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 (<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	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>dengue virus vaccine live tetr</i>)	3	H
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML (<i>hepatitis b vac recombinant</i>)	2	H
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (<i>hepatitis b vac recombinant</i>)	2	H
FLUAD 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 (<i>hvp 9-valent recomb vaccine</i>)	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hvp 9-valent recomb vaccine</i>)	3	H
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML (<i>hepatitis a vaccine</i>)	3	H
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (<i>hepatitis b vac recomb adj</i>)	3	H
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG (<i>haemophilus b polysac conj vac</i>)	3	H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR (<i>diphth-acell pertussis-tetanus</i>)	2	H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR (<i>diphth-acell pertussis-tetanus</i>)	3	H
IPOL INJECTION INJECTABLE (<i>poliovirus vaccine inactivated</i>)	2	H
MENQUADFI INTRAMUSCULAR SOLUTION (<i>mening acy&w-135 tetanus conj</i>)	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	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
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML (<i>hepatitis b vac 3-antigen rcmb</i>)	3	H
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>pneumococcal 20-val conj vacc</i>)	3	H
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	3	H
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles-mumps-rubella-varicell</i>)	3	H
QUADRACEL INTRAMUSCULAR SUSPENSION (<i>dtap-ipv vaccine</i>)	3	H
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML (<i>hepatitis b vac recombinant</i>)	2	H
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML (<i>hepatitis b vac recombinant</i>)	2	H
ROTARIX ORAL SUSPENSION (<i>rotavirus vaccine live oral</i>)	3	H
ROTATEQ ORAL SOLUTION (<i>rotavirus vac live pentavalent</i>)	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 (<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	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
<i>goodsense nicotine mouth/throat gum 2 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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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>	1	H
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	1	H
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	1	H
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, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	2	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (<i>desloratadine-pseudoephedrine</i>)	3	
<i>droxidopa oral capsule 100 mg</i>	1	PA; SL (90 tablets per month.); SP
<i>droxidopa oral capsule 200 mg, 300 mg</i>	1	PA; SL (180 tablets per month.); SP
<i>epinephrine hcl (nasal) nasal solution 0.1 %</i>	1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	
LETS KIT	3	PA
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALPHA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	
<i>lofexidine hcl oral tablet 0.18 mg</i>	1	SL (192 tablets per year.)
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	4	SL (192 tablets per year.)
METHYLDOPA ORAL TABLET 250 MG, 500 MG	4	PA
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	3	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	1	
<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	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium-vilanterol</i>)	3	SL (2 blisters per day.)
<i>atropine sulfate ophthalmic ointment 1 %</i>	1	
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	2	SL (0.87 grams per day.)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	2	SL (0.36 grams per day.)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	3	SL (0.36 grams per day.)
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	2	SL (0.28 grams per day.)
CUVPOSA ORAL SOLUTION 1 MG/5ML (<i>glycopyrrolate</i>)	4	
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	1	SL (1 capsule per day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	2	SL (0.15 grams per day.)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	2	SL (0.15 grams per day.)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	3	SL (2 blisters per day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	3	SL (2 blisters per day.)
URELLE ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
<i>uretron d/s oral tablet 81.6 mg</i>	1	
<i>urin ds oral tablet 81.6 mg</i>	1	
UROGESIC-BLUE ORAL TABLET 81.6 MG (<i>methen-hyosc-meth blue-na phos</i>)	2	
VILEVEV MB ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revedfenacin</i>)	4	SL (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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>goodsense nicotine mouth/throat gum 2 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
<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>	1	H
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	1	H
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	1	H
CENTRALLY ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	PA
ENOVARX-CYCLOBENZAPRINE HCL TRANSDERMAL CREAM 20 MG/GM	3	PA
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
<i>methocarbamol oral tablet 1000 mg, 500 mg, 750 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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>	1	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	
VP FC KIT EXTERNAL CREAM	3	PA
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (<i>tizanidine hcl</i>)	4	
ZANAFLEX ORAL TABLET 4 MG (<i>tizanidine hcl</i>)	4	
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, 5 MG/5ML	4	
<i>baclofen oral suspension 25 mg/5ml</i>	1	
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
ENOVARX-BACLOFEN EXTERNAL CREAM 1 %	3	PA
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (<i>baclofen</i>)	4	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (<i>ketoprofen-baclofen-gabap-lido</i>)	3	PA
OZOBAX DS ORAL SOLUTION 10 MG/5ML (<i>baclofen</i>)	4	
INDIRECT-ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	
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	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	4	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	4	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
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	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	
<i>ergoloid mesylates oral tablet 1 mg</i>	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (<i>ergotamine tartrate</i>)	4	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	3	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - Drugs for Bladder Incontinence		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY (<i>donepezil hcl</i>)	4	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>cevimeline hcl oral capsule 30 mg</i>	1	
<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	
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	2	PA; SL (300 tablets per month.); 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	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (<i>memantine hcl-donepezil hcl</i>)	4	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	4	
<i>pilocarpine hcl 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>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	1	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (<i>pilocarpine hcl</i>)	4	
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>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	
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>)	2	SL (0.4 grams per day.)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	1	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	
<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	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium-vilanterol</i>)	3	SL (2 blisters per day.)
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	1	SL (2 nebules per day)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	2	SL (0.36 grams per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT (<i>fluticasone furoate-vilanterol</i>)	2	SL (2 blisters per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT, 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	3	SL (2 blisters per day.)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	3	SL (0.36 grams per day.)
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (<i>arformoterol tartrate</i>)	4	SL (2 nebules per day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	2	SL (0.28 grams per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT (<i>mometasone furo-formoterol fum</i>)	4	ST; SL (0.44 grams per day.)
DULERA INHALATION AEROSOL 50-5 MCG/ACT (<i>mometasone furo-formoterol fum</i>)	4	ST; SL (0.44 mcg per day.)
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	4	SL (2 blisters per day.)
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	4	SL (0.4 grams per day.)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	SL (2 blisters per day.)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	SL (0.04 mcg per day.)
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	1	SL (2 vials per day.)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	4	SL (2 vials per day.)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>salmeterol xinafoate</i>)	2	SL (1 diskus (60 blisters) per month.)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	2	SL (0.15 grams per day.)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	2	SL (0.15 grams per day.)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	1	SL (0.35 grams per day.)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	3	SL (2 blisters per day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	3	SL (2 blisters per day.)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	SL (2 blisters per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (<i>levalbuterol tartrate</i>)	3	
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 oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
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, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - Drugs for Relaxing Muscles		
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	
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>)	2	SL (2 syringes per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	2	SL (4 syringes per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML (<i>darbepoetin alfa</i>)	2	SL (1.6 ml per month.); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML (<i>darbepoetin alfa</i>)	2	SL (1 prefill syringe per month); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	2	SL (2 vials per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML (<i>darbepoetin alfa</i>)	2	SL (4 vials per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML (<i>darbepoetin alfa</i>)	2	SL (2 vials per prescription); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>darbepoetin alfa</i>)	2	SL (2 syringes per month); SP
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG (<i>daprodustat</i>)	4	PA; SL (1 tablet per day.); SP
JESDUVROQ ORAL TABLET 6 MG (<i>daprodustat</i>)	4	PA; SL (2 tablets per day.); SP
JESDUVROQ ORAL TABLET 8 MG (<i>daprodustat</i>)	4	PA; SL (3 tablets per day.); SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML (<i>epoetin alfa-epbx</i>)	2	SL (8 ml per 21 days); SP
RETACRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa-epbx</i>)	2	SL (12 ml per 21 days.); SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML (<i>epoetin alfa-epbx</i>)	2	
RETACRIT INJECTION SOLUTION 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	2	SL (4 ml per 21 days.); SP
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, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	1	
TRICITRASOL IN VITRO CONCENTRATE 46.7 % (<i>anticoagulant sodium citrate</i>)	3	
ANTITHROMBOTIC AGENTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	2	PA; SL (1 vial per day and 58 vials per 120 days.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LODOCO ORAL TABLET 0.5 MG (<i>colchicine</i>)	4	SL (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>)	3	PA; SL (56 tablets per 28 days.); SP; CM
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG (<i>mitapivat sulfate</i>)	3	PA; SL (7 tablets per 365 days.); SP; CM
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG (<i>mitapivat sulfate</i>)	3	PA; SL (14 tablets per 365 days.); SP; CM
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	4	PA; SL (2 tablets per day); SP
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	SL (2.5 tablets per day.)
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	2	SL (2 tablets per day.)
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	2	SL (2.5 tablets per day.)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	4	ST; SL (1 tablet per day.)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (<i>rivaroxaban</i>)	2	SL (20 ml per day.)
XARELTO ORAL TABLET 10 MG (<i>rivaroxaban</i>)	2	SL (1 tablet per day.)
XARELTO ORAL TABLET 15 MG (<i>rivaroxaban</i>)	2	SL (52 tablets per month initial 1 tablet per day for maintenance.)
XARELTO ORAL TABLET 2.5 MG (<i>rivaroxaban</i>)	2	SL (2 tablets per day.)
XARELTO ORAL TABLET 20 MG (<i>rivaroxaban</i>)	2	SL (31 tablets per 31 days.)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	2	SL (51 tablets per year.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIRECT THROMBIN INHIBITORS - Drugs to Prevent Blood Clots		
<i>dabigatran etexilate mesylate oral capsule 110 mg</i>	1	SL (2 tablets per day.)
<i>dabigatran etexilate mesylate oral capsule 150 mg, 75 mg</i>	1	SL (62 capsules per 31 days.)
PRADAXA ORAL CAPSULE 110 MG (<i>dabigatran etexilate mesylate</i>)	2	SL (2 tablets per day.)
PRADAXA ORAL CAPSULE 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	2	SL (62 capsules per 31 days.)
PRADAXA ORAL PACKET 110 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>dabigatran etexilate mesylate</i>)	4	SL (4 packets per day.)
PRADAXA ORAL PACKET 150 MG (<i>dabigatran etexilate mesylate</i>)	4	SL (2 packets per day.)
HEMATOPOIETIC AGENTS - Drugs for Anemia		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (<i>eltrombopag choline</i>)	4	PA; SP; CM
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML (<i>darbepoetin alfa</i>)	2	SL (2 syringes per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	2	SL (4 syringes per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML (<i>darbepoetin alfa</i>)	2	SL (1.6 ml per month.); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML (<i>darbepoetin alfa</i>)	2	SL (1 prefill syringe per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	2	SL (2 vials per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML (<i>darbepoetin alfa</i>)	2	SL (4 vials per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML (<i>darbepoetin alfa</i>)	2	SL (2 vials per prescription); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>darbepoetin alfa</i>)	2	SL (2 syringes per month); SP
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	4	PA; SL (15 tablets per month.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG (<i>daprodustat</i>)	4	PA; SL (1 tablet per day.); SP
JESDUVROQ ORAL TABLET 6 MG (<i>daprodustat</i>)	4	PA; SL (2 tablets per day.); SP
JESDUVROQ ORAL TABLET 8 MG (<i>daprodustat</i>)	4	PA; SL (3 tablets per day.); SP
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (<i>sargramostim</i>)	2	
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML (<i>plerixafor</i>)	4	SP
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	2	PA; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	2	
<i>plerixafor subcutaneous solution 24 mg/1.2ml</i>	1	SP
PROMACTA ORAL PACKET 12.5 MG (<i>eltrombopag olamine</i>)	4	PA; SL (6 packets per day.); SP
PROMACTA ORAL PACKET 25 MG (<i>eltrombopag olamine</i>)	4	PA; SL (6 packets per day.)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	4	PA; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML (<i>epoetin alfa-epbx</i>)	2	SL (8 ml per 21 days); SP
RETACRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa-epbx</i>)	2	SL (12 ml per 21 days.); SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML (<i>epoetin alfa-epbx</i>)	2	
RETACRIT INJECTION SOLUTION 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	2	SL (4 ml per 21 days.); SP
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	2	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	2	SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	2	SP
HEMORRHEOLOGIC AGENTS - Drugs for Blood Flow		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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>)	2	SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	4	PA; SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>)	4	PA; SP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor-vwf</i>)	2	SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>coagulation factor ix</i>)	2	
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 500 UNIT (<i>coagulation factor ix</i>)	2	SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>coagulation factor ix (rfixfc)</i>)	3	SP
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact fc-vwf-xten-ehl</i>)	4	PA; SP
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	1	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	1	
ASTRINGYN EXTERNAL SOLUTION 259 MG/GM (<i>ferric subsulfate</i>)	3	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	2	SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (<i>coagulation factor x (human)</i>)	2	SP
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (<i>factor xiii concentrate human</i>)	2	SP
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	1	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	3	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	1	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	1	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (<i>antihem fact (bdd-rfviiiifc)</i>)	4	PA; SP
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (<i>antiinhibitor coagulant cplx</i>)	2	SP
GELFILM OPHTHALMIC FILM (<i>gelatin adsorbable</i>)	2	
GEL-FLOW EXTERNAL KIT (<i>gelatin absorb-thrombin</i>)	3	
GELFOAM-JMI POWDER EXTERNAL KIT (<i>gelatin absorb-thrombin</i>)	3	
GELFOAM-JMI SPONGE EXTERNAL KIT (<i>gelatin absorb-thrombin</i>)	3	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML (<i>emicizumab-kxwh</i>)	2	PA; SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	2	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1700 UNIT (<i>antihemophilic factor</i>)	2	SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (<i>antihemophilic factor-vwf</i>)	2	SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (<i>coagulation factor ix (rix-fp)</i>)	3	SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>ahf (bdd-rfviii peg-aucI)</i>)	4	PA; SP
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	2	
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	2	
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem factor recomb (rfviii)</i>)	2	

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	
<i>heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml</i>	1	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml, 5000 unit/ml</i>	1	
INDIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	1	
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	
NEONATAL COMPLETE ORAL TABLET 27-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (<i>prenat-fe-methylfol-dha w/o a</i>)	3	
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-w/o vit a</i>)	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (<i>ped multivitamins-fl-iron</i>)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (<i>ped multivitamins-fl-iron</i>)	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
<i>prenatal oral tablet 27-1 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<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	
PRIMACARE ORAL CAPSULE 30-1-470 MG (<i>pren-fe-meth-fa-omeg w/o a</i>)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	4	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
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>	1	
DODEX INJECTION SOLUTION 1000 MCG/ML (<i>cyanocobalamin</i>)	4	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	3	
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>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	2	SL (2 tablets per day.)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	E	H
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	E	H
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	4	SL (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
VON WILLEBRAND FACTOR-RELATED ANTITHROMB - Drugs to Prevent Blood Clots		
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	2	PA; SL (1 vial per day and 58 vials per 120 days.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARDIOVASCULAR DRUGS		
BRADYKININ RECEPTORS ANTAGONISTS		
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	PA; SL (0.6 ml per day.); 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>	1	PA; SL (4 tablets per day.); SP
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	4	PA; SL (4 tablets per day.); SP
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
KALLIKREIN		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	2	PA; SL (0.072 ml per day.); SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>lanadelumab-flyo</i>)	2	PA; SL (0.0375 ml per day.); SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>lanadelumab-flyo</i>)	2	PA; SL (0.072 ml per day.); 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>	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (<i>furosemide</i>)	4	PA
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (<i>furosemide</i>)	4	
SOAANZ ORAL TABLET 20 MG (<i>torseamide</i>)	4	SL (1 tablet per day.)
SOAANZ ORAL TABLET 40 MG, 60 MG (<i>torseamide</i>)	4	SL (2 tablets per day.)
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
POTASSIUM-SPARING DIURETIC		
<i>amiloride hcl oral tablet 5 mg</i>	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
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	
THALITONE ORAL TABLET 15 MG (<i>chlorthalidone</i>)	4	
CARDIOVASCULAR DRUGS - Drugs for the Heart		
ACL INHIBITORS - Drugs for Cholesterol		
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	2	SL (1 tablet per day.)
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	2	SL (1 tablet per day.)
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	
<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>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<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 ANTAGON.(HYPOTN) - Drugs for High Blood Pressure & Angina		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	4	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
VALSARTAN ORAL SOLUTION 4 MG/ML	4	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
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>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	4	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan-chlorthalidone</i>)	4	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (<i>sacubitril-valsartan</i>)	4	PA
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	4	PA; SL (2 tablets per day.)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
VALSARTAN ORAL SOLUTION 4 MG/ML	4	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
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>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	4	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	4	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS - Drugs for the Heart		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG (quinapril-hydrochlorothiazide)	4	
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	1	
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
enalapril maleate oral solution 1 mg/ml	1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
EPANED ORAL SOLUTION 1 MG/ML (enalapril maleate)	4	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (benazepril-hydrochlorothiazide)	4	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (benazepril hcl)	4	
moexipril hcl oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
QBRELIS ORAL SOLUTION 1 MG/ML (lisinopril)	4	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (<i>lomitapide mesylate</i>)	4	PA; ST; SL (1 capsule per day.); SP
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	2	SL (1 tablet per day.)
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	2	SL (1 tablet per day.)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	1	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	1	
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	
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	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	4	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	4	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	4	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	4	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>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>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	4	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>colesevelam hcl oral packet 3.75 gm</i>	1	
<i>colesevelam hcl oral tablet 625 mg</i>	1	
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	
<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>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; 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
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	4	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	4	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	4	
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>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	4	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	

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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	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 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>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	4	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	4	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	4	
CARBONIC ANHYDRASE INHIBITORS(HYPOTEN) - Drugs for High Blood Pressure & Angina		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
CARDIAC DRUGS, MISCELLANEOUS - Drugs for Angina		
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG, 500 MG (<i>ranolazine</i>)	4	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>mavacamten</i>)	4	PA; SL (1 capsule per day.); SP
CORLANOR ORAL SOLUTION 5 MG/5ML (<i>ivabradine hcl</i>)	3	PA; SL (20 ml per day.)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	3	PA; SL (2 tablets per day.)
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	1	PA; SL (2 tablets per day.)
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	1	
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	2	PA; SL (1 capsule per day.); SP
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine (cardiac)</i>)	2	PA; SL (4 capsules per day.); SP
CARDIOTONIC AGENTS - Drugs for Angina		
CORLANOR ORAL SOLUTION 5 MG/5ML (<i>ivabradine hcl</i>)	3	PA; SL (20 ml per day.)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	3	PA; SL (2 tablets per day.)
<i>digoxin oral solution 0.05 mg/ml</i>	1	
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	1	
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	1	PA; SL (2 tablets per day.)
LANOXIN ORAL TABLET 125 MCG, 250 MCG (<i>digoxin</i>)	3	
LANOXIN ORAL TABLET 62.5 MCG (<i>digoxin</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CENTRAL ALPHA-AGONISTS (25:24) - 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>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	4	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	4	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	4	
METHYLDOPA ORAL TABLET 250 MG, 500 MG	4	PA
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	4	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
CGMP SYNTHESIS AGENT - Drugs for High Blood Pressure & Angina		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	4	PA; SL (1 tablet per day.)
CHOLESTEROL ABSORPTION INHIBITORS - Drugs for Cholesterol		
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	2	SL (1 tablet per day.)
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (<i>ezetimibe-simvastatin</i>)	4	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DILANTIN ORAL CAPSULE 100 MG, 30 MG (<i>phenytoin sodium extended</i>)	3	
DILANTIN ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</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, 300 mg</i>	1	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
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>	1	
<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 oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	4	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	4	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	4	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	4	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
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>	1	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	4	PA
PACERONE ORAL TABLET 100 MG, 400 MG (<i>amiodarone hcl</i>)	3	
PACERONE ORAL TABLET 200 MG (<i>amiodarone hcl</i>)	4	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	4	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (<i>dofetilide</i>)	4	
CLASS IV ANTIARRHYTHMICS - Drugs for Angina		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	4	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	4	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	4	
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>	1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
KATERZIA ORAL SUSPENSION 1 MG/ML (<i>amlodipine benzoate</i>)	4	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	4	
NYMALIZE ORAL SOLUTION 6 MG/ML (<i>nimodipine</i>)	2	
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	SL (6 units per month)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	3	SL (6 units per month)
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	3	SL (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>	1	
METHYLDOPA ORAL TABLET 250 MG, 500 MG	4	PA
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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>	1	
<i>fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg</i>	1	
<i>fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg</i>	1	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	1	
FIBRICOR ORAL TABLET 105 MG, 35 MG (<i>fenofibric acid</i>)	4	
<i>gemfibrozil oral tablet 600 mg</i>	1	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (<i>fenofibrate</i>)	4	
LOPID ORAL TABLET 600 MG (<i>gemfibrozil</i>)	4	
HMG-COA REDUCTASE INHIBITORS - Drugs for Cholesterol		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (<i>lovastatin</i>)	4	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	1	SL (1 tablet per day)
ATORVALIQ ORAL SUSPENSION 20 MG/5ML (<i>atorvastatin calcium</i>)	4	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	1	H
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	1	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
FLOLIPID ORAL SUSPENSION 20 MG/5ML, 40 MG/5ML	4	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	1	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	1	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin calcium</i>)	4	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	H
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	H
<i>simvastatin oral tablet 80 mg</i>	1	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (<i>ezetimibe-simvastatin</i>)	4	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (<i>pitavastatin magnesium</i>)	4	
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>	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (<i>furosemide</i>)	4	PA
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (<i>furosemide</i>)	4	
SOAANZ ORAL TABLET 20 MG (<i>torseamide</i>)	4	SL (1 tablet per day.)
SOAANZ ORAL TABLET 40 MG, 60 MG (<i>torseamide</i>)	4	SL (2 tablets per day.)
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS - Drugs for the Heart		
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	4	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KERENDIA ORAL TABLET 10 MG, 20 MG (<i>finerenone</i>)	4	PA; SL (1 tablet per day.)
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT) - Drugs for High Blood Pressure & Angina		
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	4	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
MTP PROTEIN INHIBITORS - Drugs for Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (<i>lomitapide mesylate</i>)	4	PA; ST; SL (1 capsule per day.); SP
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
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	4	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	4	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	

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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	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	4	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
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 rectal ointment 0.4 %</i>	1	SL (30 grams per month.)
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	1	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (<i>nitroglycerin</i>)	4	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (<i>nitroglycerin</i>)	3	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
RECTIV RECTAL OINTMENT 0.4 % (<i>nitroglycerin</i>)	4	SL (30 grams per month.)
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	4	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
NITRATES AND NITRITES - Drugs for the Heart		
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (<i>nitroglycerin</i>)	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	3	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	1	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (<i>nitroglycerin</i>)	4	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (<i>nitroglycerin</i>)	3	
OMEGA-3-MEDIATED ANTILIPEMICS - Drugs for Cholesterol		
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	1	
PCSK9 INHIBITORS - Drugs for Cholesterol		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>)	2	PA; ST; SL (3.5 ml (1 cartridge) per month.)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	2	PA; ST; SL (2 syringes per 28 days.)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	2	PA; ST; SL (2 ml per month.)
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for High Blood Pressure & Angina		
<i>alyq oral tablet 20 mg</i>	1	PA; SL (2 tablets per day); SP
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i>	1	SL (6 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	
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride-tadalafil</i>)	4	SL (1 capsule per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	PA; SL (186 ml per month.); SP
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	SL (6 tablets per month)
<i>sildenafil citrate oral tablet 20 mg</i>	1	SL (0.5 tablet per day.)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (<i>avanafil</i>)	2	SL (6 tablets per month)
<i>tadalafil (pah) oral tablet 20 mg</i>	1	PA; SL (2 tablets per day); SP
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	SL (6 tablets per month)
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	3	PA; SL (10 ml per day.); SP
<i>vardefafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	SL (6 tablets per month)
<i>vardefafil hcl oral tablet dispersible 10 mg</i>	1	SL (6 tablets per month)
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for the Heart		
<i>alyq oral tablet 20 mg</i>	1	PA; SL (2 tablets per day); SP
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i>	1	SL (6 tablets per month)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride-tadalafil</i>)	4	SL (1 capsule per day.)
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	PA; SL (186 ml per month.); SP
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	SL (6 tablets per month)
<i>sildenafil citrate oral tablet 20 mg</i>	1	SL (0.5 tablet per day.)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (<i>avanafil</i>)	2	SL (6 tablets per month)
<i>tadalafil (pah) oral tablet 20 mg</i>	1	PA; SL (2 tablets per day); SP
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	SL (6 tablets per month)
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	3	PA; SL (10 ml per day.); SP
<i>vardefafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	SL (6 tablets per month)
<i>vardefafil hcl oral tablet dispersible 10 mg</i>	1	SL (6 tablets per month)
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	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
RENIN INHIBITORS - Drugs for the Heart		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	1	
TEKTURNA ORAL TABLET 150 MG, 300 MG (<i>aliskiren fumarate</i>)	3	
RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC - Drugs for the Heart		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (<i>sacubitril-valsartan</i>)	4	PA
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	4	PA; SL (2 tablets per day.)
STEROIDAL MINERALOCORTICOID RECEPTOR ANT - Drugs for the Heart		
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	4	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>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	
THALITONE ORAL TABLET 15 MG (<i>chlorthalidone</i>)	4	
VASODILATING AGENTS, MISCELLANEOUS - Drugs for High Blood Pressure & Angina		
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	1	
VECAMYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	4	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	4	
NYMALIZE ORAL SOLUTION 6 MG/ML (<i>nimodipine</i>)	2	
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	2	PA; SL (1 tablet per day.); SP
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	4	PA; SL (168 tablets per year.); SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	4	PA; SL (336 tablets per year.); SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	4	PA; SL (252 tablets per year.); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 5 MG (<i>treprostinil diolamine</i>)	4	PA; SL (6 tablets per day.); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG (<i>treprostinil diolamine</i>)	4	PA; SL (6 tablets per day); SP
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	4	
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	2	PA; SL (2 tablets per day.); SP
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	2	PA; SL (4 tablets per day.); SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	2	PA; SL (112 cartridges per 23 days.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	2	PA; SL (112 cartridges per 23 days.); SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (<i>treprostinil</i>)	2	PA; SL (252 cartridges per 365 days.); SP
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	PA
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	PA
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	2	PA; SP
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	4	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	4	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	4	PA; SL (1 tablet per day.)
CENTRAL NERVOUS SYSTEM AGENTS		
AMYOTROPHIC LATERAL SCLEROSIS(ALS) AGENT		
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	3	PA; SL (50 ml per month.); SP
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	3	PA; SL (1 starter kit per year.); SP
RELYVRIO ORAL PACKET 3-1 GM (<i>phenylbutyrate- taurursodiol</i>)	4	PA; SL (2 packets per day.); SP
<i>riluzole oral tablet 50 mg</i>	1	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	3	PA; 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>amantadine hcl oral tablet 100 mg</i>	1	
ADENOSINE A2A RECEPTOR ANTAGONISTS - Drugs for Parkinson		
NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>)	3	SL (1 tablet per day.)
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
AMPHETAMINES - Drugs for the Nervous System		
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	4	SL (2 capsules per day.)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	4	SL (1 tablet per day.)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	SL (2 capsules per day.)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	SL (1 capsule per day)
<i>benzphetamine hcl oral tablet 50 mg</i>	1	PA
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	1	SL (5 capsules per day.)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	SL (4 capsules per day.)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1	SL (10 capsules per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (<i>amphetamine</i>)	4	SL (15 mL per day.)
DYANAVEL XR ORAL TABLET EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine</i>)	4	SL (1 tablet per day.)
EVEKEO ORAL TABLET 10 MG, 5 MG (<i>amphetamine sulfate</i>)	4	
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg</i>	1	SL (2 capsules per day.)
<i>lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg</i>	1	SL (1 capsule per day)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg</i>	1	SL (2 tablets per day.)
<i>lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg</i>	1	SL (1 tablet per day)
<i>methamphetamine hcl oral tablet 5 mg</i>	1	
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>amphetamine-dextroamphetamine</i>)	4	SL (1 capsule per day)
PROCENTRA ORAL SOLUTION 5 MG/5ML (<i>dextroamphetamine sulfate</i>)	3	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	4	SL (2 capsules per day.)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	4	SL (1 capsule per day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	4	SL (2 tablets per day.)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	4	SL (1 tablet per day)
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (<i>dextroamphetamine</i>)	3	SL (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
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (<i>benzhydrocodone-acetaminophen</i>)	4	NTT
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	NTT
<i>bac oral tablet 50-325-40 mg</i>	1	SL (6 tablets per day)
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	NTT
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	SL (6 capsules per day.)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	1	SL (6 capsules per day.)
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	1	SL (6 capsules per day)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	SL (6 tablets per day)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	NTT
ESGIC ORAL CAPSULE 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	4	SL (6 capsules per day)
ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	4	SL (6 tablets per day)
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML (<i>gabapentin</i>)	3	PA
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	4	SL (6 capsules per day.)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	NTT
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	NTT
NEURAPTINE EXTERNAL CREAM 10 % (<i>gabapentin</i>)	3	PA
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (<i>gabapentin</i>)	4	
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	4	
NEURONTIN ORAL TABLET 600 MG, 800 MG (<i>gabapentin</i>)	4	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	NTT

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OXYCODONE-ACETAMINOPHEN ORAL TABLET 5-300 MG, 7.5-300 MG	4	NTT
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i>	1	SL (1 tablet per day.)
PROLATE ORAL TABLET 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	4	NTT
TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>)	3	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	NTT
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	3	NTT
URELLE ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
<i>uretron d/s oral tablet 81.6 mg</i>	1	
<i>urin ds oral tablet 81.6 mg</i>	1	
VILEVEV MB ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
ANOREXIGENIC AGENTS - Drugs for the Nervous System		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (<i>naltrexone-bupropion hcl</i>)	3	PA; SL (4 tablets 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; SL (1 capsule per day.)
ANOREXIGENIC AGENTS AND STIMULANTS, MISC - Drugs for the Nervous System		
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; SL (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; SL (4 tablets per day.)
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LIRAGLUTIDE SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA; SL (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.)
LIRAGLUTIDE SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA; SL (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; SL (0.6 ml per day.)
ZEPBOUND SUBCUTANEOUS SOLUTION 2.5 MG/0.5ML, 5 MG/0.5ML (<i>tirzepatide-weight management</i>)	3	PA
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; SL (0.08 ml per day.)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML (<i>tirzepatide-weight management</i>)	3	PA; SL (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>	1	
<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	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	3	PA
BANZEL ORAL SUSPENSION 40 MG/ML (<i>rufinamide</i>)	4	
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	4	PA
BRIVIACT ORAL SOLUTION 10 MG/ML (<i>brivaracetam</i>)	4	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (<i>brivaracetam</i>)	3	PA
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	4	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	4	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	4	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (<i>divalproex sodium</i>)	4	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	3	PA; SP
DIACOMIT ORAL PACKET 250 MG, 500 MG (<i>stiripentol</i>)	3	PA; SP
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>)	3	PA; SP
<i>epitol oral tablet 200 mg</i>	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine (antipsychotic)</i>)	3	
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML (<i>gabapentin</i>)	3	PA
<i>felbamate oral suspension 600 mg/5ml</i>	1	

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TEGRETOL ORAL SUSPENSION 100 MG/5ML (<i>carbamazepine</i>)	3	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	4	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	4	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (<i>topiramate</i>)	4	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (<i>oxcarbazepine</i>)	4	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	4	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
<i>vigabatrin oral packet 500 mg</i>	1	PA; SL (6 packets per day.)
<i>vigabatrin oral tablet 500 mg</i>	1	PA; SL (6 tablets per day.); SP
<i>vigadrone oral packet 500 mg</i>	1	PA; SL (6 packets per day.)
<i>vigadrone oral tablet 500 mg</i>	1	PA; SL (6 tablets per day.); SP
<i>vigpoder oral packet 500 mg</i>	1	PA; SL (6 packets per day.)
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	4	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>lacosamide</i>)	4	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>cenobamate</i>)	3	PA
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG, 150 & 200 MG (<i>cenobamate</i>)	3	PA
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (<i>zonisamide</i>)	4	
ZONISADE ORAL SUSPENSION 100 MG/5ML (<i>zonisamide</i>)	4	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZTALMY ORAL SUSPENSION 50 MG/ML (<i>ganaxolone</i>)	4	SP
ANTIDEPRESSANTS, MISCELLANEOUS - Drugs for Depression & Psychosis		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (<i>dextromethorphan-bupropion</i>)	4	SL (2 tablets per day.)
<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	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	4	SL (1 tablet per day.)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (<i>bupropion hcl</i>)	4	SL (1 tablet per day.)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	4	PA; SL (8 devices (4 kits) per month.)
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	4	PA; SL (12 devices (4 kits) per month.)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG (<i>zuranolone</i>)	2	PA; SL (28 capsules per year.); SP
ZURZUVAE ORAL CAPSULE 30 MG (<i>zuranolone</i>)	2	PA; SL (14 capsules per year.); SP
ANTIMANIC AGENTS - Drugs for Personality Disorder		
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	1	SL (1 tablet per day.)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	1	SL (2 tablets per day)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	1	SL (2 tablets per day.)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	4	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	4	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	4	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (<i>divalproex sodium</i>)	4	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
<i>epitol oral tablet 200 mg</i>	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine (antipsychotic)</i>)	3	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (<i>lamotrigine</i>)	4	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	4	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (<i>lamotrigine</i>)	4	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (<i>lamotrigine</i>)	4	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (<i>lamotrigine</i>)	4	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (<i>lamotrigine</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	1	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	1	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (<i>lithium carbonate</i>)	4	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	4	
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	1	
<i>subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TEGRETOL ORAL SUSPENSION 100 MG/5ML (<i>carbamazepine</i>)	3	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	4	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
ANTIMIGRAINE AGENTS, MISCELLANEOUS - Migraine Treatment		
<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>butorphanol tartrate nasal solution 10 mg/ml</i>	1	
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	1	
CAMBIA ORAL PACKET 50 MG (<i>diclofenac potassium(migraine)</i>)	4	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	4	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	4	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (<i>divalproex sodium</i>)	4	
<i>diclofenac potassium(migraine) oral packet 50 mg</i>	1	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	1	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG (<i>naproxen</i>)	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG (<i>naproxen</i>)	4	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (<i>ergotamine tartrate</i>)	4	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>ft aspirin oral tablet chewable 81 mg</i>	E	H
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	E	H
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	3	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	4	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	3	
<i>mm aspirin oral tablet delayed release 81 mg</i>	E	H
NAPROSYN ORAL SUSPENSION 125 MG/5ML (<i>naproxen</i>)	4	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	

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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>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	4	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (<i>topiramate</i>)	4	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
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>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC - Drugs for Anxiety & Sleep Disorder		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	4	SL (1 tablet per day.)
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	4	SL (1 tablet per day.)
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (<i>diphenhydramine hcl</i>)	3	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (<i>zolpidem tartrate</i>)	4	SL (1 sublingual tablet per day)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelteon</i>)	4	PA; SL (5.1 mL per day.); SP
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	4	PA; SL (1 capsule per day.); SP
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
<i>ramelteon oral tablet 8 mg</i>	1	SL (1 tablet per day)
<i>tasimelteon oral capsule 20 mg</i>	1	PA; SL (1 capsule per day.); SP
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	1	
ZOLPIDEM TARTRATE ORAL CAPSULE 7.5 MG	4	SL (1 capsule per day.)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	1	
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	1	SL (1 sublingual tablet per day)
ATYPICAL ANTIPSYCHOTICS - Drugs for Depression & Psychosis		
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	1	SL (1 tablet per day.)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	1	SL (2 tablets per day)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	1	SL (2 tablets per day.)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (<i>lumateperone tosylate</i>)	4	PA; SL (1 capsule per day.)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	
CLOZARIL ORAL TABLET 100 MG, 25 MG (<i>clozapine</i>)	4	
FANAPT ORAL TABLET 1 MG (<i>iloperidone</i>)	4	SL (86 tablets per year.)
FANAPT ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	4	SL (2 tablets per day)
FANAPT ORAL TABLET 2 MG (<i>iloperidone</i>)	4	SL (56 tablets per year.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (<i>iloperidone</i>)	3	SL (8 tablets (1 pack) per 365 days.)
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 60 mg</i>	1	SL (1 tablet per day.)
<i>lurasidone hcl oral tablet 40 mg</i>	1	SL (1 tablet per day)
<i>lurasidone hcl oral tablet 80 mg</i>	1	SL (2 tablets per day.)
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	4	PA
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	4	PA
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	SL (1 capsule per day)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	1	SL (1 tablet per day)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	SL (2 tablets per day)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	4	SL (1 tablet per day.)
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	4	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (<i>olanzapine-fluoxetine hcl</i>)	4	SL (1 capsule per day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML (<i>clozapine</i>)	4	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	4	SL (1 capsule per day.)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BARBITURATES (ANTICONVULSANTS) - Drugs for Seizures		
MYSOLINE ORAL TABLET 250 MG, 50 MG (<i>primidone</i>)	2	
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
<i>primidone oral tablet 125 mg</i>	1	PA
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety & Sleep Disorder		
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	4	
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>bac oral tablet 50-325-40 mg</i>	1	SL (6 tablets per day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	SL (6 capsules per day.)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	1	SL (6 capsules per day.)
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	1	SL (6 capsules per day)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	SL (6 tablets per day)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
ESGIC ORAL CAPSULE 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	4	SL (6 capsules per day)
ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	4	SL (6 tablets per day)
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	4	SL (6 capsules per day.)
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>)	3	
BENZODIAZEPINES (ANTICONVULSANTS) - Drugs for Seizures		
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG (<i>lorazepam</i>)	4	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	3	PA
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 NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML (<i>diazepam</i>)	3	PA
VALTOCO NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 7.5 MG/0.1ML (<i>diazepam</i>)	3	PA
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	1	
HALCION ORAL TABLET 0.25 MG (<i>triazolam</i>)	4	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG (<i>lorazepam</i>)	4	
<i>midazolam hcl oral syrup 2 mg/ml</i>	1	
MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>midazolam</i>)	3	PA
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	3	PA
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	4	PA
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	4	PA
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (<i>temazepam</i>)	4	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 (<i>erenumab-aooe</i>)	2	PA; SL (1 ml per 21 days.)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (<i>erenumab-aooe</i>)	2	PA
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	2	PA; SL (0.04 ml per day.)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	2	PA; SL (0.1 mL per day.)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	2	PA; SL (0.04 ml per day.)
NURTEC ORAL TABLET DISPERSIBLE 75 MG (<i>rimegepant sulfate</i>)	2	PA; ST; SL (0.27 tablets per day.)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (<i>atogepant</i>)	2	PA; ST; SL (1 tablet per day.)
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	2	PA; ST; SL (0.27 tablets per day.)
ZAVZPRET NASAL SOLUTION 10 MG/ACT (<i>zavegepant hcl</i>)	4	PA; ST
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	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (<i>opicapone</i>)	4	SL (1 capsule per day.)
<i>tolcapone oral tablet 100 mg</i>	1	PA
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	SL (1 tablet per day.)
<i>atomoxetine hcl oral capsule 10 mg, 25 mg</i>	1	SL (3 capsules per day.)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	1	SL (1 capsule per day)
<i>atomoxetine hcl oral capsule 18 mg</i>	1	SL (5 capsules per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>atomoxetine hcl oral capsule 40 mg</i>	1	SL (2 capsules per day)
DAYBUE ORAL SOLUTION 200 MG/ML (<i>trofinetide</i>)	2	PA; SL (120 ml per day.); SP
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (<i>sodium oxybate</i>)	4	PA; SL (1 packet per day.); 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>	1	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (<i>memantine hcl-donepezil hcl</i>)	4	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	4	
NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>)	3	SL (1 tablet per day.)
NUDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>)	2	PA; SL (2 capsules per day.)
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	3	PA; SL (50 ml per month.); SP
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	3	PA; SL (1 starter kit per year.); SP
RELYVRIO ORAL PACKET 3-1 GM (<i>phenylbutyrate-aurursodiol</i>)	4	PA; SL (2 packets per day.); SP
<i>riluzole oral tablet 50 mg</i>	1	
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; SL (18 ml per day.); SP
STRATTERA ORAL CAPSULE 10 MG, 25 MG (<i>atomoxetine hcl</i>)	4	SL (3 capsules per day.)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG (<i>atomoxetine hcl</i>)	4	SL (1 capsule per day)
STRATTERA ORAL CAPSULE 18 MG (<i>atomoxetine hcl</i>)	4	SL (5 capsules per day.)
STRATTERA ORAL CAPSULE 40 MG (<i>atomoxetine hcl</i>)	4	SL (2 capsules per day)
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	3	PA; SP
VEOZAH ORAL TABLET 45 MG (<i>fezolinetant</i>)	4	SL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	4	SL (4 autoinjector pens (1.2mls) per month.)
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	2	PA; SL (1 capsule per day.); SP
XYWAV ORAL SOLUTION 500 MG/ML (<i>ca, mg, k, and na oxybates</i>)	4	PA; SL (18 mL per day.); SP
CYCLOOXYGENASE-2 (COX-2) INHIBITORS - Drugs for Pain		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	SL (2 capsules per day)
<i>celecoxib oral capsule 400 mg</i>	1	SL (31 capsules per 31 days.)
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>	1	
DIPHENYLBUTYLPERIDINES - Drugs for Depression & Psychosis		
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
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	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (<i>carbidopa-levodopa</i>)	4	
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	3	PA; SL (10 tablets per day.); SP
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (<i>carbidopa-levodopa</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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>	1	
FIBROMYALGIA AGENTS - Drugs for Nerve Pain		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (<i>pregabalin</i>)	4	
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	4	
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i>	1	SL (1 tablet per day.)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral solution 20 mg/ml</i>	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	4	SL (2 tablets per day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	4	SL (1 pack per 365 days.)
GABA-MEDIATED ANTICONVULSANTS - Drugs for Seizures		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	4	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	4	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	3	PA; SP
DIACOMIT ORAL PACKET 250 MG, 500 MG (<i>stiripentol</i>)	3	PA; SP
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral 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 CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (<i>pregabalin</i>)	4	
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	4	
NEURAPTINE EXTERNAL CREAM 10 % (<i>gabapentin</i>)	3	PA
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (<i>gabapentin</i>)	4	
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	4	
NEURONTIN ORAL TABLET 600 MG, 800 MG (<i>gabapentin</i>)	4	
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i>	1	SL (1 tablet per day.)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral solution 20 mg/ml</i>	1	
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	4	PA; SL (6 tablets per day.); SP
<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>	1	PA; SL (6 packets per day.)
<i>vigabatrin oral tablet 500 mg</i>	1	PA; SL (6 tablets per day.); SP
<i>vigadrone oral packet 500 mg</i>	1	PA; SL (6 packets per day.)
<i>vigadrone oral tablet 500 mg</i>	1	PA; SL (6 tablets per day.); SP
<i>vigpoder oral packet 500 mg</i>	1	PA; SL (6 packets per day.)
ZTALMY ORAL SUSPENSION 50 MG/ML (<i>ganaxolone</i>)	4	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 ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	3	
<i>phenytek oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
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		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	3	PA
BANZEL ORAL SUSPENSION 40 MG/ML (<i>rufinamide</i>)	4	
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	4	PA
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	1	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>lacosamide</i>)	3	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>	1	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	PA
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (<i>oxcarbazepine</i>)	4	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	4	
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	4	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>lacosamide</i>)	4	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>cenobamate</i>)	3	PA
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG, 150 & 200 MG (<i>cenobamate</i>)	3	PA
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (<i>zonisamide</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZONISADE ORAL SUSPENSION 100 MG/5ML (<i>zonisamide</i>)	4	
<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; SL (5.1 mL per day.); SP
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	4	PA; SL (1 capsule per day.); SP
<i>ramelteon oral tablet 8 mg</i>	1	SL (1 tablet per day)
<i>tasimelteon oral capsule 20 mg</i>	1	PA; SL (1 capsule per day.); SP
MONOAMINE OXIDASE B INHIBITORS - Drugs for Parkinson		
AZILECT ORAL TABLET 0.5 MG, 1 MG (<i>rasagiline mesylate</i>)	4	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	3	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	3	
MONOAMINE OXIDASE INHIBITORS - Drugs for Depression & Psychosis		
AZILECT ORAL TABLET 0.5 MG, 1 MG (<i>rasagiline mesylate</i>)	4	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	3	
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	3	
NARDIL ORAL TABLET 15 MG (<i>phenelzine sulfate</i>)	4	
PARNATE ORAL TABLET 10 MG (<i>tranylcypromine sulfate</i>)	4	
<i>phenelzine sulfate oral tablet 15 mg</i>	1	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	1	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NMDA ANTAGONISTS - Drugs for Depression & Psychosis		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	4	PA; SL (8 devices (4 kits) per month.)
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	4	PA; SL (12 devices (4 kits) per month.)
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		
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (<i>zolpidem tartrate</i>)	4	SL (1 sublingual tablet per day)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	1	
ZOLPIDEM TARTRATE ORAL CAPSULE 7.5 MG	4	SL (1 capsule per day.)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	1	
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	1	SL (1 sublingual tablet per day)
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - Drugs for Parkinson		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (<i>apomorphine hcl</i>)	4	PA; SL (3 ml per day.); SP
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	1	PA; SL (3 ml per day.); SP
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (<i>rotigotine</i>)	3	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	4	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (<i>benzhydrocodone-acetaminophen</i>)	4	NTT
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	NTT
<i>bac oral tablet 50-325-40 mg</i>	1	SL (6 tablets per day)
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	NTT
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	SL (6 capsules per day.)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	1	SL (6 capsules per day.)
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	1	SL (6 capsules per day)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	SL (6 tablets per day)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	NTT
ESGIC ORAL CAPSULE 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	4	SL (6 capsules per day)
ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	4	SL (6 tablets per day)
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	4	SL (6 capsules per day.)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	NTT
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	NTT
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	NTT
OXYCODONE-ACETAMINOPHEN ORAL TABLET 5-300 MG, 7.5-300 MG	4	NTT
PROLATE ORAL TABLET 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	4	NTT

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>)	3	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	NTT
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	3	NTT
NONSTEROIDAL ANTI-INFLAMM. AGENTS, MISC - Drugs for Pain		
CAMBIA ORAL PACKET 50 MG (<i>diclofenac potassium(migraine)</i>)	4	
DAYPRO ORAL TABLET 600 MG (<i>oxaprozin</i>)	4	
<i>diclofenac potassium oral capsule 25 mg</i>	1	SL (4 capsules per day.)
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac potassium(migraine) oral packet 50 mg</i>	1	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG (<i>naproxen</i>)	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG (<i>naproxen</i>)	4	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<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 ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	4	
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	4	
<i>indomethacin er oral capsule extended release 75 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral suspension 25 mg/5ml</i>	1	
<i>indomethacin rectal suppository 50 mg</i>	1	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (<i>ketoprofen-baclofen-gabap-lido</i>)	3	PA
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	
MELOXICAM ORAL SUSPENSION 7.5 MG/5ML	4	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (<i>naproxen</i>)	4	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	4	ST
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tolmetin sodium oral capsule 400 mg</i>	1	
ZIPSOR ORAL CAPSULE 25 MG (<i>diclofenac potassium</i>)	4	SL (4 capsules per day.)
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
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (<i>benzhydrocodone-acetaminophen</i>)	4	NTT
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	NTT
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	NTT
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	3	NTT
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 9 MG (<i>oxycodone</i>)	4	PA; SL (2 tablets per day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG (<i>oxycodone</i>)	4	PA; SL (0 capsule per 100 days)
OPIOID ANTAGONISTS (28:10) - Drugs for Overdose or Poisoning		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	SL (2 films per day.)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	1	SL (1 film per day.)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	1	SL (1 sublingual film per day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	1	SL (3 films per day.)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	SL (3 sublingual tablets per day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	SL (3 tablets per day.)
KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>)	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>naloxone hcl nasal liquid 4 mg/0.1ml</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	1	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (<i>nalmefene hcl</i>)	1	
<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	SL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	4	SL (0.4 ml per day.)
REXTOVY NASAL LIQUID 4 MG/0.25ML (<i>naloxone hcl</i>)	1	
RIVIVE NASAL LIQUID 3 MG/0.1ML (<i>naloxone hcl</i>)	2	
SUBOXONE SUBLINGUAL FILM 12-3 MG (<i>buprenorphine hcl-naloxone hcl</i>)	4	PA; ST; SL (2 films per day.)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUBOXONE SUBLINGUAL FILM 12-3 MG (<i>buprenorphine hcl-naloxone hcl</i>)	4	PA; ST; SL (2 films per day.)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG (<i>buprenorphine hcl-naloxone hcl</i>)	4	PA; ST; SL (1 film per day.)
SUBOXONE SUBLINGUAL FILM 4-1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	4	PA; ST; SL (1 sublingual film per day)
SUBOXONE SUBLINGUAL FILM 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	4	PA; ST; SL (3 films per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG (<i>buprenorphine hcl-naloxone hcl</i>)	1	SL (1 tablet per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 5.7-1.4 MG (<i>buprenorphine hcl-naloxone hcl</i>)	1	SL (3 tablets per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	1	SL (2 tablets per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG (<i>buprenorphine hcl-naloxone hcl</i>)	1	SL (1 tablet per day)
OREXIN RECEPTOR ANTAGONISTS - Drugs for Anxiety & Sleep Disorder		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	4	SL (1 tablet per day.)
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	4	SL (1 tablet per day.)
PHENOTHIAZINES - Drugs for Depression & Psychosis		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg</i>	1	SL (6 tablets per day.)
<i>chlorpromazine hcl oral tablet 100 mg, 50 mg</i>	1	SL (4 tablets per day.)
<i>chlorpromazine hcl oral tablet 200 mg</i>	1	SL (2 tablets per day.)
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RESPIRATORY AND CNS STIMULANTS - Drugs for the Nervous System		
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	NTT
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	4	SL (1 capsule per day.)
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>atomoxetine hcl oral capsule 10 mg, 25 mg</i>	1	SL (3 capsules per day.)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	1	SL (1 capsule per day)
<i>atomoxetine hcl oral capsule 18 mg</i>	1	SL (5 capsules per day.)
<i>atomoxetine hcl oral capsule 40 mg</i>	1	SL (2 capsules per day)
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (<i>serdexmethylphen-dexmethylphen</i>)	2	SL (1 capsule per day.)
<i>bac oral tablet 50-325-40 mg</i>	1	SL (6 tablets per day)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	SL (6 capsules per day.)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	1	SL (6 capsules per day.)
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	1	SL (6 capsules per day)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	SL (6 tablets per day)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	1	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (<i>methylphenidate</i>)	4	SL (1 tablet per day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 5 mg</i>	1	SL (2 capsules per day.)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 35 mg, 40 mg</i>	1	SL (31 capsules per 31 days.)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>elixophyllin oral elixir 80 mg/15ml</i>	3	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
ESGIC ORAL CAPSULE 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	4	SL (6 capsules per day)
ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	4	SL (6 tablets per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	4	SL (6 capsules per day.)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	4	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	2	SL (1 capsule per day.)
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML (<i>methylphenidate hcl</i>)	4	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	SL (2 tablets per day.)
<i>methylphenidate hcl er (cd) oral capsule extended release 60 mg</i>	1	SL (31 capsules per 31 days.)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg</i>	1	SL (5 capsules per day.)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg</i>	1	SL (5capsules per day.)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	1	SL (3 capsules per day.)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg</i>	1	SL (2 capsules per day.)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>	1	
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	1	SL (2 tablets per day.)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	SL (1 capsule per day.)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	1	SL (10 tablets per day.)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	1	SL (5 tablets per day.)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	1	
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr</i>	1	SL (1 patch per day)
<i>methylphenidate transdermal patch 30 mg/9hr</i>	1	SL (1 patch per day.)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (<i>methylphenidate hcl</i>)	4	SL (1 tablet per day.)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (<i>methylphenidate hcl</i>)	4	SL (360 mL per month.)
STRATTERA ORAL CAPSULE 10 MG, 25 MG (<i>atomoxetine hcl</i>)	4	SL (3 capsules per day.)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG (<i>atomoxetine hcl</i>)	4	SL (1 capsule per day)
STRATTERA ORAL CAPSULE 18 MG (<i>atomoxetine hcl</i>)	4	SL (5 capsules per day.)
STRATTERA ORAL CAPSULE 40 MG (<i>atomoxetine hcl</i>)	4	SL (2 capsules per day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	3	NTT
REVERSIBLE COX-1/COX-2 INHIBITORS - Drugs for Pain		
DAYPRO ORAL TABLET 600 MG (<i>oxaprozin</i>)	4	
<i>diflunisal oral tablet 500 mg</i>	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG (<i>naproxen</i>)	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG (<i>naproxen</i>)	4	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	4	
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	4	
<i>indomethacin er oral capsule extended release 75 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral suspension 25 mg/5ml</i>	1	
<i>indomethacin rectal suppository 50 mg</i>	1	
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	
MELOXICAM ORAL SUSPENSION 7.5 MG/5ML	4	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (<i>naproxen</i>)	4	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	4	ST
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	E	H
<i>aspirin low dose oral tablet chewable 81 mg</i>	E	H
<i>aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin oral tablet chewable 81 mg</i>	E	H
<i>aspirin oral tablet delayed release 81 mg</i>	E	H
<i>aspirin regimen oral tablet delayed release 81 mg</i>	E	H
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
<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		
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	4	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	1	SL (1 tablet per day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg</i>	1	SL (1 tablet per day.)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG (<i>duloxetine hcl</i>)	4	SL (2 capsules per day.)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG (<i>duloxetine hcl</i>)	4	SL (1 capsule per day.)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	4	ST; SL (1 capsule per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	4	ST; SL (28 capsules per year.)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	4	SL (2 tablets per day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	4	SL (1 pack per 365 days.)
VENLAFAXINE BESYLATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 112.5 MG	4	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg</i>	1	SL (2 tablets per day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg, 37.5 mg, 75 mg</i>	1	SL (1 tablet per day)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
SELECTIVE SEROTONIN AGONISTS - Migraine Treatment		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	1	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	1	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	1	
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (<i>sumatriptan succinate</i>)	4	
REYVOW ORAL TABLET 100 MG (<i>lasmiditan succinate</i>)	4	PA; ST; SL (0.27 tablets per day. 8 tablets per prescription.)
REYVOW ORAL TABLET 50 MG (<i>lasmiditan succinate</i>)	4	PA; ST; SL (0.14 tablets per day. Benefit maximum quantity 4 tablets per prescription.)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	1	
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	1	
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	1	
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	1	
TOSYMRA NASAL SOLUTION 10 MG/ACT (<i>sumatriptan</i>)	4	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (<i>sumatriptan succinate</i>)	4	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	1	
ZOMIG NASAL SOLUTION 2.5 MG (<i>zolmitriptan</i>)	2	
ZOMIG NASAL SOLUTION 5 MG (<i>zolmitriptan</i>)	1	
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS - Drugs for Depression & Psychosis		
CITALOPRAM HYDROBROMIDE ORAL CAPSULE 30 MG	4	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>fluoxetine hcl (pmd) oral tablet 10 mg, 20 mg</i>	1	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	1	SL (4 capsules per 28 days.)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl oral tablet 10 mg</i>	1	SL (1 tablet per day.)
<i>fluoxetine hcl oral tablet 20 mg, 60 mg</i>	1	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	1	SL (2 capsules per day)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	SL (1 capsule per day)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	1	SL (1 tablet per day)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	1	SL (2 tablets per day)
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>paroxetine mesylate oral capsule 7.5 mg</i>	1	SL (1 capsule per day.)
PAXIL ORAL SUSPENSION 10 MG/5ML (<i>paroxetine hcl</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SERTRALINE HCL ORAL CAPSULE 150 MG, 200 MG	4	SL (1 capsule per day.)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (<i>olanzapine-fluoxetine hcl</i>)	4	SL (1 capsule per day)
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; SL (1 tablet per day.)
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	SL (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>	1	
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>	1	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	1	SL (1 tablet per day)
ENOVARX-AMITRIPTYLINE EXTERNAL KIT 2 %	3	PA
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (<i>desipramine hcl</i>)	4	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	1	
SILENOR ORAL TABLET 3 MG, 6 MG (<i>doxepin hcl</i>)	4	SL (1 tablet per day)
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 9 MG (<i>deutetrabenazine</i>)	2	PA; SL (4 tablets per day); SP
AUSTEDO ORAL TABLET 6 MG (<i>deutetrabenazine</i>)	2	PA; SL (2 tablets per day); SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (<i>deutetrabenazine</i>)	2	PA; SL (30 tablets per month.); SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG (<i>deutetrabenazine</i>)	2	PA; SL (30 Tablets per month.); SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG (<i>deutetrabenazine</i>)	2	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 80 MG (<i>valbenazine tosylate</i>)	2	PA; SL (1 capsule per day); SP
INGREZZA ORAL CAPSULE 60 MG (<i>valbenazine tosylate</i>)	2	PA; SL (1 capsule per day.)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG (<i>valbenazine tosylate</i>)	2	PA; SL (30 tablets per month.); SP
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG (<i>valbenazine tosylate</i>)	2	PA; SL (30 capsules per month.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	2	PA; SL (1 kit (28 tablets) per year.); SP
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; SP
WAKEFULNESS-PROMOTING AGENTS - Drugs for the Nervous System		
<i>armodafinil oral tablet 150 mg, 250 mg</i>	1	SL (1 tablet per day)
<i>armodafinil oral tablet 200 mg</i>	1	SL (1 tablet per day.)
<i>armodafinil oral tablet 50 mg</i>	1	SL (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; SL (1 packet per day.); SP
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM (<i>sodium oxybate</i>)	4	PA; SP
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	SL (3 tablets per day.)
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; SL (18 ml per day.); SP
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	2	PA; SL (1 tablet per day.)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	4	PA; SL (2 tablets per day.); SP
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	
<i>easygel dental gel 0.4 %</i>	1	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	4	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (<i>sodium fluoride-vitamin d</i>)	3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	3	
<i>fluoridex daily renewal mouth/throat concentrate 0.63 %</i>	1	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>multivitamin/fluoride tablet chewable 0.25 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
<i>multivitamin/fluoride tablet chewable 0.5 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
<i>multivitamin/fluoride tablet chewable 1 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<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	
VANISH DENTAL LIQUID EXTENDED RELEASE 5 % (<i>sodium fluoride</i>)	3	
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	
<i>easygel dental gel 0.4 %</i>	1	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	4	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (<i>sodium fluoride-vitamin d</i>)	3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	3	
<i>fluoridex daily renewal mouth/throat concentrate 0.63 %</i>	1	
FLUORIDEX DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
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 tablet chewable 0.25 mg oral (rx)</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
<i>multivitamin/fluoride tablet chewable 0.5 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
<i>multivitamin/fluoride tablet chewable 1 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<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	
VANISH DENTAL LIQUID EXTENDED RELEASE 5 % (<i>sodium fluoride</i>)	3	
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	
ACCU-CHEK GUIDE ME KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	3	
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT KIT (<i>lancets misc.</i>)	1	
AEROCHAMBER HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE (<i>spacer/aero-holding chambers</i>)	2	
ALCOHOL PREP PADS SHEET 70 %	3	
AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	SL (10 syringes per day.)
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM	2	SL (10 pen needles per day.)
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	2	SL (10 pen needles per day.)
ASSURE ID PRO PEN NEEDLES 30G X 5 MM (<i>insulin pen needle</i>)	2	SL (10 pen needles per day.)
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	2	SL (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	SL (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	SL (10 pen needles per day.)
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM (<i>insulin pen needle</i>)	2	SL (10 pen needles per day.)
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM (<i>insulin pen needle</i>)	2	SL (10 pen needles per day.)
AUTOLET LANCING DEVICE (<i>lancet devices</i>)	3	
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM (<i>insulin pen needle</i>)	2	SL (10 pen needles per day.)
BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2" (<i>needle (disp)</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	SL (10 syringes per day.)
BD ULTRA-FINE INSULIN SYRINGES 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	2	SL (10 syringes per day.)
BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	2	SL (10 pen needles per day.)
BIGFOOT UNITY PROGRAM KIT (<i>blood glucose monitoring suppl</i>)	3	
BREATHE COMFORT CHAMBER/ADULT DEVICE	2	
BREATHE COMFORT CHAMBER/CHILD DEVICE	2	
CAREPOINT POLY HUB NEEDLE 18G X 1" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 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	
CEQUR SIMPLICITY 2U DEVICE (<i>injection device for insulin</i>)	3	ST
CHEMSTRIP BG LOG BOOK (<i>blood glucose monitoring suppl</i>)	1	
CHOSEN LANCETS 30G (<i>lancets</i>)	3	
CHOSEN LANCING DEVICE (<i>lancet devices</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	SL (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	
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 MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	2	
CONTOUR NEXT ONE KIT (<i>blood glucose monitoring suppl</i>)	2	
DEXCOM G6 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	3	PA; SL (1 kit per 999 days.)
DEXCOM G6 SENSOR (<i>continuous glucose sensor</i>)	3	PA; SL (3 sensors per month.)
DEXCOM G6 TRANSMITTER (<i>continuous glucose transmitter</i>)	3	PA; SL (Benefit maximum quantity 1 transmitter per 3 months for Dexcom G6 Transmitter.)
DEXCOM G7 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	3	PA; SL (1 kit per 999 days.)
DEXCOM G7 SENSOR (<i>continuous glucose sensor</i>)	3	PA; SL (3 sensors per month.)
DIABETES MONITOR DIGIT ADD-ON KIT	3	
DIABETES MONITOR DIGIT SOLN KIT	3	
DROPLET MICRON 34G X 3.5 MM (<i>insulin pen needle</i>)	2	SL (10 pen needles per day.)
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	SL (10 syringes per day.)
DROPSAFE SICURA 25G X 1" (<i>needle (disp)</i>)	2	
EASIVENT (<i>spacer/aero-holding chambers</i>)	2	
EASY COMFORT SHARPS CONTAINER	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	SL (10 pen needles per day.)
ENLITE GLUCOSE SENSOR (<i>continuous glucose sensor</i>)	3	PA
EVERSENSE 365 SENSOR/HOLDER (<i>continuous glucose sensor</i>)	3	PA
EVERSENSE 365 SMART TRANSMIT (<i>continuous glucose transmitter</i>)	3	PA
FLEXICHAMBER ADULT MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	2	
FLEXICHAMBER CHILD MASK/LARGE (<i>spacer/aero-hold chamber mask</i>)	2	
FLEXICHAMBER CHILD MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	2	
FLEXICHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
FORA TEST N' GO ADVANCE DEVICE (<i>blood glucose/ketone monitor</i>)	3	
FREESTYLE LIBRE 14 DAY READER DEVICE (<i>continuous glucose receiver</i>)	3	PA; SL (1 receiver per 999 days.)
FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous glucose sensor</i>)	3	PA; SL (2 sensors per 21 days.)
FREESTYLE LIBRE 2 PLUS SENSOR (<i>continuous glucose sensor</i>)	3	PA
FREESTYLE LIBRE 2 READER DEVICE (<i>continuous glucose receiver</i>)	3	PA; SL (1 receiver per 999 days.)
FREESTYLE LIBRE 2 SENSOR (<i>continuous glucose sensor</i>)	3	PA; SL (2 sensors per 21 days.)
FREESTYLE LIBRE 3 PLUS SENSOR (<i>continuous glucose sensor</i>)	3	PA
FREESTYLE LIBRE 3 READER DEVICE (<i>continuous glucose receiver</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FREESTYLE LIBRE 3 SENSOR (<i>continuous glucose sensor</i>)	3	PA; SL (2 sensors per 21 days.)
FREESTYLE LIBRE READER DEVICE (<i>continuous glucose receiver</i>)	3	PA; SL (1 kit per 999 days.)
GUARDIAN 4 GLUCOSE SENSOR (<i>continuous glucose sensor</i>)	3	PA
GUARDIAN 4 TRANSMITTER (<i>continuous glucose transmitter</i>)	3	PA
GUARDIAN CONNECT TRANSMITTER (<i>continuous glucose transmitter</i>)	3	PA; SL (1 transmitter per 365 days.)
GUARDIAN LINK 3 TRANSMITTER (<i>continuous glucose transmitter</i>)	3	PA; SL (1 transmitter kit per 365 days.)
GUARDIAN SENSOR (3) (<i>continuous glucose sensor</i>)	3	PA; SL (5 sensors per 24 days.)
GUARDIAN SENSOR 3	3	PA; SL (5 sensors per 24 days.)
IHEALTH CONTROL SOLUTION IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
IHEALTH LANCING DEVICE (<i>lancet devices</i>)	3	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE (<i>injection device for insulin</i>)	3	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE (<i>injection device for insulin</i>)	3	ST
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE (<i>injection device for insulin</i>)	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE (<i>injection device for insulin</i>)	3	ST
INPEN 100-GREY-LILLY-HUMALOG DEVICE (<i>injection device for insulin</i>)	3	
INPEN 100-GREY-LILLY-HUMALOG DEVICE (<i>injection device for insulin</i>)	3	ST
INPEN 100-GREY-NOVOLOG-FIASP DEVICE (<i>injection device for insulin</i>)	3	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE (<i>injection device for insulin</i>)	3	ST
INPEN 100-PINK-LILLY-HUMALOG DEVICE (<i>injection device for insulin</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INPEN 100-PINK-LILLY-HUMALOG DEVICE (<i>injection device for insulin</i>)	3	ST
INPEN 100-PINK-NOVOLOG-FIASP DEVICE (<i>injection device for insulin</i>)	3	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE (<i>injection device for insulin</i>)	3	ST
INSPIREASE RESERVOIR BAGS (<i>spacer/aero-hold chamber bags</i>)	2	
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 31G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM (<i>insulin pen needle</i>)	2	SL (10 pen needles per day.)
INSULIN PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	SL (10 pen needles per day.)
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 1/2" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML	2	SL (10 syringes per day.)
INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 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 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	SL (10 syringes per day.)
LANCETS (<i>lancets</i>)	1	
LANCETS (<i>lancets</i>)	3	
LANCETS SUPER THIN (<i>lancets</i>)	3	
MICROLET NEXT LANCING DEVICE (<i>lancet devices</i>)	3	
NORDIPEN 5 INJECTION DEVICE (<i>injection device</i>)	3	
NOVOFINE PEN NEEDLE 32G X 6 MM (<i>insulin pen needle</i>)	2	SL (10 pen needles per day.)
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM (<i>insulin pen needle</i>)	2	SL (10 pen needles per day.)
NOVOPEN ECHO DEVICE (<i>injection device for insulin</i>)	3	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT (<i>insulin disposable pump</i>)	2	PA; SL (1 kit per 180 days.)
OMNIPOD 5 DEXG7G6 PODS GEN 5 (<i>insulin disposable pump</i>)	2	PA
OMNIPOD 5 LIBRE2 PLUS G6 KIT (<i>insulin disposable pump</i>)	2	PA

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; 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
OMNIPOD 5 LIBRE2 PLUS G6 PODS (<i>insulin disposable pump</i>)	2	PA
ONETOUCH DELICA PLUS LANCING (<i>lancet devices</i>)	1	
ONETOUCH DELICA SAFETY LANCING (<i>lancets</i>)	1	
ONETOUCH ULTRA 2 KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	1	
ONETOUCH ULTRA IN VITRO LIQUID (<i>blood glucose calibration</i>)	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	1	
ONETOUCH VERIO IN VITRO LIQUID HIGH (<i>blood glucose calibration</i>)	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	1	
PARI VORTEX ADULT MASK (<i>spacer/aero-hold chamber mask</i>)	2	
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	SL (10 pen needles per day.)
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	2	SL (10 pen needles per day.)
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM	2	SL (10 pen needles per day.)
SHARPS COLLECTOR	3	
SHARPS CONTAINER	3	
TECHLITE LANCETS 26G (<i>lancets</i>)	3	
TRUE METRIX LEVEL 1 IN VITRO SOLUTION LOW (<i>blood glucose calibration</i>)	2	
TRUE METRIX LEVEL 2 IN VITRO SOLUTION NORMAL (<i>blood glucose calibration</i>)	2	
TRUE METRIX LEVEL 3 IN VITRO SOLUTION HIGH (<i>blood glucose calibration</i>)	2	
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	SL (10 pen needles per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
UNISTRIP 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	SL (10 pen needles per day.)
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	SL (10 syringes per day.)
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	SL (10 pen needles per day.)
VERIFINE SAFE LANCET MINI 21G (<i>lancets</i>)	3	
VERIFINE SAFE LANCET MINI 23G (<i>lancets</i>)	3	
VERIFINE SAFE LANCET MINI 28G (<i>lancets</i>)	3	
VERIFINE SAFE LANCET MINI 30G (<i>lancets</i>)	3	
VERIFINE SHARPS CONTAINER (<i>sharps container</i>)	3	
VIVAGUARD INO CONTROL SOLUTION LIQUID IN VITRO (<i>blood glucose calibration</i>)	2	
VIVAGUARD INO CONTROL SOLUTION LIQUID IN VITRO (<i>blood glucose calibration</i>)	3	
VIVAGUARD LANCETS 30G (<i>lancets</i>)	3	
VIVAGUARD LANCING DEVICE (<i>lancet devices</i>)	3	
VIVAGUARD SAFETY LANCETS 28G (<i>lancets</i>)	3	
VORTEX VALVED HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML (<i>corticotropin</i>)	4	PA; ST; SP
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	4	PA; ST; SL (20 ml per 24 days.); SP
CORTROPHIN INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	4	PA; ST; SL (20 ml per 24 days.); SP
CORTROSYN INJECTION SOLUTION RECONSTITUTED 0.25 MG (<i>cosyntropin</i>)	4	
<i>cosyntropin injection solution reconstituted 0.25 mg</i>	1	
CARDIAC FUNCTION		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIABETES MELLITUS		
ACCU-CHEK GUIDE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	SL (51 strips per prescription without history 204 strips per prescription with history.)
CONTOUR NEXT TEST IN VITRO STRIP (<i>glucose blood</i>)	2	SL (51 strips per prescription without history 204 strips per prescription with history.)
FORA TEST N'GO ADV-VOICE-6 CON IN VITRO STRIP (<i>ketone blood test</i>)	3	
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP (<i>glucose blood</i>)	1	SL (51 strips per prescription without history 204 strips per prescription with history.)
ONETOUCH ULTRA IN VITRO STRIP (<i>glucose blood</i>)	1	SL (51 strips per prescription without history 204 strips per prescription with history.)
ONETOUCH ULTRA TEST IN VITRO STRIP (<i>glucose blood</i>)	1	SL (51 strips per prescription without history 204 strips per prescription with history.)
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	1	SL (51 strips per prescription without history 204 strips per prescription with history.)
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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
KETONE TEST IN VITRO STRIP	2	
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	2	
PHEOCHROMOCYTOMA		
DEMSEER ORAL CAPSULE 250 MG (<i>metyrosine</i>)	4	
<i>metyrosine oral capsule 250 mg</i>	1	
PITUITARY FUNCTION		
METOPIRONE ORAL CAPSULE 250 MG (<i>metyrapone</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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
<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>	1	PA; SP
<i>constulose oral solution 10 gm/15ml</i>	1	
<i>enulose oral solution 10 gm/15ml</i>	1	
<i>generlac oral solution 10 gm/15ml</i>	1	
KRISTALOSE ORAL PACKET 10 GM, 20 GM (<i>lactulose</i>)	3	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	1	
<i>lactulose oral solution 10 gm/15ml, 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; SL (17.5 ml per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	1	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA
CALORIC AGENTS - Drugs for Nutrition		
DOJOLVI ORAL LIQUID 100 % (<i>triheptanoin</i>)	4	PA; SP
L-ISOLEUCINE POWDER	3	PA
CARBONIC ANHYDRASE INHIBITORS - Drugs for Water Balance		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<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>	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (<i>furosemide</i>)	4	PA
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (<i>furosemide</i>)	4	
SOAANZ ORAL TABLET 20 MG (<i>torseamide</i>)	4	SL (1 tablet per day.)
SOAANZ ORAL TABLET 40 MG, 60 MG (<i>torseamide</i>)	4	SL (2 tablets per day.)
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
OTHER ION-REMOVING AGENTS		
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	3	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	1	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	2	
XPHOZAH ORAL TABLET 20 MG, 30 MG (<i>tenapanor hcl (ckd)</i>)	4	PA; SL (2 tablets per day.); SP
POTASSIUM-REMOVING AGENTS		
LOKELMA ORAL PACKET 10 GM (<i>sodium zirconium cyclosilicate</i>)	3	SL (1 packet per day.)
LOKELMA ORAL PACKET 5 GM (<i>sodium zirconium cyclosilicate</i>)	3	SL (3 packets per day.)
<i>sodium polystyrene sulfonate oral powder</i>	1	
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>patiromer sorbitex calcium</i>)	3	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	3	SL (1 Packet per day.)
XPHOZAH ORAL TABLET 30 MG (<i>tenapanor hcl (ckd)</i>)	4	PA; SL (2 tablets per day.); SP
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	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
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>effe-r-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	
<i>k-prime oral tablet effervescent 25 meq</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ (<i>potassium chloride</i>)	3	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (<i>insulin regular(human) in nacl</i>)	3	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG (<i>k phos mono-sod phos di & mono</i>)	2	
<i>phosphorous oral tablet 155-852-130 mg</i>	1	
<i>phospho-trin 250 neutral oral tablet 155-852-130 mg</i>	1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	2	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan-chlorthalidone</i>)	4	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<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>	1	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
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	
THALITONE ORAL TABLET 15 MG (<i>chlorthalidone</i>)	4	
URICOSURIC AGENTS		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	
<i>probenecid oral tablet 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VASOPRESSIN ANTAGONISTS - Drugs for Water Balance		
JYNARQUE ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	2	PA; SL (2 tablets per day.); SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG (<i>tolvaptan</i>)	2	PA; SL (2 tablets per day.); SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG (<i>tolvaptan</i>)	2	PA; SL (2 tablets per day.)
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>)	2	PA; SL (2 tablets per day.); SP
SAMSCA ORAL TABLET 15 MG (<i>tolvaptan</i>)	4	PA; SL (90 tablets per 365 days.); SP
SAMSCA ORAL TABLET 30 MG (<i>tolvaptan</i>)	4	PA; SL (60 tablets per 365 days.); SP
<i>tolvaptan oral tablet 15 mg</i>	1	PA; SP
<i>tolvaptan oral tablet 30 mg</i>	1	PA; SL (2 tablets per day.); SP
ENZYMES		
ENZYME COFACTORS/CHAPERONES		
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	4	PA; SL (14 capsules per 21 days.); SP
JAVYGTOR ORAL PACKET 100 MG (<i>sapropterin dihydrochloride</i>)	4	PA; SL (16 packets per day.); SP
JAVYGTOR ORAL PACKET 500 MG (<i>sapropterin dihydrochloride</i>)	4	PA; SL (4 packets per day.); SP
JAVYGTOR ORAL TABLET 100 MG (<i>sapropterin dihydrochloride</i>)	4	PA; SL (16 tablets per day); SP
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG (<i>arimoclomol citrate</i>)	4	PA; SP
<i>sapropterin dihydrochloride oral packet 100 mg</i>	1	PA; SL (16 packets per day.); SP
<i>sapropterin dihydrochloride oral packet 500 mg</i>	1	PA; SL (4 packets per day.); SP
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	1	PA; SL (16 tablets per day); SP
ENZYME INHIBITORS		
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	2	PA; SP
<i>miglustat oral capsule 100 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OPFOLDA ORAL CAPSULE 65 MG (<i>miglustat (gaa deficiency)</i>)	2	PA; SL (8 capsules per 21 days.); SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	1	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	2	PA; SP
ZOKINVY ORAL CAPSULE 50 MG (<i>lonafarnib</i>)	2	PA; SL (5 capsules per day.); SP
ZOKINVY ORAL CAPSULE 75 MG (<i>lonafarnib</i>)	2	PA; SL (1 tablet per day.); SP
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	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML (<i>pegvaliase-pqpz</i>)	3	PA; ST; SL (7 mL per year.); SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML (<i>pegvaliase-pqpz</i>)	3	PA; ST; SL (6 syringes per 365 days.); SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>pegvaliase-pqpz</i>)	3	PA; ST; SL (1 ml per day.); SP
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3	ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	4	ST
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	2	PA; SL (5 ml per day.); SP
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	3	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML (<i>asfotase alfa</i>)	2	PA; SL (5.4 ml per month.); SP
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML (<i>asfotase alfa</i>)	2	PA; SL (8.4 ml per month.); SP
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML (<i>asfotase alfa</i>)	2	PA; SL (12 ml tablets per month.); SP
STRENSIQ SUBCUTANEOUS SOLUTION 80 MG/0.8ML (<i>asfotase alfa</i>)	2	PA; SL (9.6 ml (12 vials) per month.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	2	PA; SP
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	4	ST
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	2	
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>)	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (<i>brimonidine tartrate</i>)	4	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	1	
<i>brimonidine tartrate external gel 0.33 %</i>	1	PA
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	1	
IOPIDINE OPHTHALMIC SOLUTION 1 % (<i>apraclonidine hcl</i>)	3	
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	2	PA
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (<i>brinzolamide-brimonidine</i>)	4	
ANTIALLERGIC AGENTS - Drugs for Allergy		
ALOCRILOPHTHALMIC SOLUTION 2 % (<i>nedocromil sodium</i>)	3	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (<i>iodoxamide tromethamine</i>)	3	
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	1	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	1	
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	1	
<i>olopatadine hcl nasal solution 0.6 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (olopatadine-mometasone)	4	
ANTIBACTERIALS (52:04) - Drugs for Infections		
AZASITE OPHTHALMIC SOLUTION 1 % (azithromycin)	3	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (besifloxacin hcl)	3	
CETRAXAL OTIC SOLUTION 0.2 % (ciprofloxacin hcl)	3	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (ciprofloxacin hcl)	3	
CIPRO HC OTIC SUSPENSION 0.2-1 % (ciprofloxacin-hydrocortisone)	3	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	1	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (neomycin-colist-hc-thonzonium)	3	
DOUBLE PM OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5 %	3	PA
<i>ery external pad 2 %</i>	1	
ERYGEL EXTERNAL GEL 2 % (erythromycin)	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>	1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	
<i>levofloxacin ophthalmic solution 1.5 %</i>	1	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (neomycin-polymyxin-dexameth)	4	
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (neomycin-polymyxin-dexameth)	4	
MITOSOL OPHTHALMIC KIT 0.2 MG (mitomycin)	3	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>neomycin sulfate oral tablet 500 mg</i>	1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	
<i>neo-polycin hc ophthalmic ointment 1 %</i>	1	
<i>neo-polycin ophthalmic ointment 3.5-400-10000</i>	1	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (<i>ofloxacin</i>)	4	
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	
<i>ofloxacin otic solution 0.3 %</i>	1	
<i>polycin ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	3	PA; SL (224 capsules per 56 days.); SP
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (<i>tobramycin-dexamethasone</i>)	4	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	1	PA; SL (224 ml per 56 days.); SP
<i>tobramycin ophthalmic solution 0.3 %</i>	1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	
TOBREX OPHTHALMIC OINTMENT 0.3 % (<i>tobramycin</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	PA
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	PA
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (<i>moxifloxacin hcl</i>)	4	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	3	
ANTIFUNGALS (EENT) - Drugs for Infections		
NATACYN OPHTHALMIC SUSPENSION 5 % (<i>natamycin</i>)	3	
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	
XDEMVIY OPHTHALMIC SOLUTION 0.25 % (<i>lotilaner</i>)	4	PA; SL (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; SL (3 ml per 23 days.)
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	4	PA; SL (1 ml per day and 56 ml per 365 days.); SP
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	4	PA; SL (5.5 mL (1 bottle) per month.)
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	2	PA
ANTIVIRALS (EENT) - Drugs for Infections		
<i>trifluridine ophthalmic solution 1 %</i>	1	
ZIRGAN OPHTHALMIC GEL 0.15 % (<i>ganciclovir</i>)	3	
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>periogard 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 %, 0.5 % (<i>timolol hemihydrate</i>)	2	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	3	
<i>carteolol hcl ophthalmic solution 1 %</i>	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	1	
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	4	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	4	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ocudose ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate pf ophthalmic solution 0.25 %, 0.5 %</i>	1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	4	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; 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
CARBONIC ANHYDRASE INHIBITORS (EENT) - Drugs for the Eye		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>brinzolamide ophthalmic suspension 1 %</i>	1	
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	4	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4	
<i>dorzolamide hcl solution 2 % ophthalmic</i>	1	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (<i>brinzolamide-brimonidine</i>)	4	
CORTICOSTEROIDS (EENT) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	
ALA SCALP EXTERNAL LOTION 2 % (<i>hydrocortisone</i>)	4	
ALREX OPHTHALMIC SUSPENSION 0.2 % (<i>loteprednol etabonate</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	
<i>anucort-hc rectal suppository 25 mg</i>	1	
ANUSOL-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	4	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG (<i>hydrocortisone acetate</i>)	4	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
CIPRO HC OTIC SUSPENSION 0.2-1 % (<i>ciprofloxacin-hydrocortisone</i>)	3	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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 sodium phosphate ophthalmic solution 0.1 %</i>	1	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	1	
DOUBLE PM OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5 %	3	PA
DUREZOL OPHTHALMIC EMULSION 0.05 % (<i>difluprednate</i>)	4	
<i>flac otic oil 0.01 %</i>	1	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone acetate</i>)	2	
<i>flunisolide nasal solution 25 mcglact (0.025%)</i>	1	
<i>fluocinolone acetonide body external oil 0.01 %</i>	1	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone acetonide external ointment 0.025 %</i>	1	
<i>fluocinolone acetonide external solution 0.01 %</i>	1	
<i>fluocinolone acetonide otic oil 0.01 %</i>	1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	1	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	1	
<i>fluticasone propionate nasal suspension 50 mcglact</i>	1	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (<i>fluorometholone</i>)	3	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG (hydrocortisone acetate)	4	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	1	
hydrocortisone butyrate external cream 0.1 %	1	
hydrocortisone butyrate external ointment 0.1 %	1	
hydrocortisone butyrate external solution 0.1 %	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %, 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 %	1	
hydrocortisone valerate external ointment 0.2 %	1	
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 GEL 0.5 % (loteprednol etabonate)	4	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (loteprednol etabonate)	3	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (loteprednol etabonate)	3	
loteprednol etabonate ophthalmic gel 0.5 %	1	
loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 %	1	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (dexamethasone)	2	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (neomycin-polymyxin-dexameth)	4	
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (neomycin-polymyxin-dexameth)	4	
mometasone furoate nasal suspension 50 mcg/act	1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	
<i>neo-polycin hc ophthalmic ointment 1 %</i>	1	
NUCORT EXTERNAL LOTION 2 % (<i>hydrocortisone acetate</i>)	3	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (<i>ciclesonide</i>)	4	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (<i>prednisolone sodium phosphate</i>)	4	
PANDEL EXTERNAL CREAM 0.1 % (<i>hydrocortisone probutate</i>)	3	
PEDIAPRED ORAL SOLUTION 6.7 (5 BASE) 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>	1	
<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	
PROCORT EXTERNAL CREAM 1.85-1.15 % (<i>hydrocortisone ace-pramoxine</i>)	4	
PROCTOCORT RECTAL SUPPOSITORY 30 MG (<i>hydrocortisone acetate</i>)	4	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	2	
<i>procto-med hc external cream 2.5 %</i>	1	
<i>proctosol hc external cream 2.5 %</i>	1	
<i>proctozone-hc external cream 2.5 %</i>	1	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	4	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (olopatadine-mometasone)	4	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
SYNALAR EXTERNAL CREAM 0.025 % (fluocinolone acetonide)	4	
SYNALAR EXTERNAL OINTMENT 0.025 % (fluocinolone acetonide)	4	
TEXACORT EXTERNAL SOLUTION 2.5 % (hydrocortisone)	2	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (tobramycin-dexamethasone)	4	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	PA
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	PA
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (loteprednol-tobramycin)	3	
EENT ANTI-INFLAMMATORY AGENTS, MISC. - Drugs for Inflammation		
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (cyclosporine)	4	PA; SL (5.5 mL (1 bottle) per month.)
RESTASIS OPHTHALMIC EMULSION 0.05 % (cyclosporine)	1	PA
XIIDRA OPHTHALMIC SOLUTION 5 % (lifitegrast)	2	PA
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 ophthalmic solution 4 %	1	
cromolyn sodium oral concentrate 100 mg/5ml	1	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (cysteamine hcl)	4	PA; SL (20 mL per 21 days)
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (cysteamine hcl)	2	PA; SL (60 ml (4 bottles) per month.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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; SL (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; SL (1 ml per day and 56 ml per 365 days.); SP
SALIVAMAX MOUTH/THROAT PACKET (<i>artificial saliva</i>)	4	
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (<i>varenicline tartrate</i>)	4	PA; SL (0.28 ml per day.)
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	
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (<i>ketorolac tromethamine</i>)	4	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	1	
<i>bromfenac sodium ophthalmic solution 0.07 %, 0.075 %</i>	1	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (<i>bromfenac sodium</i>)	4	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (<i>nepafenac</i>)	4	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	1	
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (<i>nepafenac</i>)	4	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (<i>bromfenac sodium</i>)	4	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	4	ST
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
ALTACAIN OPHTHALMIC SOLUTION 0.5 % (<i>tetracaine hcl</i>)	3	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (<i>dph-lido-alhydr-mghydr-simeth</i>)	3	PA
<i>lidocaine hcl mouth/throat solution 4 %</i>	1	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	1	
PRAMOTIC OTIC LIQUID 1-0.1 % (<i>pramoxine-chloroxylenol</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; SL (20 mL per 21 days)
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	2	PA; SL (60 ml (4 bottles) per month.); SP
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	
MYDRIATICS - Drugs for the Eye		
<i>altafrin ophthalmic solution 10 %, 2.5 %</i>	1	
<i>atropine sulfate ophthalmic ointment 1 %</i>	1	
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 % (<i>cyclopentolate hcl</i>)	4	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (<i>cyclopentolate-phenylephrine</i>)	3	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	1	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	1	
PROSTAGLANDIN ANALOGS - Drugs for the Eye		
<i>bimatoprost ophthalmic solution 0.03 %</i>	1	
IYUZEH OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	1	ST
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	1	
XELPROS OPHTHALMIC EMULSION 0.005 % (<i>latanoprost</i>)	3	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (<i>tafluprost</i>)	3	ST
RHO KINASE INHIBITORS - Drugs for the Eye		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (<i>netarsudil dimesylate</i>)	3	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	3	
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	
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	4	PA
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (<i>oxymetazoline hcl</i>)	4	PA
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (<i>dph-lido-alhydr-mghydr-simeth</i>)	3	PA
CHLORIDE CHANNEL ACTIVATORS		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	4	PA; SL (2 capsules per day.)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	PA; SL (2 capsules per day.)
GUANYLATE CYCLASE C (GCC) RECEPT AGONIST		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	2	PA; SL (1 capsule per day.)
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	4	PA; ST; SL (1 tablet per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IMMUNOMODULATORY AGENTS (56:44)		
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (<i>vedolizumab</i>)	4	PA; SL (0.05 ml per day.); SP
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mirikizumab-mrkz</i>)	3	PA; SL (0.072 ml per day.); SP
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mirikizumab-mrkz</i>)	3	PA; SL (2 prefilled syringe per month.); SP
OPIOID ANTAGONISTS (56:18)		
<i>alvimopan oral capsule 12 mg</i>	1	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	4	SL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	4	SL (0.4 ml per day.)
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	2	PA; SL (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	
ANZEMET ORAL TABLET 50 MG (<i>dolasetron mesylate</i>)	3	
<i>granisetron hcl oral tablet 1 mg</i>	1	
<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 16 mg, 4 mg, 8 mg</i>	1	
ANTIDIARRHEA AGENTS - Drugs for Diarrhea		
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	SL (120 capsules per 180 days.)
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	SL (120 capsules per 180 days.)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate-atropine</i>)	4	
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin-atropine</i>)	4	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	4	PA; SL (2 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>opium oral tincture 10 mg/ml (1%)</i>	1	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	4	SL (120 capsules per 180 days.)
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	3	SL (2 tablets per day.)
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	3	PA; SL (3 tablets per day); SP
ANTIEMETICS, MISCELLANEOUS - Drugs for Vomiting and Nausea		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	
MARINOL ORAL CAPSULE 2.5 MG (<i>dronabinol</i>)	4	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	4	SL (4 ml per day)
ANTIFLATULENTS - Drugs for Gas		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (<i>dph-lido-alhydr-mghydr-simeth</i>)	3	PA
ANTIHISTAMINES (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	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	1	
ANTI-INFLAMMATORY AGENTS (GI DRUGS) - Drugs for Inflammation		
<i>alose tron hcl oral tablet 0.5 mg, 1 mg</i>	1	PA; SL (2 tablets per day)
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	4	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	4	
<i>balsalazide disodium oral capsule 750 mg</i>	1	
DIPENTUM ORAL CAPSULE 250 MG (<i>olsalazine sodium</i>)	3	
<i>mesalamine oral capsule delayed release 400 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>mesalamine oral tablet delayed release 1.2 gm</i>	1	
<i>mesalamine rectal enema 4 gm</i>	1	
<i>mesalamine rectal suppository 1000 mg</i>	1	SL (1 suppository per day.)
<i>mesalamine-cleanser rectal kit 4 gm</i>	1	SL (4 kits per month.)
ROWASA RECTAL KIT 4 GM (<i>mesalamine-cleanser</i>)	4	SL (4 kits per month.)
SFROWASA RECTAL ENEMA 4 GM/60ML (<i>mesalamine</i>)	4	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
ANTIULCER AGENTS AND ACID SUPPRESS.,MISC - Drugs for Ulcers and Stomach Acid		
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	SL (120 capsules per 180 days.)
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	SL (120 capsules per 180 days.)
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	4	SL (120 capsules per 180 days.)
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>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	3	PA
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	4	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	4	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	3	PA
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
CATHARTICS AND LAXATIVES - Drugs for Constipation		
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	E	H
<i>bisacodyl oral tablet delayed release 5 mg</i>	E	H
<i>citroma oral solution 1.745 gm/30ml</i>	E	H
<i>clearlax oral powder 17 gm/scoop</i>	E	H
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML (<i>sod picosulfate-mag ox-cit acd</i>)	2	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (<i>dph-lido-alhydr-mghydr-simeth</i>)	3	PA
<i>ft clearlax oral powder 17 gm/scoop</i>	E	H
<i>ft laxative oral tablet delayed release 5 mg</i>	E	H
<i>ft magnesium citrate oral solution 1.745 gm/30ml</i>	E	H
<i>gavilax oral powder 17 gm/scoop</i>	E	H
<i>gavilyte-c oral solution reconstituted 240 gm</i>	1	H
<i>gavilyte-g oral solution reconstituted 236 gm</i>	1	H
<i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>	1	H
<i>gentle laxative oral tablet delayed release 5 mg</i>	E	H
<i>gentlelax oral powder 17 gm/scoop</i>	E	H
<i>glycolax oral powder 17 gm/scoop</i>	E	H
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	4	
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	E	H
<i>mineral oil heavy oral oil</i>	1	
<i>mm clearlax oral powder 17 gm/scoop</i>	E	H
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	2	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	1	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	1	H
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	H
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PEG-PREP ORAL KIT 5-210 MG-GM (<i>bisacodyl-peg-kcl-nabicar-nacl</i>)	4	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	2	
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	E	H
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (<i>peg 3350-kcl-nacl-nasulf-mgsul</i>)	3	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (<i>na sulfate-k sulfate-mg sulf</i>)	3	
SUTAB ORAL TABLET 1479-225-188 MG (<i>sodium sulfate-mag sulfate-kcl</i>)	2	H
CHOLELITHOLYTIC AGENTS - Drugs for the Stomach		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG (<i>odevixibat</i>)	4	PA; SL (2 capsules per day.); SP
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG (<i>odevixibat</i>)	4	PA; SL (1 capsule per day.); SP
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (<i>odevixibat</i>)	4	PA; SL (2 capsules per day.); SP
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	3	ST; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	2	PA; SL (4 capsules per day.); SP
LIVMARLI ORAL SOLUTION 19 MG/ML (<i>maralixibat chloride</i>)	4	PA; SP
LIVMARLI ORAL SOLUTION 9.5 MG/ML (<i>maralixibat chloride</i>)	4	PA; SL (4 mL per day.); SP
OCALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	4	PA; ST; SL (1 tablet per day.); SP
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
URSODIOL+SYRSPEND SF ORAL SUSPENSION 30 MG/ML (<i>ursodiol</i>)	3	PA
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>)	2	PA; SL (1 vial per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3	ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	4	ST
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	
GI DRUGS, MISCELLANEOUS - Drugs for the Stomach		
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA; SL (2 prefilled syringes (1 carton) per month.); SP
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; SL (0.08 syringe per day.); SP
ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	2	PA; SL (0.08 syringe per day.); SP
<i>alvimopan oral capsule 12 mg</i>	1	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	4	PA; SL (2 capsules per day.)
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG (<i>odevixibat</i>)	4	PA; SL (2 capsules per day.); SP
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG (<i>odevixibat</i>)	4	PA; SL (1 capsule per day.); SP
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (<i>odevixibat</i>)	4	PA; SL (2 capsules per day.); SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	2	PA; SL (4 capsules per day.); SP
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; SL (1 kit per 21 days.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; SL (1 kit per 21 days.); 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>)	4	PA; SL (0.05 ml per day.); SP
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	2	PA; SL (1 vial per day.); SP
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (<i>adalimumab-bwwd</i>)	2	PA; SL (0.03 ml per day.); SP
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	2	PA; SL (0.06 ml per day.); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>adalimumab-bwwd</i>)	4	PA; SL (0.03 ml per day.); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	4	PA; SL (0.06 ml per day.); SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 pens per month.); SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 pens per month.); SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	2	PA; SL (4 pens per 365 days.); SP
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	2	PA; SL (3 pens per year.); SP
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	2	PA; SL (1 capsule per day.)
LIVMARLI ORAL SOLUTION 9.5 MG/ML (<i>maralixibat chloride</i>)	4	PA; SL (4 mL per day.); SP
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	PA; SL (2 capsules per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MARINOL ORAL CAPSULE 2.5 MG (<i>dronabinol</i>)	4	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	3	PA; SL (1 tablet per day.)
OCALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	4	PA; ST; SL (1 tablet per day.); SP
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mirikizumab-mrkz</i>)	3	PA; SL (0.072 ml per day.); SP
ORLISTAT ORAL CAPSULE 120 MG	3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	4	SL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	4	SL (0.4 ml per day.)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	4	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>golimumab</i>)	2	PA; SL (1 syringe per 21 days.); SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SL (0.5 ml (1 syringe) per month); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>golimumab</i>)	2	PA; SL (1 syringe per 21 days.); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SL (0.5 ml (1 syringe) per month); SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (<i>risankizumab-rzaa</i>)	2	PA; SL (1.2 ml per 42 days.); SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (<i>risankizumab-rzaa</i>)	2	PA; SL (2.4 mL per 42 days.); SP
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	2	PA; SL (1 tablet per day)
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	4	SL (4 ml per day)
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	4	PA; ST; SL (1 tablet per day)
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	3	SL (2 tablets per day.)
VOWST ORAL CAPSULE (<i>fecal microb spores, live-brpk</i>)	4	PA; SL (12 capsules per 365 days.); SP
XENICAL ORAL CAPSULE 120 MG (<i>orlistat</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XPHOZAH ORAL TABLET 30 MG (<i>tenapanor hcl (ckd)</i>)	4	PA; SL (2 tablets per day.); SP
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>	1	
NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	4	
<i>aprepitant oral 80 & 125 mg</i>	1	
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	1	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (<i>aprepitant</i>)	2	
POTASSIUM-COMPETITIVE ACID BLOCKERS - Drugs for Ulcers and Stomach Acid		
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (<i>amoxicillin-vonoprazan</i>)	4	SL (112 tablets per 180 days.)
VOQUEZNA ORAL TABLET 10 MG (<i>vonoprazan fumarate</i>)	4	PA; SL (1 tablet per day and 186 tablets per 365 days.)
VOQUEZNA ORAL TABLET 20 MG (<i>vonoprazan fumarate</i>)	4	PA; SL (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	SL (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	
<i>metoclopramide hcl oral tablet dispersible 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	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
PROTECTANTS - Drugs for Ulcers and Stomach Acid		
<i>sucralfate oral suspension 1 gm/10ml</i>	1	
<i>sucralfate oral tablet 1 gm</i>	1	
PROTON-PUMP INHIBITORS - Drugs for Ulcers and Stomach Acid		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	1	SL (112 capsules and tablets (1 Package) per 180 days.)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg</i>	1	SL (1 packet per day.)
<i>esomeprazole magnesium oral packet 40 mg</i>	1	SL (1 packet per day)
FIRST PANTOPRAZOLE ORAL SUSPENSION 4 MG/ML (<i>pantoprazole sodium</i>)	3	
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML (<i>lansoprazole</i>)	3	PA
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML (<i>omeprazole</i>)	3	PA
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	1	SL (1 tablet per day.)
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>esomeprazole magnesium</i>)	4	SL (1 packet per day.)
NEXIUM ORAL PACKET 40 MG (<i>esomeprazole magnesium</i>)	4	SL (1 packet per day)
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicill-clarithro-omeprazole</i>)	3	SL (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 packet 40 mg</i>	1	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (<i>omeprazole magnesium</i>)	4	
PROTONIX ORAL PACKET 40 MG (<i>pantoprazole sodium</i>)	4	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE 10 MG	4	SL (1 capsule per day.)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	1	SL (1 tablet per day)
VOQUEZNA ORAL TABLET 10 MG (<i>vonoprazan fumarate</i>)	4	PA; SL (1 tablet per day and 186 tablets per 365 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VOQUEZNA ORAL TABLET 20 MG (<i>vonoprazan fumarate</i>)	4	PA; SL (1 tablet per day and 62 tablets per 365 days.)
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	3	SP
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>	1	SP
<i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>	1	SP
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	PA; SP
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	1	PA; SP
<i>deferiprone oral tablet 1000 mg</i>	1	PA
<i>deferiprone oral tablet 500 mg</i>	1	PA; SP
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	2	SP
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	2	PA; SP
FERRIPROX ORAL TABLET 1000 MG (<i>deferiprone</i>)	4	PA
FERRIPROX ORAL TABLET 500 MG (<i>deferiprone</i>)	4	PA; SP
<i>penicillamine oral tablet 250 mg</i>	1	SP
<i>trientine hcl oral capsule 250 mg</i>	1	PA; SP
<i>trientine hcl oral capsule 500 mg</i>	1	PA
HORMONES AND SYNTHETIC SUBSTITUTES		
MELANOCORTIN RECEPTOR ANTAGONISTS		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	3	PA; SP
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	4	SL (4 autoinjector pens (1.2mls) per month.)
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>)	2	SL (0.4 grams per day.)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	
ALA SCALP EXTERNAL LOTION 2 % (<i>hydrocortisone</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
<i>anucort-hc rectal suppository 25 mg</i>	1	
ANUSOL-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	4	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG (<i>hydrocortisone acetate</i>)	4	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate</i>)	1	SL (1 blister per day.)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>fluticasone furoate</i>)	1	SL (1 packet per day.)
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1	
<i>betamethasone dipropionate external cream 0.05 %</i>	1	
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	
<i>betamethasone valerate external cream 0.1 %</i>	1	
<i>betamethasone valerate external foam 0.12 %</i>	1	
<i>betamethasone valerate external lotion 0.1 %</i>	1	
<i>betamethasone valerate external ointment 0.1 %</i>	1	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT (<i>fluticasone furoate-vilanterol</i>)	2	SL (2 blisters per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT, 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	3	SL (2 blisters per day.)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	3	SL (0.36 grams per day.)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	1	SL (120 ml (2 boxes) per 30 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>budesonide inhalation suspension 1 mg/2ml</i>	1	SL (60 ml (1 box) per 30 days.)
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	
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	
CORTISONE ACETATE ORAL TABLET 25 MG	4	
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	1	
DIPROLENE EXTERNAL OINTMENT 0.05 % (<i>betamethasone dipropionate aug</i>)	4	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT (<i>mometasone furo-formoterol fum</i>)	4	ST; SL (0.44 grams per day.)
DULERA INHALATION AEROSOL 50-5 MCG/ACT (<i>mometasone furo-formoterol fum</i>)	4	ST; SL (0.44 mcg per day.)
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	4	SL (2 blisters per day.)
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external lotion 0.05 %</i>	1	
<i>fluticasone propionate external ointment 0.005 %</i>	1	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 44 MCG/ACT	4	SL (1 inhaler per month.)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 220 MCG/ACT	4	SL (2 inhalers per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	4	SL (0.4 grams per day.)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	SL (2 blisters per day.)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	SL (0.04 mcg per day.)
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG (<i>hydrocortisone acetate</i>)	4	
<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>	1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate external solution 0.1 %</i>	1	
<i>hydrocortisone external cream 2.5 %</i>	1	
<i>hydrocortisone external lotion 2 %, 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>	1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	1	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	
<i>hydrocort-pramoxine (perianal) external cream 2.5-1 %</i>	1	
INTRAROSA VAGINAL INSERT 6.5 MG (<i>prasterone</i>)	4	PA; SL (1 insert per day)
ISTURISA ORAL TABLET 1 MG (<i>osilodrostat phosphate</i>)	4	PA; SL (8 tablets per day.); SP
ISTURISA ORAL TABLET 5 MG (<i>osilodrostat phosphate</i>)	4	PA; SL (372 tablets per month.); SP
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	
<i>mometasone furoate nasal suspension 50 mcg/lact</i>	1	
NUCORT EXTERNAL LOTION 2 % (<i>hydrocortisone acetate</i>)	3	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (<i>prednisolone sodium phosphate</i>)	4	
PANDEL EXTERNAL CREAM 0.1 % (<i>hydrocortisone probutate</i>)	3	
PEDIAPRED ORAL SOLUTION 6.7 (5 BASE) 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>	1	
<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	
PROCORT EXTERNAL CREAM 1.85-1.15 % (<i>hydrocortisone ace-pramoxine</i>)	4	
PROCTOCORT RECTAL SUPPOSITORY 30 MG (<i>hydrocortisone acetate</i>)	4	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	2	
<i>procto-med hc external cream 2.5 %</i>	1	
<i>proctosol hc external cream 2.5 %</i>	1	
<i>proctozone-hc external cream 2.5 %</i>	1	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	4	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (<i>beclomethasone diprop hfa</i>)	1	SL (10.6 grams per month.)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	1	SL (42.4 grams per month.)
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	4	
SERNIVO EXTERNAL EMULSION 0.05 % (<i>betamethasone dipropionate</i>)	4	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80- 4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	1	SL (0.35 grams per day.)
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (<i>dexamethasone</i>)	4	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) (<i>dexamethasone</i>)	3	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	3	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (<i>budesonide</i>)	4	PA; SL (4 capsules per day.); SP
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	2	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (<i>fluticasone- umeclidin-vilant</i>)	3	SL (2 blisters per day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (<i>fluticasone- umeclidin-vilant</i>)	3	SL (2 blisters per day.)
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (<i>budesonide</i>)	1	
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	SL (2 blisters per day.)
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>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMYLINOMIMETICS - Drugs for Diabetes		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (<i>pramlintide acetate</i>)	3	SL (4 pens (10.8 ml) per month.)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (<i>pramlintide acetate</i>)	3	SL (4 pens (6 ml) per month.)
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	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML (<i>testosterone cypionate</i>)	4	
EC-RX TESTOSTERONE TRANSDERMAL CREAM 0.2 %, 0.4 %, 10 %, 20 %	3	PA
EEMT HS ORAL TABLET 0.625-1.25 MG (<i>est estrogens-methyltest</i>)	3	
EEMT ORAL TABLET 1.25-2.5 MG (<i>est estrogens-methyltest</i>)	2	
<i>est estrogens-methyltest ds oral tablet 1.25-2.5 mg</i>	1	
<i>est estrogens-methyltest hs oral tablet 0.625-1.25 mg</i>	1	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	1	
<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	SL (2 capsules per day.)
KYZATREX ORAL CAPSULE 150 MG, 200 MG (<i>testosterone undecanoate</i>)	4	SL (4 capsules per day.)
METHITEST ORAL TABLET 10 MG	2	
<i>methyltestosterone oral capsule 10 mg</i>	1	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	1	SL (100 mg Testosterone (2 X 5 grams tubes = 10 grams) per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	
<i>testosterone gel 12.5 mg/act (1%) transdermal</i>	1	SL (300 grams (4 pumps) per month)
<i>testosterone gel 20.25 mg/act (1.62%) transdermal</i>	1	SL (150 grams (2 pumps) per month.)
<i>testosterone transdermal gel 1.62 %</i>	1	SL (150 grams (2 pumps) per month.)
ANTIDIABETIC AGENTS, MISCELLANEOUS - Drugs for Diabetes		
<i>colesevelam hcl oral packet 3.75 gm</i>	1	
<i>colesevelam hcl oral tablet 625 mg</i>	1	
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	3	
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	4	PA; SL (4 tablets per day.); SP
<i>mifepristone oral tablet 300 mg</i>	1	PA; SL (4 tablets per day.); SP
ANTIESTROGENS - Drugs for Women		
<i>anastrozole oral tablet 1 mg</i>	1	H
<i>exemestane oral tablet 25 mg</i>	1	H
<i>letrozole oral tablet 2.5 mg</i>	1	H
ANTIGONADTROPINS - Hormones		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (<i>degarelix acetate</i>)	3	SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (<i>degarelix acetate</i>)	3	SP
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>)	2	SL (1 tablet day.)
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	3	PA; SL (1 tablet per day); SP; CM
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	2	PA; SL (2 capsules per day.)
ORLISSA ORAL TABLET 150 MG (<i>elagolix sodium</i>)	2	SL (1 tablet per day.)
ORLISSA ORAL TABLET 200 MG (<i>elagolix sodium</i>)	2	SL (2 tablets per day.)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg</i>	1	SL (31 tablets per month.)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	2	SL (2 tablets per day.)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	SL (1 tablet per day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	SL (2 tablets per day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	SL (1 tablet per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	SL (2 tablets per day.)
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	SL (1 vaginal ring per 327 days); H
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	H
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	H
<i>ashlyna oral tablet 0.15-0.03 & 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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (levonorgest-eth estrad-fe bisg)	4	H
balziva oral tablet 0.4-35 mg-mcg	1	H
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
camila oral tablet 0.35 mg	1	H
camrese lo oral tablet 0.1-0.02 & 0.01 mg	1	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
cryselle-28 oral tablet 0.3-30 mg-mcg	1	H
curae oral tablet 1.5 mg	1	H
cyred eq oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35 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	SL (5 ml per year.)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (medroxyprogesterone acetate)	4	SL (5 mL per 365 days.)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (medroxyprogesterone acetate)	2	SL (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, 3- 0.03-0.451 mg	1	H
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	H
econtra one-step oral tablet 1.5 mg	1	H
elinest oral tablet 0.3-30 mg-mcg	1	H

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	1	H
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	1	H
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	1	H
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	1	H
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	1	H
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	H
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	H
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	1	H
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	1	H
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	1	H
<i>levonorgestrel oral tablet 1.5 mg</i>	1	H
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	1	H
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	1	H
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (norethin-eth estrad-fe biphas)	1	H
<i>lojaimiess oral tablet 0.1-0.02 & 0.01 mg</i>	1	H
<i>loryna oral tablet 3-0.02 mg</i>	1	H
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	1	H
<i>lo-zumandimine oral tablet 3-0.02 mg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lutera oral tablet 0.1-20 mg-mcg</i>	1	H
<i>lyleq oral tablet 0.35 mg</i>	1	H
<i>lyza oral tablet 0.35 mg</i>	1	H
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	H
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	SL (5 ml per year.); H
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	1	SL (5 mL per 365 days.); H
<i>merzee oral capsule 1-20 mg-mcg(24)</i>	1	H
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	H
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	1	H
<i>my choice oral tablet 1.5 mg</i>	1	H
<i>my way oral tablet 1.5 mg</i>	1	H
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	1	H
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	H
<i>new day oral tablet 1.5 mg</i>	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	4	H
<i>nikki oral tablet 3-0.02 mg</i>	1	H
<i>nora-be oral tablet 0.35 mg</i>	1	H
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	1	H
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	1	H
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	H
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>norethindrone oral tablet 0.35 mg</i>	1	H
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	1	H
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	H
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<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>ocella oral tablet 3-0.03 mg</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
<i>option 2 oral tablet 1.5 mg</i>	1	H
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	H
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
PLAN B ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	1	H
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	H
<i>react oral tablet 1.5 mg</i>	1	H
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	1	H
<i>rivelsa oral tablet 42-21-21-7 days</i>	1	H
<i>setlakin oral tablet 0.15-0.03 mg</i>	1	H
<i>sharobel oral tablet 0.35 mg</i>	1	H
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>simpesse oral tablet 0.15-0.03 & 0.01 mg</i>	1	H
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	4	H
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	1	H
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	H
<i>syeda oral tablet 3-0.03 mg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>take action oral tablet 1.5 mg</i>	1	H
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	1	H
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	1	H
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	H
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (levonorgestrel-eth estradiol)	4	H
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	1	
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	1	H
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	H
<i>vestura oral tablet 3-0.02 mg</i>	1	H
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	H
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	1	H
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	H
<i>wera oral tablet 0.5-35 mg-mcg</i>	1	H
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	1	H
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
YASMIN 28 ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	3	
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	3	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	1	H
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	H
<i>zumandimine oral tablet 3-0.03 mg</i>	1	H
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS - Drugs for Diabetes		
ALOGLIPTIN BENZOATE ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	2	SL (1 tablet per day.)
ALOGLIPTIN-METFORMIN HCL ORAL TABLET 12.5-1000 MG, 12.5-500 MG	2	SL (2 tablets per day.)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	2	SL (1 tablet per day.)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	2	ST; SL (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	SL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>linagliptin-metformin hcl</i>)	2	SL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>linagliptin-metformin hcl</i>)	2	SL (1 tablet per day.)
<i>saxagliptin hcl oral tablet 2.5 mg, 5 mg</i>	1	SL (1 tablet per day)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg</i>	1	SL (62 tablets per month.)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg</i>	1	SL (31 tablets per month.)
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	2	SL (1 tablet per day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	SL (1 tablet per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	SL (2 tablets per day.)
ESTROGEN AGONIST-ANTAGONISTS - Drugs for Women		
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	3	SL (1 tablet per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	2	PA; SL (1 tablet per day.)
<i>raloxifene hcl oral tablet 60 mg</i>	1	H
SOLTAMOX ORAL SOLUTION 10 MG/5ML (<i>tamoxifen citrate</i>)	4	
<i>tamoxifen citrate oral tablet 10 mg</i>	1	
<i>tamoxifen citrate oral tablet 20 mg</i>	1	H
<i>toremifene citrate oral tablet 60 mg</i>	1	CM
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	SL (8 patches (1 box) per 28 days.)
<i>altavera oral tablet 0.15-30 mg-mcg</i>	1	H
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>amethyst oral tablet 90-20 mcg</i>	1	H
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	3	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	3	SL (1 vaginal ring per 327 days); H
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	H
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	H
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	1	H
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	H
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	H
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	1	H
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	4	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<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>camrese lo oral tablet 0.1-0.02 & 0.01 mg</i>	1	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>)	2	SL (4 patches per month.)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>)	2	SL (8 patches per 28 days.)
COVARYX HS ORAL TABLET 0.625-1.25 MG (<i>est estrogens-methyltest</i>)	3	
COVARYX ORAL TABLET 1.25-2.5 MG (<i>est estrogens-methyltest</i>)	2	
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	1	H
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	1	H
<i>dasetta 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>daysee oral tablet 0.15-0.03 & 0.01 mg</i>	1	H
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML (<i>estradiol valerate</i>)	4	
<i>delyla oral tablet 0.1-20 mg-mcg</i>	1	H
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (<i>estradiol cypionate</i>)	3	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM (<i>estradiol</i>)	3	
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM (<i>estradiol</i>)	2	
<i>dolishale oral tablet 90-20 mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	SL (8 patches (1 box) per 28 days.)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	1	H
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	H
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	3	SL (1 tablet per day)
EC-RX ESTRADIOL TRANSDERMAL CREAM 0.4 %, 0.6 %	3	PA
EEMT HS ORAL TABLET 0.625-1.25 MG (<i>est estrogens-methyltest</i>)	3	
EEMT ORAL TABLET 1.25-2.5 MG (<i>est estrogens-methyltest</i>)	2	
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	
<i>estradiol patch twice weekly 0.025 mg/24hr transdermal</i>	1	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.025 mg/24hr transdermal</i>	4	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.0375 mg/24hr transdermal</i>	1	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.0375 mg/24hr transdermal</i>	4	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.05 mg/24hr transdermal</i>	1	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.05 mg/24hr transdermal</i>	4	SL (8 patches (1 box) per 28 days.)

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	1	H
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	H
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	H
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	1	H
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	1	H
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	1	H
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	1	H
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	1	H
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphase</i>)	1	H
<i>lojaimiess oral tablet 0.1-0.02 & 0.01 mg</i>	1	H
<i>loryna oral tablet 3-0.02 mg</i>	1	H
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	1	H
<i>lo-zumandimine oral tablet 3-0.02 mg</i>	1	H
<i>lutera oral tablet 0.1-20 mg-mcg</i>	1	H
<i>lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	SL (8 patches (1 box) per 28 days.)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	H
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (<i>esterified estrogens</i>)	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	3	SL (4 patches (1 carton) per 28 days.)
<i>merzee oral capsule 1-20 mg-mcg(24)</i>	1	H
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>microgestin 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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	H
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	1	H
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>)	2	SL (1 tablet day.)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	1	H
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	4	H
<i>nikki oral tablet 3-0.02 mg</i>	1	H
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	1	H
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	1	H
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	H
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	H
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	1	H
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	H
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	H
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	H
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	H
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>ocella oral tablet 3-0.03 mg</i>	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; SL (2 capsules per day.)
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	H
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	H
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	2	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	3	
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	2	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	1	H
<i>rivelsa oral tablet 42-21-21-7 days</i>	1	H
<i>setlakin oral tablet 0.15-0.03 mg</i>	1	H
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>simpesse oral tablet 0.15-0.03 & 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>syeda oral tablet 3-0.03 mg</i>	1	H
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	1	H
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	1	H
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-sprintec 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>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	H
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	4	H
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	1	
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	1	H
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	H
<i>vestura oral tablet 3-0.02 mg</i>	1	H
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	H
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	1	H
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	H
<i>wera oral tablet 0.5-35 mg-mcg</i>	1	H
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	1	H
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	1	H
YASMIN 28 ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	3	
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	3	
<i>yuvaferm vaginal tablet 10 mcg</i>	1	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	1	H
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	H
<i>zumandimine oral tablet 3-0.03 mg</i>	1	H
GLYCOGENOLYTIC AGENTS - Hormones		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	
<i>glucagon emergency kit injection kit 1 mg</i>	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	2	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (<i>glucagon</i>)	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (<i>glucagon</i>)	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	2	
GONADOTROPINS - Hormones		
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	PA
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	2	
INCRETIN MIMETICS - Drugs for Diabetes		
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (<i>exenatide</i>)	2	PA; SL (3.4 mL per month)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (<i>exenatide</i>)	2	PA; SL (2.4 ml (one pen) per month.)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (<i>exenatide</i>)	2	PA; SL (1.2 ml (one pen) per month.)
LIRAGLUTIDE SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA; SL (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.)
LIRAGLUTIDE SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA; SL (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>)	2	PA; SL (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 (<i>semaglutide</i>)	2	PA; SL (6 ml per month.)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML (<i>semaglutide</i>)	2	PA; SL (3 ml per month.)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	2	PA; SL (1 tablet per day.)
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide -weight management</i>)	3	PA; SL (0.6 ml per day.)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	2	SL (18 ml per month.)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (<i>dulaglutide</i>)	2	PA; SL (2 ml per month.)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>)	2	PA; SL (2 mL per month.)
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; SL (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; SL (0.11 ml per day.)
ZEPBOUND SUBCUTANEOUS SOLUTION 2.5 MG/0.5ML, 5 MG/0.5ML (<i>tirzepatide-weight management</i>)	3	PA
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; SL (0.08 ml per day.)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML (<i>tirzepatide-weight management</i>)	3	PA; SL (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 (<i>insulin nph isophane & regular</i>)	2	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	1	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	2	
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LEPTINS - Hormones		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	3	PA; SL (0.9 vial per day.); SP
LONG-ACTING INSULINS - Drugs for Diabetes		
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	1	
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	1	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	2	SL (18 ml per month.)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	2	
MEGLITINIDES - Drugs for Diabetes		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	SL (3 tablets per day)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	SL (4 tablets per day)
<i>repaglinide oral tablet 2 mg</i>	1	SL (8 tablets per day)
PARATHYROID AGENTS - Drugs for Bones		
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	3	PA; SP
PITUITARY - Hormones		
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML (<i>corticotropin</i>)	4	PA; ST; SP
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	4	PA; ST; SL (20 ml per 24 days.); SP
CORTROPHIN INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	4	PA; ST; SL (20 ml per 24 days.); SP
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	1	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	3	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	1	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (<i>somatrogon-ghla</i>)	4	PA; SL (0.172 ml per day.); SP
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (<i>desmopressin acetate</i>)	3	SL (1 tablet per day.)
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML (<i>somatropin</i>)	2	PA; SL (13.5 mL per month.)
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML, 30 MG/3ML (<i>somatropin</i>)	2	PA; SL (9 mL per month.); SP
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/1.5ML (<i>somatropin</i>)	2	PA; SL (27 mL per month.)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (<i>somatropin</i>)	2	PA; SL (18 ml per month.); SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (<i>somatropin</i>)	2	PA; SL (10 ml (5 cartridges) per month.); SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (<i>somatropin</i>)	2	PA; SL (36 ml per month.); SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML (<i>somatropin</i>)	2	PA; SL (13.5 mL per month.)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML (<i>somatropin</i>)	2	PA; SL (27 mL per month.)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	2	PA; SL (16 vials per month.); SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	4	PA; SL (1 vial per day.); 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; SL (0.143 cartridge per day.); 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 (drospirenone-estradiol)	3	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (segesterone-ethinyl estradiol)	3	SL (1 vaginal ring per 327 days); H
apri oral tablet 0.15-30 mg-mcg	1	H
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	1	H
ashlyna oral tablet 0.15-0.03 & 0.01 mg	1	H
aubra eq oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
aurovela 1/20 oral tablet 1-20 mg-mcg	1	H
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	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
camila oral tablet 0.35 mg	1	H
camrese lo oral tablet 0.1-0.02 & 0.01 mg	1	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)	2	SL (4 patches per month.)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (estradiol-norethindrone acet)	2	SL (8 patches per 28 days.)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	H
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	1	H
<i>falmina oral tablet 0.1-20 mg-mcg</i>	1	H
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG (progesterone)	3	PA
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>gallifrey oral tablet 5 mg</i>	1	
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	1	H
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	1	H
<i>heather oral tablet 0.35 mg</i>	1	H
<i>her style oral tablet 1.5 mg</i>	1	H
<i>iclevia oral tablet 0.15-0.03 mg</i>	1	H
<i>incassia oral tablet 0.35 mg</i>	1	H
<i>introvale oral tablet 0.15-0.03 mg</i>	1	H
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	H
<i>jaimiess oral tablet 0.15-0.03 & 0.01 mg</i>	1	H
<i>jasmiel oral tablet 3-0.02 mg</i>	1	H
<i>jencycla oral tablet 0.35 mg</i>	1	H
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>jolessa oral tablet 0.15-0.03 mg</i>	1	H
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	1	H
<i>juleber oral tablet 0.15-30 mg-mcg</i>	1	H
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lyza oral tablet 0.35 mg</i>	1	H
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	H
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	SL (5 ml per year.); H
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	1	SL (5 mL per 365 days.); H
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	1	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	
<i>merzee oral capsule 1-20 mg-mcg(24)</i>	1	H
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<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>mimvey oral tablet 1-0.5 mg</i>	1	
<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
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>)	2	SL (1 tablet day.)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	1	H
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	H
<i>new day oral tablet 1.5 mg</i>	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	4	H
<i>nikki oral tablet 3-0.02 mg</i>	1	H
<i>nora-be oral tablet 0.35 mg</i>	1	H
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	1	H
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	1	H
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	H
<i>norethindrone oral tablet 0.35 mg</i>	1	H
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	1	H
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	H
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>norlyroc oral tablet 0.35 mg</i>	1	H
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	H
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	H
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	H
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>ocella oral tablet 3-0.03 mg</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
<i>option 2 oral tablet 1.5 mg</i>	1	H
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	2	PA; SL (2 capsules per day.)
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	H
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
PLAN B ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	1	H
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	H
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrog-medroxyprogesterone</i>)	2	
<i>progesterone intramuscular oil 50 mg/ml</i>	1	
PROGESTERONE MICRONIZED TRANSDERMAL CREAM 10 %	3	PA
<i>progesterone oral capsule 100 mg, 200 mg</i>	1	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>medroxyprogesterone acetate</i>)	4	
<i>react oral tablet 1.5 mg</i>	1	H
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	1	H
<i>rivelsa oral tablet 42-21-21-7 days</i>	1	H
<i>setlakin oral tablet 0.15-0.03 mg</i>	1	H
<i>sharobel oral tablet 0.35 mg</i>	1	H
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>simpesse oral tablet 0.15-0.03 & 0.01 mg</i>	1	H
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	4	H
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	1	H
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	H
<i>syeda oral tablet 3-0.03 mg</i>	1	H
<i>take action oral tablet 1.5 mg</i>	1	H
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	1	H
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	1	H
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-lo-milli oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-milli 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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	H
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	4	H
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	1	
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	1	H
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	H
<i>vestura oral tablet 3-0.02 mg</i>	1	H
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	H
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	1	H
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	H
<i>wera oral tablet 0.5-35 mg-mcg</i>	1	H
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	1	H
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	1	H
YASMIN 28 ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	3	
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	3	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	1	H
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	H
<i>zumandimine oral tablet 3-0.03 mg</i>	1	H
RAPID-ACTING INSULINS - Drugs for Diabetes		
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	4	
HUMALOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	4	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro</i>)	2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	1	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	2	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	1	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	2	
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	2	
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	
INSULIN LISPRO INJECTION SOLUTION 100 UNIT/ML	1	
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	2	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro-aabc</i>)	2	
LYUMJEV VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro-aabc</i>)	1	
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	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	1	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	2	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular human</i>)	1	
HUMULIN R VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	1	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (<i>insulin regular(human) in nacl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - Drugs for Diabetes		
BRENZAVVY ORAL TABLET 20 MG (<i>bexagliflozin</i>)	3	ST; SL (1 tablet per day.)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	2	ST; SL (1 tablet per day.)
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	2	SL (30 tablets per month.)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	2	SL (2 tablets per day.)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	SL (1 tablet per day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	SL (2 tablets per day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	SL (1 tablet per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	SL (2 tablets per day.)
SOMATOSTATIN AGONISTS - Hormones		
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	4	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (<i>pasireotide diaspertate</i>)	4	PA; SL (2 ampules per day.); SP
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>)	4	SP
SOMATOTROPIN AGONISTS - Hormones		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG (<i>tesamorelin acetate</i>)	4	PA; SL (1 vial per day.)
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>)	2	PA; SL (52 vials per month.); SP
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML (<i>somatropin</i>)	2	PA; SL (13.5 mL per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML, 30 MG/3ML (<i>somatropin</i>)	2	PA; SL (9 mL per month.); SP
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/1.5ML (<i>somatropin</i>)	2	PA; SL (27 mL per month.)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (<i>somatropin</i>)	2	PA; SL (18 ml per month.); SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (<i>somatropin</i>)	2	PA; SL (10 ml (5 cartridges) per month.); SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (<i>somatropin</i>)	2	PA; SL (36 ml per month.); SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML (<i>somatropin</i>)	2	PA; SL (13.5 mL per month.)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML (<i>somatropin</i>)	2	PA; SL (27 mL per month.)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	2	PA; SL (16 vials per month.); SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	4	PA; SL (1 vial per day.); SP
SOMATOTROPIN ANTAGONISTS - Hormones		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	4	PA; SL (1 vial per day.); SP
SULFONYLUREAS - Drugs for Diabetes		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (<i>pioglitazone hcl-glimepiride</i>)	3	SL (1 tablet per day)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<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	SL (1 tablet per day)
THIAZOLIDINEDIONES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-850 MG (<i>pioglitazone hcl-metformin hcl</i>)	4	SL (3 tablets per day)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	2	SL (1 tablet per day.)
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (<i>pioglitazone hcl-glimepiride</i>)	3	SL (1 tablet per day)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	SL (1 tablet per day)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	SL (1 tablet per day)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	SL (3 tablets per day)
THYROID AGENTS - Drugs for the Thyroid		
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid</i>)	2	
ARMOUR THYROID TABLET 15 MG ORAL (<i>thyroid</i>)	3	
ARMOUR THYROID TABLET 15 MG ORAL (<i>thyroid</i>)	2	
ERMEZA ORAL SOLUTION 150 MCG/5ML (<i>levothyroxine sodium</i>)	2	PA
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	4	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (<i>resmetirom</i>)	4	PA; SL (1 Tablet per day.); SP
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (<i>levothyroxine sodium</i>)	4	
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	4	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (<i>levothyroxine sodium</i>)	2	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
IMMUNOMODULATORY AGENTS (90:00)		
AMINO ACID POLYMERS		
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; SL (30 ml per month.)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; SL (12 ml per 21 days.)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; SL (30 ml per month.)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; SL (12 ml per 21 days.)
ANTIMETABOLITES		
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	3	PA; ST; SL (40 tablets per 720 days.)
<i>teriflunomide oral tablet 14 mg</i>	1	PA; SL (1 tablet per day.)
<i>teriflunomide oral tablet 7 mg</i>	1	PA; SL (2 tablets per day.)
ANTIMETABOLITES, IMMUNOSUPP THERAPY MISC		
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	4	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<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	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	4	PA; SL (5.5 mL (1 bottle) per month.)
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	1	PA
COMPLEMENT INHIBITOR AGENTS (90:20)		
FABHALTA ORAL CAPSULE 200 MG (<i>iptacopan hcl</i>)	2	PA; SL (2 capsules per day.); SP
TAVNEOS ORAL CAPSULE 10 MG (<i>avacopan</i>)	4	PA; SL (6 capsules per day.); SP
COMPLEMENT INHIBITORS (90:08)		
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML (<i>zilucoplan sodium</i>)	4	PA; SL (0.416 ml per day.); SP
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML (<i>zilucoplan sodium</i>)	4	PA; SL (0.574 ml per day.); SP
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML (<i>zilucoplan sodium</i>)	4	PA; SL (0.81 ml per day.); SP
DISEASE-MODIFYING ANTIRHEUMAT DRUGS MISC		
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (<i>vedolizumab</i>)	4	PA; SL (0.05 ml per day.); SP
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	3	PA; ST; SL (4 auto-injectors per month.); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	3	PA; ST; SL (4 syringes per month); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (<i>abatacept</i>)	3	PA; SL (0.06 ml per day.); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (<i>abatacept</i>)	3	PA; SL (0.1 ml per day.); SP
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	4	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	4	
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; SL (1 kit per 21 days.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; SL (1 kit per 21 days.); 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, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	CM
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML (<i>methotrexate (anti-rheumatic)</i>)	2	SL (0.8 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML (<i>methotrexate (anti-rheumatic)</i>)	2	SL (0.6 ml (4 auto-injectors) per month.)
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	3	SP
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	2	PA; SL (1 mL (1 device) every 8 weeks.); SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	2	PA; SL (2 ml per 2 months); SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	4	SL (4 ml per day); CM
FUMARATES		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	2	PA; SL (4 capsules per day.); SP
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	1	PA; SL (56 capsules per year.)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	1	PA; SL (2 capsules per day.)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	1	PA; SL (60 capsules (1 starter pack) per 365 days.)
IGG1 MONOCLONAL ANTIBODIES		
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	2	PA; SL (4 ml per month.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	2	PA; SL (4 ml per month.); SP
IMMUNOMODULATORY AGENTS (90:00)		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	CM
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	2	CM
<i>mercaptopurine oral tablet 50 mg</i>	1	CM
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	4	SP; CM
INTERFERONS		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	2	PA; SL (4 pens (1 box) per month.); SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	2	PA; SL (4 syringes (1 box) per month.); SP
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	2	PA; SL (14 vials per month.)
INTERLEUKIN INHIBITOR AGENTS, MISC		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>omalizumab</i>)	2	PA; SL (0.08 ml per day.); SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>omalizumab</i>)	2	PA; SL (0.15 ml per day.); SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (<i>omalizumab</i>)	2	PA; SL (0.04 ml per day.); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	2	PA; SL (0.08 ml per day.); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>omalizumab</i>)	2	PA; SL (0.15 ml per day.); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>)	2	PA; SL (0.04 ml per day.); SP
INTERLEUKIN-MEDIATED AGENTS, MISC		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	3	PA; ST; SL (3.6 ml per 21 days.); SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	3	PA; ST; SL (4 syringes (36 mL) per month); SP
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	3	PA; ST; SL (0.072 ml per day.); SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	3	PA; ST; SL (0.036 ml per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>secukinumab</i>)	3	PA; ST; SL (0.018 ml per day.); SP
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	3	PA; ST; SL (0.072 ml per day.); SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	3	PA; ST; SL (0.036 ml per day.); SP
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>secukinumab</i>)	3	PA; ST; SL (0.072 ml per day.); SP
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	4	PA; ST; SL (2.28 ml per month.); SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	4	PA; ST; SL (2.28 mL per month); SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	3	PA; ST; SL (0.67 ml (1 syringe) per day.); SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	2	PA; SL (0.006 ml per day.); SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	2	PA; SL (0.006 ml per day.); SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	2	PA; SL (0.012 ml per day.); SP
JANUS KINASE INHIBITORS, MISCELLANEOUS		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	2	PA; SL (1 tablet per day.); SP; CM
OLUMIANT ORAL TABLET 1 MG, 4 MG (<i>baricitinib</i>)	2	PA; ST; SL (1 tablet per day.)
OLUMIANT ORAL TABLET 2 MG (<i>baricitinib</i>)	2	PA; ST; SL (1 tablet per day.); SP
RINVOQ LQ ORAL SOLUTION 1 MG/ML (<i>upadacitinib</i>)	2	PA; SL (360 mL (2 bottles) per month.); SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>upadacitinib</i>)	2	PA; SL (1 tablet per day.); SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (<i>upadacitinib</i>)	2	PA; SL (84 tablets per 365 days.); SP
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	2	PA; SL (8 mL per day.); SP
XELJANZ ORAL TABLET 10 MG (<i>tofacitinib citrate</i>)	2	PA; SL (2 tablets per day); SP
XELJANZ ORAL TABLET 5 MG (<i>tofacitinib citrate</i>)	2	PA; SL (2 tablets per day.); SP

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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>)	2	PA; SL (1 tablet per day.); SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (<i>tofacitinib citrate</i>)	2	PA; SL (1 tablet per day.)
MONOCARBOXYLIC ACID AMIDE AGENTS		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
MONOCLONAL ANTIBODIES (90:12)		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	4	PA; SL (0.04 ml per day.); SP
MTOR INHIBITORS, MISCELLANEOUS		
HYFTOR EXTERNAL GEL 0.2 % (<i>sirolimus</i>)	4	PA; SL (10 g per 23 days.)
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	4	
<i>sirolimus oral solution 1 mg/ml</i>	1	
<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>)	2	PA; SL (60 tablets per month.)
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	2	PA; SL (2 tablets per day.); SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	2	PA; SL (55 tablets (one starter pack) per year.); SP
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (<i>apremilast</i>)	2	PA; SL (1 starter pack per year.)
SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS		
<i>fingolimod hcl oral capsule 0.5 mg</i>	1	PA; SL (1 capsule per day.)
GILENYA ORAL CAPSULE 0.25 MG (<i>fingolimod hcl</i>)	4	PA; SL (1 capsule per day.)
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	3	PA; SL (4 tablets per day.)
MAYZENT ORAL TABLET 1 MG (<i>siponimod fumarate</i>)	4	PA; SL (1 tablet per day.)
MAYZENT ORAL TABLET 2 MG (<i>siponimod fumarate</i>)	3	PA; SL (1 tablet per day.)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (<i>siponimod fumarate</i>)	3	PA; SL (12 tablets per 365 days.)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (<i>siponimod fumarate</i>)	4	PA; SL (7 tablets per 365 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
T-CELL BLOCKERS (90:24)		
LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>)	4	PA; SL (6 capsules per day.); SP
TUMOR NECROSIS FACTOR INHIBITORS, MISC		
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP
ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA; SL (2 auto-injectors (1 carton) per month.); SP
ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; SP
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA; SL (2 prefilled syringes (1 carton) per month.); SP
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; SL (0.08 syringe per day.); SP
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	2	PA; SL (0.08 syringe per day.); SP
ADALIMUMAB-ADBM(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	2	PA; SP
ADALIMUMAB-ADBM(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	2	PA; SP
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; SL (1 kit per 21 days.); SP
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; SL (1 kit per 21 days.); SP
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	2	PA; SL (0.15 ml per day.); SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	2	PA; SL (0.15 ml per day.); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	2	PA; SL (0.15 ml per day.); SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	2	PA; SL (0.15 ml per day.); SP
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (<i>adalimumab-bwwd</i>)	2	PA; SL (0.03 ml per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	2	PA; SL (0.06 ml per day.); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>adalimumab-bwwd</i>)	4	PA; SL (0.03 ml per day.); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	4	PA; SL (0.06 ml per day.); SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 pens per month.); SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 pens per month.); SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	2	PA; SL (4 pens per 365 days.); SP
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	2	PA; SL (3 pens per year.); SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>golimumab</i>)	2	PA; SL (1 syringe per 21 days.); SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SL (0.5 ml (1 syringe) per month); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>golimumab</i>)	2	PA; SL (1 syringe per 21 days.); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SL (0.5 ml (1 syringe) per month); SP
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing		
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing		
LETS KIT	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZTLIDO EXTERNAL PATCH 1.8 % (<i>lidocaine</i>)	3	PA; SL (3 patches per day.)
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	1	
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride-tadalafil</i>)	4	SL (1 capsule per day.)
<i>finasteride oral tablet 5 mg</i>	1	
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>	1	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	1	
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride-tadalafil</i>)	4	SL (1 capsule per day.)
<i>finasteride oral tablet 5 mg</i>	1	
<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	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	2	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	3	
<i>glucagon emergency kit injection kit 1 mg</i>	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	2	
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	2	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (<i>glucagon</i>)	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (<i>glucagon</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 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>	1	
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	3	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
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	
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	2	PA
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	2	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (<i>naloxone hcl</i>)	2	
ANTIGOUT AGENTS - Drugs for Gout		
<i>allopurinol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG (<i>naproxen</i>)	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG (<i>naproxen</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (<i>colchicine</i>)	4	
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	4	
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	4	
<i>indomethacin er oral capsule extended release 75 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral suspension 25 mg/5ml</i>	1	
<i>indomethacin rectal suppository 50 mg</i>	1	
MITIGARE ORAL CAPSULE 0.6 MG (<i>colchicine</i>)	2	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (<i>naproxen</i>)	4	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>probenecid oral tablet 500 mg</i>	1	
ANTISENSE OLIGONUCLEOTIDES		
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (<i>sodium oxybate</i>)	4	PA; SL (1 packet per day.); SP
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM (<i>sodium oxybate</i>)	4	PA; SP
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; SL (18 ml per day.); SP
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML (<i>eplontersen sodium</i>)	2	PA; SL (0.029 ml per day.); SP
BONE ANABOLIC AGENTS		
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	3	PA; SP
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	3	SL (8 patches (1 box) per 28 days.)
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (<i>alendronate sodium</i>)	4	SL (4 tablets per month.)
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	1	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	1	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML (<i>estradiol valerate</i>)	4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (<i>estradiol cypionate</i>)	3	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM (<i>estradiol</i>)	3	
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM (<i>estradiol</i>)	2	
<i>dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	SL (8 patches (1 box) per 28 days.)
EC-RX ESTRADIOL TRANSDERMAL CREAM 0.4 %, 0.6 %	3	PA
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol patch twice weekly 0.025 mg/24hr transdermal</i>	1	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.025 mg/24hr transdermal</i>	4	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.0375 mg/24hr transdermal</i>	1	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.0375 mg/24hr transdermal</i>	4	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.05 mg/24hr transdermal</i>	1	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.05 mg/24hr transdermal</i>	4	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.075 mg/24hr transdermal</i>	1	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.075 mg/24hr transdermal</i>	4	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.1 mg/24hr transdermal</i>	1	SL (8 patches (1 box) per 28 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>estradiol patch twice weekly 0.1 mg/24hr transdermal</i>	4	SL (8 patches (1 box) per 28 days.)
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	1	
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	1	SL (50 grams (1 box) per month.)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	SL (4 patches (1 carton) per 28 days.)
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	
ESTRING VAGINAL RING 7.5 MCG/24HR (<i>estradiol</i>)	2	SL (1 ring per 90 days.)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (<i>estradiol</i>)	3	SL (50 grams (1 box) per month.)
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	2	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (<i>estradiol acetate</i>)	3	SL (1 ring per 3 months.)
FOSAMAX ORAL TABLET 70 MG (<i>alendronate sodium</i>)	4	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	3	
<i>ibandronate sodium oral tablet 150 mg</i>	1	
<i>lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	SL (8 patches (1 box) per 28 days.)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (<i>esterified estrogens</i>)	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	3	SL (4 patches (1 carton) per 28 days.)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (<i>calcitonin salmon</i>)	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	2	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	3	
<i>raloxifene hcl oral tablet 60 mg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>risedronate sodium oral tablet 150 mg</i>	1	SL (1 tablet per month)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1	
<i>risedronate sodium oral tablet 35 mg</i>	1	SL (4 tablets per 28 days.)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	1	SL (4 tablets per month)
<i>yuvafem vaginal tablet 10 mcg</i>	1	
BRADYKININ RECEPTOR ANTAGONISTS		
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	PA; SL (0.6 ml per day.); SP
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
<i>dichlorphenamide oral tablet 50 mg</i>	1	PA; SL (4 tablets per day.); SP
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	4	PA; SL (4 tablets per day.); SP
CARIOSTATIC AGENTS - Vitamins and Fluoride		
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	
<i>easygel dental gel 0.4 %</i>	1	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	4	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (<i>sodium fluoride-vitamin d</i>)	3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	3	
<i>fluoridex daily renewal mouth/throat concentrate 0.63 %</i>	1	
FLUORIDEX DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
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	

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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 tablet chewable 0.25 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
<i>multivitamin/fluoride tablet chewable 0.5 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
<i>multivitamin/fluoride tablet chewable 1 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	1	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	3	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (<i>ped multivitamins-fl-iron</i>)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (<i>ped multivitamins-fl-iron</i>)	3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
VANISH DENTAL LIQUID EXTENDED RELEASE 5 % (<i>sodium fluoride</i>)	3	
COMPLEMENT INHIBITORS		
BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	4	PA; ST; SL (0.4 boxes per day.); SP
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (<i>pegcetacoplan</i>)	2	PA; SL (5.8 ml per day. 2,100 ml per 360 days.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FABHALTA ORAL CAPSULE 200 MG (<i>iptacopan hcl</i>)	2	PA; SL (2 capsules per day.); SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	2	PA; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	4	PA; SL (0.27 vials per day.); SP
TAVNEOS ORAL CAPSULE 10 MG (<i>avacopan</i>)	4	PA; SL (6 capsules per day.); SP
VOYDEYA ORAL TABLET 100 MG (<i>danicopan</i>)	2	PA; SL (6 tablets per day.); SP
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG (<i>danicopan</i>)	2	PA; SP
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML (<i>zilucoplan sodium</i>)	4	PA; SL (0.416 ml per day.); SP
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML (<i>zilucoplan sodium</i>)	4	PA; SL (0.574 ml per day.); SP
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML (<i>zilucoplan sodium</i>)	4	PA; SL (0.81 ml per day.); SP
COMPLEMENT INHIBITORS (92:32)		
BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	4	PA; ST; SL (0.4 boxes per day.); SP
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (<i>pegcetacoplan</i>)	2	PA; SL (5.8 ml per day. 2,100 ml per 360 days.); SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	2	PA; SP
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	PA; SL (0.6 ml per day.); SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	4	PA; SL (0.27 vials per day.); SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	2	PA; SL (0.072 ml per day.); SP
TAVNEOS ORAL CAPSULE 10 MG (<i>avacopan</i>)	4	PA; SL (6 capsules per day.); SP
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - Drugs for Arthritis		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	3	PA; ST; SL (3.6 ml per 21 days.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	3	PA; ST; SL (4 syringes (36 mL) per month); SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP
ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA; SL (2 auto-injectors (1 carton) per month.); SP
ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; SP
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA; SL (2 prefilled syringes (1 carton) per month.); SP
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; SL (0.08 syringe per day.); SP
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	2	PA; SL (0.08 syringe per day.); SP
ADALIMUMAB-ADBM(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	2	PA; SP
ADALIMUMAB-ADBM(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	2	PA; SP
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	4	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	4	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	4	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	2	PA; SL (1 tablet per day.); SP; CM
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; SL (1 kit per 21 days.); SP
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; SL (1 kit per 21 days.); SP
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	3	PA; ST; SL (0.072 ml per day.); SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	3	PA; ST; SL (0.036 ml per day.); SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>secukinumab</i>)	3	PA; ST; SL (0.018 ml per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	3	PA; ST; SL (0.072 ml per day.); SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	3	PA; ST; SL (0.036 ml per day.); SP
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>secukinumab</i>)	3	PA; ST; SL (0.072 ml per day.); SP
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	2	SP
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	2	PA; SL (0.15 ml per day.); SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	2	PA; SL (0.15 ml per day.); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	2	PA; SL (0.15 ml per day.); SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	2	PA; SL (0.15 ml per day.); SP
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (<i>adalimumab-bwwd</i>)	2	PA; SL (0.03 ml per day.); SP
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	2	PA; SL (0.06 ml per day.); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>adalimumab-bwwd</i>)	4	PA; SL (0.03 ml per day.); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	4	PA; SL (0.06 ml per day.); SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 pens per month.); SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 pens per month.); SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	2	PA; SL (4 pens per 365 days.); SP
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	2	PA; SL (3 pens per year.); 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
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	4	PA; ST; SL (2.28 ml per month.); SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	4	PA; ST; SL (2.28 mL per month); SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	3	PA; ST; SL (0.67 ml (1 syringe) per day.); SP
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	CM
OLUMIANT ORAL TABLET 1 MG, 4 MG (<i>baricitinib</i>)	2	PA; ST; SL (1 tablet per day.)
OLUMIANT ORAL TABLET 2 MG (<i>baricitinib</i>)	2	PA; ST; SL (1 tablet per day.); SP
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	3	PA; ST; SL (4 auto-injectors per month.); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	3	PA; ST; SL (4 syringes per month); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (<i>abatacept</i>)	3	PA; SL (0.06 ml per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (<i>abatacept</i>)	3	PA; SL (0.1 ml per day.); SP
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	2	PA; SL (2 tablets per day.); SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	2	PA; SL (55 tablets (one starter pack) per year.); SP
<i>penicillamine oral tablet 250 mg</i>	1	SP
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML (<i>methotrexate (anti-rheumatic)</i>)	2	SL (0.8 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML (<i>methotrexate (anti-rheumatic)</i>)	2	SL (1 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML (<i>methotrexate (anti-rheumatic)</i>)	2	SL (1.2 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML (<i>methotrexate (anti-rheumatic)</i>)	2	SL (1.4 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (<i>methotrexate (anti-rheumatic)</i>)	2	SL (1.6 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML (<i>methotrexate (anti-rheumatic)</i>)	2	SL (1.8 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML (<i>methotrexate (anti-rheumatic)</i>)	2	SL (2 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML (<i>methotrexate (anti-rheumatic)</i>)	2	SL (2.4 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML (<i>methotrexate (anti-rheumatic)</i>)	2	SL (0.6 ml (4 auto-injectors) per month.)
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	3	SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>upadacitinib</i>)	2	PA; SL (1 tablet per day.); SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (<i>upadacitinib</i>)	2	PA; SL (84 tablets per 365 days.); SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>golimumab</i>)	2	PA; SL (1 syringe per 21 days.); SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SL (0.5 ml (1 syringe) per month); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>golimumab</i>)	2	PA; SL (1 syringe per 21 days.); SP

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; 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
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SL (0.5 ml (1 syringe) per month); SP
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	4	SL (4 ml per day); CM
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	2	PA; SL (8 mL per day.); SP
XELJANZ ORAL TABLET 10 MG (<i>tofacitinib citrate</i>)	2	PA; SL (2 tablets per day); SP
XELJANZ ORAL TABLET 5 MG (<i>tofacitinib citrate</i>)	2	PA; SL (2 tablets per day.); SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (<i>tofacitinib citrate</i>)	2	PA; SL (1 tablet per day.); SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (<i>tofacitinib citrate</i>)	2	PA; SL (1 tablet per day.)
IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	3	PA; ST; SL (3.6 ml per 21 days.); SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	3	PA; ST; SL (4 syringes (36 mL) per month); SP
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (<i>interferon gamma-1b</i>)	2	PA; SL (8.5 mls per month.); SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA; SL (2 prefilled syringes (1 carton) per month.); SP
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; SL (0.08 syringe per day.); SP
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	2	PA; SL (0.08 syringe per day.); SP
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	2	PA; SL (4 pens (1 box) per month.); SP

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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>)	2	PA; SL (4 syringes (1 box) per month.); SP
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	4	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	4	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	4	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	2	PA; SL (4 capsules per day.); SP
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	4	PA; ST; SL (0.08 ml per day.)
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	2	PA; SL (14 vials per month.)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; SL (1 kit per 21 days.); SP
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; SL (1 kit per 21 days.); SP
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	1	PA; SL (56 capsules per year.)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	1	PA; SL (2 capsules per day.)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	1	PA; SL (60 capsules (1 starter pack) per 365 days.)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	2	PA; SL (0.15 ml per day.); SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	2	PA; SL (0.15 ml per day.); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	2	PA; SL (0.15 ml per day.); SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	2	PA; SL (0.15 ml per day.); SP
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	4	PA; SL (0.04 ml per day.); SP
<i> fingolimod hcl oral capsule 0.5 mg</i>	1	PA; SL (1 capsule per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
GILENYA ORAL CAPSULE 0.25 MG (<i>fingolimod hcl</i>)	4	PA; SL (1 capsule per day.)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; SL (30 ml per month.)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; SL (12 ml per 21 days.)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; SL (30 ml per month.)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; SL (12 ml per 21 days.)
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (<i>adalimumab-bwwd</i>)	2	PA; SL (0.03 ml per day.); SP
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	2	PA; SL (0.06 ml per day.); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>adalimumab-bwwd</i>)	4	PA; SL (0.03 ml per day.); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	4	PA; SL (0.06 ml per day.); SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 pens per month.); SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 pens per month.); SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	2	PA; SL (4 pens per 365 days.); SP
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	2	PA; SL (3 pens per year.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
JOENJA ORAL TABLET 70 MG (<i>leniolisib phosphate</i>)	2	PA; SL (2 tablets per day.); SP
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	4	PA; CM
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (<i>ofatumumab</i>)	2	PA; SL (0.02 ml per day.); SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	3	PA; ST; SL (0.67 ml (1 syringe) per day.); SP
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg</i>	1	PA; SL (28 capsules per 21 days.); SP; CM
<i>lenalidomide oral capsule 20 mg, 25 mg</i>	1	PA; SL (21 capsules per 21 days.); SP; CM
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	3	PA; ST; SL (40 tablets per 720 days.)
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	3	PA; SL (4 tablets per day.)
MAYZENT ORAL TABLET 1 MG (<i>siponimod fumarate</i>)	4	PA; SL (1 tablet per day.)
MAYZENT ORAL TABLET 2 MG (<i>siponimod fumarate</i>)	3	PA; SL (1 tablet per day.)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (<i>siponimod fumarate</i>)	3	PA; SL (12 tablets per 365 days.)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (<i>siponimod fumarate</i>)	4	PA; SL (7 tablets per 365 days.)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	CM
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	3	PA; ST; SL (4 auto-injectors per month.); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	3	PA; ST; SL (4 syringes per month.); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (<i>abatacept</i>)	3	PA; SL (0.06 ml per day.); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (<i>abatacept</i>)	3	PA; SL (0.1 ml per day.); SP

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SL (0.5 ml (1 syringe) per month); SP
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
<i>teriflunomide oral tablet 14 mg</i>	1	PA; SL (1 tablet per day.)
<i>teriflunomide oral tablet 7 mg</i>	1	PA; SL (2 tablets per day.)
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	2	PA; SP; CM
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	4	SL (4 ml per day); CM
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (<i>ozanimod hcl</i>)	3	PA; ST; SL (7 capsules per year.)
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hcl</i>)	3	PA; ST; SL (1 capsule per day.)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) (<i>ozanimod hcl</i>)	3	PA; ST
IMMUNOSUPPRESSIVE AGENTS - Drugs for Transplant		
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	4	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	2	PA; SL (4 ml per month.); SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	2	PA; SL (4 ml per month.); SP
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	CM
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	2	CM
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
HYFTOR EXTERNAL GEL 0.2 % (<i>sirolimus</i>)	4	PA; SL (10 g per 23 days.)
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	4	PA; CM
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>)	4	PA; SL (6 capsules per day.); SP
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	3	PA; ST; SL (40 tablets per 720 days.)
<i>mercaptopurine oral tablet 50 mg</i>	1	CM
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	CM
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	1	
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	1	
<i>pimecrolimus external cream 1 %</i>	1	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	4	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	4	
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	4	SP; CM
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	4	
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	4	SL (4 ml per day); CM
KALLIKREIN INHIBITORS		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	2	PA; SL (0.072 ml per day.); SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>lanadelumab-flyo</i>)	2	PA; SL (0.0375 ml per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>lanadelumab-flyo</i>)	2	PA; SL (0.072 ml per day.); SP
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	2	PA; SL (4 vials per 21 days.); SP
<i>betaine oral powder</i>	1	SP
CARNITOR ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	4	
CARNITOR ORAL TABLET 330 MG (<i>levocarnitine</i>)	4	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	4	
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	2	PA; SP
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (<i>prenat-fecb-fefum-fa-dha w/o a</i>)	3	
CYSTADANE ORAL POWDER (<i>betaine</i>)	4	SP
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	2	SP
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	1	PA; SL (2 tablets per day)
DEMSEER ORAL CAPSULE 250 MG (<i>metyrosine</i>)	4	
DIABETES MONITOR DIGIT ADD-ON KIT	3	
DIABETES MONITOR DIGIT SOLN KIT	3	
DUVYZAT ORAL SUSPENSION 8.86 MG/ML (<i>givinostat hcl</i>)	4	PA; SL (420 mL per month.); SP
EC-RX DHEA EXTERNAL CREAM 10 %, 4 % (<i>prasterone (dhea)</i>)	3	
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	4	ST
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	3	
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	4	SL (6 packets per day)
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	2	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (<i>risdiplam</i>)	2	PA; SL (6.7 ml per day, 1280 ml per 180 days.); SP
FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>)	4	PA; SL (1 tablet per day.); SP
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	2	PA; SL (300 tablets per month.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	4	PA; SL (14 capsules per 21 days.); SP
ISTURISA ORAL TABLET 1 MG (<i>osilodrostat phosphate</i>)	4	PA; SL (8 tablets per day.); SP
ISTURISA ORAL TABLET 5 MG (<i>osilodrostat phosphate</i>)	4	PA; SL (372 tablets per month.); SP
JAVYGTOR ORAL PACKET 100 MG (<i>sapropterin dihydrochloride</i>)	4	PA; SL (16 packets per day.); SP
JAVYGTOR ORAL PACKET 500 MG (<i>sapropterin dihydrochloride</i>)	4	PA; SL (4 packets per day.); SP
JAVYGTOR ORAL TABLET 100 MG (<i>sapropterin dihydrochloride</i>)	4	PA; SL (16 tablets per day); SP
<i>levocarnitine oral solution 1 gml/10ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
<i>levocarnitine sf oral solution 1 gml/10ml</i>	1	
<i>l-glutamine oral packet 5 gm</i>	1	SL (6 packets per day)
LODOCO ORAL TABLET 0.5 MG (<i>colchicine</i>)	4	SL (1 tablet per day.)
<i>melnaphos/mb/hyo1 oral tablet 81.6 mg</i>	1	
MELATOL PEDIATRIC SLEEP/CALM ORAL LIQUID 1 MG/ML (<i>melatonin</i>)	3	
<i>metyrosine oral capsule 250 mg</i>	1	
<i>miglustat oral capsule 100 mg</i>	1	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (<i>prenat-fe-methylfol-dha w/o a</i>)	3	
OPFOLDA ORAL CAPSULE 65 MG (<i>miglustat (gaa deficiency)</i>)	2	PA; SL (8 capsules per 21 days.); SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	1	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	2	PA; SP
PREMESISRX ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa- ginger</i>)	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	2	
PRIMACARE ORAL CAPSULE 30-1-470 MG (<i>pren-fe-meth-fa-omeg w/o a</i>)	3	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (<i>cysteamine bitartrate</i>)	4	PA; ST; SP
PROCYSBI ORAL PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	4	SP
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
REZUROCK ORAL TABLET 200 MG (<i>belumosudil mesylate</i>)	4	PA; SL (1 tablet per day.); SP
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML (<i>nedosiran sodium</i>)	4	PA; SL (0.04 ml per day.); SP
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML (<i>nedosiran sodium</i>)	4	PA; SL (0.03 ml per day.); SP
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (<i>nedosiran sodium</i>)	4	PA; SL (0.04 ml per day.); SP
<i>sapropterin dihydrochloride oral packet 100 mg</i>	1	PA; SL (16 packets per day.); SP
<i>sapropterin dihydrochloride oral packet 500 mg</i>	1	PA; SL (4 packets per day.); SP
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	1	PA; SL (16 tablets per day); SP
SKYCLARYS ORAL CAPSULE 50 MG (<i>omaveloxolone</i>)	2	PA; SL (3 capsules per day.); SP
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (<i>palovarotene</i>)	4	PA; SL (1 capsule per day.); SP
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	2	SL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	3	SL (1 tablet per day.)
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (<i>tiopronin</i>)	4	SP
THIOLA ORAL TABLET 100 MG (<i>tiopronin</i>)	4	SP
<i>tiopronin oral tablet 100 mg</i>	1	SP
<i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>	1	SP
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	2	
URELLE ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
<i>uretron d/s oral tablet 81.6 mg</i>	1	
<i>urin ds oral tablet 81.6 mg</i>	1	
UROGESIC-BLUE ORAL TABLET 81.6 MG (<i>methen-hyosc-meth blue-na phos</i>)	2	
VIJOICE ORAL PACKET 50 MG (<i>alpelisib</i>)	4	PA; SL (28 packets (1 carton) per month.); SP
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG (<i>alpelisib</i>)	4	PA; SL (28 tablets (1 blister pack) per month.); SP
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG (<i>alpelisib</i>)	4	PA; SL (56 tablets (2 blister packs) per month.); SP
VILEVEV MB ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (<i>prenat-fefum-fered-fa-dha w/oa</i>)	3	
VOWST ORAL CAPSULE (<i>fecal microb spores, live-brpk</i>)	4	PA; SL (12 capsules per 365 days.); SP
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (<i>vosoritide</i>)	4	PA; SL (1 vial per day.); SP
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	2	PA; SL (1 capsule per day.); SP

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHEXXI VAGINAL GEL 1.8-1-0.4 % (<i>lactic ac-citric ac-pot bitart</i>)	4	H
TRUE COVER DEVICE	3	SL (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
OXYTOCICS - Drugs for Women		
OXYTOCICS - Drugs for Women		
CERVIDIL VAGINAL INSERT 10 MG (<i>dinoprostone</i>)	3	
<i>methergine oral tablet 0.2 mg</i>	1	SL (28 tablets per year.)
<i>methylergonovine maleate oral tablet 0.2 mg</i>	1	SL (28 tablets per year.)
MIFEPREX ORAL TABLET 200 MG (<i>mifepristone</i>)	3	
<i>mifepristone oral tablet 200 mg</i>	1	
PREPIDIL VAGINAL GEL 0.5 MG/3GM (<i>dinoprostone</i>)	3	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
KERAMATRIX REPLICINE 2CMX3CM EXTERNAL SHEET (<i>wound dressings</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KERAMATRIX REPLICINE 5CMX5CM EXTERNAL SHEET (wound dressings)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
VERSAPENN (AL) ANHYD LIPID TRANSDERMAL GEL (transdermal base)	3	
RESPIRATORY TRACT AGENTS - Drugs for the Lungs		
ALPHA AND BETA ADRENERGIC AGONIST(RESPR) - Drugs for Asthma/COPD		
ADRENALIN NASAL SOLUTION 0.1 % (epinephrine hcl (nasal))	2	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (epinephrine)	2	
epinephrine hcl (nasal) nasal solution 0.1 %	1	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	
ANTICHOLINERGIC AGENTS (RESPIR.TRACT) - Drugs for Asthma/COPD		
atropine sulfate ophthalmic ointment 1 %	1	
atropine sulfate ophthalmic solution 1 %	1	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (ipratropium bromide hfa)	2	SL (0.87 grams per day.)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (ipratropium-albuterol)	2	SL (0.28 grams per day.)
ipratropium bromide inhalation solution 0.02 %	1	
ipratropium bromide nasal solution 0.03 %, 0.06 %	1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (tiotropium bromide monohydrate)	1	SL (1 capsule per day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (tiotropium bromide monohydrate)	2	SL (0.15 grams per day.)
ANTIFIBROTIC AGENTS - Drugs for the Lungs		
OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib esylate)	4	PA; SL (2 capsules per day.); SP
pirfenidone oral capsule 267 mg	1	PA; SL (9 capsules per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>pirfenidone oral tablet 267 mg</i>	1	PA; SL (9 tablets per day.); SP
<i>pirfenidone oral tablet 534 mg</i>	1	PA; SL (3 tablets per day.)
<i>pirfenidone oral tablet 801 mg</i>	1	PA; SL (3 tablets per day.); SP
ANTI-INFLAMMATORY AGENTS (RESPIRATORY) - Drugs for Inflammation		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	4	PA; SL (0.04 mL per day.); SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	4	PA; SL (0.04 mL per day.); SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>mepolizumab</i>)	4	PA; SL (0.015 ml per day.)
ANTITUSSIVES - Drugs for Cough and Cold		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</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>	1	PA
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	1	PA
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	1	PA
<i>hydromet oral solution 5-1.5 mg/5ml</i>	1	PA
<i>maxi-tuss ac oral solution 100-10 mg/5ml</i>	1	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	3	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	1	PA
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORTICOSTEROIDS (RESPIRATORY TRACT) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate</i>)	1	SL (1 blister per day.)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>fluticasone furoate</i>)	1	SL (1 packet per day.)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	1	SL (120 ml (2 boxes) per 30 days.)
<i>budesonide inhalation suspension 1 mg/2ml</i>	1	SL (60 ml (1 box) per 30 days.)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 44 MCG/ACT	4	SL (1 inhaler per month.)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 220 MCG/ACT	4	SL (2 inhalers per month.)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	4	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	4	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (<i>beclomethasone diprop hfa</i>)	1	SL (10.6 grams per month.)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	1	SL (42.4 grams per month.)
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	4	
CYSTIC FIBROSIS (CFTR) CORRECTORS - Drugs for the Lungs		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (<i>lumacaftor-ivacaftor</i>)	2	PA; SL (728 packets per 356 days.); SP
ORKAMBI ORAL PACKET 75-94 MG (<i>lumacaftor-ivacaftor</i>)	2	PA; SL (2 packets per day and 56 packets per 21 days.)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; 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
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	2	PA; SL (1456 tablets per 356 days.); SP
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG (<i>tezacaftor-ivacaftor</i>)	2	PA; SL (56 tablets per month. 728 tablets per 365 days.); SP
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	2	PA; SL (56 tablets per month. 728 tablets per 365 days.)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	2	PA; SL (3 tablets per day (1 pack per month) and 1092 tablets per year.); SP
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	2	PA; SL (3 tablets per day. 1092 tablets per 364 days.); SP
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	2	PA; SL (2 packets per day. 728 packets per 356 days.); SP
CYSTIC FIBROSIS (CFTR) POTENTIATORS - Drugs for the Lungs		
KALYDECO ORAL PACKET 13.4 MG (<i>ivacaftor</i>)	2	PA; SL (2 packets per day. 728 packets per 356 days.)
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	2	PA; SL (728 packets per 356 days.); SP
KALYDECO ORAL PACKET 5.8 MG (<i>ivacaftor</i>)	2	PA; SL (2 packets per day and 728 packets per 365 days.)
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	2	PA; SL (780 tablets per 356 days.); SP
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (<i>lumacaftor-ivacaftor</i>)	2	PA; SL (728 packets per 356 days.); SP
ORKAMBI ORAL PACKET 75-94 MG (<i>lumacaftor-ivacaftor</i>)	2	PA; SL (2 packets per day and 56 packets per 21 days.)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	2	PA; SL (1456 tablets per 356 days.); SP
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG (<i>tezacaftor-ivacaftor</i>)	2	PA; SL (56 tablets per month. 728 tablets per 365 days.); 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>)	2	PA; SL (56 tablets per month. 728 tablets per 365 days.)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	2	PA; SL (3 tablets per day (1 pack per month) and 1092 tablets per year.); SP
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	2	PA; SL (3 tablets per day. 1092 tablets per 364 days.); SP
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	2	PA; SL (2 packets per day. 728 packets per 356 days.); SP
ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs for the Lungs		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; SL (1 tablet per day.); SP
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; SL (2 tablets per day.); SP
FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>)	4	PA; SL (1 tablet per day.); SP
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	2	PA; SL (1 tablet per day.); SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	2	PA; SL (2 tablets per day.); SP
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	2	PA; SL (4 tablets per day.); SP
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 oral solution 1 gm/ml</i>	1	
SSKI ORAL SOLUTION 1 GM/ML (<i>potassium iodide (expectorant)</i>)	3	
FIRST GENERATION ANTIHIST.(RESPIR TRACT) - Drugs for Allergy		
CARBINOXAMINE MALEATE ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (<i>diphenhydramine hcl</i>)	3	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	4	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
INTERLEUKIN ANTAGONISTS - Drugs for Inflammation		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	2	PA; SL (4 vials per 21 days.); SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>dupilumab</i>)	2	PA; SL (0.09 ml per day.); SP
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	4	PA; SL (1 pen per 56 days.)
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	4	PA; SL (0.07 ml per day.); 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>	1	
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	
SINGULAIR ORAL PACKET 4 MG (<i>montelukast sodium</i>)	3	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	1	
ZYFLO ORAL TABLET 600 MG (<i>zileuton</i>)	4	
MAST-CELL STABILIZERS - Drugs for Inflammation		
ALOCRILOPHthalmic SOLUTION 2 % (<i>nedocromil sodium</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (<i>Iodoxamide tromethamine</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 %, 6 % (<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>)	2	PA; SL (5 ml per day.); 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>	1	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	4	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	4	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	4	
ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate</i>)	1	SL (1 blister per day.)
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>fluticasone furoate</i>)	1	SL (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>	1	SL (120 ml (2 boxes) per 30 days.)
<i>budesonide inhalation suspension 1 mg/2ml</i>	1	SL (60 ml (1 box) per 30 days.)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 44 MCG/ACT	4	SL (1 inhaler per month.)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 220 MCG/ACT	4	SL (2 inhalers per month.)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (<i>beclomethasone diprop hfa</i>)	1	SL (10.6 grams per month.)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	1	SL (42.4 grams per month.)
PHOSPHODIESTERASE TYPE 4 INHIBITORS - Drugs for the Lungs		
DALIRESP ORAL TABLET 250 MCG (<i>roflumilast</i>)	4	SL (31 tablets per year.)
DALIRESP ORAL TABLET 500 MCG (<i>roflumilast</i>)	4	SL (1 tablet per day)
<i>roflumilast oral tablet 250 mcg</i>	1	SL (31 tablets per year.)
<i>roflumilast oral tablet 500 mcg</i>	1	SL (1 tablet per day)
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	4	PA; SL (60 grams per 30 days.)
ZORYVE EXTERNAL FOAM 0.3 % (<i>roflumilast (antiseborrheic)</i>)	4	PA
PHOSPHODIESTERASE-5 INHIBITORS (RESPIR) - Drugs for the Lungs		
<i>alyq oral tablet 20 mg</i>	1	PA; SL (2 tablets per day); SP
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	PA; SL (186 ml per month.); SP
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	SL (6 tablets per month)
<i>sildenafil citrate oral tablet 20 mg</i>	1	SL (0.5 tablet per day.)
<i>tadalafil (pah) oral tablet 20 mg</i>	1	PA; SL (2 tablets per day); SP
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	SL (6 tablets per month)
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	3	PA; SL (10 ml per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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; SL (168 tablets per year.); SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	4	PA; SL (336 tablets per year.); SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	4	PA; SL (252 tablets per year.); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 5 MG (<i>treprostinil diolamine</i>)	4	PA; SL (6 tablets per day.); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG (<i>treprostinil diolamine</i>)	4	PA; SL (6 tablets per day.); SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	2	PA; SL (112 cartridges per 23 days.); SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	2	PA; SL (112 cartridges per 23 days.); SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (<i>treprostinil</i>)	2	PA; SL (252 cartridges per 365 days.); SP
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	PA
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	PA
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	2	PA; SP
RESPIRATORY TRACT AGENTS, MISCELLANEOUS - Drugs for the Lungs		
BRONCHITOL INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>)	3	PA; ST; SL (20 capsules per day.); SP
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>)	3	PA; ST; SL (20 capsules per day.); SP
<i>pirfenidone oral capsule 267 mg</i>	1	PA; SL (9 capsules per day.); SP
<i>pirfenidone oral tablet 267 mg</i>	1	PA; SL (9 tablets per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>pirfenidone oral tablet 534 mg</i>	1	PA; SL (3 tablets per day.)
<i>pirfenidone oral tablet 801 mg</i>	1	PA; SL (3 tablets per day.); SP
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	4	PA; SL (0.07 ml per day.); SP
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG (<i>sotatercept-csrk</i>)	4	PA; SL (1 kit every 3 weeks.); SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>omalizumab</i>)	2	PA; SL (0.08 ml per day.); SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>omalizumab</i>)	2	PA; SL (0.15 ml per day.); SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (<i>omalizumab</i>)	2	PA; SL (0.04 ml per day.); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	2	PA; SL (0.08 ml per day.); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>omalizumab</i>)	2	PA; SL (0.15 ml per day.); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>)	2	PA; SL (0.04 ml per day.); SP
SECOND GENERATION ANTIHIST(RESPIR TRACT) - Drugs for Allergy		
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	1	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>desloratadine oral tablet dispersible 5 mg</i>	1	
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - Drugs for Asthma/COPD		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	1	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	
<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>	1	
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	1	SL (2 vials per day.)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	4	SL (2 vials per day.)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>salmeterol xinafoate</i>)	2	SL (1 diskus (60 blisters) per month.)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	2	SL (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	
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>)	2	PA; SL (3 tablets per day.); SP
<i>alyq oral tablet 20 mg</i>	1	PA; SL (2 tablets per day.); SP
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; SL (1 tablet per day.); SP
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; SL (2 tablets per day.); SP
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	2	PA; SL (1 tablet per day.); SP
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	4	PA; SL (168 tablets per year.); SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	4	PA; SL (336 tablets per year.); SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	4	PA; SL (252 tablets per year.); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 5 MG (<i>treprostinil diolamine</i>)	4	PA; SL (6 tablets per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG (<i>treprostinil diolamine</i>)	4	PA; SL (6 tablets per day); SP
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	PA; SL (186 ml per month.); SP
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	SL (6 tablets per month)
<i>sildenafil citrate oral tablet 20 mg</i>	1	SL (0.5 tablet per day.)
<i>tadalafil (pah) oral tablet 20 mg</i>	1	PA; SL (2 tablets per day); SP
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	3	PA; SL (10 ml per day.); SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	2	PA; SL (2 tablets per day.); SP
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	2	PA; SL (4 tablets per day.); SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	2	PA; SL (112 cartridges per 23 days.); SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	2	PA; SL (112 cartridges per 23 days.); SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (<i>treprostinil</i>)	2	PA; SL (252 cartridges per 365 days.); SP
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	PA
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	PA
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	4	PA; SL (2 tablets per day.); SP
UPTRAVI TABLET 200 MCG ORAL (<i>selexipag</i>)	4	PA; SL (140 tablets per 365 days.); SP
UPTRAVI TABLET 200 MCG ORAL (<i>selexipag</i>)	4	PA; SL (2 tablets per day.); SP
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	4	PA; SL (200 tablets per year.); SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	2	PA; SP
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>)	2	PA; SL (3 tablets per day.); 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; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; 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
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	4	PA; SL (2 tablets per day.); SP
UPTRAVI TABLET 200 MCG ORAL (<i>selexipag</i>)	4	PA; SL (140 tablets per 365 days.); SP
UPTRAVI TABLET 200 MCG ORAL (<i>selexipag</i>)	4	PA; SL (2 tablets per day.); SP
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	4	PA; SL (200 tablets per year.); SP
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>	1	SP
<i>bexarotene oral capsule 75 mg</i>	1	CM
EFUDEX EXTERNAL CREAM 5 % (<i>fluorouracil</i>)	4	
<i>fluorouracil external cream 5 %</i>	1	
<i>fluorouracil external solution 2 %, 5 %</i>	1	
<i>imiquimod external cream 5 %</i>	1	
KLISYRI EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	4	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>)	3	
PANRETIN EXTERNAL GEL 0.1 % (<i>alitretinoin</i>)	3	
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	4	
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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>)	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (<i>brimonidine tartrate</i>)	4	
<i>brimonidine tartrate external gel 0.33 %</i>	1	PA
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	1	
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	2	PA
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	4	PA
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>naftifine hcl external cream 1 %, 2 %</i>	1	
<i>naftifine hcl external gel 2 %</i>	1	
NAFTIN EXTERNAL GEL 2 % (<i>naftifine hcl</i>)	4	
ANTIBACTERIALS (84:04) - Drugs for the Skin		
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phosphazone peroxide</i>)	4	
AMZEEQ EXTERNAL FOAM 4 % (<i>minocycline hcl micronized</i>)	4	
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (<i>sulfacetamide sodium-sulfur</i>)	4	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % (<i>sulfacetamide sodium-sulfur</i>)	3	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 % (<i>sulfacetamide sodium-sulfur</i>)	3	
<i>avidoxy oral tablet 100 mg</i>	1	
<i>azelaic acid external gel 15 %</i>	1	
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</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
BENZAMYCIN EXTERNAL GEL 5-3 % (<i>benzoyl peroxide-erythromycin</i>)	2	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	
<i>bp 10-1 external emulsion 10-1 %</i>	1	
CLEOCIN 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	
CLEOCIN VAGINAL CREAM 2 % (<i>clindamycin phosphate</i>)	4	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (<i>clindamycin phosphate</i>)	2	
CLEOCIN-T EXTERNAL LOTION 1 % (<i>clindamycin phosphate</i>)	4	
CLINDACIN ETZ EXTERNAL KIT 1 % (<i>clindamycin phos & cleanser</i>)	4	
<i>clindacin etz external swab 1 %</i>	1	
<i>clindacin external foam 1 %</i>	1	
<i>clindacin-p external swab 1 %</i>	1	
CLINDAGEL EXTERNAL GEL 1 % (<i>clindamycin phosphate</i>)	4	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	1	SL (1 bottle (45 grams) per month.)
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %</i>	1	
<i>clindamycin phosphate external foam 1 %</i>	1	
<i>clindamycin phosphate external gel 1 %</i>	1	
<i>clindamycin phosphate external lotion 1 %</i>	1	
<i>clindamycin phosphate external solution 1 %</i>	1	
<i>clindamycin phosphate external swab 1 %</i>	1	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	1	
CLINDESSE VAGINAL CREAM 2 % (<i>clindamycin phosphate (1 dose)</i>)	2	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (<i>clindamycin-tretinoin-cholesty</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>dapsone external gel 5 %, 7.5 %</i>	1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (<i>doxycycline hyclate</i>)	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	4	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	1	
<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	
<i>erythromycin external gel 2 %</i>	1	
<i>erythromycin external solution 2 %</i>	1	
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	2	
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	4	
<i>gentamicin sulfate external cream 0.1 %</i>	1	
<i>gentamicin sulfate external ointment 0.1 %</i>	1	
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	
<i>mafenide acetate external packet 5 %</i>	1	
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	4	
METROLOTION EXTERNAL LOTION 0.75 % (<i>metronidazole</i>)	4	
<i>metronidazole external cream 0.75 %</i>	1	
<i>metronidazole external gel 0.75 %, 1 %</i>	1	
<i>metronidazole external lotion 0.75 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>mondoxyne nl oral capsule 100 mg</i>	1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
<i>mupirocin calcium external cream 2 %</i>	1	
<i>mupirocin external ointment 2 %</i>	1	
<i>neomycin sulfate oral tablet 500 mg</i>	1	
<i>neo-polycin hc ophthalmic ointment 1 %</i>	1	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	4	
<i>neuac external gel 1.2-5 %</i>	1	SL (1 bottle (45 grams) per month.)
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	4	
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phos-benzoyl perox</i>)	4	
OVACE PLUS EXTERNAL CREAM 10 % (<i>sulfacetamide sodium</i>)	3	
OVACE PLUS EXTERNAL LOTION 9.8 % (<i>sulfacetamide sodium</i>)	4	
OVACE PLUS EXTERNAL SHAMPOO 10 % (<i>sulfacetamide sodium</i>)	3	
OVACE PLUS WASH EXTERNAL GEL 10 % (<i>sulfacetamide sodium</i>)	3	
OVACE PLUS WASH EXTERNAL LIQUID 10 % (<i>sulfacetamide sodium</i>)	4	
OVACE WASH EXTERNAL LIQUID 10 % (<i>sulfacetamide sodium</i>)	4	
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	4	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	4	
PLEXION EXTERNAL CREAM 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	4	
PLEXION EXTERNAL LOTION 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>polycin ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>sodium sulfacetamide external shampoo 10 %</i>	1	
<i>sodium sulfacetamide wash external liquid 10 %</i>	1	
<i>sss 10-5 external cream 10-5 %</i>	1	
SSS 10-5 EXTERNAL FOAM 10-5 %	3	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	1	
<i>sulfacetamide sodium (cleans) external gel 10 %</i>	1	
<i>sulfacetamide sodium external liquid 10 %</i>	1	
<i>sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external pad 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %</i>	1	
<i>sulfacetamide sod-sulfur wash external liquid 9-4 %</i>	1	
<i>sulfacetamide-sulfur in urea external emulsion 10-5 %</i>	1	
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 % (<i>sulfacetamide sodium-sulfur</i>)	3	
<i>sulfamez wash external emulsion 10-1 %</i>	1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (<i>mafenide acetate</i>)	3	
SUMAXIN CP EXTERNAL KIT 10-4 % (<i>sulfacetamide-sulfur-cleanser</i>)	4	
SUMAXIN EXTERNAL PAD 10-4 % (<i>sulfacetamide sodium-sulfur</i>)	4	
XACIATO VAGINAL GEL 2 % (<i>clindamycin phosphate</i>)	2	
ZILXI EXTERNAL FOAM 1.5 % (<i>minocycline hcl micronized</i>)	4	PA; ST
ANTIFULGALS (SKIN, MUCOUS MEMBRANE),MISC - Drugs for the Skin		
EXODERM EXTERNAL LOTION 25-1 % (<i>sod thiosulfate-salicylic acid</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTI-INFLAMMATORY AGENTS, MISC (SKIN) - Drugs for the Skin		
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	3	ST
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	4	PA
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>	1	PA
ENOVARX-LIDOCAINE HCL EXTERNAL CREAM 10 %, 5 %	3	PA
EPIFOAM EXTERNAL FOAM 1-1 % (<i>pramoxine-hc</i>)	2	
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (<i>dph-lido-alhydr-mghydr-simeth</i>)	3	PA
<i>glydo external prefilled syringe 2 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %</i>	1	
<i>hydrocort-pramoxine (perianal) external cream 2.5-1 %</i>	1	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (<i>ketoprofen-baclofen-gabap-lido</i>)	3	PA
<i>lidocaine external ointment 5 %</i>	1	SL (1.19 grams per day.)
<i>lidocaine external patch 5 %</i>	1	PA; SL (3 patches per day)
<i>lidocaine hcl external solution 4 %</i>	1	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	1	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	
LIDTOPIC MAX EXTERNAL CREAM 10 % (<i>lidocaine</i>)	3	PA
<i>phenazo oral tablet 200 mg</i>	1	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	1	
PRAMOSONE EXTERNAL CREAM 1-1 % (<i>pramoxine-hc</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (<i>pramoxine-hc</i>)	2	
PRAMOSONE EXTERNAL OINTMENT 1-1 % (<i>pramoxine-hc</i>)	2	
PRAMOSONE EXTERNAL OINTMENT 1-2.5 % (<i>pramoxine-hc</i>)	4	
<i>premium lidocaine external ointment 5 %</i>	1	SL (1.19 grams per day.)
PROCORT EXTERNAL CREAM 1.85-1.15 % (<i>hydrocortisone ace-pramoxine</i>)	4	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	2	
PYRIDIDIUM ORAL TABLET 100 MG, 200 MG (<i>phenazopyridine hcl</i>)	3	
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	PA
ZTLIDO EXTERNAL PATCH 1.8 % (<i>lidocaine</i>)	3	PA; SL (3 patches per day.)
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>acyclovir external cream 5 %</i>	1	
<i>acyclovir external ointment 5 %</i>	1	
<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	
DENAVIR EXTERNAL CREAM 1 % (<i>penciclovir</i>)	4	
<i>penciclovir external cream 1 %</i>	1	
ZOVIRAX EXTERNAL CREAM 5 % (<i>acyclovir</i>)	4	
ASTRINGENTS (84:12) - Drugs for the Skin		
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	2	SL (0.36 grams per day.)
CUVPOSA ORAL SOLUTION 1 MG/5ML (<i>glycopyrrolate</i>)	4	
DRYSOL EXTERNAL SOLUTION 20 % (<i>aluminum chloride</i>)	2	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (miconazole-zinc oxide-petrolat)	4	
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>	1	
ECOZA EXTERNAL FOAM 1 % (<i>econazole nitrate</i>)	4	
EXELDERM EXTERNAL CREAM 1 % (<i>sulconazole nitrate</i>)	3	
EXELDERM EXTERNAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	3	
GYNAZOLE-1 VAGINAL CREAM 2 % (<i>butoconazole nitrate (1 dose)</i>)	3	
JUBLIA EXTERNAL SOLUTION 10 % (<i>efinaconazole</i>)	4	SL (4 ml per month.)
<i>ketoconazole external cream 2 %</i>	1	
<i>ketoconazole external foam 2 %</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketodan external foam 2 %</i>	1	
LULICONAZOLE EXTERNAL CREAM 1 %	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LUZU EXTERNAL CREAM 1 % (<i>Iuliconazole</i>)	4	
<i>miconazole 3 vaginal suppository 200 mg</i>	1	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	4	
ORAVIG BUCCAL TABLET 50 MG (<i>miconazole</i>)	3	
<i>oxiconazole nitrate external cream 1 %</i>	1	
OXISTAT EXTERNAL LOTION 1 % (<i>oxiconazole nitrate</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	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	4	
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 % (<i>ketoconazole-hydrocortisone</i>)	3	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 % (<i>ketoconazole & pyrithione zinc</i>)	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 % (<i>ketoconazole & pyrithione zinc</i>)	3	
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>calcipotriene external cream 0.005 %</i>	1	
<i>calcipotriene external ointment 0.005 %</i>	1	
<i>calcipotriene external solution 0.005 %</i>	1	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	1	
CALCITRENE EXTERNAL OINTMENT 0.005 % (<i>calcipotriene</i>)	3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	4	
<i>nitroglycerin rectal ointment 0.4 %</i>	1	SL (30 grams per month.)
RECTIV RECTAL OINTMENT 0.4 % (<i>nitroglycerin</i>)	4	SL (30 grams per month.)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	1	
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML (<i>fibrin sealant component</i>)	3	
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	4	PA
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		
ALTRENO EXTERNAL LOTION 0.05 % (<i>tretinoin</i>)	4	PA
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	1	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (<i>clindamycin-tretinoin-cholesty</i>)	3	PA
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride-tadalafil</i>)	4	SL (1 capsule per day.)
<i>finasteride oral tablet 5 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % (<i>tretinoin microsphere</i>)	4	PA
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin external gel 0.01 %</i>	1	
<i>tretinoin external gel 0.05 %</i>	1	PA
<i>tretinoin microsphere external gel 0.04 %, 0.08 %, 0.1 %</i>	1	PA
<i>tretinoin microsphere pump external gel 0.04 %, 0.08 %, 0.1 %</i>	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tretinoin oral capsule 10 mg</i>	1	SP; CM
TWYNEO EXTERNAL CREAM 0.1-3 % (<i>tretinoin-benzoyl peroxide</i>)	4	
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>	1	
<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	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	3	
<i>anucort-hc rectal suppository 25 mg</i>	1	
ANUSOL-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	4	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG (<i>hydrocortisone acetate</i>)	4	
APEXICON E EXTERNAL CREAM 0.05 % (<i>diflorasone diacet emoll base</i>)	2	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1	
<i>betamethasone dipropionate external cream 0.05 %</i>	1	
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	
<i>betamethasone valerate external cream 0.1 %</i>	1	
<i>betamethasone valerate external foam 0.12 %</i>	1	
<i>betamethasone valerate external lotion 0.1 %</i>	1	
<i>betamethasone valerate external ointment 0.1 %</i>	1	
BRYHALI EXTERNAL LOTION 0.01 % (<i>halobetasol propionate</i>)	4	ST
<i>budesonide rectal foam 2 mg, 2 mg/act</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	1	
<i>clobetasol propionate e external cream 0.05 %</i>	1	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	1	
<i>clobetasol propionate external cream 0.05 %</i>	1	
<i>clobetasol propionate external foam 0.05 %</i>	1	
<i>clobetasol propionate external gel 0.05 %</i>	1	
<i>clobetasol propionate external liquid 0.05 %</i>	1	
<i>clobetasol propionate external lotion 0.05 %</i>	1	
<i>clobetasol propionate external ointment 0.05 %</i>	1	
<i>clobetasol propionate external shampoo 0.05 %</i>	1	
<i>clobetasol propionate external solution 0.05 %</i>	1	
CLOBETAVIX EXTERNAL KIT 0.05 %	3	
<i>clocortolone pivalate external cream 0.1 %</i>	1	
<i>clodan external shampoo 0.05 %</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (<i>flurandrenolide</i>)	3	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (<i>hc-pramoxine-chloroxylenol</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	
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	4	
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	4	
DERMOTIC OTIC OIL 0.01 % (<i>fluocinolone acetonide</i>)	4	
<i>desonide external cream 0.05 %</i>	1	
<i>desonide external gel 0.05 %</i>	1	
<i>desonide external lotion 0.05 %</i>	1	
<i>desonide external ointment 0.05 %</i>	1	
DESOWEN EXTERNAL CREAM 0.05 % (<i>desonide</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone external gel 0.05 %</i>	1	
<i>desoximetasone external liquid 0.25 %</i>	1	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	1	
<i>diflorasone diacetate external cream 0.05 %</i>	1	
<i>diflorasone diacetate external ointment 0.05 %</i>	1	
DIPROLENE EXTERNAL OINTMENT 0.05 % (<i>betamethasone dipropionate aug</i>)	4	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	4	
EPIFOAM EXTERNAL FOAM 1-1 % (<i>pramoxine-hc</i>)	2	
<i>flac otic oil 0.01 %</i>	1	
<i>fluocinolone acetonide body external oil 0.01 %</i>	1	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone acetonide external ointment 0.025 %</i>	1	
<i>fluocinolone acetonide external solution 0.01 %</i>	1	
<i>fluocinolone acetonide otic oil 0.01 %</i>	1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	1	
<i>fluocinonide emulsified base external cream 0.05 %</i>	1	
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	1	
<i>fluocinonide external gel 0.05 %</i>	1	
<i>fluocinonide external ointment 0.05 %</i>	1	
<i>fluocinonide external solution 0.05 %</i>	1	
<i>flurandrenolide external cream 0.05 %</i>	1	
<i>flurandrenolide external lotion 0.05 %</i>	1	
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external lotion 0.05 %</i>	1	
<i>fluticasone propionate external ointment 0.005 %</i>	1	
<i>halcinonide external cream 0.1 %</i>	1	
<i>halobetasol propionate external cream 0.05 %</i>	1	
<i>halobetasol propionate external ointment 0.05 %</i>	1	
HALOG EXTERNAL OINTMENT 0.1 % (<i>halcinonide</i>)	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG (<i>hydrocortisone acetate</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<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>	1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate external solution 0.1 %</i>	1	
<i>hydrocortisone external cream 2.5 %</i>	1	
<i>hydrocortisone external lotion 2 %, 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>	1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	1	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	1	
<i>hydrocort-pramoxine (perianal) external cream 2.5-1 %</i>	1	
<i>kourzeq mouth/throat paste 0.1 %</i>	1	
<i>mometasone furoate external cream 0.1 %</i>	1	
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	4	
NUCORT EXTERNAL LOTION 2 % (<i>hydrocortisone acetate</i>)	3	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
<i>oralone mouth/throat paste 0.1 %</i>	1	
PANDEL EXTERNAL CREAM 0.1 % (<i>hydrocortisone probutate</i>)	3	
PRAMOSONE EXTERNAL CREAM 1-1 % (<i>pramoxine-hc</i>)	2	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (<i>pramoxine-hc</i>)	2	
PRAMOSONE EXTERNAL OINTMENT 1-1 % (<i>pramoxine-hc</i>)	2	
PRAMOSONE EXTERNAL OINTMENT 1-2.5 % (<i>pramoxine-hc</i>)	4	
PROCORT EXTERNAL CREAM 1.85-1.15 % (<i>hydrocortisone ace-pramoxine</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROCTOCORT RECTAL SUPPOSITORY 30 MG (hydrocortisone acetate)	4	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (hydrocortisone ace-pramoxine)	2	
procto-med hc external cream 2.5 %	1	
proctosol hc external cream 2.5 %	1	
proctozone-hc external cream 2.5 %	1	
SCALACORT DK EXTERNAL KIT 2 & 2-2 % (hc & sal acid- sulfur & shampoo)	3	
SERNIVO EXTERNAL EMULSION 0.05 % (betamethasone dipropionate)	4	
SYNALAR EXTERNAL CREAM 0.025 % (fluocinolone acetonide)	4	
SYNALAR EXTERNAL OINTMENT 0.025 % (fluocinolone acetonide)	4	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (calcipotriene-betameth diprop)	1	
TEXACORT EXTERNAL SOLUTION 2.5 % (hydrocortisone)	2	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (desoximetasone)	4	
TOPICORT EXTERNAL GEL 0.05 % (desoximetasone)	4	
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (desoximetasone)	4	
tovet external foam 0.05 %	1	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	1	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide mouth/throat paste 0.1 %	1	
triderm external cream 0.5 %	1	
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 % (ketoconazole- hydrocortisone)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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>)	3	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	4	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	4	
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>	1	
<i>ciclopirox external solution 8 %</i>	1	
<i>ciclopirox olamine external cream 0.77 %</i>	1	
<i>ciclopirox olamine external suspension 0.77 %</i>	1	
<i>ciclopirox treatment external kit 8 %</i>	1	
IMMUNOMODULATORY AGENTS (84:06) - Drugs for the Skin		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>tralokinumab-ldrm</i>)	2	PA; SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	2	PA; SL (0.15 ml per day.); SP
HYFTOR EXTERNAL GEL 0.2 % (<i>sirolimus</i>)	4	PA; SL (10 g per 23 days.)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	4	PA; ST; SL (1 ml per 63 days.); SP
<i>pimecrolimus external cream 1 %</i>	1	
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	4	
<i>sirolimus oral solution 1 mg/ml</i>	1	
<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>)	2	PA; SL (1 ml per 63 days.); 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; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; 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
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	2	PA; SL (1 ml per 63 days.); SP
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>spesolimab-sbzo</i>)	4	PA; SL (2 Prefilled syringes per month.); SP
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	2	PA; SL (1 mL (1 device) every 8 weeks.); SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	2	PA; SL (2 ml per 2 months); SP
JANUS KINASE INHIBITORS (84:06) - Drugs for the Skin		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	2	PA; SL (1 tablet per day.); SP; CM
DALIRESP ORAL TABLET 250 MCG (<i>roflumilast</i>)	4	SL (31 tablets per year.)
DALIRESP ORAL TABLET 500 MCG (<i>roflumilast</i>)	4	SL (1 tablet per day)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	2	PA; SL (2 tablets per day.); SP; CM
LITFULO ORAL CAPSULE 50 MG (<i>ritlecitinib tosylate</i>)	3	PA; SL (1 capsule per day.); SP
OPZELURA EXTERNAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	4	PA; SL (120 grams per prescription and 1200 grams per 365 days.); SP
<i>roflumilast oral tablet 250 mcg</i>	1	SL (31 tablets per year.)
<i>roflumilast oral tablet 500 mcg</i>	1	SL (1 tablet per day)
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	3	PA; ST; SL (1 tablet per day.); SP
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	4	PA; SL (60 grams per 30 days.)
ZORYVE EXTERNAL FOAM 0.3 % (<i>roflumilast (antiseborrheic)</i>)	4	PA
KERATOLYTIC AGENTS - Drugs for the Skin		
<i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	1	
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	4	PA
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (<i>sulfacetamide sodium-sulfur</i>)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % (sulfacetamide sodium-sulfur)	3	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 % (sulfacetamide sodium-sulfur)	3	
AVIDOXY DK COMBINATION KIT 100 MG (doxycycline- suncreen-sal acid)	3	
bp 10-1 external emulsion 10-1 %	1	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
CONDYLOX EXTERNAL GEL 0.5 % (podofilox)	4	
DERMACINRX UREA EXTERNAL CREAM 41 % (urea)	4	
EXODERM EXTERNAL LOTION 25-1 % (sod thiosulfate- salicylic acid)	3	
FABIOR EXTERNAL FOAM 0.1 % (tazarotene)	4	PA
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (salicylic acid-lactic acid)	2	
HYDRO 40 EXTERNAL FOAM 40 % (urea)	3	
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (benzoyl perox-salicyl ac-vit e)	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (benzoyl perox-salicyl ac-vit e)	3	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
NUTRASEB EXTERNAL CREAM (antiseborrheic products, misc.)	4	
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 % (sulfacetamide sodium-sulfur)	4	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % (sulfacetamide sodium-sulfur)	4	
PLEXION EXTERNAL CREAM 9.8-4.8 % (sulfacetamide sodium-sulfur)	4	
PLEXION EXTERNAL LOTION 9.8-4.8 % (sulfacetamide sodium-sulfur)	4	
PODOCON-25 EXTERNAL SOLUTION 25 % (podophyllum resin)	3	
podofilox external gel 0.5 %	1	
podofilox external solution 0.5 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROMISEB EXTERNAL CREAM (<i>antiseborrheic products, misc.</i>)	4	
PRONAL EXTERNAL GEL 40-10 % (<i>urea-lactic acid</i>)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
RAYASAL EXTERNAL CREAM 5.9 %	3	
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 %	3	
<i>sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external pad 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %</i>	1	
<i>sulfacetamide sod-sulfur wash external liquid 9-4 %</i>	1	
<i>sulfacetamide-sulfur in urea external emulsion 10-5 %</i>	1	
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 % (<i>sulfacetamide sodium-sulfur</i>)	3	
<i>sulfamez wash external emulsion 10-1 %</i>	1	
SUMAXIN CP EXTERNAL KIT 10-4 % (<i>sulfacetamide-sulfur-cleanser</i>)	4	
SUMAXIN EXTERNAL PAD 10-4 % (<i>sulfacetamide sodium-sulfur</i>)	4	
<i>tazarotene external cream 0.05 %, 0.1 %</i>	1	PA
TAZAROTENE EXTERNAL FOAM 0.1 %	4	PA
<i>tazarotene external gel 0.05 %, 0.1 %</i>	1	PA
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (<i>tazarotene</i>)	4	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	4	PA
UMECTA MOUSSE EXTERNAL FOAM 40 % (<i>urea</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
URAMAXIN EXTERNAL GEL 45 % (<i>urea</i>)	4	
<i>urea external cream 20 %, 40 %, 41 %, 45 %</i>	1	
<i>urea external lotion 40 %</i>	1	
<i>urea nail external gel 45 %</i>	1	
UREMEZ-40 EXTERNAL CREAM 40 %	3	
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	3	ST
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
KERATOPLASTIC AGENTS - Drugs for the Skin		
<i>coal tar external solution 20 %</i>	1	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS - Drugs for the Skin		
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phos-benzoyl perox</i>)	4	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	1	
<i>benzalkonium chloride external solution</i>	2	
<i>benzalkonium chloride external solution 50 %</i>	1	
BENZAMYCIN EXTERNAL GEL 5-3 % (<i>benzoyl peroxide-erythromycin</i>)	2	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	1	SL (1 bottle (45 grams) per month.)
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %</i>	1	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (<i>hc-pramoxine-chloroxylenol</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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 % (<i>benzoyl peroxide-vitamin e</i>)	3	
<i>iodine tincture external tincture 2 %</i>	1	
LUGOLS STRONG IODINE EXTERNAL SOLUTION 5-10 %	3	
<i>mafenide acetate external packet 5 %</i>	1	
<i>neuac external gel 1.2-5 %</i>	1	SL (1 bottle (45 grams) per month.)
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phosphoyl perox</i>)	4	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	4	
<i>periogard mouth/throat solution 0.12 %</i>	1	
<i>selenium sulfide external lotion 2.5 %</i>	1	
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	
TWYNEO EXTERNAL CREAM 0.1-3 % (<i>tretinoin-benzoyl peroxide</i>)	4	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 % (<i>ketoconazole & pyrithione zinc</i>)	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 % (<i>ketoconazole & pyrithione zinc</i>)	3	
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 % (<i>benzoyl peroxide-hyaluronate</i>)	3	
ZACLIR CLEANSING EXTERNAL LOTION 8 %	3	
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin		
<i>diclofenac sodium external gel 3 %</i>	1	PA
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	PA
ENOVARX-IBUPROFEN EXTERNAL CREAM 10 %	3	PA
ENOVARX-NAPROXEN EXTERNAL CREAM 10 %	3	PA
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA
FROTEK EXTERNAL CREAM 10 % (<i>ketoprofen</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (ketoprofen-baclofen-gabap-lido)	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
OXABOROLES - Drugs for the Skin		
tavaborole external solution 5 %	1	SL (4 ml per month.)
PHOSPHODIESTERASE-4 INHIBITORS (84:06) - Drugs for the Skin		
DALIRESP ORAL TABLET 250 MCG (roflumilast)	4	SL (31 tablets per year.)
DALIRESP ORAL TABLET 500 MCG (roflumilast)	4	SL (1 tablet per day)
EUCRISA EXTERNAL OINTMENT 2 % (crisaborole)	3	ST
roflumilast oral tablet 250 mcg	1	SL (31 tablets per year.)
roflumilast oral tablet 500 mcg	1	SL (1 tablet per day)
ZORYVE EXTERNAL CREAM 0.3 % (roflumilast)	4	PA; SL (60 grams per 30 days.)
PIGMENTING AGENTS - Drugs for the Skin		
methoxsalen rapid oral capsule 10 mg	1	
POLYENES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
klayesta external powder 100000 unit/gm	1	
nyamyc external powder 100000 unit/gm	1	
nystatin external cream 100000 unit/gm	1	
nystatin external ointment 100000 unit/gm	1	
nystatin external powder 100000 unit/gm	1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	1	
nystop external powder 100000 unit/gm	1	
SCABICIDES AND PEDICULICIDES - Drugs for the Skin		
CROTAN EXTERNAL LOTION 10 % (crotamiton)	3	
malathion external lotion 0.5 %	1	
OVIDE EXTERNAL LOTION 0.5 % (malathion)	4	
permethrin external cream 5 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	1	
<i>spinosad external suspension 0.9 %</i>	1	
<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>	1	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	1	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	2	PA; SL (0.15 ml per day.); SP
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	4	PA
ALEVAMAX EXTERNAL CREAM	3	
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	3	
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML (<i>fibrin sealant component</i>)	3	
ARTISS EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	3	
<i>azelaic acid external gel 15 %</i>	1	
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</i>)	3	
B & C EXTERNAL OINTMENT	3	
<i>balsam peru-castor oil external ointment</i>	1	
<i>bexarotene external gel 1 %</i>	1	SP
<i>brimonidine tartrate external gel 0.33 %</i>	1	PA
<i>calcipotriene external cream 0.005 %</i>	1	
<i>calcipotriene external ointment 0.005 %</i>	1	
<i>calcipotriene external solution 0.005 %</i>	1	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	1	
CALCITRENE EXTERNAL OINTMENT 0.005 % (<i>calcipotriene</i>)	3	
<i>calcitriol external ointment 3 mcg/gm</i>	1	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	2	PA; SL (1 tablet per day.); SP; CM
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	1	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (<i>clindamycin-tretinoin-cholesty</i>)	3	PA
COLLANEX EXTERNAL POWDER (<i>wound dressings</i>)	3	
CONDYLOX EXTERNAL GEL 0.5 % (<i>podofilox</i>)	4	
COPASIL EXTERNAL GEL (<i>scar treatment products</i>)	3	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	3	PA; ST; SL (0.072 ml per day.); SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	3	PA; ST; SL (0.036 ml per day.); SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>secukinumab</i>)	3	PA; ST; SL (0.018 ml per day.); SP
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	3	PA; ST; SL (0.072 ml per day.); SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	3	PA; ST; SL (0.036 ml per day.); SP
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>secukinumab</i>)	3	PA; ST; SL (0.072 ml per day.); SP
<i>dapsone external gel 5 %, 7.5 %</i>	1	
DERMASO PLUS EXTERNAL CREAM (<i>dermatological products, misc.</i>)	3	
DEXERYL EXTERNAL CREAM (<i>dermatological products, misc.</i>)	3	
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	PA
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML (<i>dupilumab</i>)	2	PA; SL (0.09 ml per day.); SP
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>dupilumab</i>)	2	PA; SL (0.15 ml per day.); SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>dupilumab</i>)	2	PA; SL (0.15 ml per day.); SP
EFUDEX EXTERNAL CREAM 5 % (<i>fluorouracil</i>)	4	
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	4	SL (6 packets per day)
ENOVARX-TRAMADOL EXTERNAL CREAM 5 %	3	PA
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	4	
FABIOR EXTERNAL FOAM 0.1 % (<i>tazarotene</i>)	4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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; SL (14.4 grams per day.); SP
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	2	
<i>fluorouracil external cream 5 %</i>	1	
<i>fluorouracil external solution 2 %, 5 %</i>	1	
GELCLAIR MOUTH/THROAT GEL (<i>povidone-nahyaluron-glycyrrhet</i>)	3	
HALUCORT EXTERNAL GEL (<i>dermatological products, misc.</i>)	3	
HPR PLUS EXTERNAL CREAM (<i>dermatological products, misc.</i>)	3	
HYFTOR EXTERNAL GEL 0.2 % (<i>sirolimus</i>)	4	PA; SL (10 g per 23 days.)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	4	PA; ST; SL (1 ml per 63 days.); SP
<i>imiquimod external cream 5 %</i>	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (<i>ketoprofen-baclofen-gabap-lido</i>)	3	PA
KLISYRI EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	4	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>)	3	
<i>l-glutamine oral packet 5 gm</i>	1	SL (6 packets per day)
LITFULO ORAL CAPSULE 50 MG (<i>ritlecitinib tosylate</i>)	3	PA; SL (1 capsule per day.); 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>	1	
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	2	PA
NEOSALUS EXTERNAL CREAM (<i>dermatological products, misc.</i>)	3	
<i>nitroglycerin rectal ointment 0.4 %</i>	1	SL (30 grams per month.)
OPZELURA EXTERNAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	4	PA; SL (120 grams per prescription and 1200 grams per 365 days.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OTEZLA ORAL TABLET 20 MG (<i>apremilast</i>)	2	PA; SL (60 tablets per month.)
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	2	PA; SL (2 tablets per day.); SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	2	PA; SL (55 tablets (one starter pack) per year.); SP
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (<i>apremilast</i>)	2	PA; SL (1 starter pack per year.)
PANRETIN EXTERNAL GEL 0.1 % (<i>alitretinoin</i>)	3	
<i>pimecrolimus external cream 1 %</i>	1	
PODOCON-25 EXTERNAL SOLUTION 25 % (<i>podophyllum resin</i>)	3	
<i>podofilox external gel 0.5 %</i>	1	
<i>podofilox external solution 0.5 %</i>	1	
PRUCLAIR EXTERNAL CREAM (<i>dermatological products, misc.</i>)	3	
PRUMYX EXTERNAL CREAM (<i>dermatological products, misc.</i>)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
RECTIV RECTAL OINTMENT 0.4 % (<i>nitroglycerin</i>)	4	SL (30 grams per month.)
REGANEX EXTERNAL GEL 0.01 % (<i>becaplermin</i>)	2	PA
REMIGEN EXTERNAL CREAM	3	
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	4	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	3	
SCARCIN EXTERNAL CREAM	3	PA
SILATRIX MOUTH/THROAT GEL 10 %	3	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	2	PA; SL (1 ml per 63 days.); SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	2	PA; SL (1 ml per 63 days.); SP
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	3	PA; ST; SL (1 tablet per day.); SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	2	PA; SL (0.006 ml per day.); SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	2	PA; SL (0.006 ml per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	2	PA; SL (0.012 ml per day.); SP
STRATA CTX EXTERNAL GEL (<i>dermatological products, misc.</i>)	3	
STRATA XRT EXTERNAL GEL (<i>dermatological products, misc.</i>)	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	1	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	
<i>tazarotene external cream 0.05 %, 0.1 %</i>	1	PA
TAZAROTENE EXTERNAL FOAM 0.1 %	4	PA
<i>tazarotene external gel 0.05 %, 0.1 %</i>	1	PA
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (<i>tazarotene</i>)	4	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	4	PA
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML (<i>fibrin sealant component</i>)	3	
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	4	
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	2	PA; SL (1 mL (1 device) every 8 weeks.); SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	2	PA; SL (2 ml per 2 months); SP
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	2	PA; SP
VENELEX EXTERNAL OINTMENT (<i>balsam peru-castor oil</i>)	3	
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	3	ST
VP FC KIT EXTERNAL CREAM	3	PA
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	PA
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	4	PA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ZENPHOR WOUND PAD EXTERNAL PAD	3	
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	4	PA; SL (60 grams per 30 days.)
ZORYVE EXTERNAL FOAM 0.3 % (<i>roflumilast (antiseborrheic)</i>)	4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	1	
<i>flavoxate hcl oral tablet 100 mg</i>	1	
GELNIQUE TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	4	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	1	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	1	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	1	
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	1	
<i>trospium chloride oral tablet 20 mg</i>	1	
VESICARE LS ORAL SUSPENSION 5 MG/5ML (<i>solifenacin succinate</i>)	4	
VESICARE ORAL TABLET 10 MG, 5 MG (<i>solifenacin succinate</i>)	4	
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>	1	PA; SL (186 ml per month.); SP
<i>sildenafil citrate oral tablet 20 mg</i>	1	SL (0.5 tablet per day.)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<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		
GEMTESA ORAL TABLET 75 MG (<i>vibegron</i>)	4	
<i>mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg</i>	1	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>mirabegron</i>)	4	
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	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	4	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (<i>pediatric multivitamins-fl</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	
<i>multivitamin/fluoride tablet chewable 0.25 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
<i>multivitamin/fluoride tablet chewable 0.5 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (<i>prenat-fecbrn-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	
PRIMACARE ORAL CAPSULE 30-1-470 MG (<i>pren-fe-meth-fa-omeg w/o a</i>)	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (<i>pediatric multivitamins-fl</i>)	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	4	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>ped vit a-c-d-methylfolate-fl</i>)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML <i>tri-vitelfluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	3 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
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>	1	
DODEX INJECTION SOLUTION 1000 MCG/ML (<i>cyanocobalamin</i>)	4	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	1	H
ELITE-OB ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	3	
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	3	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	E	H
<i>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 tablet chewable 0.25 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
<i>multivitamin/fluoride tablet chewable 0.5 mg oral (rx)</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
<i>multivitamin/fluoride tablet chewable 1 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	3	
NATAL PNV ORAL TABLET 6-0.5 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	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (<i>prenat-fe-methylfol-dha w/o a</i>)	3	
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-w/o vit a</i>)	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
PREMESISRX ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
<i>prenatal oral tablet 27-1 mg</i>	1	
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (<i>prenatal-feaspgly-methylfol-fa</i>)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (<i>prenat-fecbn-feasp-meth-fa-dha</i>)	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (<i>prenat mv-min-methylfolate-fa</i>)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRIMACARE ORAL CAPSULE 30-1-470 MG (<i>pren-fe-meth-fa-omeg w/o a</i>)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	4	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>ped vit a-c-d-methylfolate-fl</i>)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
TRUE FOLIC ACID ORAL TABLET 400 MCG	E	H
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	1	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>)	2	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	1	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	2	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; 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
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 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	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (<i>calcitriol</i>)	4	
ROCALTROL ORAL SOLUTION 1 MCG/ML (<i>calcitriol</i>)	4	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>ped vit a-c-d-methylfolate-fl</i>)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	1	
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>	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; 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	315	ADALIMUMAB-ADBM (2 PEN)	252, 263	<i>albuterol sulfate</i>	68, 289, 290
<i>abacavir sulfate</i>	33	ADALIMUMAB-ADBM (2 SYRINGE)	199, 252, 263, 267	ALBUTEROL SULFATE	68, 289
<i>abacavir sulfate-lamivudine</i>	33	ADALIMUMAB-ADBM(CD/UC/HS STRT)	252, 263	<i>albuterol sulfate hfa</i>	68, 289
<i>abiraterone acetate</i>	43	ADALIMUMAB-ADBM(PS/UV STARTER)	252, 263	ALCAINE	192
ABRYSVO	56	<i>adapalene-benzoyl peroxide</i>	278, 309, 312, 315	<i>alclometasone dipropionate</i>	303
<i>acamprosate calcium</i>	15, 131	ADASUVE	125, 133	ALCOHOL PREP PADS	162
ACANYA	35, 293, 312	ADBRY	308, 315	ALECENSA	43
<i>acarbose</i>	209	ADDERALL XR	111	<i>alendronate sodium</i>	256
ACCOLATE	285	ADDYI	131	ALEVAMAX	315
ACCU-CHEK AVIVA	161	<i>adefovir dipivoxil</i>	37	<i>alfuzosin hcl er</i>	67
ACCU-CHEK FASTCLIX		ADEMPAS	290, 291	<i>aliskiren fumarate</i>	107
LANCET KIT	161	ADIPEX-P	111	<i>allopurinol</i>	255
ACCU-CHEK GUIDE	161	ADLARITY	67	ALLZITAL	112, 128, 139
ACCU-CHEK GUIDE CONTROL	161	ADRENALIN	60, 193, 280	<i>almotriptan malate</i>	153
ACCU-CHEK GUIDE ME	161	ADVAIR HFA	68, 204	ALOCRIIL	181, 285
ACCU-CHEK GUIDE TEST	170	ADVATE	75	ALOGLIPTIN BENZOATE	220
ACCU-CHEK SMARTVIEW CONTROL	161	ADYNOVATE	75	ALOGLIPTIN-METFORMIN HCL	212, 220
ACCU-CHEK SOFTCLIX		ADZENYS XR-ODT	111	ALOGLIPTIN-PIOGLITAZONE	220, 245
LANCET DEVICE KIT	162	AEMCOLO	41	ALOMIDE	19, 181, 286
ACCURETIC	87, 177	AEROCHAMBER HOLDING CHAMBER	162	ALORA	221, 257
<i>accutane</i>	309, 315	AEROCHAMBER PLS FLOVU MTHPIECE	162	<i>alosetron hcl</i>	195
ACD-A NOCLOT-50	71	AEROCHAMBER PLUS FLOVU INTERM	162	ALPHAGAN P	181, 293
<i>acebutolol hcl</i>	70, 88, 94, 96, 103	AEROCHAMBER PLUS FLOVU LARGE	162	ALPHANATE	75
<i>acetaminophen-codeine</i>	112, 139, 141	AEROCHAMBER PLUS FLOVU MEDIUM	162	ALPHANINE SD	75
<i>acetazolamide</i>	83, 93, 115, 173, 186	AEROCHAMBER PLUS FLOVU SMALL	162	<i>alprazolam</i>	129
<i>acetazolamide er</i>	83, 93, 115, 173, 186	<i>afirmelle</i>	213, 221, 233	<i>alprazolam er</i>	129
<i>acetic acid</i>	190	AFLURIA	56	<i>alprazolam intensol</i>	129
<i>acetylcysteine</i>	15, 254, 286	AFLURIA PRESERVATIVE FREE	56	<i>alprazolam xr</i>	129
<i>acitretin</i>	309, 315	AFREZZA	241	ALPROLIX	75
ACTEMRA	249, 263, 267	AFSTYLA	75	ALREX	186
ACTEMRA ACTPEN	249, 262, 267	<i>aftera</i>	213, 233	ALTACAINA	192
ACTHAR	169, 232	AIMOVIG	131	<i>altafrin</i>	192, 193
ACTHAR GEL	169, 232	AIRSUPRA	68, 186, 204, 282, 286, 289	<i>altavera</i>	213, 221, 233
ACTHIB	56	AKEEGA	43	ALTOPREV	101
ACTIMMUNE	267	AKLIEF	309, 315	ALTRENO	302
ACTIVELLA	221, 233	AKTEN	192	ALTUVIIIIO	75
ACTOPLUS MET	212, 245	AKYNZEO	194, 202	ALUNBRIG	44
ACULAR	191	ALA SCALP	186, 204, 303	ALVAIZ	73
ACULAR LS	191	<i>albendazole</i>	22	<i>alvimopan</i>	194, 199
ACUVAIL	191			<i>alyacen 1/35</i>	213, 221, 233
<i>acyclovir</i>	37, 299			<i>alyacen 7/7/7</i>	213, 221, 233
ADACEL	55, 56			<i>alyq</i>	105, 106, 287, 290
ADALIMUMAB-ADAZ	199, 252, 263, 267			<i>amantadine hcl</i>	20, 110, 111
				<i>ambrisentan</i>	108, 284, 290
				<i>amcinonide</i>	303
				AMELUZ	292, 315
				<i>amethyst</i>	213, 221, 233
				<i>amiloride hcl</i>	83, 106, 174

<i>amiloride-hydrochlorothiazide</i>	<i>apap-caff-dihydrocodeine</i>	ASSURE ID DUO PRO PEN
..... 174, 177	..... 113, 139, 141, 148	NEEDLES..... 162
<i>aminocaproic acid</i> 75	APEXICON E..... 303	ASSURE ID PRO PEN
<i>amiodarone hcl</i> 97	APOKYN..... 138	NEEDLES..... 162
AMITIZA..... 193, 199	<i>apomorphine hcl</i> 138	ASTRINGYN..... 75
<i>amitriptyline hcl</i> 155	<i>apraclonidine hcl</i> 181, 190	ATABEX OB.....79, 321, 324
AMLODIPINE	<i>aprepitant</i> 202	<i>atazanavir sulfate</i> 34
BES+SYRSPEND SF. 98, 99, 108	<i>apri</i> 213, 221, 234	<i>atenolol</i> 70, 88, 94, 96, 103
<i>amlodipine besylate</i> 98, 99, 108	APRISO..... 195	ATENOLOL+SYRSPEND SF
<i>amlodipine besylate-benazepril</i>	APTENSIO XR..... 148	..... 70, 88, 94, 96, 103
<i>hcl</i> 87, 98	APTIOM..... 116, 136	<i>atenolol-chlorthalidone</i> 88, 94, 178
<i>amlodipine besylate-valsartan</i>	APTIVUS..... 34	<i>atomoxetine hcl</i> 131, 132, 148
..... 85, 98	AQ INSULIN SYRINGE..... 162	ATORVALIQ..... 101
<i>amlodipine-atorvastatin</i> 99, 101	AQINJECT PEN NEEDLE 162	<i>atorvastatin calcium</i> 101
<i>amlodipine-olmesartan</i> 85, 99	AQUORAL..... 190	<i>atovaquone</i> 24
<i>amlodipine-valsartan-hctz</i>	ARAKODA..... 23	<i>atovaquone-proguanil hcl</i> 23
..... 85, 99, 177	<i>aranelle</i> 213, 221, 234	<i>atropine sulfate</i> ... 15, 61, 192, 280
<i>amnestem</i> 309, 315	ARANESP (ALBUMIN FREE)	ATROVENT HFA..... 61, 280
<i>amoxapine</i> 155	..... 70, 71, 73	<i>abra eq</i> 213, 221, 234
<i>amoxicill-clarithro-lansopraz</i>	ARCALYST..... 274, 285	AUGMENTIN..... 22
..... 22, 38, 39, 203	AREXVY..... 56	AUGTYRO..... 44
<i>amoxicillin</i> 22, 196	<i>arformoterol tartrate</i> 68	AUM INSULIN SAFETY PEN
<i>amoxicillin-potassium</i>	ARIKAYCE..... 21	NEEDLE..... 162
<i>clavulanate</i> 22	<i>aripiprazole</i> 120, 126	AUM MINI INSULIN PEN
<i>amoxicillin-potassium</i>	<i>armodafinil</i> 157	NEEDLE..... 162
<i>clavulanate er</i> 22	ARMOUR THYROID..... 245	AUM PEN NEEDLE..... 162
<i>amphetamine sulfate</i> 111	ARNUITY ELLIPTA. 205, 282, 286	AUM READYGARD DUO PEN
<i>amphetamine-</i>	ARTISS..... 301, 315	NEEDLE..... 162
<i>dextroamphetamine</i> 111	ARZOL SILVER NIT	AUM SAFETY PEN NEEDLE. 162
<i>amphetamine-</i>	APPLICATORS..... 184	<i>aurovela 1.5/30</i> 213, 221, 234
<i>dextroamphetamine er</i> 111	<i>ascomp-codeine</i>	<i>aurovela 1/20</i> 213, 221, 234
<i>amphet-dextroamphet 3-bead</i>	..... 128, 141, 148, 151	<i>aurovela 24 fe</i> 213, 221, 234
<i>er</i> 111	<i>asenapine maleate</i> 120, 126	<i>aurovela fe 1.5/30</i> ... 213, 221, 234
<i>ampicillin</i> 22	<i>ashlyna</i> 213, 221, 234	<i>aurovela fe 1/20</i> 213, 221, 234
AMZEEQ..... 293	<i>aspirin</i> 81, 82, 123, 152	AUSTEDO..... 156
<i>anagrelide hcl</i> 82	<i>aspirin 81</i> 81, 82, 123, 151	AUSTEDO XR..... 156
ANALPRAM HC	<i>aspirin adult low dose</i>	AUSTEDO XR PATIENT
..... 186, 205, 298, 303	..... 81, 82, 123, 151	TITRATION..... 156
ANALPRAM-HC	<i>aspirin adult low strength</i>	AUTOLET LANCING DEVICE 162
..... 186, 205, 298, 303	..... 81, 82, 123, 151	AUVELITY..... 120
ANASPAZ..... 15, 61	<i>aspirin childrens</i> .. 81, 82, 123, 151	AUVI-Q..... 60, 280
<i>anastrozole</i> 44, 211	<i>aspirin ec adult low dose</i>	<i>avanafil</i> 105, 106
ANCOBON..... 40	..... 81, 82, 123, 151	AVAR CLEANSER..... 293, 309
ANGELIQ..... 221, 234	<i>aspirin ec low dose</i>	AVAR LS CLEANSER.... 293, 310
ANNOVERA..... 213, 221, 234	..... 81, 82, 123, 151	AVAR-E EMOLLIENT.... 293, 310
ANORO ELLIPTA..... 61, 68	<i>aspirin ec low strength</i>	<i>aviane</i> 213, 221, 234
ANTICOAGULANT SODIUM	..... 81, 82, 123, 152	<i>avidoxy</i> 23, 42, 293
CITRATE..... 71	<i>aspirin low dose</i> .. 81, 82, 123, 152	AVIDOXY DK..... 42, 310, 320
<i>anucort-hc</i> 186, 205, 303	<i>aspirin regimen</i> ... 81, 82, 123, 152	AVONEX PEN..... 249, 267
ANUSOL-HC..... 186, 205, 303	<i>aspirin-dipyridamole er</i>	AVONEX PREFILLED.... 249, 268
ANZEMET..... 194	..... 81, 105, 152	<i>ayuna</i> 213, 221, 234
APADAZ..... 113, 139, 141	ASPRUZYO SPRINKLE..... 93	AYVAKIT..... 44
		AZASAN..... 246, 263, 268, 272

AZASITE	182	<i>benzalkonium chloride</i>	300, 312	<i>bisoprolol fumarate</i>	
<i>azathioprine</i>	246, 263, 268, 272	BENZAMYCIN	294, 312	.....	70, 88, 94, 96, 103
<i>azelaic acid</i>	293, 315	BENZHYDROCODONE-		<i>bisoprolol-hydrochlorothiazide</i>	
<i>azelastine hcl</i>	181, 289	ACETAMINOPHEN.113, 139, 142		.....	88, 94, 177
AZELEX.....	293, 315	BENZNIDAZOLE	25, 37	<i>blisovi 24 fe</i>	214, 222, 234
AZILECT	137	<i>benzoin</i>	302	<i>blisovi fe 1.5/30</i>	214, 222, 234
<i>azithromycin</i>	38, 39	<i>benzoin compound</i>	302	<i>blisovi fe 1/20</i>	214, 222, 234
AZSTARYS	148	<i>benzonatate</i>	281	BOOSTRIX.....	55, 56
AZULFIDINE		<i>benzoyl peroxide-erythromycin</i>		<i>bosentan</i>	108, 284, 290
.....	41, 195, 247, 263, 268	.....	294, 312	BOSULIF	44
AZULFIDINE EN-TABS		<i>benzphetamine hcl</i>	111	<i>bp 10-1</i>	294, 310
.....	41, 195, 247, 263, 268	<i>benztropine mesylate</i>	63, 115	BRAFTOVI.....	44
<i>azurette</i>	213, 221, 234	<i>bepotastine besilate</i>	18, 181	BREATHE COMFORT	
B & C.....	315	BERINERT	261, 262	CHAMBER/ADULT	163
<i>bac</i>	113, 128, 139, 148	BESIVANCE	182	BREATHE COMFORT	
<i>bacitracin</i>	182, 293	BESREMI.....	35, 44, 268	CHAMBER/CHILD	163
<i>bacitracin-polymyxin b</i>	182, 293	BETADINE OPHTHALMIC		BRENZAVVY.....	243
<i>bacitra-neomycin-polymyxin-hc</i>		PREP	184	BREO ELLIPTA.....	68, 205
.....	182, 186, 293	<i>betaine</i>	274	BREXAFEMME	23
BACLOFEN.....	65	<i>betamethasone dipropionate</i>		BREZTRI AEROSPHERE	
<i>baclofen</i>	65	.....	205, 303	.....	61, 68, 205
BACTRIM.....	24, 41, 43	<i>betamethasone dipropionate</i>		<i>briellyn</i>	214, 222, 234
BACTRIM DS.....	24, 41, 42	<i>aug</i>	205, 303	BRILINTA.....	81
BAFIERTAM.....	248, 268	<i>betamethasone valerate</i>	205, 303	<i>brimonidine tartrate</i>	181, 293, 315
BALCOLTRA.....	214, 221, 234	BETAPACE AF		<i>brinzolamide</i>	186
<i>balsalazide disodium</i>	195	.....	65, 88, 94, 96, 97, 103	BRIVIACT.....	116
<i>balsam peru-castor oil</i>	315	BETASERON.....	249, 268	<i>bromfenac sodium</i>	191
BALVERSA.....	44	<i>betaxolol hcl</i>		<i>bromfenac sodium (once-daily)</i>	
<i>balziva</i>	214, 222, 234	.....	70, 88, 94, 96, 103, 185	.....	191
BANZEL.....	116, 136	<i>bethanechol chloride</i>	67	<i>bromocriptine mesylate</i>	134
BAQSIMI ONE PACK 15, 229, 254		BETIMOL.....	185	BROMSITE.....	191
BAQSIMI TWO PACK		BETOPTIC-S.....	185	BRONCHITOL.....	288
.....	15, 229, 254	BEVESPI AEROSPHERE		BRONCHITOL TOLERANCE	
BARACLUDE.....	37	.....	61, 68, 299	TEST.....	288
BAXDELA.....	40	<i>bexarotene</i>	44, 292, 315	BROVANA.....	68
BD AUTOSHIELD DUO PEN		BEXSERO.....	56	BRUKINSA.....	44
NEEDLES.....	162	BEYFORTUS.....	36	BRYHALI.....	303
BD ECLIPSE LUER-LOK		<i>bicalutamide</i>	44	<i>budesonide</i>	
NEEDLE.....	162	BIGFOOT UNITY PROGRAM	163	.....	205, 206, 282, 287, 303
BD ECLIPSE NEEDLE.....	163	BIJUVA.....	222, 234	<i>bumetanide</i>	83, 102, 173
BD SAFETYGLIDE NEEDLE..	163	BIKTARVY.....	31, 32, 33	BUMEX.....	83, 102, 173
BD SHARPS COLLECTOR....	163	BILTRICIDE.....	22	<i>buprenorphine</i>	146
BD ULTRA-FINE INSULIN		<i>bimatoprost</i>	192	<i>buprenorphine hcl</i>	146
SYRINGES.....	163	BINAXNOW COVID-19 AG		<i>buprenorphine hcl-naloxone</i>	
BD ULTRA-FINE PEN		HOME TEST.....	170	<i>hcl</i>	145, 146
NEEDLES.....	163	BINOSTO.....	257	<i>bupropion hcl</i>	120
BELBUCA.....	146	<i>bis subcit-metronid-tetracyc</i>		<i>bupropion hcl er (smoking det)</i>	
BELSOMRA.....	125, 147	.....	23, 25, 42, 194, 196	.....	59, 120
<i>benazepril hcl</i>	86, 87	<i>bisacodyl</i>	197	<i>bupropion hcl er (sr)</i>	120
<i>benazepril-hydrochlorothiazide</i>		<i>bisacodyl ec</i>	197	<i>bupropion hcl er (xl)</i>	120
.....	87, 177	<i>bismuth/metronidazol/tetracyclin</i>		BUPROPION HCL ER (XL)....	120
BENEFIX.....	75	.....	23, 25, 42, 194, 196	<i>buspirone hcl</i>	125, 138
BENLYSTA.....	248, 249, 272				

<i>butalbital-acetaminophen</i>	<i>carbidopa-levodopa-</i>	CETRAXAL.....	182
..... 113, 128, 139	<i>entacapone</i>	<i>cevimeline hcl</i>	67
<i>butalbital-apap-caff-cod</i>	..... 131, 133	<i>charlotte 24 fe</i>	214, 222, 234
..... 113, 128, 139, 142, 148	<i>carbinoxamine maleate</i>	<i>chateal eq</i>	214, 222, 234
<i>butalbital-apap-caffeine</i>	CARBINOXAMINE MALEATE	CHEMET.....	15, 204, 254
..... 113, 128, 139, 148	ER.....	CHEMSTRIP BG LOG BOOK.....	163
<i>butalbital-asa-caff-codeine</i>	CARDURA.....	CHEMSTRIP K.....	171
..... 128, 142, 148, 152	66, 84, 88	CHEMSTRIP UGK.....	171
<i>butalbital-aspirin-caffeine</i>	CARDURA XL.....	CHENODAL.....	198
..... 128, 148, 152	66, 84, 88	<i>chlordiazepoxide hcl</i>	129
<i>butorphanol tartrate</i>	CAREPOINT POLY HUB	<i>chlordiazepoxide-amitriptyline</i>	..... 129, 155
123, 146	NEEDLE.....	<i>chlordiazepoxide-clidinium</i>	61, 130
BYDUREON BCISE	CAREPOINT SAFETY 1ST	<i>chlorhexidine gluconate</i>	..... 21, 184, 185, 300, 312
AUTOINJECTOR.....	NEEDLE.....	<i>chloroquine phosphate</i>	23
230	CARESENS CONTROL	<i>chlorpromazine hcl</i>	147
BYETTA 10 MCG PEN.....	SOLUTION A/B.....	<i>chlorthalidone</i>	84, 107, 178
230	..... 163	<i>chlorzoxazone</i>	64
BYETTA 5 MCG PEN.....	CARESENS LANCETS 30G... ..	CHOLBAM.....	198, 199
230	163	<i>cholestyramine</i>	89
BYLVAY.....	CARESTART COVID-19	<i>cholestyramine light</i>	89
198, 199	HOME TEST.....	CHOSEN LANCETS 30G.....	163
BYLVAY (PELLETS).....	170	CHOSEN LANCING DEVICE.....	163
198, 199	CARETOUCH CONTROL SOL	CHOSEN SAFETY LANCETS	
<i>cabergoline</i>	LEVEL 2.....	28G.....	164
134	163	CIBINQO.....	250, 263, 309, 315
CABLIVI.....	CARETOUCH HYPODERMIC	<i>ciclodan</i>	308
71, 82	NEEDLE.....	<i>ciclopirox</i>	308
CABOMETYX.....	163	<i>ciclopirox olamine</i>	308
44	CARETOUCH	<i>ciclopirox treatment</i>	308
<i>caffeine citrate</i>	LANCING/EJECTOR.....	<i>cilostazol</i>	81, 105, 106
123, 148	163	CILOXAN.....	182
CALCIFOL.....	<i>carglumic acid</i>	CIMDUO.....	33
175, 324, 327	172	<i>cimetidine</i>	18, 202
<i>calcipotriene</i>	<i>carisoprodol</i>	<i>cimetidine hcl</i>	18, 202
302, 315	64	CIMZIA (2 SYRINGE)	
<i>calcipotriene-betameth diprop</i>	CARNITOR.....	..... 199, 247, 252, 263, 268	
..... 302, 304, 315	274	CIMZIA-STARTER	
<i>calcitonin (salmon)</i>	CARNITOR SF.....	..... 200, 248, 252, 263, 268	
212, 257	274	<i>cinacalcet hcl</i>	212
CALCITRENE.....	CAROSPIR	CIPRO.....	26, 40
302, 315	..... 83, 102, 103, 106, 107, 174	CIPRO HC.....	182, 186
<i>calcitriol</i>.....	..... 174	<i>ciprofloxacin hcl</i>	26, 40, 182
315, 327	<i>carteolol hcl</i>	<i>ciprofloxacin-dexamethasone</i>	..... 182, 186
<i>calcium acetate</i>	185	CITALOPRAM	
174, 175	<i>cartia xt</i>	HYDROBROMIDE.....	154
<i>calcium acetate (phos binder)</i>	90, 91, 92, 97, 108	<i>citalopram hydrobromide</i>	154
..... 174, 175	<i>carvedilol</i>	CITRANATAL MEDLEY	
CALQUENCE.....	..... 65, 67, 84, 88, 94, 96, 103	..... 79, 274, 321, 324	
45	<i>carvedilol phosphate er</i>	<i>citroma</i>	197
CAMBIA.....	..... 65, 67, 84, 88, 94, 96, 103	<i>claravis</i>	310, 315
123, 140	CASODEX.....		
<i>camila</i>	45		
214, 234	CAVERJECT.....		
<i>camrese</i>	100, 108		
214, 222, 234	CAVERJECT IMPULSE..		
<i>camrese lo</i>	100, 108		
214, 222, 234	CAYA.....		
CAMZYOS.....	278		
93	CAYSTON.....		
<i>candesartan cilexetil</i>	36		
85	<i>cefaclor</i>		
<i>candesartan cilexetil-hctz</i> ..	20		
85, 177	<i>cefaclor er</i>		
<i>capecitabine</i>	20		
45	<i>cefadroxil</i>		
CAPHOSOL.....	20		
190	<i>cefdinir</i>		
CAPLYTA.....	20		
126	<i>cefixime</i>		
CAPRELSA.....	20		
45	<i>cefprozil</i>		
<i>captopril</i>	20		
86, 87	<i>cefuroxime axetil</i>		
<i>captopril-hydrochlorothiazide</i>	20		
..... 87, 177	133		
CAPVAXIVE.....	CELECOXIB.....		
56	133		
<i>carbamazepine</i>	CELONTIN.....		
116, 121	155		
<i>carbamazepine er</i>	<i>cephalexin</i>		
116, 120, 121	20		
CARBATROL.....	CEQUR SIMPLICITY 2U.....		
116, 121	163		
<i>carbidopa</i>	CERDELGA.....		
133	179, 274		
<i>carbidopa-levodopa</i>	CERVIDIL.....		
133	279		
<i>carbidopa-levodopa er</i>			
133			

CLARINEX-D 12 HOUR.....19, 60
clarithromycin.....26, 38, 39, 196
clarithromycin er....26, 38, 39, 196
 CLEARDETECT COVID-19
 AG HOME..... 170
clearlax.....197
clemastine fumarate.....17, 285
 CLENPIQ..... 197
 CLEOCIN..... 35, 294
 CLEOCIN-T.....35, 294
 CLEVER CHOICE COMFORT
 EZ..... 164
 CLIMARA PRO..... 222, 234
clindacin..... 35, 294
clindacin etz..... 35, 294
 CLINDACIN ETZ.....294
clindacin-p.....35, 294
 CLINDAGEL.....35, 294
clindamycin hcl.....35, 294
clindamycin palmitate hcl.. 35, 294
*clindamycin phos-benzoyl
 perox*.....36, 294, 312
clindamycin phosphate.... 36, 294
clindamycin-tretinoin
 36, 294, 302, 316
 CLINDESSE.....36, 294
 CLINITEST RAPID COVID-19
 TEST..... 170
 CLINOIN..... 89, 294, 302, 316
 CLINPRO 5000..... 159, 259
clobazam.....128, 129, 130
clobetasol propionate..... 304
clobetasol propionate e.....304
clobetasol propionate emulsion
 304
 CLOBETAVIX..... 304
clocortolone pivalate..... 304
clodan..... 304
clomipramine hcl..... 155
clonazepam.....129, 130
clonidine..... 61, 94, 100
clonidine hcl..... 61, 94, 100
clonidine hcl er..... 61, 100
clopidogrel bisulfate..... 81
clorazepate dipotassium. 129, 130
clotrimazole.....300
clotrimazole-betamethasone
 300, 304
clozapine.....126
 CLOZARIL..... 126
 COAGADEX.....75
coal tar..... 312
 COARTEM.....23
codeine sulfate.....142, 281
colchicine..... 255
colchicine-probenecid.... 178, 255
colesevelam hcl..... 90, 211
 COLESTID..... 90
colestipol hcl..... 90
colistimethate sodium (cba)..... 40
 COLLANEX.....316
 COLY-MYCIN M..... 40
 COMBIGAN..... 181, 185, 293
 COMBIPATCH.....222, 234
 COMBIVENT RESPIMAT
 61, 68, 280
 COMETRIQ.....45
 COMFORT EZ PRO PEN
 NEEDLES..... 164
 COMFORT TOUCH TWIST
 LANCET 30G..... 164
 COMIRNATY..... 56
 COMPLERA.....32, 33, 37
 CONDOMS..... 278
 CONDYLOX.....310, 316
constulose.....172
 CONTOUR CONTROL..... 164
 CONTOUR NEXT CONTROL. 164
 CONTOUR NEXT MONITOR. 164
 CONTOUR NEXT ONE..... 164
 CONTOUR NEXT TEST..... 170
 CONTRAVE..... 114
 CONZIP..... 142
 COPASIL..... 316
 COPIKTRA.....45
 CORDRAN.....304
 CORIFACT.....75
 CORLANOR.....93, 108
 CORTANE-B
 187, 206, 298, 304, 312
 CORTEF..... 187, 206, 304
 CORTENEMA..... 187, 206, 304
 CORTIFOAM..... 187, 206, 304
 CORTISONE ACETATE..... 206
 CORTISPORIN-TC..... 182, 187
 CORTROPHIN..... 169, 232
 CORTROSYN..... 169
 COSENTYX (300 MG DOSE)
 249, 263, 316
 COSENTYX 150 MG/ML
 249, 250, 263, 316
 COSENTYX SENSOREADY
 (300 MG).....250, 264, 316
 COSENTYX SENSOREADY
 PEN.....250, 264, 316
 COSENTYX UNOREADY
 250, 264, 316
 COSOPT..... 185, 186
cosyntropin.....169
 COTELLIC..... 45
 COTEMPLA XR-ODT..... 148
 COVARYX..... 210, 222
 COVARYX HS..... 210, 222
 COVID-19 AT HOME
 ANTIGEN TEST..... 170
 COVID-19 AT-HOME TEST... 170
 CREON..... 180, 198
 CRESEMBA.....27
 CRINONE..... 235
cromolyn sodium.... 181, 190, 286
 CROTAN.....314
cryselle-28.....214, 222, 235
curae..... 214, 235
 CUVPOSA..... 61, 299
cyanocobalamin..... 81, 324
 CYANOCOBALAMIN..... 81, 324
cyclobenzaprine hcl..... 64
 CYCLOGYL..... 192
 CYCLOMYDRIL..... 192, 193
cyclopentolate hcl..... 192
cyclophosphamide.... 45, 249, 272
 CYCLOPHOSPHAMIDE
 45, 249, 272
cycloserine..... 26
 CYCLOSET.....211
cyclosporine
 184, 247, 264, 268, 272
cyclosporine modified
 184, 246, 247, 264, 268, 272
cyproheptadine hcl..... 17, 18, 285
cyred eq..... 214, 222, 235
 CYSTADANE..... 274
 CYSTADROPS..... 190, 192
 CYSTAGON.....274
 CYSTARAN..... 190, 192
 CYTOTEC.....202
cytra k crystals..... 172
dabigatran etexilate mesylate... 73
dalfampridine er..... 274, 278
 DALIRESP..... 287, 309, 314
danazol..... 210
 DANTRIUM..... 65
dantrolene sodium..... 65
dapsone..... 23, 24, 25, 295, 316
 DAPTACEL..... 55, 56
 DARAPRIM..... 23
darifenacin hydrobromide er... 320
darunavir..... 34

<i>dasatinib</i>	45	<i>desmopressin acetate spray</i>	76, 232	<i>dihydroergotamine mesylate</i>	66, 123
<i>dasetta 1/35</i>	214, 222, 235	<i>desogestrel-ethinyl estradiol</i>	214, 222, 235	DILANTIN.....	96, 135
<i>dasetta 7/7/7</i>	214, 222, 235	<i>desonide</i>	304	DILANTIN INFATABS.....	95, 135
DAURISMO.....	45	DESOWEN.....	304	DILANTIN-125.....	96, 135
DAYBUE.....	132	<i>desoximetasone</i>	305	<i>diltiazem hcl</i>	90, 91, 92, 98, 108
DAYPRO.....	140, 150	DESVENLAFAXINE ER.....	152	<i>diltiazem hcl er</i>	90, 91, 92, 98, 108
<i>daysee</i>	214, 222, 235	<i>desvenlafaxine succinate er</i>	152	<i>diltiazem hcl er beads</i>	90, 91, 92, 97, 108
DAYVIGO.....	125, 147	<i>dexamethasone</i>	206	<i>diltiazem hcl er coated beads</i>	90, 91, 92, 98, 108
DEBACTEROL.....	191, 312	<i>dexamethasone intensol</i>	206	<i>dilt-xr</i>	90, 91, 92, 98, 108
<i>deblitane</i>	214, 235	<i>dexamethasone sodium phosphate</i>	187	<i>dimethyl fumarate</i>	248, 268
<i>deferasirox</i>	204	DEXCOM G6 RECEIVER.....	164	<i>dimethyl fumarate starter pack</i>	248, 268
<i>deferasirox granules</i>	204	DEXCOM G6 SENSOR.....	164	DIPENTUM.....	195
<i>deferiprone</i>	204	DEXCOM G6 TRANSMITTER.....	164	<i>diphenhydramine hcl</i>	17, 18, 63, 115, 125, 281, 285
DELESTROGEN.....	222, 257	DEXCOM G7 RECEIVER.....	164	<i>diphenoxylate-atropine</i>	62, 194
DELSTRIGO.....	32, 33	DEXCOM G7 SENSOR.....	164	DIPROLENE.....	206, 305
<i>delyla</i>	214, 222, 235	DEXERYL.....	316	<i>dipyridamole</i>	81, 105, 108, 169
<i>demeclocycline hcl</i>	42	<i>dexmethylphenidate hcl</i>	148	<i>disopyramide phosphate</i>	95
DEMSEER.....	171, 274	<i>dexmethylphenidate hcl er</i>	148	<i>disulfiram</i>	15, 254
DENAVIR.....	299	<i>dextroamphetamine sulfate</i>	112	DIURIL.....	84, 107, 177
DENGVAXIA.....	57	<i>dextroamphetamine sulfate er</i>	111	<i>divalproex sodium</i>	116, 121, 124, 134
DENTA 5000 PLUS.....	157, 159, 259	DIABETES MONITOR DIGIT	ADD-ON.....	<i>divalproex sodium er</i>	116, 121, 124, 134
DENTA 5000 PLUS SENSITIVE.....	159, 259	DIABETES MONITOR DIGIT	SOLN.....	DIVIGEL.....	222, 257
DENTAGEL.....	157, 159, 259	DIACOMIT.....	116, 134	DODDEX.....	81, 324
DEPAKOTE....	116, 121, 123, 134	DIASTIX REAGENT.....	171	<i>dofetilide</i>	97
DEPAKOTE ER.....	116, 121, 123, 134	DIATRUST COVID-19 HOME	TEST.....	DOJOLVI.....	173
DEPAKOTE SPRINKLES.....	116, 121, 123	<i>diazepam</i>	129, 130	<i>dolishale</i>	214, 222, 235
DEPEN TITRATABS.....	15, 204, 264	<i>diazepam intensol</i>	129, 130	<i>donepezil hcl</i>	67
DEPO-ESTRADIOL.....	222, 257	<i>diazoxide</i>	212	DOPTELET.....	73
DEPO-PROVERA.....	214, 235	<i>dichlorphenamide</i>	83, 259	DORYX MPC.....	23, 42, 295
DEPO-SUBQ PROVERA.....	214, 235	<i>diclofenac potassium</i>	140	DORZOLAMIDE HCL.....	186
DEPO-TESTOSTERONE.....	210	<i>diclofenac potassium(migraine)</i>	123, 140	<i>dorzolamide hcl</i>	186
DERMACINRX UREA.....	310	<i>diclofenac sodium</i>	140, 157, 191, 313	<i>dorzolamide hcl-timolol mal</i>	185, 186
DERMA-SMOOTH/FS BODY.....	187, 304	<i>diclofenac sodium er</i>	140	<i>dorzolamide hcl-timolol mal pf</i>	185, 186
DERMA-SMOOTH/FS SCALP.....	187, 304	<i>diclofenac-misoprostol</i>	140, 202	<i>dotti</i>	223, 257
DERMASO PLUS.....	316	<i>dicloxacillin sodium</i>	40	DOUBLE PM.....	182, 187
DERMOTIC.....	187, 304	DICOPANOL FUSEPAQ	17, 18, 63, 115, 125, 281, 285	DOVATO.....	31, 33
DESCOVY.....	33, 38	<i>dicyclomine hcl</i>	61	<i>doxazosin mesylate</i>	66, 84, 85, 88
<i>desipramine hcl</i>	155	<i>diethylpropion hcl</i>	111	<i>doxepin hcl</i>	155, 156, 298
<i>desloratadine</i>	19, 289	<i>diethylpropion hcl er</i>	111	<i>doxercalciferol</i>	327
<i>desmopressin ace spray refrig</i>	75, 232	DIFICID.....	39	<i>doxycycline hyclate</i>	23, 42, 295
<i>desmopressin acetate</i>	75, 232	<i>diflorasone diacetate</i>	305	DOXYCYCLINE HYCLATE	23, 42, 295
DESMOPRESSIN ACETATE.....	75, 232	<i>diflunisal</i>	140, 150		
<i>desmopressin acetate pf</i> ...	76, 232	<i>difluprednate</i>	187		
		<i>digoxin</i>	88, 93		

<i>doxycycline monohydrate</i>	EDARBYCLOR.....	85, 177	ENGERIX-B.....	57
..... 24, 42, 295	EDEX.....	100, 108	<i>enilloring</i>	215, 223, 235
DRISDOL.....	EDLUAR.....	125, 138	ENLITE GLUCOSE SENSOR..	165
DRIZALMA SPRINKLE.....	EDURANT.....	32	ENOVARX-AMITRIPTYLINE..	156
<i>dronabinol</i>	EEMT.....	210, 223	ENOVARX-BACLOFEN.....	65
DROPLET MICRON.....	EEMT HS.....	210, 223	ENOVARX-	
DROPSAFE SAFETY	<i>efavirenz</i>	32	CYCLOBENZAPRINE HCL.....	64
SYRINGE/NEEDLE.....	<i>efavirenz-emtricitab-tenofo df</i>	..... 32, 33	ENOVARX-IBUPROFEN.....	313
DROPSAFE SICURA.....	.....	32, 33	ENOVARX-LIDOCAINE HCL..	298
<i>drospiren-eth estrad-levomefol</i>	<i>efavirenz-lamivudine-tenofovir</i>	..... 32, 33	ENOVARX-NAPROXEN.....	313
..... 214, 223, 235, 324	EFFER-K.....	175	ENOVARX-TRAMADOL.....	316
<i>drospirenone-ethinyl estradiol</i>	<i>effe-k</i>	175	<i>enoxaparin sodium</i>	78
..... 214, 223, 235	EFUDEX.....	45, 292, 316	<i>enpresse-28</i>	215, 223, 235
DROXIA.....	EGATEN.....	22	<i>enskyce</i>	215, 223, 235
<i>droxidopa</i>	EGRIFTA SV.....	243	ENSPRYNG.....	251, 268
DRYSOL.....	ELESTRIN.....	223, 257	ENSTILAR.....	302, 305, 316
DUAL COMPLEX FORMULA 1	<i>eletriptan hydrobromide</i>	153	<i>entacapone</i>	131
KIT.....	<i>elimest</i>	214, 223, 235	ENTADFI.....	105, 106, 254, 302
DUAVEE.....	ELIQUIS.....	72	<i>entecavir</i>	38
DUETACT.....	ELIQUIS DVT/PE STARTER		ENTRESTO.....	85, 107
DULERA.....	PACK.....	72	ENTYVIO PEN.....	194, 200, 247
<i>duloxetine hcl</i>	ELITE-OB.....	79, 321, 324	<i>enulose</i>	172
DUOPA.....	<i>elixophyllin</i>	..... 100, 148, 173, 292, 320	EPANED.....	86, 87
DUPIXENT.....	ELLA.....	215, 235	EPCLUSA.....	29, 30
DUREX EXTRA SENSITIVE	ELLUME COVID-19 HOME		EPIDIOLEX.....	116
THIN.....	TEST.....	170	EPIFOAM.....	298, 305
DUREX TROPICAL.....	ELMIRON.....	274	<i>epinastine hcl</i>	19, 181
DUREZOL.....	ELOCTATE.....	76	<i>epinephrine</i>	60, 280
<i>dutasteride</i>	<i>eluryng</i>	215, 223, 235	<i>epinephrine hcl (nasal)</i>	..... 60, 193, 280
<i>dutasteride-tamsulosin hcl</i>	EMBRACE PEN NEEDLES...	165	<i>epitol</i>	116, 121
68, 254	EMEND.....	202	EPIVIR.....	33
DUVYZAT.....	EMGALITY.....	131	<i>eplerenone</i>	..... 84, 102, 103, 106, 107, 174
DYANAVEL XR.....	EMPAVELI.....	261, 262	EQUETRO.....	116, 121
E.E.S. GRANULES.....	EMSAM.....	137	<i>ergocalciferol</i>	327
EASIVENT.....	<i>emtricitabine</i>	33	<i>ergoloid mesylates</i>	66
EASY COMFORT SHARPS	<i>emtricitabine-tenofovir df</i>	33, 38	ERGOMAR.....	66, 124
CONTAINER.....	EMTRIVA.....	33	<i>ergotamine-caffeine</i> ..	66, 124, 148
164	EMVERM.....	22	ERIVEDGE.....	45
<i>easygel</i>	<i>emzahn</i>	215, 235	ERLEADA.....	45
157, 159, 259	<i>enalapril maleate</i>	86, 87	<i>erlotinib hcl</i>	45, 46
EASYMAX 15 LEVEL 2-3	<i>enalapril-hydrochlorothiazide</i>	..... 87, 177	ERMEZA.....	245
CONTROL.....	ENBRACE HR..	79, 274, 321, 324	<i>errin</i>	215, 235
165	ENBREL.....	252, 264, 268	<i>ery</i>	28, 182, 295
EASYMAX CONTROL.....	ENBREL MINI.....	252, 264, 268	ERYGEL.....	28, 182, 295
165	ENBREL SURECLICK	..... 252, 264, 268	ERYPED 200.....	28
EASYMAX CONTROL	ENCARE.....	278	ERYPED 400.....	28
NORMAL/HIGH.....	ENDARI.....	274, 316	ERY-TAB.....	28
165	<i>endocet</i>	113, 139, 142	<i>erythromycin</i>	28, 182, 295
EC-NAPROSYN	ENDOMETRIN.....	235	<i>erythromycin base</i>	28
..... 124, 140, 150, 255			<i>erythromycin ethylsuccinate</i>	28
<i>ec-naproxen</i>			<i>escitalopram oxalate</i>	154
124, 140, 150, 256				
<i>econazole nitrate</i>				
300				
<i>econtra one-step</i>				
214, 235				
ECOZA.....				
300				
EC-RX DHEA.....				
274				
EC-RX ESTRADIOL.....				
223, 257				
EC-RX PROGESTERONE.....				
235				
EC-RX TESTOSTERONE.....				
210				
EDARBI.....				
85				

ESGIC.....	113, 128, 139, 148	FANATREX FUSEPAQ... 113, 116	FLEXICHAMBER ADULT
<i>esomeprazole magnesium</i>	203	FASENRA PEN.....	MASK/SMALL.....
<i>est estrogens-methyltest</i>	210, 223	FASTEP COVID-19 ANTIGEN	FLEXICHAMBER CHILD
<i>est estrogens-methyltest ds</i>		TEST.....	MASK/LARGE.....
.....	210, 223	FBL KIT.....	FLEXICHAMBER CHILD
<i>est estrogens-methyltest hs</i>		FC2 FEMALE CONDOM.....	MASK/SMALL.....
.....	210, 223	<i>febuxostat</i>	FLOLIPID.....
<i>estarylla</i>	215, 223, 235	FEIBA.....	FLORAFOL PEDIATRIC
<i>estazolam</i>	130	<i>felbamate</i>.....	.....
<i>estradiol</i>	223, 224, 257, 258	FELBATOL.....	.....
<i>estradiol valerate</i>	224, 258	<i>felodipine er</i>	FLORIVA.....
<i>estradiol-norethindrone acet</i>		FEM PH.....	FLORIVA PLUS
.....	224, 236	FEMCAP.....	.....
<i>estratest f.s.</i>	210, 224	FEMRING.....	.....
ESTRATEST H.S.....	210, 224	<i>fenofibrate</i>.....	.....
ESTRING.....	224, 258	<i>fenofibrate micronized</i>.....	.....
ESTROGEL.....	224, 258	<i>fenofibric acid</i>.....	.....
<i>eszopiclone</i>	125, 138	<i>fentanyl</i>.....	.....
<i>ethacrynic acid</i>	83, 102, 173	<i>fentanyl citrate</i>.....	.....
<i>ethambutol hcl</i>	26	FENTANYL CITRATE.....	.....
<i>ethosuximide</i>	155	FERRIPROX.....	.....
<i>ethynodiol diac-eth estradiol</i>		FETZIMA.....	.....
.....	215, 224, 236	FETZIMA TITRATION.....	.....
<i>etodolac</i>	140, 150	FIBRICOR.....	.....
<i>etodolac er</i>	140, 150	FILSPARI.....	.....
<i>etonogestrel-ethinyl estradiol</i>		FILSUVEZ.....	.....
.....	215, 224, 236	FINACEA.....	.....
<i>etoposide</i>	46	<i>finasteride</i>.....	.....
<i>etravirine</i>	32	<i>finzala</i>.....	.....
EUCRISA.....	298, 314	FINGOLIMOD HCL.....	.....
<i>euthyrox</i>	245	FINTEPLA.....	.....
EVAMIST.....	224, 258	<i>finzala</i>.....	.....
EVEKEO.....	112	FIORICET.....	.....
<i>everolimus</i>	46, 272	FIRDAPSE.....	.....
EVERSENSE 365		FIRMAGON.....	.....
SENSOR/HOLDER.....	165	FIRMAGON (240 MG DOSE)	.....
EVERSENSE 365 SMART		.....	.....
TRANSMIT.....	165	FIRST PANTOPRAZOLE.....	.....
EVOTAZ.....	34, 274	FIRST-LANSOPRAZOLE.....	.....
EVRYSDI.....	274	FIRST-METRONIDAZOLE	.....
EXELDERM.....	300	.....	.....
<i>exemestane</i>	46, 211	FIRST-MOUTHWASH BLM	.....
EXODERM.....	17, 297, 310	....	.....
EZALLOR SPRINKLE.....	101	FIRST-OMEPRAZOLE.....	.....
<i>ezetimibe</i>	95	FIRST-PROGESTERONE	.....
<i>ezetimibe-simvastatin</i>	95, 102	VGS.....	.....
FABHALTA.....	247, 262	FIRVANQ.....	.....
FABIOR.....	310, 316	<i>flac</i>.....	.....
<i>falmina</i>	215, 224, 236	FLAGYL.....	.....
<i>famciclovir</i>	38	FLAREX.....	.....
<i>famotidine</i>	18, 202	<i>flavoxate hcl</i>.....	.....
FANAPT.....	126	<i>flecainide acetate</i>.....	.....
FANAPT TITRATION PACK... 127		FLEQSUVY.....	.....
		FLEXICHAMBER.....	.....

FLUTICASONE- SALMETEROL.....	69, 207	<i>ft aspirin</i>	81, 82, 124, 152	GLOPERBA.....	256
<i>fluticasone-salmeterol</i>	69, 207	<i>ft aspirin low dose</i>	81, 82, 124, 152	<i>glucagon emergency kit</i>	15, 229, 254
<i>fluvastatin sodium</i>	102	<i>ft clearlax</i>	197	GLUCAGON EMERGENCY KIT.....	15, 229, 254
<i>fluvastatin sodium er</i>	102	<i>ft folic acid</i>	324	GLUCOTROL XL.....	244
<i>fluvoxamine maleate</i>	154	<i>ft laxative</i>	197	<i>glutaraldehyde</i>	172
<i>fluvoxamine maleate er</i>	154	<i>ft magnesium citrate</i>	197	<i>glyburide</i>	244
FLUZONE.....	57	<i>ft nicotine</i>	59, 63	<i>glyburide micronized</i>	244
FLUZONE HIGH-DOSE.....	57	<i>ft nicotine mini</i>	59, 63	<i>glyburide-metformin</i>	212, 245
FML FORTE.....	187	FUROSCIX.....	83, 102, 173	<i>glycolax</i>	197
FML LIQUIFILM.....	187	<i>furosemide</i>	83, 102, 173	<i>glycopyrrolate</i>	62, 299
FOCALIN.....	149	FUZEON.....	31	<i>glydo</i>	298
<i>folic acid</i>	324	<i>fyavolv</i>	224, 236	GLYXAMBI.....	220, 243
<i>fondaparinux sodium</i>	71, 79	FYCOMPA.....	117	GOLYTELY.....	197
FORA TEST N' GO ADVANCE	165	<i>gabapentin</i>	113, 117, 134	<i>goodsense aspirin low dose</i>	81, 82, 124, 152
FORA TEST N'GO ADV- VOICE-6 CON.....	170	GALAFOLD.....	179, 275	<i>goodsense nicotine</i>	59, 64
FORANE.....	136	<i>galantamine hydrobromide</i>	67	GORDOFILM.....	301, 310
FORFIVO XL.....	120	<i>galantamine hydrobromide er</i> ...	67	<i>granisetron hcl</i>	194
<i>formaldehyde</i>	172	<i>gallifrey</i>	236	GRASTEK.....	54
<i>formoterol fumarate</i>	69, 290	GALZIN.....	175	<i>griseofulvin microsize</i>	23
FOSAMAX.....	258	GARDASIL 9.....	57	<i>griseofulvin ultramicrosize</i>	23
FOSAMAX PLUS D.....	258, 327	<i>gatifloxacin</i>	182	<i>guaifenesin-codeine</i>	281, 284
<i>fosamprenavir calcium</i>	34	GATTEX.....	198, 200	<i>guanfacine hcl</i>	94, 100, 132
<i>fosfomycin tromethamine</i>	43	<i>gavilax</i>	197	<i>guanfacine hcl er</i>	132
<i>fosinopril sodium</i>	86, 87	<i>gavilyte-c</i>	197	GUARDIAN 4 GLUCOSE SENSOR.....	166
<i>fosinopril sodium-hctz</i>	87, 177	<i>gavilyte-g</i>	197	GUARDIAN 4 TRANSMITTER	166
FOSRENOL.....	174, 254	<i>gavilyte-n with flavor pack</i>	197	GUARDIAN CONNECT TRANSMITTER.....	166
FOTIVDA.....	46	GAVRETO.....	46	GUARDIAN LINK 3 TRANSMITTER.....	166
FRAGMIN.....	78	<i>gefitinib</i>	46	GUARDIAN SENSOR (3).....	166
FRAICHE 5000 DENTAL	157, 159, 259	GELCLAIR.....	317	GUARDIAN SENSOR 3.....	166
FREESTYLE LIBRE 14 DAY READER.....	165	GELFILM.....	76	GVOKE HYPOPEN 1-PACK	15, 230, 254
FREESTYLE LIBRE 14 DAY SENSOR.....	165	GEL-FLOW.....	76	GVOKE HYPOPEN 2-PACK	15, 230, 254
FREESTYLE LIBRE 2 PLUS SENSOR.....	165	GELFOAM-JMI POWDER.....	76	GVOKE KIT.....	15, 230, 254
FREESTYLE LIBRE 2 READER.....	165	GELFOAM-JMI SPONGE.....	76	GVOKE PFS.....	15, 230, 254
FREESTYLE LIBRE 2 SENSOR.....	165	GELNIQUE.....	320	GYNAZOLE-1.....	300
FREESTYLE LIBRE 3 PLUS SENSOR.....	165	<i>gemfibrozil</i>	101	<i>habitrol</i>	59, 64
FREESTYLE LIBRE 3 READER.....	165	<i>gemmily</i>	215, 225, 236	HADLIMA.....	200, 253, 264, 269
FREESTYLE LIBRE 3 SENSOR.....	166	GEMTESA.....	321	HADLIMA PUSHTOUCH	200, 252, 253, 264, 269
FREESTYLE LIBRE READER	166	<i>generlac</i>	172	HAEGARDA.....	262
FROTEK.....	313	<i>gengraf</i>	184, 247, 264, 269, 272	<i>hailey 1.5/30</i>	215, 225, 236
<i>frovatriptan succinate</i>	153	<i>gentamicin sulfate</i>	182, 295	<i>hailey 24 fe</i>	215, 225, 236
FRUZAQLA.....	46	<i>gentle laxative</i>	197	<i>hailey fe 1.5/30</i>	215, 225, 236
		<i>gentlelax</i>	197	<i>hailey fe 1/20</i>	215, 225, 236
		GENVOYA.....	31, 33	<i>halcinonide</i>	305
		GILENYA.....	251, 269	HALCION.....	130
		GILOTRIF.....	46		
		<i>glatiramer acetate</i>	246, 269		
		<i>glatopa</i>	246, 269		
		GLEOSTINE.....	46		
		<i>glimepiride</i>	244		
		<i>glipizide</i>	244		
		<i>glipizide er</i>	244		
		<i>glipizide xl</i>	244		
		<i>glipizide-metformin hcl</i>	212, 244		

<i>halobetasol propionate</i>	305	HUMULIN N VIAL.....	231	ICLUSIG.....	47
<i>haloette</i>	215, 225, 236	HUMULIN R U-500 KWIKPEN	242	IDELVION.....	76
HALOG.....	305	HUMULIN R U-500 VIAL.....	242	IDHIFA.....	47
<i>haloperidol</i>	131	HUMULIN R VIAL.....	242	IHEALTH CONTROL	
<i>haloperidol lactate</i>	131	HYCAMTIN.....	46, 47	SOLUTION.....	166
HALUCORT.....	317	<i>hydralazine hcl</i>	100	IHEALTH COVID-19 RAPID	
HARVONI.....	29, 30	HYDREA.....	47	TEST.....	171
HAVRIX.....	57	HYDRO 40.....	310	IHEALTH LANCING DEVICE.	166
<i>heather</i>	215, 236	<i>hydrochlorothiazide</i> ...84, 107, 178		ILEVRO.....	191
HEMANGEOL		<i>hydrocod poli-chlorphe poli er</i>	18, 19, 281	ILUMYA.....	308, 317
.....	66, 89, 94, 96, 103, 124	<i>hydrocodone bitartrate er</i>	142	<i>imatinib mesylate</i>	47
<i>hematinic/folic acid</i>	79, 324	<i>hydrocodone bit-homatrop mbr</i>	62, 281	IMBRUVICA.....	47
HEMLIBRA.....	76	<i>hydrocodone-acetaminophen</i>	113, 139, 142	IMCIVREE.....	114, 204
HEMMOREX-HC....	188, 207, 305	<i>hydrocodone-ibuprofen</i>	140, 142, 150	<i>imipramine hcl</i>	156
HEMOFIL M.....	76	<i>hydrocortisone</i>	188, 207, 306	<i>imipramine pamoate</i>	156
<i>heparin na (pork) lock flsh pf</i>	78	<i>hydrocortisone (perianal)</i>	188, 207, 306	<i>imiquimod</i>	292, 317
<i>heparin sod (pork) lock flush</i>	78	<i>hydrocortisone ace-pramoxine</i>	188, 207, 298, 306	IMPAVIDO.....	25, 37
<i>heparin sodium (porcine)</i>	79	<i>hydrocortisone acetate</i>	188, 207, 306	IMVEXXY MAINTENANCE	
<i>heparin sodium (porcine) pf</i>	79	<i>hydrocortisone butyrate</i>	188, 207, 306	PACK.....	225
HEPLISAV-B.....	57	<i>hydrocortisone valerate</i>	188, 207, 306	IMVEXXY STARTER PACK...	225
HEPZATO W/50MM		<i>hydrocortisone-acetic acid</i>	188, 191, 207, 306	INBRIJA.....	133
CATHETER.....	46	<i>hydrocortisone-iodoquinol</i>	21, 300, 306, 312	<i>incassia</i>	215, 236
HEPZATO W/62MM		<i>hydrocort-pramoxine (perianal)</i>	188, 207, 298, 306	INCRELEX.....	243
CATHETER.....	46	<i>hydromet</i>	62, 281	<i>indapamide</i>	84, 107, 178
<i>her style</i>	215, 236	<i>hydromorphone hcl</i>	142, 143	INDERAL LA	
HETLIOZ.....	125, 137	<i>hydromorphone hcl er</i>	142	.....	66, 89, 94, 96, 103, 124
HETLIOZ LQ.....	125, 137	<i>hydroxychloroquine sulfate</i>	24, 248, 265, 270	INDICAID COVID-19 RAPID	
HIBERIX.....	57	<i>hydroxyurea</i>	47	TEST.....	171
HIPREX.....	43	<i>hydroxyzine hcl</i> ... 18, 19, 125, 126		INDOCIN.....	140, 151, 256
HPR PLUS.....	317	<i>hydroxyzine pamoate</i> .. 18, 19, 126		<i>indomethacin</i>	141, 151, 256
HUMALOG.....	241, 242	HYFTOR.....	251, 272, 308, 317	<i>indomethacin er</i>	140, 151, 256
HUMALOG KWIKPEN.....	241	<i>hyoscyamine sulfate</i>	15, 16, 62	INFANRIX.....	55, 57
HUMALOG MIX 50/50		<i>hyoscyamine sulfate er</i>	15, 62	INGREZZA.....	156, 157
KWIKPEN.....	241	<i>hyosyne</i>	16, 62	INLYTA.....	47
HUMALOG MIX 50/50 VIAL....	242	HYPERSAL.....	286	INOVA.....	308, 313
HUMALOG MIX 75/25		<i>ibandronate sodium</i>	258	INOVA 4/1 ACNE CONTROL	
KWIKPEN.....	242	IBRANCE.....	47	THERAPY.....	308, 310, 312
HUMALOG MIX 75/25 VIAL....	242	<i>ibuprofen</i>	124, 140, 151	INOVA 8/2 ACNE CONTROL	
HUMALOG U-100 JUNIOR		<i>icatibant acetate</i>	83, 259, 262	THERAPY.....	308, 310, 312
KWIKPEN.....	242	<i>iclevia</i>	215, 225, 236	INPEN 100-BLUE-LILLY-	
HUMATE-P.....	76			HUMALOG.....	166
HUMIRA (2 PEN)				INPEN 100-BLUE-NOVOLOG-	
.....	200, 253, 264, 269			FIASP.....	166
HUMIRA (2 SYRINGE)				INPEN 100-GREY-LILLY-	
.....	200, 253, 264, 265, 269			HUMALOG.....	166
HUMIRA-CD/UC/HS				INPEN 100-GREY-	
STARTER.....	200, 253, 265, 269			NOVOLOG-FIASP.....	166
HUMIRA-PSORIASIS/UVEIT				INPEN 100-PINK-LILLY-	
STARTER.....	200, 253, 265, 269			HUMALOG.....	166, 167
HUMULIN 70/30 KWIKPEN				INPEN 100-PINK-NOVOLOG-	
.....	231, 242			FIASP.....	167
HUMULIN 70/30 VIAL....	231, 242			INQOVI.....	47
HUMULIN N KWIKPEN.....	231			INREBIC.....	47

INSPIREASE RESERVOIR BAGS.....	167	<i>jencycla</i>	215, 236	KINERET.....	250, 265, 270
INSULIN LISPRO.....	242	JENTADUETO.....	212, 220	KISQALI (200 MG DOSE).....	48
INSULIN LISPRO (1 UNIT DIAL).....	242	JENTADUETO XR.....	212, 220	KISQALI (400 MG DOSE).....	48
INSULIN LISPRO JUNIOR KWIKPEN.....	242	JESDUVROQ.....	71, 74	KISQALI (600 MG DOSE).....	48
INSULIN LISPRO PROT & LISPRO.....	242	<i>jinteli</i>	225, 236	KLARON.....	295
INSULIN PEN NEEDLES.....	167	JIVI.....	76	<i>klayesta</i>	314
INSULIN SYRINGES.....	167	JOENJA.....	270	KLISYRI.....	292, 317
INTELENCE.....	32	<i>jolessa</i>	215, 225, 236	<i>klor-con</i>	175
INTELISWAB COVID-19 RAPID TEST.....	171	JORNAY PM.....	149	<i>klor-con 10</i>	175
INTRAROSA.....	207	<i>joyeaux</i>	215, 225, 236	<i>klor-con m10</i>	175
<i>introvale</i>	215, 225, 236	JUBLIA.....	300	<i>klor-con m15</i>	175
INVELTYS.....	188	<i>juleber</i>	215, 225, 236	<i>klor-con m20</i>	175
<i>iodine strong</i>	16, 23, 212, 284, 300	JULUCA.....	31, 32	<i>klor-con/ef</i>	175
<i>iodine tincture</i>	300, 313	<i>junel 1.5/30</i>	215, 225, 236	KLOXXADO.....	145
IOPIDINE.....	181, 191	<i>junel 1/20</i>	215, 225, 236	KOATE.....	76
IPOL.....	57	<i>junel fe 1.5/30</i>	216, 225, 236	KOATE-DVI.....	76
<i>ipratropium bromide</i>	62, 280	<i>junel fe 1/20</i>	216, 225, 236	KOGENATE FS.....	76
<i>ipratropium-albuterol</i>	62, 69, 280	<i>junel fe 24</i>	216, 225, 237	KORLYM.....	211
<i>irbesartan</i>	85	JUST RIGHT 5000.....	159, 259	KOSELUGO.....	48
<i>irbesartan-hydrochlorothiazide</i>	85, 178	JUXTAPID.....	88, 103	<i>kourzeq</i>	306
IRESSA.....	47	JYLAMVO.....	48, 248, 265, 270, 272	KOVALTRY.....	77
ISENTRESS.....	31	JYNARQUE.....	179	K-PHOS.....	175
ISENTRESS HD.....	31	K.B.G.L IN TERODERM.....	65, 141, 298, 314, 317	K-PHOS NO 2.....	172
<i>isibloom</i>	215, 225, 236	<i>kaitlib fe</i>	216, 225, 237	K-PHOS-NEUTRAL.....	175
<i>isoflurane</i>	136	KALETRA.....	34	<i>k-prime</i>	175
<i>isoniazid</i>	26	<i>kalliga</i>	216, 225, 237	KRAZATI.....	48
<i>isosorb dinitrate-hydralazine</i>	100, 103, 104	KALYDECO.....	283	KRINTAFEL.....	24
<i>isosorbide dinitrate</i>	103, 105	KAPSPARGO SPRINKLE.....	70, 89, 94, 96, 104	KRISTALOSE.....	172
<i>isosorbide mononitrate</i>	103, 105	KARBINAL ER.....	17, 18, 285	K-TAB.....	175
<i>isosorbide mononitrate er</i>	103, 105	<i>kariva</i>	216, 225, 237	<i>kurvelo</i>	216, 225, 237
<i>isotretinoin</i>	310, 317	KATERZIA.....	99, 100, 108	KYZATREX.....	210
<i>isradipine</i>	99, 100	<i>kelnor 1/35</i>	216, 225, 237	<i>labetalol hcl</i>	66, 68, 85, 89, 94, 96, 104
ISTALOL.....	185	<i>kelnor 1/50</i>	216, 225, 237	<i>lacosamide</i>	117, 136
ISTURISA.....	207, 275	KEPPRA.....	117	<i>lactulose</i>	172
<i>itraconazole</i>	27	KEPPRA XR.....	117	<i>lactulose encephalopathy</i>	172
<i>ivabradine hcl</i>	93, 108	KERAMATRIX REPLICINE 2CMX3CM.....	279	LAGEVRIO.....	38
<i>ivermectin</i>	22	KERAMATRIX REPLICINE 5CMX5CM.....	280	LAMICTAL.....	117, 121
IWILFIN.....	48	KERENDIA.....	103	LAMICTAL ODT.....	117, 121
IYUZEH.....	192	KESIMPTA.....	270	LAMICTAL STARTER.....	117, 121
<i>jaimiess</i>	215, 225, 236	<i>ketconazole</i>	27, 300	LAMICTAL XR.....	117, 121
JAKAFI.....	48, 309	<i>ketodan</i>	300	<i>lamivudine</i>	33
<i>jantoven</i>	72	KETO-DIASTIX.....	171	<i>lamivudine-zidovudine</i>	33
JARDIANCE.....	243	KETONE CARE.....	171	<i>lamotrigine</i>	117, 118, 122
<i>jasmiel</i>	215, 225, 236	KETONE TEST.....	171	<i>lamotrigine er</i>	117, 122
JAVYGTOR.....	179, 275	<i>ketorolac tromethamine</i>	141, 151, 191	<i>lamotrigine starter kit-blue</i>	118, 122
JAYPIRCA.....	48	KETOSTIX.....	171	<i>lamotrigine starter kit-green</i>	118, 122
		KEVEYIS.....	83, 259	<i>lamotrigine starter kit-orange</i>	118, 122
		KEVZARA.....	250, 265	LAMPIT.....	25
				LANCETS.....	167

LANCETS SUPER THIN.....	167	<i>levorphanol tartrate</i>	143	LOTEMAX.....	188
LANOXIN.....	88, 93	<i>levo-t</i>	245	LOTEMAX SM.....	188
<i>lansoprazole</i>	203	LEVOTHYROXINE SODIUM..	245	LOTENSIN.....	86, 87
<i>lanthanum carbonate</i>	174, 255	<i>levothyroxine sodium</i>	245	LOTENSIN HCT.....	87, 178
LANTUS SOLOSTAR.....	232	<i>levoxyl</i>	245	<i>loteprednol etabonate</i>	188
LANTUS U-100 VIAL.....	232	LEVSIN.....	16, 62	<i>lovastatin</i>	102
<i>lapatinib ditosylate</i>	48	LEVSIN/SL.....	16, 62	<i>low-ogestrel</i>	216, 226, 237
<i>larin 1.5/30</i>	216, 225, 237	LEVULAN KERASTICK..	292, 317	<i>loxapine succinate</i>	125, 133
<i>larin 1/20</i>	216, 225, 237	<i>l-glutamine</i>	275, 317	<i>lo-zumandimine</i>	216, 226, 237
<i>larin 24 fe</i>	216, 225, 237	<i>lidocaine</i>	298	<i>lubiprostone</i>	193, 200
<i>larin fe 1.5/30</i>	216, 226, 237	<i>lidocaine hcl</i>	192, 298	LUCEMYRA.....	61
<i>larin fe 1/20</i>	216, 226, 237	<i>lidocaine hcl urethral/mucosal</i> ..	298	LUGOLS STRONG IODINE	
LASIX.....	83, 102, 173	<i>lidocaine viscous hcl</i>	192	.....	300, 313
LATANOPROST.....	193	<i>lidocaine-prilocaine</i>	298	LULICONAZOLE.....	300
<i>latanoprost</i>	193	LIDTOPIC MAX.....	298	LUMAKRAS.....	49
<i>layolis fe</i>	216, 226, 237	LIKMEZ.....	21, 25, 37, 196, 295	LUMIGAN.....	193
LAZCLUZE.....	48	<i>linezolid</i>	40	LUMRYZ.....	132, 157, 256
LEDIPASVIR-SOFOSBUVIR		LINZESS.....	193, 200	LUMRYZ STARTER PACK	
.....	29, 30	<i>liothyronine sodium</i>	245	.....	157, 256
<i>leena</i>	216, 226, 237	LIPOFEN.....	101	LUPKYNIS.....	252, 273
<i>leflunomide</i>	251, 265, 270, 272	LIRAGLUTIDE.....	115, 230	<i>lurasidone hcl</i>	127
<i>lenalidomide</i>	48, 270	<i>lisdexamfetamine dimesylate</i> ..	112	<i>lutera</i>	217, 226, 237
LENVIMA.....	48	<i>lisinopril</i>	86, 87	LUZU.....	301
<i>lessina</i>	216, 226, 237	<i>lisinopril-hydrochlorothiazide</i>		<i>lyleq</i>	217, 237
<i>letrozole</i>	48, 211	.....	87, 178	<i>lyllana</i>	226, 258
LETS.....	60, 253	L-ISOLEUCINE.....	173	LYNPARZA.....	49
<i>leucovorin calcium</i>	17, 255, 324	LITFULO.....	309, 317	LYRICA.....	118, 134, 135
LEUKERAN.....	48	<i>lithium</i>	122	LYSODREN.....	49
LEUKINE.....	74	<i>lithium carbonate</i>	122	LYTGOBI (12 MG DAILY	
<i>leuprolide acetate</i>	48, 230	<i>lithium carbonate er</i>	122	DOSE).....	49
<i>levabuterol hcl</i>	69, 290	LITHOBID.....	122	LYTGOBI (16 MG DAILY	
LEVALBUTEROL HFA.....	69, 290	LITHOSTAT.....	172	DOSE).....	49
LEVBID.....	16, 62	LIVALO.....	102	LYTGOBI (20 MG DAILY	
<i>levetiracetam</i>	118	LIVMARLI.....	198, 200	DOSE).....	49
<i>levetiracetam er</i>	118	LIVTENCITY.....	27	LYUMJEV KWIKPEN.....	242
<i>levobunolol hcl</i>	185	LO LOESTRIN FE...216, 226, 237		LYUMJEV VIAL.....	242
<i>levocarnitine</i>	275	LODOCO.....	72, 275	<i>lyza</i>	217, 238
<i>levocarnitine sf</i>	275	<i>lofexidine hcl</i>	61	MACROBID.....	43
<i>levocetirizine dihydrochloride</i> ... 19		<i>lojaimiess</i>	216, 226, 237	MACRODANTIN.....	43
<i>levofloxacin</i> ... 26, 40, 41, 182, 295		LOKELMA.....	174	<i>mafenide acetate</i>	295, 313
<i>levonest</i>	216, 226, 237	LOMAIRA.....	111	<i>magnesium citrate</i>	197
<i>levonorgest-eth est & eth est</i>		LOMOTIL.....	62, 194	MALARONE.....	24
.....	216, 226, 237	LONSURF.....	49	<i>malathion</i>	314
<i>levonorgest-eth estrad 91-day</i>		LOPID.....	101	<i>maraviroc</i>	31
.....	216, 226, 237	<i>lopinavir-ritonavir</i>	34, 35	MARINOL.....	195, 201
<i>levonorgest-eth estradiol-iron</i>		LOPRESSOR..70, 89, 94, 97, 104		<i>marlissa</i>	217, 226, 238
.....	216, 226, 237	<i>lorazepam</i>	129, 130	MARPLAN.....	137
<i>levonorgestrel</i>	216, 237	<i>lorazepam intensol</i>	129, 130	MATULANE.....	49
<i>levonorgestrel-ethinyl estrad</i>		LORBRENA.....	49	<i>matzim la</i>	90, 91, 92, 98, 109
.....	216, 226, 237	LOREEV XR.....	129, 130	MAVENCLAD...49, 246, 270, 273	
<i>levonorg-eth estrad triphasic</i>		<i>loryna</i>	216, 226, 237	MAVYRET.....	30
.....	216, 226, 237	<i>losartan potassium</i>	85, 86	MAXIDEX.....	188
<i>levora 0.15/30 (28)</i> ..216, 226, 237		<i>losartan potassium-hctz</i>	86, 178	MAXITROL.....	182, 188

maxi-tuss ac.....281, 284
 MAYZENT251, 270
 MAYZENT STARTER PACK
 251, 270
melnaphos/mb/hyo1 ... 43, 62, 275
meclofenamate sodium ... 141, 151
 MEDERMA SPF 30317
 MEDROL207
medroxyprogesterone acetate
 217, 238
mefenamic acid..... 141, 151
mefloquine hcl.....24
megestrol acetate..... 49, 238
 MEKINIST 49
 MEKTOVI 49
 MELATOL PEDIATRIC
 SLEEP/CALM 275
 MELOXICAM 141, 151
meloxicam 141, 151
memantine hcl..... 132
memantine hcl er..... 132
 MENEST 226, 258
 MENOSTAR226, 258
 MENQUADFI 57
 MENVEO 58
meperidine hcl..... 143
meprobamate 126, 138
mercaptapurine 49, 249, 273
merzee 217, 226, 238
mesalamine 195, 196
mesalamine-cleanser 196
 MESNEX278
 MESTINON 67
metaxalone 64
metformin hcl..... 212
metformin hcl er..... 212
methadone hcl..... 143
methadone hcl intensol..... 143
 METHADOSE 143
methadose 143
 METHADOSE SUGAR-FREE. 143
methamphetamine hcl.....112
methazolamide..... 83, 93, 186
methenamine hippurate 43
methenamine mandelate..... 43
methergine279
methimazole212
 METHITEST210
methocarbamol..... 32, 64
methotrexate sodium
 49, 50, 248, 265, 270, 273
methotrexate sodium (pf)
 49, 248, 265, 270, 273
methoxsalen rapid.....314
methscopolamine bromide..... 62
methsuximide..... 155
methyl salicylate.....301
 METHYLDOPA 61, 94, 100
methylergonovine maleate.....279
 METHYLIN..... 149
methylphenidate 149
methylphenidate hcl..... 149
methylphenidate hcl er..... 149
methylphenidate hcl er (cd)..... 149
methylphenidate hcl er (la)..... 149
methylphenidate hcl er (osm).. 149
methylphenidate hcl er (xr)..... 149
methylprednisolone208
methyltestosterone210
metoclopramide hcl.....202
metolazone 84, 107, 178
 METOPIRONE 171
metoprolol succinate er
 70, 89, 94, 97, 104
metoprolol tartrate
 70, 89, 94, 97, 104
metoprolol-hydrochlorothiazide
 89, 94, 178
 METROCREAM 21, 37, 295
 METROLOTION21, 37, 295
metronidazole
 21, 25, 37, 196, 295, 296
 METRONIDAZOLE
 BENZO+SYRSPEND ..21, 25, 196
metyrosine 171, 275
mexiletine hcl..... 96
 MIACALCIN 212, 258
mibelas 24 fe.....217, 226, 238
miconazole 3.....301
 MICONAZOLE-ZINC OXIDE-
 PETROLAT 299, 301, 308
microgestin 1.5/30...217, 226, 238
microgestin 1/20.....217, 226, 238
microgestin fe 1.5/30
 217, 226, 238
microgestin fe 1/20..217, 226, 238
 MICROLET NEXT LANCING
 DEVICE 167
midazolam hcl..... 130
 MIDAZOLAM+SYRSPEND SF
 130
midodrine hcl.....61
 MIEBO 184, 191
 MIFEPREX279
mifepristone 211, 279
 MIGERGOT 66, 124, 149
miglitol.....209
miglustat179, 275
mili.....217, 227, 238
mimvey.....227, 238
mineral oil heavy 197
minocycline hcl.....24, 42
minocycline hcl er..... 42, 317
minoxidil..... 100, 302
 MIPLYFFA 179
mirabegron er.....321
mirtazapine..... 120, 155
 MIRVASO 181, 293, 317
misoprostol203
 MITIGARE256
 MITOSOL 182
mm aspirin 81, 82, 124, 152
mm clearlax 197
 M-M-R II 58
 M-NATAL PLUS 79, 321, 324
modafinil157
 MODERNA COVID-19 VAC
 6M-11Y 58
moexipril hcl..... 86, 87
molindone hcl..... 125, 133
mometasone furoate
 188, 208, 282, 286, 306
mondoxyne nl.....24, 42, 296
mono-lynyah..... 217, 227, 238
 MONSELS FERRIC
 SUBSULFATE 77
montelukast sodium..... 285
morphine sulfate 144
*morphine sulfate (concentrate)*143
morphine sulfate er..... 143
morphine sulfate er beads..... 143
 MOTEGRITY201
 MOTOFEN 62, 194
 MOTPOLY XR 118, 136
 MOUNJARO 230
 MOVIPREP 197, 326
moxifloxacin hcl...26, 41, 182, 296
moxifloxacin hcl (2x day)...41, 182
 MOZOBIL 74
 MUCOSITISRX 191
 MULPLETA 74
 MULTAQ 97
multivitamin w/fluoride
 157, 159, 260, 321
multivitamin/fluoride
 158, 159, 160, 260, 321, 322, 324,
 325

MULTIVITAMIN/FLUORIDE	<i>nefazodone hcl</i>	155	NINLARO.....	50
158, 160, 260, 321, 322, 324, 325	<i>neomycin sulfate</i>	21, 183, 296	<i>nisoldipine er</i>	99, 100
<i>multi-vitamin/fluoride</i>	<i>neomycin-bacitracin zn-</i>		<i>nitazoxanide</i>	24, 25
.....	<i>polymyx</i>	183	NITRO-BID.....	104, 105
157, 159, 260, 321	<i>neomycin-polymyxin-dexameth</i>		NITRO-DUR.....	104, 105
<i>multi-vitamin/fluoride/iron</i>	.....	183, 188, 189	<i>nitrofurantoin</i>	43
.....	<i>neomycin-polymyxin-</i>		<i>nitrofurantoin macrocrystal</i>	43
MULTI-VIT-FLOR	<i>gramicidin</i>	183	<i>nitrofurantoin monohydrate</i>	
.....	<i>neomycin-polymyxin-hc.</i>	183, 189	<i>macrocrystals</i>	43
158, 160, 260, 322	NEONATAL COMPLETE		<i>nitroglycerin</i>	104, 105, 302, 317
<i>mupirocin</i>.....	.....	79, 322, 325	NITROSTAT.....	104, 105
296	NEONATAL PLUS....	79, 322, 325	NITRO-TIME.....	104, 105
<i>mupirocin calcium</i>	<i>neo-polycin</i>	183	NIVA THYROID.....	245
296	<i>neo-polycin hc</i>	183, 189, 296	NOC DURNA.....	77, 233
<i>my choice</i>	NEOSALUS.....	317	<i>nora-be</i>	217, 238
217, 238	NEO-SYNALAR.....	296, 306	NORDIPEN 5 INJECTION	
<i>my way</i>	NEOTUSS PLUS..	18, 19, 61, 281	DEVICE.....	167
217, 238	NERLYNX.....	50	NORDITROPIN FLEXPRO	
MYALEPT.....	NESTABS.....	79, 322, 325	.....	233, 243, 244
232	NESTABS ONE	79, 275, 322, 325	<i>norelgestromin-eth estradiol</i>	
<i>mycophenolate mofetil</i>	<i>neuac</i>	36, 296, 313	.....	217, 227, 238
246, 273	NEULASTA.....	74	<i>norethin ace-eth estrad-fe</i>	
<i>mycophenolate sodium</i>	NEUPRO.....	138	.....	217, 227, 238, 239
273	NEURAPTINE.....	113, 135	<i>norethindrone</i>	218, 239
<i>mycophenolic acid</i>	NEURONTIN.....	113, 118, 135	<i>norethindrone acetate</i>	239
273	NEVANAC.....	191	<i>norethindrone acet-ethinyl est</i>	
MYCOZYL AL.....	<i>nevirapine</i>	32	.....	217, 227, 239
320	<i>nevirapine er</i>	32	<i>norethindrone-eth estradiol</i>	
MYDAYIS.....	<i>new day</i>	217, 238	.....	227, 239
112	NEXIUM.....	203	<i>norethindron-ethinyl estrad-fe</i>	
MYFEMBREE.....	NEXLETOL.....	84, 88	.....	218, 227, 239
211, 227, 238	NEXLIZET.....	84, 88, 95	<i>norethin-eth estradiol-fe</i>	
MYLERAN.....	NEXTSTELLIS.....	217, 227, 238	.....	218, 227, 239
50	NGENLA.....	233	<i>norgestimate-eth estradiol</i>	
MYRBETRIQ.....	<i>niacin er (antihyperlipidemic)</i>	88	.....	218, 227, 239
321	<i>nicardipine hcl</i>	99, 100, 109	<i>norgestimate-ethinyl estradiol</i>	
MYSOLINE.....	NICORETTE.....	59, 60, 64	<i>triphasic</i>	218, 227, 239
128	NICORETTE MINI.....	59, 64	NORLIQVA.....	99, 100, 109
MYTESI.....	<i>nicotine</i>	60, 64	<i>norlyroc</i>	218, 239
194	<i>nicotine mini</i>	60, 64	NORPACE.....	95
MYXRDLIN.....	<i>nicotine polacrilex</i>	60, 64	NORPACE CR.....	95
175, 242	<i>nicotine polacrilex mini</i>	60, 64	NORPRAMIN.....	156
<i>na sulfate-k sulfate-mg sulf</i>	<i>nicotine step 1</i>	60, 64	<i>nortrel 0.5/35 (28)</i> ...	218, 227, 239
197	<i>nicotine step 2</i>	60, 64	<i>nortrel 1/35 (21)</i>	218, 227, 239
<i>nabumetone</i>	<i>nicotine step 3</i>	60, 64	<i>nortrel 1/35 (28)</i>	218, 227, 239
141, 151	NICOTROL.....	60, 64	<i>nortrel 7/7/7</i>	218, 227, 239
<i>nadolol</i> 66, 70, 84, 89, 95, 97, 104	NICOTROL NS.....	60, 64	<i>nortriptyline hcl</i>	156
<i>naftifine hcl</i>	<i>nifedipine</i>	99, 100, 109	NORVIR.....	35
293	<i>nifedipine er</i>	99, 100, 109	NOURIANZ.....	111, 132
NAFTIN.....	<i>nifedipine er osmotic release</i>		NOVOEIGHT.....	77
293	.....	99, 100, 109	NOVOFINE PEN NEEDLE.....	167
<i>naloxone hcl</i>	<i>nikki</i>	217, 227, 238	NOVOFINE PLUS PEN	
16, 145, 255	<i>nimodipine</i>	99, 100, 109	NEEDLE.....	167
<i>naltrexone hcl</i>				
.....				
15, 16, 59, 145, 254, 255				
NAMZARIC.....				
67, 132				
NAPROSYN....				
124, 141, 151, 256				
<i>naproxen</i>				
124, 141, 151, 256				
<i>naproxen dr</i>				
124, 141, 151, 256				
<i>naproxen sodium</i>				
.....				
124, 141, 151, 256				
<i>naproxen sodium er</i>				
.....				
124, 141, 151, 256				
<i>naratriptan hcl</i>				
153				
NARCAN.....				
145				
NARDIL.....				
137				
NASCOBAL.....				
81, 325				
NATACYN.....				
184				
NATAL PNV.....				
79, 322, 325				
NATAZIA.....				
217, 227, 238				
<i>nateglinide</i>				
232				
NAYZILAM.....				
129, 130				
<i>nebivolol hcl</i>				
66, 89, 95, 97				
NEBUPENT.....				
25				
NEBUSAL.....				
286				
<i>necon 0.5/35 (28)</i>				
217, 227, 238				

NOVOPEN ECHO.....	167	<i>omega-3-acid ethyl esters</i>	88, 105	ORACIT.....	172
NOVOSEVEN RT.....	77	<i>omeprazole</i>	203	ORAL CITRATE.....	172
NOXAFIL.....	27	OMEPRAZOLE+SYRSPEND		ORALAIR.....	55
<i>np thyroid</i>	245	SF ALKA.....	203	ORALAIR ADULT STARTER	
NUBEQA.....	50	OMNARIS.....	189	PACK.....	54
NUCALA.....	281	OMNIFLEX DIAPHRAGM.....	278	ORALAIR CHILDRENS	
NUCORT.....	189, 208, 306	OMNIPOD 5 DEXG7G6		STARTER PACK.....	55
NUCYNTA.....	144	INTRO GEN 5.....	167	<i>oralone</i>	306
NUCYNTA ER.....	144	OMNIPOD 5 DEXG7G6 PODS		ORAPRED ODT.....	189, 208
NUEDEXTA.....	132	GEN 5.....	167	ORAVIG.....	301
NULEV.....	16, 62	OMNIPOD 5 LIBRE2 PLUS G6		ORENCIA.....	247, 265, 266, 270
NUPLAZID.....	127	.....	167	ORENCIA CLICKJECT	
NURTEC.....	131	OMNIPOD 5 LIBRE2 PLUS G6		.....	247, 265, 270
NUTRASEB.....	310	PODS.....	168	ORENITRAM..	109, 288, 290, 291
NUTROPIN AQ NUSPIN 10		OMNITROPE.....	233, 244	ORENITRAM MONTH 1	
.....	233, 244	OMVOH.....	194, 201	.....	109, 288, 290
NUTROPIN AQ NUSPIN 20		ON/GO COVID-19 ANTIGEN		ORENITRAM MONTH 2	
.....	233, 244	TEST.....	171	.....	109, 288, 290
NUTROPIN AQ NUSPIN 5		ON/GO ONE COVID-19		ORENITRAM MONTH 3	
.....	233, 244	HOME TEST.....	171	.....	109, 288, 290
NUVESSA.....	21, 37, 296	<i>ondansetron hcl</i>	194	ORFADIN.....	180, 275
NUWIQ.....	77	<i>ondansetron odt</i>	194	ORGOVYX.....	50, 211
NUZYRA.....	21	ONE VITE WOMENS PLUS		ORIAHNN.....	211, 228, 239
<i>nyamyc</i>	314	.....	79, 322, 325	ORILISSA.....	211
<i>nylia 1/35</i>	218, 227, 239	ONETOUCH DELICA PLUS		ORKAMBI.....	282, 283
<i>nylia 7/7/7</i>	218, 227, 239	LANCING.....	168	ORLISTAT.....	201
NYMALIZE.....	99, 100, 109	ONETOUCH DELICA SAFETY		<i>orphenadrine citrate er</i>	65, 70, 115
<i>nystatin</i>	40, 314	LANCING.....	168	ORSERDU.....	50
<i>nystatin-triamcinolone</i>	306, 314	ONETOUCH ULTRA.....	168, 170	OSCIMIN.....	16, 62
<i>nystop</i>	314	ONETOUCH ULTRA 2.....	168	<i>oseltamivir phosphate</i>	36
OBIZUR.....	77	ONETOUCH ULTRA BLUE		OSPHENA.....	221
OICALIVA.....	198, 201	TEST.....	170	OTEZLA.....	251, 266, 271, 318
<i>ocella</i>	218, 227, 239	ONETOUCH ULTRA TEST...	170	OVACE PLUS.....	296
<i>octreotide acetate</i>	201, 243	ONETOUCH VERIO.....	168, 170	OVACE PLUS WASH.....	296
OCUFLOX.....	41, 183	ONETOUCH VERIO FLEX		OVACE WASH.....	296
ODACTRA.....	54	SYSTEM.....	168	OVIDE.....	314
ODEFSEY.....	32, 33, 38	ONETOUCH VERIO		<i>oxaprozin</i>	141, 151
ODOMZO.....	50	REFLECT.....	168	<i>oxazepam</i>	130
OFEV.....	280	ONEXTON.....	36, 296, 313	<i>oxcarbazepine</i>	118, 136
<i>ofloxacin</i>	41, 183	ONFI.....	129, 130	OXERVATE.....	184, 191
OGSIVEO.....	50	ONGENTYS.....	131	<i>oxiconazole nitrate</i>	301
OJEMDA.....	50	ONUREG.....	50	OXISTAT.....	301
OJJAARA.....	50	ONZETRA XSAIL.....	153	<i>oxybutynin chloride</i>	320
<i>olanzapine</i>	122, 127	<i>opcicon one-step</i>	218, 239	<i>oxybutynin chloride er</i>	320
<i>olanzapine-fluoxetine hcl</i>	127, 154	OPFOLDA.....	180, 275	<i>oxycodone hcl</i>	144
<i>olmesartan medoxomil</i>	85, 86	OPILL.....	218, 239	<i>oxycodone-acetaminophen</i>	
<i>olmesartan medoxomil-hctz</i>		<i>opium</i>	195	.....	113, 139, 144
.....	86, 178	OPSUMIT.....	109, 284, 290	OXYCODONE-	
<i>olmesartan-amlodipine-hctz</i>		<i>option 2</i>	218, 239	ACETAMINOPHEN.114, 139, 144	
.....	86, 99, 178	OPTIONS GYNOL II		<i>oxymorphone hcl</i>	144
<i>olopatadine hcl</i>	19, 181	CONTRACEPTIVE.....	278	<i>oxymorphone hcl er</i>	144
OLUMIANT.....	250, 265	OPVEE.....	145	OZEMPIC.....	231
OMECLAMOX-PAK....	22, 39, 203	OPZELURA.....	50, 309, 317	OZOBAX DS.....	65

PACERONE.....	97	PFIZER COVID-19 VAC-TRIS		PODOCON-25.....	310, 318
PALFORZIA.....	55	6M-4Y.....	58	<i>podofilox</i>	310, 318
<i>paliperidone er</i>	127	<i>phenazo</i>	298	<i>polycin</i>	183, 297
PALYNZIQ.....	180	<i>phenazopyridine hcl</i>	298	<i>polyethylene glycol 3350</i>	198
PANCREAZE.....	180, 199	<i>phendimetrazine tartrate</i>	111	<i>polymyxin b-trimethoprim</i>	
PANDEL.....	189, 208, 306	<i>phendimetrazine tartrate er</i>	111	.....	40, 183, 297
PANRETIN.....	292, 318	<i>phenelzine sulfate</i>	137	POLY-VI-FLOR	
<i>pantoprazole sodium</i>	203	<i>phenobarbital</i>	128	.....	158, 160, 260, 322
PARI VORTEX ADULT MASK	168	<i>phenoxybenzamine hcl</i>	66, 107	POLY-VI-FLOR/IRON	
<i>paricalcitol</i>	327	<i>phentermine hcl</i>	111	.....	79, 260, 322
PARNATE.....	137	<i>phenylephrine hcl</i>	192, 193	POMALYST.....	51, 271
<i>paroxetine hcl</i>	154	<i>phenytek</i>	96, 135	<i>portia-28</i>	218, 228, 239
<i>paroxetine hcl er</i>	154	<i>phenytoin</i>	96, 135, 136	<i>posaconazole</i>	27
<i>paroxetine mesylate</i>	154	<i>phenytoin infatabs</i>	96, 135	<i>potassium chloride</i>	176
PAXIL.....	154	<i>phenytoin sodium extended</i>		<i>potassium chloride crys er</i>	176
PAXLOVID (150/100).....	27	.....	96, 136	<i>potassium chloride er</i>	176
PAXLOVID (300/100).....	27	PHEXXI.....	279	<i>potassium citrate er</i>	172
<i>pazopanib hcl</i>	50	<i>philith</i>	218, 228, 239	<i>potassium citrate-citric acid</i>	172
PEDIAPRED.....	189, 208	PHOSPHA 250 NEUTRAL.....	175	<i>potassium iodide</i>	284
PEDIARIX.....	55, 58	PHOSPHOLINE IODIDE.....	192	PRADAXA.....	73
PEDVAX HIB.....	58	<i>phosphorous</i>	175	<i>pramipexole dihydrochloride</i> ...	138
<i>peg 3350-kcl-na bicarb-nacl</i>	197	<i>phospho-trin 250 neutral</i>	175	PRAMOSONE.....	298, 299, 306
<i>peg-3350/electrolytes</i>	197	PHOXILLUM B22K4/0.....	176	PRAMOTIC.....	184, 192
<i>peg-3350/electrolytes/ascorbat</i>		PHOXILLUM BK4/2.5.....	176	<i>prasugrel hcl</i>	82
.....	197, 326	<i>phytonadione</i>	16, 255, 327	<i>pravastatin sodium</i>	102
PEGASYS.....	35, 50, 271	PIFELTRO.....	32	<i>praziquantel</i>	22
<i>peg-kcl-nacl-nasulf-na asc-c</i>		<i>pilocarpine hcl</i>	67, 192	<i>prazosin hcl</i>	66, 84, 85, 89
.....	197, 326	PILOT COVID-19 AT-HOME		PRED MILD.....	189, 208
PEG-PREP.....	198	TEST.....	171	<i>prednisolone</i>	189, 208
PEMAZYRE.....	51	<i>pimecrolimus</i>	273, 308, 318	<i>prednisolone acetate</i>	189, 208
PENBRAYA.....	58	<i>pimozide</i>	125, 133	<i>prednisolone sodium</i>	
<i>penciclovir</i>	299	<i>pimtreea</i>	218, 228, 239	<i>phosphate</i>	189, 208
<i>penicillamine</i>	16, 204, 266	<i>pindolol</i>	66, 89, 95, 97, 104	<i>prednisone</i>	208
<i>penicillin v potassium</i>	36	<i>pioglitazone hcl</i>	245	<i>prednisone intensol</i>	208
PENTACEL.....	56, 58	<i>pioglitazone hcl-glimepiride</i>	245	<i>pregabalin</i>	118, 134, 135
<i>pentamidine isethionate</i>	25	<i>pioglitazone hcl-metformin hcl</i>		<i>pregabalin er</i>	114, 134, 135
<i>pentazocine-naloxone hcl</i>	145, 146	.....	212, 245	PREHEVBRIO.....	58
<i>pentoxifylline er</i>	74	PIP GLUCOSE CONTROL		PREMARIN.....	228, 258
PERFECT POINT SAFETY		SOLUTION.....	168	PREMESISRX.....	176, 275, 322, 325
LANCETS.....	168	PIQRAY.....	51	<i>premium lidocaine</i>	299
PERFECT POINT SAFETY		<i>pirfenidone</i>	280, 281, 288, 289	PREMPHASE.....	228, 239
NEEDLE.....	168	<i>piroxicam</i>	141, 151	PREMPRO.....	228, 240
PERFOROMIST.....	69, 290	<i>pitavastatin calcium</i>	102	PRENAISSANCE	
PERIDEX..	21, 184, 185, 300, 313	PLAN B ONE-STEP.....	218, 239	.....	79, 198, 275, 322, 325
<i>perindopril erbumine</i>	86, 87	PLEGRIDY.....	271	<i>prenatal</i>	79, 322, 325
<i>perio gard</i> ...21, 184, 185, 300, 313		PLEGRIDY STARTER PACK.....	271	<i>prenatal plus vitamin/mineral</i>	
<i>permethrin</i>	314	PLENVU.....	198, 326	.....	80, 322, 325
<i>perphenazine</i>	147	<i>plerixafor</i>	74	PRENATE.....	176, 323, 325
<i>perphenazine-amitriptyline</i>		PLEXION.....	296, 310	PRENATE DHA	
.....	147, 156	PLEXION CLEANSER.....	296, 310	.....	80, 176, 275, 322, 325
PERTZYE.....	180, 199	PLEXION CLEANSING		PRENATE ELITE.....	80, 322, 325
PFIZER COVID-19 VAC-TRIS		CLOTH.....	296, 310		
5-11Y.....	58	PNEUMOVAX 23.....	58		

PRENATE ENHANCE 80, 176, 275, 322, 325	<i>proctosol hc</i> 189, 208, 307	QBRELIS..... 87
PRENATE ESSENTIAL 80, 176, 276, 322, 325	<i>proctozone-hc</i> 189, 208, 307	QINLOCK..... 51
PRENATE MINI 80, 176, 276, 323, 325	PROCYSBI..... 276	QNASL..... 189, 209, 282, 286
PRENATE PIXIE 80, 176, 276, 323, 325	PROFILNINE..... 77	QNASL CHILDRENS 189, 208, 282, 286
PRENATE RESTORE 80, 176, 276, 323, 325	<i>progesterone</i> 240	QSYMIA..... 114
PREPIDIL..... 279	PROGESTERONE MICRONIZED..... 240	QUADRACEL..... 56, 58
PRETOMANID..... 26	PROGLYCEM..... 212	QUALAQUIN..... 24
<i>prevalite</i> 90	PROGRAF..... 273	QUESTRAN..... 90
PREVIDENT..... 158, 160, 261	PROLATE..... 114, 139, 144	QUESTRAN LIGHT..... 90
PREVIDENT 5000 BOOSTER PLUS..... 160, 260	PROLENSA..... 191	<i>quetiapine fumarate</i> 122, 127
PREVIDENT 5000 DRY MOUTH..... 158, 160, 260	PROMACTA..... 74	<i>quetiapine fumarate er</i> 122, 127
PREVIDENT 5000 ENAMEL PROTECT..... 160, 260	<i>promethazine hcl</i> 17, 18, 19, 126, 195, 285	QUFLORA PEDIATRIC 158, 160, 261, 323
PREVIDENT 5000 KIDS. 160, 260	<i>promethazine vc</i> 18, 19, 61	QUICKVUE AT-HOME COVID-19 TEST..... 171
PREVIDENT 5000 ORTHO DEFENSE..... 160, 260	<i>promethazine-codeine</i> 18, 19, 281	QUILLICHEW ER..... 150
PREVIDENT 5000 PLUS 158, 160, 260	<i>promethazine-dm</i> 18, 19, 281	QUILLIVANT XR..... 150
PREVIDENT 5000 SENSITIVE 160, 260	<i>promethazine-phenylephrine</i> 18, 19, 61	<i>quinapril hcl</i> 86, 87
PREVNAR 20..... 58	<i>promethegon</i> 18, 19, 126, 195, 285	<i>quinapril-hydrochlorothiazide</i> 87, 178
PREVYMIS..... 27	PROMISEB..... 311	<i>quinidine gluconate er</i> 24, 95
PREZCOBIX..... 35, 276	PRONAL..... 301, 311	<i>quinidine sulfate</i> 24, 95
PREZISTA..... 35	<i>propafenone hcl</i> 96	<i>quinine sulfate</i> 24
PRIFTIN..... 26, 41	<i>propafenone hcl er</i> 96	QULIPTA..... 131
PRILOSEC..... 203	<i>proparacaine hcl</i> 192	QVAR REDIHALER 209, 282, 287
PRIMACARE..... 80, 276, 323, 326	<i>propranolol hcl</i> 66, 89, 95, 97, 104, 124	RABEPRAZOLE SODIUM..... 203
<i>primaquine phosphate</i> 24	<i>propranolol hcl er</i> 66, 89, 95, 97, 104, 124	<i>rabeprazole sodium</i> 203
<i>primidone</i> 128	<i>propylthiouracil</i> 212	RADICAVA ORS..... 110, 132
PRIORIX..... 58	PROQUAD..... 58	RADICAVA ORS STARTER KIT..... 110, 132
PRISMASOL B22GK 4/0..... 176	PROTONIX..... 203	RADIOGARDASE..... 16, 173, 255
PRISMASOL BGK 0/2.5..... 176	<i>protriptyline hcl</i> 156	RAGWITEK..... 55
PRISMASOL BGK 2/0..... 176	PROVERA..... 240	<i>raloxifene hcl</i> 221, 258
PRISMASOL BGK 2/3.5..... 176	PRUCLAIR..... 318	<i>ramelteon</i> 126, 137
PRISMASOL BGK 4/0/1.2..... 177	PRUMYX..... 318	<i>ramipril</i> 86, 87
PRISMASOL BGK 4/2.5..... 177	<i>pseudoephedrine-bromphen- dm</i> 18, 19, 60, 281	<i>ranolazine er</i> 93
PRISMASOL BK 0/0/1.2..... 177	PULMOSAL..... 286	RAPAMUNE..... 251, 273, 308
<i>probenecid</i> 178, 256	PULMOZYME..... 180, 286	<i>rasagiline mesylate</i> 137
PROCENTRA..... 112	PURE COMFORT SAFETY PEN NEEDLE..... 168	RASUVO..... 248, 266
<i>prochlorperazine</i> 147, 195	PURIXAN..... 51, 249, 273	RAVICTI..... 172
<i>prochlorperazine maleate</i> 147, 195	PYLERA..... 23, 25, 42, 195, 196	RAYA SURE PEN NEEDLE... 168
PROCORT..... 189, 208, 299, 306	<i>pyrazinamide</i> 26	RAYASAL..... 311
PROCTOCORT..... 189, 208, 307	PYRIDIDIUM..... 299	<i>react</i> 218, 240
PROCTOFOAM HC 189, 208, 299, 307	<i>pyridostigmine bromide</i> 67	<i>reclipsen</i> 218, 228, 240
<i>procto-med hc</i> 189, 208, 307	<i>pyridostigmine bromide er</i> 67	RECOMBINATE..... 77
	<i>pyrimethamine</i> 24	RECOMBIVAX HB..... 58
	PYROGALLIC ACID 280, 311, 318	RECOTHROM..... 77
	PYRUKYND..... 72	RECOTHROM SPRAY KIT..... 77
	PYRUKYND TAPER PACK..... 72	RECTIV..... 104, 302, 318
		REGLAN..... 202
		REGRANEX..... 318
		RELENZA DISKHALER..... 36

RELISTOR.....	145, 194, 201	ROTATEQ.....	58	<i>sf</i>	158, 160, 261
RELNATE DHA.....	80, 276, 323, 326	ROWASA.....	196	<i>sf 5000 plus</i>	158, 160, 261
RELYVRIO.....	110, 132	<i>roweepra</i>	118	SFROWASA.....	196
REMIGEN.....	318	ROZLYTREK.....	51	<i>sharobel</i>	218, 240
<i>repaglinide</i>	232	RUBRACA.....	51	SHARPS COLLECTOR.....	168
REPATHA.....	105	RUCONEST.....	262	SHARPS CONTAINER.....	168
REPATHA PUSHTRONEX		<i>rufinamide</i>	118, 136	SHINGRIX.....	59
SYSTEM.....	105	RUKOBIA.....	31	SIGNIFOR.....	243
REPATHA SURECLICK.....	105	RYALTRIS		SILATRIX.....	318
RESTASIS.....	184, 190, 247	.....	19, 182, 190, 209, 282, 286	<i>sildenafil citrate</i>	106, 287, 291, 320
RESTASIS MULTIDOSE		RYBELSUS.....	231	SILENOR.....	156
.....	184, 190, 247	RYCLORA.....	18, 19	<i>silodosin</i>	68
RESTORIL.....	130	RYDAPT.....	51	SILVADENE.....	300, 313
RETACRIT.....	71, 74	SABRIL.....	118, 135	<i>silver nitrate</i>	184
RETEVMO.....	51	SAFETY PEN NEEDLES.....	168	<i>silver sulfadiazine</i>	300, 313
RETIN-A MICRO PUMP.....	302	SALAGEN.....	67	SIMBRINZA.....	181, 186
RETROVIR.....	34	SALICATE.....	311	<i>simliya</i>	218, 228, 240
REVLIMID.....	51, 271	<i>salicylic acid</i>	311	<i>simpesse</i>	218, 228, 240
REXTOVY.....	145	SALIVAMAX.....	191	SIMPONI	
REXULTI.....	127	<i>salsalate</i>	152	.....	201, 253, 266, 267, 271, 272
REYATAZ.....	35	SALVAX DUO PLUS.....	301, 311	<i>simvastatin</i>	102
REYVOW.....	153	SAMSCA.....	179	SINEMET.....	133
REZDIFFRA.....	246	SANDOSTATIN.....	201, 243	SINGULAIR.....	285
REZLIDHIA.....	51	SANTYL.....	180, 302, 318	<i>sirolimus</i>	251, 273, 308
REZUROCK.....	276	<i>sapropterin dihydrochloride</i>		SIRTURO.....	26
RHOFADE.....	193, 293, 318	.....	179, 276	SIVEXTRO.....	40
RHOPRESSA.....	193	SAVAYSA.....	72	SKYCLARYS.....	276
<i>ribavirin</i>	38	SAVELLA.....	134, 153	SKYRIZI.....	201, 309, 318
RIDAURA.....	204, 248, 266, 271	SAVELLA TITRATION PACK		SKYRIZI PEN.....	308, 318
<i>rifabutin</i>	26, 41	.....	134, 153	SKYTROFA.....	233
<i>rifampin</i>	26, 41	<i>saxagliptin hcl</i>	220	SLYND.....	218, 240
RIFAMPIN+SYRSPEND SF.....	26, 41	<i>saxagliptin-metformin er</i>		SOAAZ.....	83, 102, 173
<i>riluzole</i>	110, 132	.....	212, 213, 220	<i>sod citrate-citric acid</i>	172
<i>rimantadine hcl</i>	20	SAXENDA.....	115, 231	<i>sod fluoride-potassium nitrate</i>	
RINVOQ.....	250, 266	SCALACORT DK.....	307, 311	.....	161, 261
RINVOQ LQ.....	250	SCARCIN.....	318	<i>sodium chloride</i>	286
<i>risedronate sodium</i>	259	SCEMBLIX.....	51	<i>sodium fluoride</i>	158, 159, 161, 261
<i>risperidone</i>	122, 127	<i>scopolamine</i>	62, 195, 202	<i>sodium fluoride 5000 enamel</i>	
<i>ritonavir</i>	35	SELECT-OB.....	80, 323, 326	.....	161, 261
<i>rivastigmine</i>	67	<i>selegiline hcl</i>	137	<i>sodium fluoride 5000 plus</i>	
<i>rivastigmine tartrate</i>	67	<i>selenium sulfide</i>	300, 313	.....	158, 161, 261
<i>rivelsa</i>	218, 228, 240	SELZENTRY.....	31	<i>sodium fluoride 5000 ppm</i>	
RIVFLOZA.....	276	SEREVENT DISKUS.....	69, 290	.....	158, 161, 261
RIVIVE.....	145	SERNIVO.....	209, 307	<i>sodium fluoride 5000 sensitive</i>	
RIXUBIS.....	77	SEROQUEL XR.....	122, 127	.....	161, 261
<i>rizatriptan benzoate</i>	153	SEROSTIM.....	233, 244	SODIUM OXYBATE.....	132, 157, 256
ROCALTROL.....	327	SERTRALINE HCL.....	155	<i>sodium phenylbutyrate</i>	173
ROCKLATAN.....	193	<i>sertraline hcl</i>	155	<i>sodium polystyrene sulfonate</i>	
<i>roflumilast</i>	287, 309, 314	<i>setlakin</i>	218, 228, 240	.....	16, 174, 255
<i>ropinirole hcl</i>	138	<i>sevelamer carbonate</i>	16, 174, 255	<i>sodium sulfacetamide</i>	297
<i>ropinirole hcl er</i>	138	<i>sevelamer hcl</i>	16, 174, 255	<i>sodium sulfacetamide wash</i>	297
<i>rosuvastatin calcium</i>	102	SEVENFACT.....	78		
ROTARIX.....	58	<i>sevoflurane</i>	136		

SOFOSBUVIR-VELPATASVIR 29, 31	STRIVERDI RESPIMAT ... 69, 290	SYMFI LO..... 32, 34
SOHONOS.....276	STROMECTOL..... 23	SYMLINPEN 120..... 210
<i>solifenacin succinate</i>.....320	SUBOXONE.....145, 146, 147	SYMLINPEN 60..... 210
SOLIQUA..... 231, 232	<i>subvenite</i> 118, 122	SYMPAZAN..... 129, 130
SOLOSEC.....25	<i>subvenite starter kit-blue</i> . 118, 122	SYMPROIC..... 194, 201
SOLTAMOX..... 51, 221	<i>subvenite starter kit-green</i> 118, 122	SYMTUZA.....34, 35, 277
SOMATULINE DEPOT..... 243	<i>subvenite starter kit-orange</i> 118, 122	SYNALAR..... 190, 307
SOMAVERT.....244	SUCRAID..... 181	SYNAPRYN FUSEPAQ..... 144
SOOLANTRA.....315	<i>sucralfate</i> 203	SYNAREL..... 230
<i>sorafenib tosylate</i>.....51	SUFLAVE..... 198	SYNDROS..... 195, 201
<i>sotalol hcl</i> 66, 89, 95, 97, 104	SULAR..... 99, 100	SYNJARDY..... 213, 243
<i>sotalol hcl (af)</i> ..66, 89, 95, 97, 104	SULCONAZOLE NITRATE.....301	SYNJARDY XR..... 213, 243
SOTYKTU..... 309, 318	<i>sulfacetamide sodium</i> 183, 297	TABLOID.....52
SOTYLIZE.....66, 89, 95, 97, 104	<i>sulfacetamide sodium (acne)</i> .. 297	TABRADOL FUSEPAQ..... 65
SOVALDI..... 29	<i>sulfacetamide sodium (cleans)</i> 297	TABRECTA.....52
SPEEDY SWAB COVID-19 ANTIGEN..... 171	<i>sulfacetamide sodium-sulfur</i> 297, 311	TACLONEX.....302, 307, 319
SPEVIGO..... 309	<i>sulfacetamide sod-sulfur wash</i> 297, 311	<i>tacrolimus</i>.....273, 309, 319
SPIKEVAX..... 59	<i>sulfacetamide-prednisolone</i> 183, 190	<i>tadalafil</i> 106, 287
<i>spinosad</i>.....315	<i>sulfacetamide-sulfur in urea</i> 297, 311	<i>tadalafil (pah)</i> 106, 287, 291
SPIRIVA HANDIHALER....63, 280	SULFACLEANSE 8/4.....297, 311	TADLIQ..... 106, 287, 291
SPIRIVA RESPIMAT..... 63, 280	<i>sulfadiazine</i> 41	TAFINLAR.....52
<i>spironolactone</i> 84, 103, 106, 107, 175	<i>sulfamethoxazole-trimethoprim</i> 25, 41, 43	<i>tafluprost (pf)</i> 193
<i>spironolactone-hctz</i> . 103, 107, 178	<i>sulfamez wash</i> 297, 311	TAGRISSO..... 52
SPORANOX.....27	SULFAMYLON.....297, 313	<i>take action</i>.....219, 240
SPRAVATO (56 MG DOSE) 120, 138	<i>sulfasalazine</i> 41, 196, 248, 267, 272	TAKHZYRO..... 83, 262, 273, 274
SPRAVATO (84 MG DOSE) 120, 138	<i>sulfatrim pediatric</i>.....25, 42, 43	TALZENNA..... 52
<i>sprintec 28</i> 218, 228, 240	<i>sulfurated lime</i>.....315	<i>tamoxifen citrate</i> 52, 221
SPRITAM..... 118	<i>sulindac</i> 141, 151	<i>tamsulosin hcl</i> 68
SPRIX..... 141, 151, 191	<i>sumatriptan</i> 153	TANLOR..... 65
SPS (SODIUM POLYSTYRENE SULF) 16, 174, 255	<i>sumatriptan succinate</i> 153, 154	TAPERDEX 12-DAY..... 209
<i>sronyx</i> 218, 228, 240	<i>sumatriptan succinate refill</i> <i>subcutaneous solution</i> <i>cartridge</i> 153	TAPERDEX 6-DAY..... 209
ssd..... 300, 313	SUMAXIN.....297, 311	TAPERDEX 7-DAY..... 209
SSKI.....284	SUMAXIN CP.....297, 311	<i>tarina 24 fe</i> 219, 228, 240
<i>sss 10-5</i> 297, 311	<i>sunitinib malate</i> 52	<i>tarina fe 1/20 eq</i> 219, 228, 240
SSS 10-5.....297, 311	SUNLENCA..... 26, 31	TARPEYO..... 209
ST JOSEPH LOW DOSE 82, 125, 152	SUNOSI..... 157	TASIGNA..... 52
STELARA.....250, 318, 319	SUPREP BOWEL PREP KIT .. 198	<i>tasimelteon</i> 126, 137
STENDRA..... 106	SUTAB..... 198	<i>tavaborole</i> 314
STIOLTO RESPIMAT..... 63, 69	<i>syeda</i> 218, 228, 240	TAVALISSE..... 72
STIVARGA.....52	SYMBICORT.....69, 209	TAVNEOS.....247, 262
STRATA CTX.....319	SYMBYAX..... 127, 155	<i>taysofy</i>.....219, 228, 240
STRATA XRT.....319	SYMDEKO..... 283, 284	<i>tazarotene</i> 311, 319
STRATTERA..... 132, 150	SYMFI..... 32, 34	TAZAROTENE..... 311, 319
STRENSIQ..... 180		TAZORAC..... 311, 319
STRIBILD..... 31, 34, 276		TAZVERIK..... 52

<i>telmisartan-hctz</i>	86, 178	<i>tiopronin</i>	277	TRETTEN.....	78
<i>temazepam</i>	130	TIROSINT.....	246	TREXALL..	52, 248, 267, 272, 273
TEMBEXA.....	38	TIROSINT-SOL.....	246	TREZIX.....	114, 140, 145, 150
<i>temozolomide</i>	52	TISSEEL.....	302, 319	<i>triamcinolone acetonide</i>	307
TENCON.....	114, 128, 140	TIVICAY.....	32	<i>triamterene</i>	84, 107, 175
TENIVAC.....	56	TIVICAY PD.....	32	<i>triamterene-hctz</i>	175, 178
<i>tenofovir disoproxil fumarate</i>	34	<i>tizanidine hcl</i>	65	<i>triazolam</i>	130
TEPMETKO.....	52	TOBI PODHALER.....	21, 183	TRICITRASOL.....	71
<i>terazosin hcl</i>	66, 84, 85, 89	TOBRADEX.....	183, 190	<i>tricitrates</i>	172
<i>terbinafine hcl</i>	21	TOBRADEX ST.....	183, 190	<i>triderm</i>	307
<i>terbutaline sulfate</i>	69, 290	<i>tobramycin</i>	21, 183	<i>trientine hcl</i>	204
<i>terconazole</i>	301	<i>tobramycin-dexamethasone</i>		<i>tri-estarylla</i>	219, 228, 240
<i>teriflunomide</i>	246, 272	.....	183, 190	<i>trifluoperazine hcl</i>	147
TERIPARATIDE.....	232, 256	TOBREX.....	183	<i>trifluridine</i>	185
<i>terrell</i>	136	TOLAK.....	52, 292, 319	<i>trihexyphenidyl hcl</i>	63, 115
TESTIM.....	210	<i>tolcapone</i>	131	TRIJARDY XR.....	213, 220, 243
<i>testosterone</i>	211	<i>tolmetin sodium</i>	141	TRIKAFTA.....	283, 284
<i>testosterone cypionate</i>	211	<i>tolterodine tartrate</i>	320	<i>tri-legest fe</i>	219, 228, 240
<i>testosterone enanthate</i>	211	<i>tolterodine tartrate er</i>	320	TRILEPTAL.....	119, 136
<i>tetrabenazine</i>	157	<i>tolvaptan</i>	179	<i>tri-linyah</i>	219, 228, 240
<i>tetracaine hcl</i>	192	TOPAMAX.....	119, 125	<i>tri-lo-estarylla</i>	219, 228, 240
<i>tetracycline hcl</i>	24, 42, 197	TOPAMAX SPRINKLE....	119, 125	<i>tri-lo-marzia</i>	219, 228, 240
TEXACORT.....	190, 209, 307	TOPICORT.....	307	<i>tri-lo-mili</i>	219, 228, 240
TEZSPIRE.....	285, 289	<i>topiramate</i>	119, 125	<i>tri-lo-sprintec</i>	219, 228, 240
THALITONE.....	84, 107, 178	<i>toremifene citrate</i>	52, 221	<i>trimethobenzamide hcl</i>	195
THALOMID.....	272	<i>torpenz</i>	52	<i>trimethoprim</i>	43
THEO-24.....	101, 150, 173, 292, 320	<i>torseamide</i>	83, 102, 173	<i>tri-mili</i>	219, 228, 240
<i>theophylline</i>		TOSYMRA.....	154	<i>trimipramine maleate</i>	156
.....	101, 150, 173, 292, 321	TOUJEO MAX SOLOSTAR....	232	TRINATE.....	80, 323, 326
<i>theophylline er</i>		TOUJEO SOLOSTAR.....	232	TRINTELLIX.....	155
.....	101, 150, 173, 292, 321	<i>tovet</i>	307	TRIPLE COMPLEX FORMULA	
THIOLA.....	277	TPOXX.....	27	3 KIT.....	299, 314, 319
THIOLA EC.....	277	TRACLEER.....	109, 284, 291	TRIPLE PMB.....	184, 190, 191
<i>thioridazine hcl</i>	147	TRADJENTA.....	220	TRIPLE PMK.....	184, 190, 192
<i>thiothixene</i>	155	<i>tramadol hcl</i>	144	<i>tri-sprintec</i>	219, 228, 240
THROMBIN-JMI.....	78	TRAMADOL HCL (ER		TRISTART DHA	
THROMBIN-JMI EPISTAXIS....	78	BIPHASIC).....	144	.....	80, 177, 277, 323, 326
THROMBOGEN.....	78	<i>tramadol hcl (er biphasic)</i>	144	TRIUMEQ.....	32, 34
THYQUIDITY.....	246	<i>tramadol hcl er</i>	144	TRIUMEQ PD.....	32, 34
<i>thyroid</i>	246	<i>tramadol-acetaminophen</i>		TRI-VI-FLOR	
<i>tiadylt er</i>	90, 91, 92, 98, 109	.....	114, 140, 145	159, 161, 261, 323, 324, 326, 327	
<i>tiagabine hcl</i>	119, 135	<i>trandolapril</i>	86, 87	TRI-VI-FLORO	
TIAZAC.....	91, 92, 98, 109	<i>trandolapril-verapamil hcl er</i>	87, 92	159, 161, 261, 323, 324, 326, 327	
TIBSOVO.....	52	<i>tranexamic acid</i>	78	<i>tri-vitelfluoride</i>	
TIKOSYN.....	97	<i>tranylcypromine sulfate</i>	137	.....	159, 161, 261, 323, 324, 327
<i>tilia fe</i>	219, 228, 240	<i>travoprost (bak free)</i>	193	<i>trivora (28)</i>	219, 229, 240
<i>timolol maleate</i>		<i>trazodone hcl</i>	155	<i>tri-vylibra</i>	219, 229, 241
.....	66, 89, 95, 97, 104, 125, 185	TRECATOR.....	26	<i>tri-vylibra lo</i>	219, 229, 241
<i>timolol maleate (once-daily)</i>	185	TRELEGY ELLIPTA....	63, 69, 209	<i>tropium chloride</i>	320
<i>timolol maleate ocudose</i>	185	TREMFYA.....	248, 309, 319	<i>tropium chloride er</i>	320
<i>timolol maleate pf</i>	185	<i>tretinoin</i>	52, 302, 303	TRUE COVER.....	279
TIMOPTIC OCUDOSE.....	185	<i>tretinoin microsphere</i>	302	TRUE FOLIC ACID.....	326
<i>tinidazole</i>	25, 26	<i>tretinoin microsphere pump</i>	302	TRUE METRIX LEVEL 1.....	168

TRUE METRIX LEVEL 2.....	168	<i>ursodiol</i>	198	VERIFINE SAFE LANCET
TRUE METRIX LEVEL 3.....	168	URSODIOL+SYRSPEND SF..	198	MINI 21G.....
TRULANCE.....	193, 201	<i>valacyclovir hcl</i>	38	VERIFINE SAFE LANCET
TRULICITY.....	231	VALCHLOR.....	292, 319	MINI 23G.....
TRUMENBA.....	59	<i>valganciclovir hcl</i>	38	VERIFINE SAFE LANCET
TRUQAP.....	53	<i>valproic acid</i>	119, 123, 125, 135	MINI 28G.....
TRUVADA.....	34, 38	VALSARTAN.....	85, 86	VERIFINE SAFE LANCET
TUKYSA.....	53	<i>valsartan</i>	85, 86	MINI 30G.....
TURALIO.....	53	<i>valsartan-hydrochlorothiazide</i>		VERIFINE SHARPS
<i>turpentine</i>	301	.....	86, 178	CONTAINER.....
<i>turqoz</i>	219, 229, 241	VALTOCO.....	129	VERQUVO.....
TUXARIN ER.....	18, 19, 281	VANCOCCIN.....	28	95, 110
TWINRIX.....	59	<i>vancomycin hcl</i>	28, 29	VERSACLOZ.....
TWIRLA.....	219, 229, 241	VANCOMYCIN+SYRSPEND		127
TWYNEO.....	303, 313	SF.....	29	VERSAPENN (AL) ANHYD
TYBLUME.....	219, 229, 241	VANFLYTA.....	53	LIPID.....
TYBOST.....	277	VANISH.....	159, 161, 261	280
<i>tydemy</i>	219, 229, 241, 326	VAQTA.....	59	VERZENIO.....
TYMLOS.....	232, 256	<i>vardenafil hcl</i>	106	53
TYRVAYA.....	191	<i>varenicline tartrate</i>	60, 64	VESICARE.....
TYVASO.....	110, 288, 291	<i>varenicline tartrate (starter)</i> .	60, 64	320
TYVASO DPI INSTITUTIONAL		<i>varenicline tartrate(continue)</i>		VESICARE LS.....
KIT.....	109, 288, 291	.....	60, 64	320
TYVASO DPI MAINTENANCE		VARIVAX.....	59	<i>vestura</i>
KIT.....	110, 288, 291	VAXELIS.....	56, 59	219, 229, 241
TYVASO DPI TITRATION KIT		VAXNEUVANCE.....	59	VFEND.....
.....	110, 288, 291	VCF VAGINAL		27
TYVASO REFILL KIT		CONTRACEPTIVE.....	279	VIBERZI.....
.....	110, 288, 291	VECAMEYL.....	107	195, 201
TYVASO STARTER KIT		<i>velivet</i>	219, 229, 241	<i>vienna</i>
.....	110, 288, 291	VELPHORO.....	174	219, 229, 241
UBRELVY.....	131	VELTASSA.....	174	<i>vigabatrin</i>
UCERIS.....	209	VENCLEXTA.....	53	119, 135
UDENYCA.....	74	VENCLEXTA STARTING		<i>vigadrone</i>
ULTANE.....	136	PACK.....	53	119, 135
UMECTA MOUSSE.....	311	VENELEX.....	319	VIGAMOX.....
UNIFINE PROTECT PEN		VENLAFAXINE BESYLATE		41, 184
NEEDLE.....	168	ER.....	153	<i>vigpoder</i>
UNISTRIP CONTROL.....	169	<i>venlafaxine hcl</i>	153	119, 135
<i>unithroid</i>	246	<i>venlafaxine hcl er</i>	153	VIJOICE.....
UPNEEQ.....	193	VENTAVIS.....	110, 288, 291	277
UPTRAVI.....	291, 292	VEOZAH.....	132	<i>vilazodone hcl</i>
UPTRAVI TITRATION....	291, 292	<i>verapamil hcl</i> ... 91, 92, 93, 98, 110		155
URAMAXIN.....	312	<i>verapamil hcl er</i>	91, 92, 98, 110	VILEVEV MB.....
<i>urea</i>	312	VEREGEN.....	312, 319	43, 63, 114, 277
<i>urea nail</i>	312	VERELAN.....	91, 92, 93, 98, 110	VIMPAT.....
URELLE.....	43, 63, 114, 277	VERELAN PM.91, 92, 93, 98, 110		119, 136
UREMEZ-40.....	312	VERIFINE INSULIN PEN		VIOKACE.....
<i>uretron d/s</i>	43, 63, 114, 277	NEEDLE.....	169	181, 199
<i>urin ds</i>	43, 63, 114, 277	VERIFINE INSULIN SYRINGE		<i>viorele</i>
UROCIT-K 10.....	172	.....	169	219, 229, 241
UROCIT-K 15.....	172	VERIFINE PLUS PEN		VIRACEPT.....
UROGESIC-BLUE.....	43, 63, 277	NEEDLE.....	169	35
		VERIFINE SAFE LANCET		VIRAZOLE.....
		MINI 21G.....		38
		VERIFINE SAFE LANCET		VIREAD.....
		MINI 23G.....		34
		VERIFINE SAFE LANCET		VISTOGARD.....
		MINI 28G.....		17, 255
		VERIFINE SAFE LANCET		VITAFOL FE+
		MINI 30G.....		80, 177, 277, 323, 326
		VERIFINE SHARPS		VITAFOL-OB+DHA
		CONTAINER.....		80, 177, 277, 323, 326
		VERQUVO.....		VITAMEDMD ONE
		95, 110		RX/QUATREFOLIC
		VERSACLOZ.....		80, 177, 277, 323, 326
		127		VITAMIN C BRIGHTENING
		VERSAPENN (AL) ANHYD		SERUM.....
		LIPID.....		301
		280		<i>vitamin d (ergocalciferol)</i>
		VERZENIO.....		327
		53		VITAPEARL.....
		VESICARE.....		80, 277, 323, 326
		320		VITATHELY WITH GINGER
		VESICARE LS.....		80, 323, 326
		320		VITRAKVI.....
		<i>vestura</i>		53
		219, 229, 241		VIVAGUARD INO CONTROL
		VFEND.....		SOLUTION.....
		27		169
		VIBERZI.....		VIVAGUARD LANCETS 30G. 169
		195, 201		
		<i>vienna</i>		
		219, 229, 241		
		<i>vigabatrin</i>		
		119, 135		
		<i>vigadrone</i>		
		119, 135		
		VIGAMOX.....		
		41, 184		
		<i>vigpoder</i>		
		119, 135		
		VIJOICE.....		
		277		
		<i>vilazodone hcl</i>		
		155		
		VILEVEV MB.....		
		43, 63, 114, 277		
		VIMPAT.....		
		119, 136		
		VIOKACE.....		
		181, 199		
		<i>viorele</i>		
		219, 229, 241		
		VIRACEPT.....		
		35		
		VIRAZOLE.....		
		38		
		VIREAD.....		
		34		
		VISTOGARD.....		
		17, 255		
		VITAFOL FE+		
		80, 177, 277, 323, 326		
		VITAFOL-OB+DHA		
		80, 177, 277, 323, 326		
		VITAMEDMD ONE		
		RX/QUATREFOLIC		
		80, 177, 277, 323, 326		
		VITAMIN C BRIGHTENING		
		SERUM.....		
		301		
		<i>vitamin d (ergocalciferol)</i>		
		327		
		VITAPEARL.....		
		80, 277, 323, 326		
		VITATHELY WITH GINGER		
		80, 323, 326		
		VITRAKVI.....		
		53		
		VIVAGUARD INO CONTROL		
		SOLUTION.....		
		169		
		VIVAGUARD LANCETS 30G. 169		

VIVAGUARD LANCING DEVICE.....	169	WIDE-SEAL DIAPHRAGM 70	279	XYNTHA SOLOFUSE.....	78
VIVAGUARD SAFETY LANCETS 28G.....	169	WIDE-SEAL DIAPHRAGM 75	279	XYWAV.....	133
VIVJOA.....	27	WIDE-SEAL DIAPHRAGM 80	279	YASMIN 28.....	220, 229, 241
VIZIMPRO.....	53	WIDE-SEAL DIAPHRAGM 85	279	YAZ.....	220, 229, 241
VOCABRIA.....	32	WIDE-SEAL DIAPHRAGM 90	279	YUPELRI.....	63
<i>volnea</i>	219, 229, 241	WIDE-SEAL DIAPHRAGM 95	279	<i>yuvaferm</i>	229, 259
VONJO.....	53	WILATE.....	78	ZACARE.....	301, 313
VONVENDI.....	78	WINREVAIR.....	289	ZACLIR CLEANSING.....	313
VOQUEZNA.....	202, 203, 204	<i>wixela inhub</i>	69, 209	<i>zafemy</i>	220, 229, 241
VOQUEZNA DUAL PAK... 22, 202		<i>wymzya fe</i>	219, 229, 241	<i>zafirlukast</i>	285
VOQUEZNA TRIPLE PAK	22, 39, 202	XACIATO.....	36, 297	<i>zaleplon</i>	126, 138
VORANIGO.....	53	XARELTO.....	72	ZANAFLEX.....	65
<i>voriconazole</i>	27, 28	XARELTO STARTER PACK....	72	ZARONTIN.....	155
VORTEX VALVED HOLDING CHAMBER.....	169	XATMEP... 53, 248, 267, 272, 273		ZARXIO.....	74
VOSEVI.....	29, 30, 31	XCOPRI.....	119, 136	ZAVZPRET.....	131
VOWST.....	201, 277	XDEMVY.....	184	ZEGALOGUE.....	16, 230, 255
VOXZOGO.....	277	XELJANZ.....	250, 267	ZEJULA.....	54
VOYDEYA.....	262	XELJANZ XR.....	251, 267	ZELAPAR.....	137
VP FC KIT.....	65, 314, 319	XELPROS.....	193	ZELBORAF.....	54
VP GKL KIT.....	299, 314, 319	XELSTRYM.....	112	ZEMBRACE SYMTOUCH.....	154
VRAYLAR.....	127	XENICAL.....	201	ZEMPLAR.....	327
VTAMA.....	298, 302, 319	XERMELO.....	195	<i>zenatane</i>	312, 319
VUSION.....	300, 301, 308	XIFAXAN.....	41	ZENPEP.....	181, 199
<i>vyfemla</i>	219, 229, 241	XIIDRA.....	185, 190	ZENPHOR WOUND PAD.....	319
VYLEESI.....	133, 204	XOFLUZA (40 MG DOSE)..	27, 28	ZEPATIER.....	30, 31
<i>vylibra</i>	219, 229, 241	XOFLUZA (80 MG DOSE)..	27, 28	ZEPBOUND.....	115, 231
VYNDAMAX.....	93, 133, 277	XOLAIR.....	249, 289	ZEPOSIA.....	272
VYNDAQEL.....	93, 278	XOLEGEL COREPAK....	301, 307	ZEPOSIA 7-DAY STARTER PACK.....	272
VYTORIN.....	95, 102	XOLEGEL DUO/HEAD & SHOULDERS.....	301, 313	ZEPOSIA STARTER KIT.....	272
VYVANSE.....	112	XOLEGEL DUO/XOLEX.	301, 313	ZIAGEN.....	34
WAINUA.....	256	XOPENEX HFA.....	70, 290	<i>zidovudine</i>	34
WAKIX.....	157	XOSPATA.....	53	ZILBRYSQ.....	247, 262
<i>warfarin sodium</i>	72	XPHOZAH.....	174, 202	<i>zileuton er</i>	285
WEGOVI.....	231	XPOVIO (100 MG ONCE WEEKLY).....	54	ZILXI.....	297
WELIREG.....	53	XPOVIO (40 MG ONCE WEEKLY).....	54	ZIMHI.....	17, 146, 255
<i>wera</i>	219, 229, 241	XPOVIO (40 MG TWICE WEEKLY).....	54	ZIOPTAN.....	193
WESCAP-C DHA	80, 278, 323, 326	XPOVIO (60 MG ONCE WEEKLY).....	54	<i>ziprasidone hcl</i>	123, 127
WESCAP-PN DHA	80, 177, 278, 323, 326	XPOVIO (60 MG TWICE WEEKLY).....	54	ZIPSOR.....	141
WESNATAL DHA COMPLETE	80, 177, 278, 323, 326	XPOVIO (80 MG ONCE WEEKLY).....	54	ZIRGAN.....	185
WESNATE DHA 80, 278, 324, 326		XPOVIO (80 MG TWICE WEEKLY).....	54	ZITHROMAX.....	39, 40
<i>wes-phos 250 neutral</i>	177	XTAMPZA ER.....	145	ZITHROMAX TRI-PAK.....	39, 40
WESTGEL DHA	81, 177, 278, 324, 326	<i>xulane</i>	219, 229, 241	ZITHROMAX Z-PAK.....	39, 40
<i>wheat germ oil</i>	327	XURIDEN.....	278	ZOKINVY.....	180, 278
WIDE-SEAL DIAPHRAGM 60	279	XYNTHA.....	78	ZOLINZA.....	54
WIDE-SEAL DIAPHRAGM 65	279			<i>zolmitriptan</i>	154

ZONTIVITY	82
ZORYVE	287, 309, 314, 319
<i>zovia 1/35 (28)</i>	220, 229, 241
ZOVIRAX	38, 299
ZTALMY	120, 135
ZTLIDO	254, 299
ZUBSOLV	146, 147
<i>zumandimine</i>	220, 229, 241
ZURZUVAE	120
ZYDELIG	54
ZYFLO	285
ZYLET	184, 190
ZYPITAMAG	102
ZYVOX	40