



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

Please note: This Prescription Drug List (PDL) is accurate as of Oct. 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 All previous versions of this PDL are no longer in effect.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-DMHC-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
- SignatureValue
- SignatureValue Advantage
- SignatureValue Alliance
- SignatureValue Focus
- SignatureValue Harmony

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

Updated 8/1/2024

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	16

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.

Enrollee is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscribers as defined in this section below.

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 bold and italicized lowercase letters.

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 [applies to PPO plans **only**]); 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.

Subscriber means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

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 bold and italicized letters;
3. If a generic equivalent for a brand-name drug is both available and covered, the generic drug will be listed separately from the brand-name drug in all lowercase bold and italicized letters; and
4. If a generic drug is marketed under a proprietary, trademark-protected brand-name, the brand-name will be listed in all CAPITAL letters after the generic name in parentheses and regular typeface with the first letter of each word capitalized.

Example:

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (irbesartan)	4	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	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	CM	Orally administered anti-cancer medication
Drug Tier 2	Your mid-range cost medications	M	May be covered under the medical benefit with prior authorization for HMO plans
Drug Tier 3	Your mid-range cost medications	SMCS	Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit)
Drug Tier 4	Your highest cost medications	E	Excluded from coverage unless covered as part of health care reform preventive
PA	Prior authorization required	SM	\$0 cost-share by state mandate when condition appropriate
SL	Supply Limit		
ST	Step Therapy		
H	Part of health care reform preventive when age and/or condition appropriate		
SP	Specialty medication		

What are tiers?

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

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

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

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

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

When does the PDL change?

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

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

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.

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

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

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

Your Right to Request Access to a Non-formulary Drug

This plan must cover all Medically Necessary Prescription Drug Products.

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

Urgent Requests

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

External Review

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

Expedited External Review

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

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

Requesting a Prior Authorization or Step Therapy Exception

Before certain Prescription Drug Products are dispensed to you, your prescribing provider or your pharmacist is required to obtain prior authorization or step therapy exception from us. Your prescribing provider can submit a request by phone to Optum Rx® or electronically by contacting us at uhcprovider.com. The Prior Authorization staff of qualified pharmacists and technicians is available Monday – Friday from 5 a.m. – 10 p.m. 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 member ID card. You can also find the form at 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 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 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 Managed Health Care:

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

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

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

Internet Website: www.hmohelp.ca.gov

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

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

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

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

English

IMPORTANT LANGUAGE INFORMATION:

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

Spanish

INFORMACIÓN IMPORTANTE SOBRE IDIOMAS:

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

Chinese

重要語言資訊：

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

Arabic

معلومات مهمة عن اللغة:

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

Armenian

ԿԱՐԵՎՈՐ ԼԵԶՎԱԿԱՆ ՏԵՂԵԿՈՒԹՅՈՒՆ՝

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

Cambodian

ព័ត៌មានសំខាន់អំពីភាសា:

អ្នកអាចនឹងមានសិទ្ធិ ចំពោះសិទ្ធិ និងស្នើរនៅខាងក្រោម។ អ្នកអាចទទួលអ្នកបកប្រែ ឬស្នើការបកប្រែ ដោយឥតគិតថ្លៃ។ ព័ត៌មានដែលបានសរសេរ ក៏អាចនឹងមានជាភាសាមួយចំនួន ដោយឥតគិតថ្លៃដែរ។ ដើម្បីទទួលជំនួយជាភាសា របស់អ្នក សូមទូរស័ព្ទទៅគំរោងសុខភាពរបស់អ្នក តាមលេខ៖ UnitedHealthcare of California 1-800-624-8822 / TTY: 711។ បើសិនអ្នកត្រូវការជំនួយថែមទៀត ហៅខ្សែទូរស័ព្ទជំនួយ HMO តាមលេខ 1-888-466-2219។

Farsi

اطلاعات مهم در مورد زبان:

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

Hindi

भाषा-संबंधी महत्वपूर्ण जानकारी:

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

Hmong

COV NTAUB NTAUV LUS TSEEM CEEB:

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

Japanese

言語支援サービスについての重要なお知らせ :

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

Korean

중요 언어 정보:

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

Punjabi

ਮਹੱਤਵਪੂਰਨ ਭਾਸ਼ਾ ਦੀ ਜਾਣਕਾਰੀ:

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

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

Russian

ВАЖНАЯ ЯЗЫКОВАЯ ИНФОРМАЦИЯ:

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

Tagalog

MAHALAGANG IMPORMASYON SA WIKA:

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

Thai

ข้อมูลสำคัญเกี่ยวกับภาษา :

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

Vietnamese

THÔNG TIN QUAN TRỌNG VỀ NGÔN NGỮ:

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

State of California

Table of Contents of Prescription Drug List

INFORMATIONAL SECTION1
ANTIDOTE THERAPEUTICS 16
ANTIHISTAMINE DRUGS - Drugs for Allergy18
ANTI-INFECTIVE AGENTS - Drugs for Infections21
ANTINEOPLASTIC AGENTS - Drugs for Cancer44
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES - DRUGS FOR THE IMMUNE SYSTEM 55
AUTONOMIC DRUGS 61
AUTONOMIC DRUGS - Drugs for the Nervous System62
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood72
CARDIOVASCULAR DRUGS.....86
CARDIOVASCULAR DRUGS - Drugs for the Heart..... 87
CENTRAL NERVOUS SYSTEM AGENTS 114
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System115
DENTAL AGENTS - Oral Care164
DEVICES - Medical Supplies and Durable Medical Equipment..... 167
DIAGNOSTIC AGENTS 174
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants 177
ELECTROLYTIC, CALORIC, AND WATER BALANCE177
ENZYMES185
EYE, EAR, NOSE AND THROAT (EENT) PREPS.186
GASTROINTESTINAL DRUGS 198
GASTROINTESTINAL DRUGS - Drugs for the Stomach 198
GOLD COMPOUNDS 209
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron209
HORMONES AND SYNTHETIC SUBSTITUTES 209
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones210
IMMUNOMODULATORY AGENTS (90:00)252
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing260
MISCELLANEOUS THERAPEUTIC AGENTS260
NONHORMONAL CONTRACEPTIVES - Drugs for Women 286
OXYTOCICS - Drugs for Women.....287
PHARMACEUTICAL AIDS.....287
RESPIRATORY TRACT AGENTS - Drugs for the Lungs288
SKIN AND MUCOUS MEMBRANE AGENTS301
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin301
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles331
VITAMINS332

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIDOTE THERAPEUTICS		
ACETAMINOPHEN ANTIDOTE		
acetylcysteine inhalation solution 10 %, 20 %	1	
ALCOHOL DETERRENTS (91:02)		
acamprosate calcium oral tablet delayed release 333 mg	1	
disulfiram oral tablet 250 mg, 500 mg	1	
naltrexone hcl oral tablet 50 mg	1	
ANTIDOTE THERAPEUTICS		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG (hyoscyamine sulfate)	2	
atropine sulfate ophthalmic ointment 1 %	1	
atropine sulfate ophthalmic solution 1 %	1	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (glucagon)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (glucagon)	2	
CHEMET ORAL CAPSULE 100 MG (succimer)	2	
DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	2	SMCS; SP
glucagon emergency kit injection kit 1 mg	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 (glucagon)	2	M
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (glucagon)	2	M
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (glucagon)	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (glucagon)	2	
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	1	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	1	
hyoscyamine sulfate oral solution 0.125 mg/ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	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; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hyoscyamine sulfate oral tablet dispersible 0.125 mg	1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	1	
hyosyne oral elixir 0.125 mg/5ml	1	
hyosyne oral solution 0.125 mg/ml	1	
iodine strong oral solution 5 %	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG (hyoscyamine sulfate)	4	
LEVSIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	4	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG (hyoscyamine sulfate)	4	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (hyoscyamine sulfate)	4	
OSCIMIN ORAL TABLET 0.125 MG	4	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	4	
penicillamine oral tablet 250 mg	1	SMCS; SP
phytonadione oral tablet 5 mg	1	
ANTIDOTES (91:04)		
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml	1	
naltrexone hcl oral tablet 50 mg	1	
RADIOGARDASE ORAL CAPSULE 0.5 GM (prussian blue insoluble)	3	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	1	
sevelamer carbonate oral tablet 800 mg	1	
sevelamer hcl oral tablet 400 mg, 800 mg	1	
sodium polystyrene sulfonate oral powder	1	
SPS ORAL SUSPENSION 15 GM/60ML (sodium polystyrene sulfonate)	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (dasiglucagon hcl)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (dasiglucagon hcl)	2	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (naloxone hcl)	2	
CHEMOTHERAPY ANTIDOTES/PROTECTANTS		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
CYANIDE ANTIDOTES		
EXODERM EXTERNAL LOTION 25-1 % (sod thiosulfate-salicylic acid)	3	
FLUOROPYRIMIDINE ANTIDOTE		
VISTOGARD ORAL PACKET 10 GM (uridine triacetate)	2	PA
ANTIHISTAMINE DRUGS - Drugs for Allergy		
ANTIHISTAMINE DRUGS - Drugs for Allergy		
promethazine hcl oral tablet 25 mg	1	
ETHANOLAMINE DERIVATIVES - Drugs for Allergy		
CARBINOXAMINE MALEATE ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	4	
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
clemastine fumarate oral tablet 2.68 mg	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (dph-lido-alhydr-mghydr-simeth)	3	PA
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (carbinoxamine maleate)	4	
FIRST GEN. ANTIHIST. DERIVATIVES, MISC. - Drugs for Allergy		
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
FIRST GENERATION ANTIHISTAMINES - Drugs for Allergy		
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML (pseudoeph-bromphen-dm)	3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARBINOXAMINE MALEATE ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	4	
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (dph-lido-alhydr-mghydr-simeth)	3	PA
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	1	PA
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (carbinoxamine maleate)	4	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (phenylephrine-chlorphen-dm)	3	
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethazine vc oral syrup 6.25-5 mg/5ml	1	
promethazine-codeine oral solution 6.25-10 mg/5ml	1	PA
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
RYCLORA ORAL SOLUTION 2 MG/5ML (dexchlorpheniramine maleate)	4	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (chlorpheniramine-codeine)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VISTARIL ORAL CAPSULE 25 MG (hydroxyzine pamoate)	4	
OTHER ANTIHISTAMINES - Drugs for Allergy		
bepotastine besilate ophthalmic solution 1.5 %	1	
cimetidine hcl oral solution 300 mg/5ml	1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	
famotidine oral suspension reconstituted 40 mg/5ml	1	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
olopatadine hcl nasal solution 0.6 %	1	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (olopatadine-mometasone)	4	
VISTARIL ORAL CAPSULE 25 MG (hydroxyzine pamoate)	4	
PHENOTHIAZINE DERIVATIVES - Drugs for Allergy		
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethazine vc oral syrup 6.25-5 mg/5ml	1	
promethazine-codeine oral solution 6.25-10 mg/5ml	1	PA
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
PROPYLAMINE DERIVATIVES - Drugs for Allergy		
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML (pseudoeph-bromphen-dm)	3	
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	1	PA
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (phenylephrine-chlorphen-dm)	3	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
RYCLORA ORAL SOLUTION 2 MG/5ML (dexchlorpheniramine maleate)	4	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (chlorpheniramine-codeine)	3	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefixime oral capsule 400 mg	1	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	1	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	1	
ADAMANTANE ANTIVIRALS - Drugs for Viral Infections		
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral solution 50 mg/5ml	1	
amantadine hcl oral tablet 100 mg	1	
rimantadine hcl oral tablet 100 mg	1	
ALLYLAMINE ANTIFUNGALS - Drugs for Fungus		
terbinafine hcl oral tablet 250 mg	1	
AMEBICIDES - Drugs for the Mouth and Throat		
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (metronidazole benzoate)	3	PA
FLAGYL ORAL CAPSULE 375 MG (metronidazole)	4	
hydrocortisone-iodoquinol external cream 1-1 %	1	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (metronidazole)	4	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (metronidazole benzoate)	3	PA
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal gel 0.75 %	1	
NUVESSA VAGINAL GEL 1.3 % (metronidazole)	4	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (chlorhexidine gluconate)	4	
periogard mouth/throat solution 0.12 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMINOGLYCOSIDE ANTIBIOTICS - Antibiotics		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (amikacin sulfate liposome)	4	PA; SL (8.4 ml per day.); SMCS; SP
neomycin sulfate oral tablet 500 mg	1	
TOBI PODHALER INHALATION CAPSULE 28 MG (tobramycin)	3	PA; SL (224 capsules per 56 days.); SMCS; SP
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA; SL (224 ml per 56 days.); SMCS; SP
AMINOMETHYLCYCLINES - Antibiotics		
NUZYRA ORAL TABLET 150 MG (omadacycline tosylate)	4	
AMINOPENICILLIN ANTIBIOTICS - Antibiotics		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	1	SL (112 capsules and tablets (1 Package) per 180 days.)
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-potassium clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	1	
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	1	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
amoxicillin-potassium clavulanate oral tablet chewable 200- 28.5 mg, 400-57 mg	1	
ampicillin oral capsule 500 mg	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125- 31.25 MG/5ML (amoxicillin-pot clavulanate)	4	
OMECLAMOX-PAK ORAL 500-500-20 MG (amoxicill- clarithro-omeprazole)	3	SL (1 carton (10 administrative cards, 80 tablets) per 6 months.)
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (amoxicillin-vonoprazan)	4	SL (112 tablets per 180 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (amoxicill-clarithro-vonoprazan)	4	SL (112 tablets per 180 days.)
ANTHELMINTICS - Drugs for Parasites		
albendazole oral tablet 200 mg	1	SL (124 tablets per month.)
BILTRICIDE ORAL TABLET 600 MG (praziquantel)	4	
EGATEN ORAL TABLET 250 MG (triclabendazole)	3	
EMVERM ORAL TABLET CHEWABLE 100 MG (mebendazole)	4	SL (6 tablets per 3 days.)
ivermectin oral tablet 3 mg	1	PA; SL (20 tablets per 3 months.)
praziquantel oral tablet 600 mg	1	
STROMECTION ORAL TABLET 3 MG (ivermectin)	4	PA; SL (20 tablets per 3 months.)
ANTIFUNGALS, MISCELLANEOUS - Drugs for Fungus		
BREXAFEMME ORAL TABLET 150 MG (ibrexafungerp citrate)	4	PA
griseofulvin microsize oral suspension 125 mg/5ml	1	
griseofulvin microsize oral tablet 500 mg	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
iodine strong oral solution 5 %	1	
ANTI-INFECTIVES (SYSTEMIC), MISC. - Drugs for Infections		
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	SL (120 capsules per 180 days.)
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	SL (120 capsules per 180 days.)
PYLERA ORAL CAPSULE 140-125-125 MG (bis subcit-metronid-tetracyc)	4	SL (120 capsules per 180 days.)
ANTILEPROSY AGENTS - Antibiotics		
dapsone oral tablet 100 mg, 25 mg	1	
ANTIMALARIALS - Drugs for the Mouth and Throat		
ARAKODA ORAL TABLET 100 MG (tafenoquine succinate)	4	SL (16 tablets per month.)
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
avidoxy oral tablet 100 mg	1	
chloroquine phosphate oral tablet 250 mg, 500 mg	1	
COARTEM ORAL TABLET 20-120 MG (artemether-lumefantrine)	2	
DARAPRIM ORAL TABLET 25 MG (pyrimethamine)	4	PA; SMCS; SP
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (doxycycline hyclate)	4	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 75 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	4	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
KRINTAFEL ORAL TABLET 150 MG (tafenoquine succinate)	1	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (atovaquone-proguanil hcl)	4	
mefloquine hcl oral tablet 250 mg	1	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	1	
mondoxyne nl oral capsule 100 mg	1	
primaquine phosphate oral tablet 26.3 (15 base) mg	1	
pyrimethamine oral tablet 25 mg	1	PA; SMCS; SP
QUALAQUIN ORAL CAPSULE 324 MG (quinine sulfate)	4	
quinidine gluconate er oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
quinine sulfate oral capsule 324 mg	1	

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin hcl oral tablet 400 mg	1	
MYAMBUTOL ORAL TABLET 400 MG (ethambutol hcl)	4	
MYCOBUTIN ORAL CAPSULE 150 MG (rifabutin)	4	
PRETOMANID ORAL TABLET 200 MG	4	
PRIFTIN ORAL TABLET 150 MG (rifapentine)	2	
pyrazinamide oral tablet 500 mg	1	
rifabutin oral capsule 150 mg	1	
rifampin oral capsule 150 mg, 300 mg	1	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML (rifampin)	3	PA
SIRTURO ORAL TABLET 100 MG, 20 MG (bedaquiline fumarate)	2	
TRECTOR ORAL TABLET 250 MG (ethionamide)	2	
ANTIVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
LIVTENCITY ORAL TABLET 200 MG (maribavir)	4	PA; SL (4 tablets per day.); SMCS; SP
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (nirmatrelvir-ritonavir)	2	SM
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (nirmatrelvir-ritonavir)	2	SM
PREVYMIS ORAL TABLET 240 MG, 480 MG (letermovir)	2	PA
TPOXX ORAL CAPSULE 200 MG (tecovirimat)	4	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (baloxavir marboxil)	3	SL (1 tablet per month.)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (baloxavir marboxil)	3	SL (1 tablet per month.)
AZOLE ANTIFUNGALS - Drugs for Fungus		
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (isavuconazonium sulfate)	3	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	

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

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

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPCLUSA ORAL TABLET 200-50 MG (sofosbuvir-velpatasvir)	2	PA; SL (1 tablet per day.); SMCS; SP
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	2	PA; SL (84 tablets per 720 days.); SMCS; SP
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (ledipasvir-sofosbuvir)	2	PA; ST; SL (1 packet of pellets per day and 56 packets of pellets per 720 days.); SMCS
HARVONI ORAL TABLET 45-200 MG (ledipasvir-sofosbuvir)	2	PA; ST; SL (84 tablets per 720 days.); SMCS
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	2	PA; ST; SL (56 tablets per 720 days.); SMCS
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	2	PA; ST; SL (56 tablets per 720 days.); SMCS
MAVYRET ORAL PACKET 50-20 MG (glecaprevir-pibrentasvir)	2	PA; SL (5 packets per day and 280 packets per 720 days.); SMCS; SP
MAVYRET ORAL TABLET 100-40 MG (glecaprevir-pibrentasvir)	2	PA; SL (168 tablets per 720 days.); SMCS; SP
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	2	PA; SL (84 tablets per 720 days.); SMCS; SP
VOSEVI ORAL TABLET 400-100-100 MG (sofosbuvir-velpatasvir-voxilaprevir)	2	PA; SL (84 tablets per 720 days.); SMCS; SP
ZEPATIER ORAL TABLET 50-100 MG (elbasvir-grazoprevir)	2	PA; SL (84 tablets per 720 days (12 weeks).); SMCS; SP
HIV CAPSID INHIBITORS - Drugs for Viral Infections		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG (lenacapavir sodium)	4	PA; SL (4 tablets per 365 days.)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG (lenacapavir sodium)	4	PA; SL (5 tablets per 365 days.)
HIV ENTRY AND FUSION INHIBITORS - Drugs for Viral Infections		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (enfuvirtide)	4	M; SMCS
maraviroc oral tablet 150 mg, 300 mg	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (fostemsavir tromethamine)	4	PA
SELZENTRY ORAL SOLUTION 20 MG/ML (maraviroc)	2	PA
SELZENTRY ORAL TABLET 150 MG, 300 MG (maraviroc)	4	PA
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (bictegravir-emtricitab-tenofof)	3	SL (1 tablet per day.)
DOVATO ORAL TABLET 50-300 MG (dolutegravir-lamivudine)	2	SL (1 tablet per day.)
GENVOYA ORAL TABLET 150-150-200-10 MG (elviteg-cobic-emtricit-tenofaf)	2	SL (1 tablet per day.)
ISENTRESS HD ORAL TABLET 600 MG (raltegravir potassium)	2	
ISENTRESS ORAL PACKET 100 MG (raltegravir potassium)	2	
ISENTRESS ORAL TABLET 400 MG (raltegravir potassium)	2	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (raltegravir potassium)	2	
JULUCA ORAL TABLET 50-25 MG (dolutegravir-rilpivirine)	2	SL (1 tablet per day.)
STRIBILD ORAL TABLET 150-150-200-300 MG (elviteg-cobic-emtricit-tenofdf)	2	SL (1 tablet per day.)
TIVICAY ORAL TABLET 50 MG (dolutegravir sodium)	3	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (dolutegravir sodium)	3	
TRIUMEQ ORAL TABLET 600-50-300 MG (abacavir-dolutegravir-lamivud)	2	SL (1 tablet per day.)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (abacavir-dolutegravir-lamivud)	2	SL (6 tablets per day.)
VOCABRIA ORAL TABLET 30 MG (cabotegravir sodium)	4	
HIV NONNUCLEOSIDE REV.TRANScrip. INHIB. - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (bictegravir-emtricitab-tenofof)	3	SL (1 tablet per day.)
COMPLERA ORAL TABLET 200-25-300 MG (emtricitab-rilpivir-tenofovir)	3	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; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DELSTRIGO ORAL TABLET 100-300-300 MG (doravirin-lamivudin-tenofof df)	2	SL (1 tablet per day.)
EDURANT ORAL TABLET 25 MG (rilpivirine hcl)	2	
efavirenz oral capsule 200 mg, 50 mg	1	
efavirenz oral tablet 600 mg	1	
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	1	SL (1 tablet per day.)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	1	SL (1 tablet per day.)
etravirine oral tablet 100 mg, 200 mg	1	
INTELENCE ORAL TABLET 100 MG, 200 MG (etravirine)	4	
INTELENCE ORAL TABLET 25 MG (etravirine)	2	
JULUCA ORAL TABLET 50-25 MG (dolutegravir-rilpivirine)	2	SL (1 tablet per day.)
methocarbamol oral tablet 500 mg	1	
nevirapine er oral tablet extended release 24 hour 400 mg	1	
nevirapine oral suspension 50 mg/5ml	1	
nevirapine oral tablet 200 mg	1	
ODEFSEY ORAL TABLET 200-25-25 MG (emtricitab-rilpivir-tenofof af)	3	SL (1 tablet per day.)
PIFELTRO ORAL TABLET 100 MG (doravirine)	3	
SYMFI LO ORAL TABLET 400-300-300 MG (efavirenz-lamivudine-tenofovir)	2	SL (1 tablet per day.)
SYMFI ORAL TABLET 600-300-300 MG (efavirenz-lamivudine-tenofovir)	2	SL (1 tablet per day.)
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS - Drugs for Viral Infections		
abacavir sulfate oral solution 20 mg/ml	1	
abacavir sulfate oral tablet 300 mg	1	
abacavir sulfate-lamivudine oral tablet 600-300 mg	1	SL (1 tablet per day.)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (bictegravir-emtricitab-tenofof)	3	SL (1 tablet per day.)
CIMDUO ORAL TABLET 300-300 MG (lamivudine-tenofovir)	2	SL (1 tablet per day.)
COMPLERA ORAL TABLET 200-25-300 MG (emtricitab-rilpivir-tenofovir)	3	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; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DELSTRIGO ORAL TABLET 100-300-300 MG (doravirin-lamivudin-tenofov df)	2	SL (1 tablet per day.)
DESCOVY ORAL TABLET 120-15 MG (emtricitabine-tenofovir af)	3	SL (1 tablet per day.)
DESCOVY ORAL TABLET 200-25 MG (emtricitabine-tenofovir af)	3	SL (1 tablet per day.); H
DOVATO ORAL TABLET 50-300 MG (dolutegravir-lamivudine)	2	SL (1 tablet per day.)
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	1	SL (1 tablet per day.)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	1	SL (1 tablet per day.)
emtricitabine oral capsule 200 mg	1	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	SL (1 tablet per day.)
emtricitabine-tenofovir df oral tablet 200-300 mg	1	SL (1 tablet per day.); H
EMTRIVA ORAL CAPSULE 200 MG (emtricitabine)	4	
EMTRIVA ORAL SOLUTION 10 MG/ML (emtricitabine)	2	
EPIVIR ORAL SOLUTION 10 MG/ML (lamivudine)	4	
EPIVIR ORAL TABLET 150 MG, 300 MG (lamivudine)	4	
GENVOYA ORAL TABLET 150-150-200-10 MG (elviteg-cobic-emtricit-tenofaf)	2	SL (1 tablet per day.)
lamivudine oral solution 10 mg/ml	1	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	1	
lamivudine-zidovudine oral tablet 150-300 mg	1	
ODEFSEY ORAL TABLET 200-25-25 MG (emtricitab-rilpivir-tenofov af)	3	SL (1 tablet per day.)
RETROVIR ORAL CAPSULE 100 MG (zidovudine)	4	
RETROVIR ORAL SYRUP 50 MG/5ML (zidovudine)	3	
STRIBILD ORAL TABLET 150-150-200-300 MG (elviteg-cobic-emtricit-tenofdf)	2	SL (1 tablet per day.)
SYMFI LO ORAL TABLET 400-300-300 MG (efavirenz-lamivudine-tenofovir)	2	SL (1 tablet per day.)
SYMFI ORAL TABLET 600-300-300 MG (efavirenz-lamivudine-tenofovir)	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 (darun-cobic-emtricit-tenofaf)	3	SL (1 tablet per day.)
tenofovir disoproxil fumarate oral tablet 300 mg	1	H
TRIUMEQ ORAL TABLET 600-50-300 MG (abacavir-dolutegravir-lamivud)	2	SL (1 tablet per day.)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (abacavir-dolutegravir-lamivud)	2	SL (6 tablets per day.)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (emtricitabine-tenofovir df)	4	SL (1 tablet per day.)
VIREAD ORAL POWDER 40 MG/GM (tenofovir disoproxil fumarate)	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (tenofovir disoproxil fumarate)	2	
ZIAGEN ORAL SOLUTION 20 MG/ML (abacavir sulfate)	4	
zidovudine oral capsule 100 mg	1	
zidovudine oral syrup 50 mg/5ml	1	
zidovudine oral tablet 300 mg	1	
HIV PROTEASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (tipranavir)	2	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	1	
darunavir oral tablet 600 mg, 800 mg	1	
EVOTAZ ORAL TABLET 300-150 MG (atazanavir-cobicistat)	2	
fosamprenavir calcium oral tablet 700 mg	1	
KALETRA ORAL SOLUTION 400-100 MG/5ML (lopinavir-ritonavir)	4	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (lopinavir-ritonavir)	4	
lopinavir-ritonavir oral solution 400-100 mg/5ml	1	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	1	
NORVIR ORAL PACKET 100 MG (ritonavir)	2	
PREZCOBIX ORAL TABLET 800-150 MG (darunavir-cobicistat)	2	
PREZISTA ORAL SUSPENSION 100 MG/ML (darunavir)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREZISTA ORAL TABLET 150 MG, 75 MG (darunavir)	2	
REYATAZ ORAL PACKET 50 MG (atazanavir sulfate)	2	
ritonavir oral tablet 100 mg	1	
SYMTUZA ORAL TABLET 800-150-200-10 MG (darun-cobic-emtricit-tenofaf)	3	SL (1 tablet per day.)
VIRACEPT ORAL TABLET 250 MG, 625 MG (nelfinavir mesylate)	2	
INTERFERON ANTIVIRALS - Drugs for Viral Infections		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (ropeginterferon alfa-2b-njft)	4	PA; ST; M; SL (0.08 ml per day.); SMCS; CM
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (peginterferon alfa-2a)	2	M; SMCS; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (peginterferon alfa-2a)	2	M; SMCS; SP
LINCOMYCIN ANTIBIOTICS - Antibiotics		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG (clindamycin hcl)	4	
CLEOCIN ORAL CAPSULE 75 MG (clindamycin hcl)	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (clindamycin palmitate hcl)	4	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	1	
MONOBACTAM ANTIBIOTICS - Antibiotics		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (aztreonam lysine)	4	PA; ST; SL (84 vials per 56 days.); SMCS; SP
MONOCLONAL ANTIBODIES (08:18) - Drugs for Viral Infections		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (nirsevimab-alip)	3	H
NATURAL PENICILLIN ANTIBIOTICS - Antibiotics		
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEURAMINIDASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	1	
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	1	SL (180 ml per month)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (zanamivir)	3	
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - Drugs for Viral Infections		
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet 400 mg, 800 mg	1	
adefovir dipivoxil oral tablet 10 mg	1	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (entecavir)	2	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (entecavir)	4	
entecavir oral tablet 0.5 mg, 1 mg	1	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	
LAGEVRIO ORAL CAPSULE 200 MG (molnupiravir)	2	SM
ribavirin inhalation solution reconstituted 6 gm	1	
ribavirin oral capsule 200 mg	1	
ribavirin oral tablet 200 mg	1	
TEMBEXA ORAL SUSPENSION 10 MG/ML (brincidofovir)	4	
TEMBEXA ORAL TABLET 100 MG (brincidofovir)	4	
valacyclovir hcl oral tablet 1 gm, 500 mg	1	
valganciclovir hcl oral solution reconstituted 50 mg/ml	1	
valganciclovir hcl oral tablet 450 mg	1	
VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM (ribavirin)	4	
OTHER MACROLIDE ANTIBIOTICS - Antibiotics		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	1	SL (112 capsules and tablets (1 Package) per 180 days.)
azithromycin oral packet 1 gm	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (fidaxomicin)	3	SL (136 mL per 10 days.)
DIFICID ORAL TABLET 200 MG (fidaxomicin)	3	SL (20 tablets per 7 days)
OMECLAMOX-PAK ORAL 500-500-20 MG (amoxicill-clarithro-omeprazole)	3	SL (1 carton (10 administrative cards, 80 tablets) per 6 months.)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (amoxicill-clarithro-vonoprazan)	4	SL (112 tablets per 180 days.)
ZITHROMAX ORAL PACKET 1 GM (azithromycin)	4	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (azithromycin)	4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (azithromycin)	4	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (azithromycin)	4	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (azithromycin)	4	
OTHER MACROLIDES (8:12.12.92) - Antibiotics		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	1	SL (112 capsules and tablets (1 Package) per 180 days.)
azithromycin oral packet 1 gm	1	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (fidaxomicin)	3	SL (136 mL per 10 days.)
DIFICID ORAL TABLET 200 MG (fidaxomicin)	3	SL (20 tablets per 7 days)
OMECLAMOX-PAK ORAL 500-500-20 MG (amoxicill-clarithro-omeprazole)	3	SL (1 carton (10 administrative cards, 80 tablets) per 6 months.)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (amoxicill-clarithro-vonoprazan)	4	SL (112 tablets per 180 days.)
ZITHROMAX ORAL PACKET 1 GM (azithromycin)	4	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (azithromycin)	4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (azithromycin)	4	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (azithromycin)	4	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (azithromycin)	4	
OXAZOLIDINONE ANTIBIOTICS - Antibiotics		
linezolid oral suspension reconstituted 100 mg/5ml	1	
linezolid oral tablet 600 mg	1	
SIVEXTRO ORAL TABLET 200 MG (tedizolid phosphate)	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (linezolid)	4	
PENICILLINASE-RESISTANT PENICILLINS - Antibiotics		
dicloxacillin sodium oral capsule 250 mg, 500 mg	1	
POLYENE ANTIFUNGALS - Drugs for Fungus		
nystatin mouth/throat suspension 100000 unit/ml	1	
nystatin oral tablet 500000 unit	1	
POLYMYXIN ANTIBIOTICS - Antibiotics		
colistimethate sodium (cba) injection solution reconstituted 150 mg	1	M
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED 150 MG (colistimethate sodium)	4	M
PYRIMIDINE ANTIFUNGALS - Drugs for Fungus		
ANCOBON ORAL CAPSULE 250 MG (flucytosine)	4	
ANCOBON ORAL CAPSULE 500 MG (flucytosine)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
flucytosine oral capsule 250 mg, 500 mg	1	
QUINOLONE ANTIBIOTICS - Antibiotics		
BAXDELA ORAL TABLET 450 MG (delafloxacin meglumine)	3	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (ciprofloxacin)	3	
CIPRO ORAL TABLET 250 MG, 500 MG (ciprofloxacin hcl)	4	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin hcl oral tablet 400 mg	1	
ofloxacin oral tablet 300 mg, 400 mg	1	
RIFAMYCIN ANTIBIOTICS - Antibiotics		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG (rifamycin sodium)	3	
MYCOBUTIN ORAL CAPSULE 150 MG (rifabutin)	4	
PRIFTIN ORAL TABLET 150 MG (rifapentine)	2	
rifabutin oral capsule 150 mg	1	
rifampin oral capsule 150 mg, 300 mg	1	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML (rifampin)	3	PA
XIFAXAN ORAL TABLET 200 MG (rifaximin)	3	
XIFAXAN ORAL TABLET 550 MG (rifaximin)	3	SL (62 tablets per month.)
SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - Antibiotics		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (sulfasalazine)	4	
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	4	
BACTRIM DS ORAL TABLET 800-160 MG (sulfamethoxazole-trimethoprim)	4	
BACTRIM ORAL TABLET 400-80 MG (sulfamethoxazole-trimethoprim)	4	
sulfadiazine oral tablet 500 mg	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PYLERA ORAL CAPSULE 140-125-125 MG (bis subcit-metronid-tetracyc)	4	SL (120 capsules per 180 days.)
tetracycline hcl oral capsule 250 mg, 500 mg	1	
VIBRAMYCIN ORAL CAPSULE 100 MG (doxycycline hyclate)	4	
URINARY ANTI-INFECTIVES - Drugs for the Urinary System		
BACTRIM DS ORAL TABLET 800-160 MG (sulfamethoxazole-trimethoprim)	4	
BACTRIM ORAL TABLET 400-80 MG (sulfamethoxazole-trimethoprim)	4	
fosfomicin tromethamine oral packet 3 gm	1	
HIPREX ORAL TABLET 1 GM (methenamine hippurate)	4	
MACROBID ORAL CAPSULE 100 MG (nitrofurantoin monohyd macro)	4	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (nitrofurantoin macrocrystal)	4	
me/naphos/mb/hyo1 oral tablet 81.6 mg	1	
methenamine hippurate oral tablet 1 gm	1	
methenamine mandelate oral tablet 0.5 gm, 1 gm	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1	
nitrofurantoin monohydrate macrocrystals oral capsule 100 mg	1	
nitrofurantoin oral suspension 25 mg/5ml	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	
trimethoprim oral tablet 100 mg	1	
URELLE ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	3	
uretron d/s oral tablet 81.6 mg	1	
urin ds oral tablet 81.6 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
UROGESIC-BLUE ORAL TABLET 81.6 MG (methen-hyosc-meth blue-na phos)	2	
VILEVEV MB ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	3	
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	1	PA; SL (4 tablets per day.); SMCS; SP; CM
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (niraparib-abiraterone acetate)	4	PA; ST; SL (2 tablets per day.); SMCS; SP; CM
ALECENSA ORAL CAPSULE 150 MG (alectinib hcl)	2	PA; SL (8 capsules per day.); SMCS; SP; CM
ALUNBRIG ORAL TABLET 180 MG, 90 MG (brigatinib)	2	PA; SL (1 tablet per day); SMCS; SP; CM
ALUNBRIG ORAL TABLET 30 MG (brigatinib)	2	PA; SL (6 tablets per day); SMCS; SP; CM
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (brigatinib)	2	PA; SL (30 packs per year); SMCS; SP; CM
anastrozole oral tablet 1 mg	1	H
AUGTYRO ORAL CAPSULE 40 MG (repotrectinib)	2	PA; SL (8 capsules per day.); SMCS; SP; CM
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (avapritinib)	4	PA; SL (1 tablet per day.); SMCS; SP; CM
BALVERSA ORAL TABLET 3 MG (erdafitinib)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
BALVERSA ORAL TABLET 4 MG (erdafitinib)	4	PA; SL (2 tablets per day.); SMCS; SP; CM
BALVERSA ORAL TABLET 5 MG (erdafitinib)	4	PA; SL (1 tablet per day.); SMCS; SP; CM
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (ropeginterferon alfa-2b-njft)	4	PA; ST; M; SL (0.08 ml per day.); SMCS; CM
bexarotene external gel 1 %	1	SMCS; SP
bexarotene oral capsule 75 mg	1	SMCS; CM
bicalutamide oral tablet 50 mg	1	CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BOSULIF ORAL CAPSULE 100 MG (bosutinib)	2	PA; ST; SL (3 Capsules per day.); SMCS; SP; CM
BOSULIF ORAL CAPSULE 50 MG (bosutinib)	2	PA; ST; SL (1 Capsule per day.); SMCS; SP; CM
BOSULIF ORAL TABLET 100 MG (bosutinib)	2	PA; ST; SL (4 tablets per day.); SMCS; SP; CM
BOSULIF ORAL TABLET 400 MG, 500 MG (bosutinib)	2	PA; ST; SL (1 tablet per day.); SMCS; SP; CM
BRAFTOVI ORAL CAPSULE 75 MG (encorafenib)	4	PA; ST; SL (6 capsules per day); SMCS; SP; CM
BRUKINSA ORAL CAPSULE 80 MG (zanubrutinib)	3	PA; ST; SL (4 capsules per day.); SMCS; SP; CM
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (cabozantinib s-malate)	2	PA; SL (1 tablet per day.); SMCS; SP; CM
CALQUENCE ORAL TABLET 100 MG (acalabrutinib maleate)	2	PA; SL (2 tablets per day.); SMCS; SP; CM
capecitabine oral tablet 150 mg, 500 mg	1	SMCS; SP; CM
CAPRELSA ORAL TABLET 100 MG (vandetanib)	2	PA; SL (2 tablets per day.); SMCS; SP; CM
CAPRELSA ORAL TABLET 300 MG (vandetanib)	2	PA; SL (1 tablet per day.); SMCS; SP; CM
CASODEX ORAL TABLET 50 MG (bicalutamide)	4	CM
COMETRIQ ORAL KIT 20 MG (cabozantinib s-malate)	2	PA; SL (93 capsules per month.); SMCS; SP; CM
COMETRIQ ORAL KIT 3 X 20 MG & 80 MG (cabozantinib s-malate)	2	PA; SL (124 capsules per month.); SMCS; SP; CM
COMETRIQ ORAL KIT 80 & 20 MG (cabozantinib s-malate)	2	PA; SL (62 capsules per month.); SMCS; SP; CM
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (duvelisib)	4	PA; SL (2 capsules per day.); SMCS; SP; CM
COTELLIC ORAL TABLET 20 MG (cobimetinib fumarate)	2	PA; SL (63 tablets per 21 days); SMCS; SP; CM
cyclophosphamide oral capsule 25 mg, 50 mg	1	CM
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	2	CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DAURISMO ORAL TABLET 100 MG, 25 MG (glasdegib maleate)	2	PA; SL (2 tablets per day.); SMCS; SP; CM
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (hydroxyurea)	2	CM
EFUDEX EXTERNAL CREAM 5 % (fluorouracil)	4	
EMCYT ORAL CAPSULE 140 MG (estramustine phosphate sodium)	2	CM
ERIVEDGE ORAL CAPSULE 150 MG (vismodegib)	2	PA; SL (1 capsule per day.); SMCS; SP; CM
ERLEADA ORAL TABLET 240 MG (apalutamide)	2	PA; SL (1 tablet per day.); SMCS
ERLEADA ORAL TABLET 60 MG (apalutamide)	2	PA; SL (4 tablets per day.); SMCS; SP; CM
erlotinib hcl oral tablet 100 mg, 150 mg	1	PA; SL (1 tablet per day.); SMCS; SP; CM
erlotinib hcl oral tablet 25 mg	1	PA; SL (2 tablets per day.); SMCS; SP; CM
etoposide oral capsule 50 mg	1	SMCS; SP; CM
everolimus oral tablet 10 mg, 7.5 mg	1	PA; SL (2 tablets per day.); SMCS; SP; CM
everolimus oral tablet 2.5 mg, 5 mg	1	PA; SL (1 tablet per day.); SMCS; SP; CM
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	1	PA; SL (1 tablet per day.); SMCS; SP; CM
exemestane oral tablet 25 mg	1	H
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (degarelix acetate)	3	M; SMCS; SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (degarelix acetate)	3	M; SMCS; SP
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (tivozanib hcl)	4	PA; SL (0.75 capsules per day.); SMCS; SP; CM
FRUZAQLA ORAL CAPSULE 1 MG (fruquintinib)	4	PA; ST; SL (84 capsules per 21 days.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FRUZAQLA ORAL CAPSULE 5 MG (fruquintinib)	4	PA; ST; SL (21 capsules per 21 days.); SMCS; SP; CM
GAVRETO ORAL CAPSULE 100 MG (pralsetinib)	4	PA; SL (4 capsules per day.); SMCS; SP; CM
gefitinib oral tablet 250 mg	1	PA; SL (2 tablets per day.); SMCS; SP; CM
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (afatinib dimaleate)	3	PA; SL (1 tablet per day.); SMCS; SP; CM
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	2	SMCS; SP; CM
HEPZATO W/50MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED 50 MG (melphalan hcl)	3	M
HEPZATO W/62MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED 50 MG (melphalan hcl)	3	M
HYCAMTIN ORAL CAPSULE 0.25 MG (topotecan hcl)	2	PA; SL (15 capsules per 15 days.); SMCS; SP; CM
HYCAMTIN ORAL CAPSULE 1 MG (topotecan hcl)	2	PA; SL (305 capsules per 15 days.); SMCS; SP; CM
HYDREA ORAL CAPSULE 500 MG (hydroxyurea)	4	CM
hydroxyurea oral capsule 500 mg	1	CM
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (palbociclib)	2	PA; SL (21 capsules per month.); SMCS; SP; CM
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (palbociclib)	2	PA; SL (0.75 tablets per day.); SMCS; SP; CM
ICLUSIG ORAL TABLET 10 MG (ponatinib hcl)	3	PA; SL (1 tablet per day.); SMCS; CM
ICLUSIG ORAL TABLET 15 MG, 45 MG (ponatinib hcl)	3	PA; SL (1 tablet per day.); SMCS; SP; CM
IDHIFA ORAL TABLET 100 MG, 50 MG (enasidenib mesylate)	2	PA; SL (1 tablet per day); SMCS; SP; CM
imatinib mesylate oral tablet 100 mg	1	PA; SL (6 tablets per day.); SMCS; SP; CM
imatinib mesylate oral tablet 400 mg	1	PA; SL (1 tablet per day.); SMCS; SP; CM
IMBRUVICA ORAL CAPSULE 140 MG (ibrutinib)	2	PA; SL (4 capsules per day.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IMBRUVICA ORAL CAPSULE 70 MG (ibrutinib)	2	PA; SL (1 capsule per day.); SMCS; SP; CM
IMBRUVICA ORAL SUSPENSION 70 MG/ML (ibrutinib)	2	PA; SL (7.2 ml per day.); SMCS; SP; CM
IMBRUVICA ORAL TABLET 420 MG (ibrutinib)	2	PA; SL (1 tablet per day.); SMCS; SP; CM
INLYTA ORAL TABLET 1 MG (axitinib)	3	PA; SL (6 tablets per day.); SMCS; SP; CM
INLYTA ORAL TABLET 5 MG (axitinib)	3	PA; SL (124 tablets per 30 days.); SMCS; SP; CM
INQOVI ORAL TABLET 35-100 MG (decitabine-cedazuridine)	4	PA; SL (5 tablets per month.); SMCS; SP; CM
INREBIC ORAL CAPSULE 100 MG (fedratinib hcl)	4	PA; ST; SL (4 capsules per day.); SMCS; SP; CM
IRESSA ORAL TABLET 250 MG (gefitinib)	4	PA; SL (2 tablets per day.); SMCS; SP; CM
IWILFIN ORAL TABLET 192 MG (eflornithine hcl)	2	PA; SL (8 tablets per day.); SMCS; SP; CM
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (ruxolitinib phosphate)	2	PA; SL (2 tablets per day.); SMCS; SP; CM
JAYPIRCA ORAL TABLET 100 MG (pirtobrutinib)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
JAYPIRCA ORAL TABLET 50 MG (pirtobrutinib)	4	PA; SL (1 tablet per day.); SMCS; SP; CM
JYLAMVO ORAL SOLUTION 2 MG/ML (methotrexate)	4	PA; CM
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (ribociclib succinate)	4	PA; SL (21 tablets per month); SMCS; SP; CM
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (ribociclib succinate)	4	PA; SL (42 tablets per 21 days.); SMCS; SP; CM
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (ribociclib succinate)	4	PA; SL (63 tablets per month); SMCS; SP; CM
KOSELUGO ORAL CAPSULE 10 MG (selumetinib sulfate)	3	PA; SL (8 capsules per day.); SMCS; SP; CM
KOSELUGO ORAL CAPSULE 25 MG (selumetinib sulfate)	3	PA; SL (4 capsules per day.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KRAZATI ORAL TABLET 200 MG (adagrasib)	4	PA; SL (6 tablets per day.); SMCS; SP; CM
lapatinib ditosylate oral tablet 250 mg	1	PA; SMCS; SP; CM
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg	1	PA; SL (28 capsules per 21 days.); SMCS; SP; CM
lenalidomide oral capsule 20 mg, 25 mg	1	PA; SL (21 capsules per 21 days.); SMCS; SP; CM
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 2 X 10 MG, 2 X 4 MG (lenvatinib mesylate)	3	PA; SL (2 capsules per day.); SMCS; SP; CM
LENVIMA ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG, 2 X 10 MG & 4 MG, 3 X 4 MG (lenvatinib mesylate)	3	PA; SL (3 capsules per day.); SMCS; SP; CM
LENVIMA ORAL CAPSULE THERAPY PACK 10 MG, 4 MG (lenvatinib mesylate)	3	PA; SL (1 capsule per day.); SMCS; SP; CM
letrozole oral tablet 2.5 mg	1	H
LEUKERAN ORAL TABLET 2 MG (chlorambucil)	2	CM
leuprolide acetate injection kit 1 mg/0.2ml	1	PA; M; SMCS
LONSURF ORAL TABLET 15-6.14 MG (trifluridine-tipiracil)	4	PA; SL (100 tablets per month.); SMCS; SP; CM
LONSURF ORAL TABLET 20-8.19 MG (trifluridine-tipiracil)	4	PA; SL (80 tablets per 21 days.); SMCS; SP; CM
LORBRENA ORAL TABLET 100 MG, 25 MG (lorlatinib)	3	PA; ST; SMCS; SP; CM
LUMAKRAS ORAL TABLET 120 MG (sotorasib)	4	PA; SL (4 tablets per day.); SMCS; SP; CM
LUMAKRAS ORAL TABLET 320 MG (sotorasib)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
LYNPARZA ORAL TABLET 100 MG, 150 MG (olaparib)	2	PA; SL (4 tablets per day); SMCS; SP; CM
LYSODREN ORAL TABLET 500 MG (mitotane)	2	CM
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (futibatinib)	4	PA; SL (84 tablets per month.); SMCS; SP; CM
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (futibatinib)	4	PA; SL (112 tablets per month.); SMCS; SP; CM
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (futibatinib)	4	PA; SL (140 tablets per month.); SMCS; SP; CM
MATULANE ORAL CAPSULE 50 MG (procarbazine hcl)	2	SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (cladribine)	3	PA; ST; SL (40 tablets per 720 days.); SMCS
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml	1	
megestrol acetate oral tablet 20 mg, 40 mg	1	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (trametinib dimethyl sulfoxide)	4	ST; SL (17.4 ml per day.); SMCS; SP; CM
MEKINIST ORAL TABLET 0.5 MG (trametinib dimethyl sulfoxide)	4	PA; ST; SL (2 tablets per day.); SMCS; SP; CM
MEKINIST ORAL TABLET 2 MG (trametinib dimethyl sulfoxide)	4	PA; ST; SL (1 tablet per day.); SMCS; SP; CM
MEKTOVI ORAL TABLET 15 MG (binimetinib)	4	PA; ST; SL (6 tablets per day.); SMCS; SP; CM
mercaptopurine oral tablet 50 mg	1	CM
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	M
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	M
methotrexate sodium injection solution reconstituted 1 gm	1	M
methotrexate sodium oral tablet 2.5 mg	1	CM
MYLERAN ORAL TABLET 2 MG (busulfan)	2	CM
NERLYNX ORAL TABLET 40 MG (neratinib maleate)	2	PA; SL (6 tablets per day.); SMCS; SP; CM
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (ixazomib citrate)	2	PA; SMCS; SP; CM
NUBEQA ORAL TABLET 300 MG (darolutamide)	2	PA; SL (4 tablets per day.); SMCS; SP; CM
ODOMZO ORAL CAPSULE 200 MG (sonidegib phosphate)	2	PA; SL (1 capsule per day.); SMCS; SP; CM
OGSIVEO ORAL TABLET 150 MG (nirogacestat hydrobromide)	2	PA; SMCS; SP; CM
OGSIVEO ORAL TABLET 50 MG (nirogacestat hydrobromide)	2	PA; SL (6 tablets per day.); SMCS; SP; CM
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML (tovorafenib)	4	PA; SMCS; SP; CM
OJEMDA ORAL TABLET 100 MG (tovorafenib)	4	PA; SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (momelotinib dihydrochloride)	4	PA; SL (1 tablet per day.); SMCS; SP; CM
ONUREG ORAL TABLET 200 MG, 300 MG (azacitidine)	2	PA; SL (14 tablets per 24 days.); SMCS; SP; CM
OPZELURA EXTERNAL CREAM 1.5 % (ruxolitinib phosphate)	4	PA; SL (120 grams per prescription and 1200 grams per 365 days.); SMCS; SP
ORGOVYX ORAL TABLET 120 MG (relugolix)	3	PA; SL (1 tablet per day.); SMCS; SP; CM
ORSERDU ORAL TABLET 345 MG (elacestrant hydrochloride)	2	PA; SL (1 tablet per day.); SMCS; SP; CM
ORSERDU ORAL TABLET 86 MG (elacestrant hydrochloride)	2	PA; SL (3 tablets per day.); SMCS; SP; CM
pazopanib hcl oral tablet 200 mg	1	PA; SL (4 tablets per day.); SMCS; SP; CM
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (pemigatinib)	4	PA; SL (1 tablet per day.); SMCS; SP; CM
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG (alpelisib)	2	PA; SL (2 tablets per day.); SMCS; SP; CM
PIQRAY ORAL TABLET THERAPY PACK 200 MG (alpelisib)	2	PA; SL (1 tablet per day.); SMCS; SP; CM
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	3	PA; SL (21 capsules per 21 days.); SMCS; SP; CM
PURIXAN ORAL SUSPENSION 2000 MG/100ML (mercaptopurine)	4	SMCS; SP; CM
QINLOCK ORAL TABLET 50 MG (ripretinib)	4	PA; SL (3 tablets per day.); SMCS; SP; CM
RETEVMO ORAL CAPSULE 40 MG (selpercatinib)	4	PA; SL (6 capsules per day.); SMCS; SP; CM
RETEVMO ORAL CAPSULE 80 MG (selpercatinib)	4	PA; SMCS; SP; CM
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (lenalidomide)	2	PA; SL (28 capsules per 21 days.); SMCS; SP; CM
REVLIMID ORAL CAPSULE 20 MG, 25 MG (lenalidomide)	2	PA; SL (21 capsules per 21 days.); SMCS; SP; CM
REZLIDHIA ORAL CAPSULE 150 MG (olutasidenib)	2	PA; SL (2 capsules per day.); SMCS; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (entrectinib)	2	PA; SL (3 capsules per day.); SMCS; SP; CM
ROZLYTREK ORAL PACKET 50 MG (entrectinib)	2	SL (3 pellet packets per day.); SMCS; SP; CM
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (rucaparib camsylate)	3	PA; ST; SL (4 tablets per day.); SMCS; SP; CM
RYDAPT ORAL CAPSULE 25 MG (midostaurin)	2	PA; SL (8 capsules per day); SMCS; SP; CM
SCSEMBLIX ORAL TABLET 100 MG (asciminib hcl)	4	PA; SMCS; SP; CM
SCSEMBLIX ORAL TABLET 20 MG, 40 MG (asciminib hcl)	4	PA; SL (2 tablets per day.); SMCS; SP; CM
SOLTAMOX ORAL SOLUTION 10 MG/5ML (tamoxifen citrate)	4	
sorafenib tosylate oral tablet 200 mg	1	PA; SL (4 tablets per day.); SMCS; SP; CM
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (dasatinib)	4	PA; ST; SL (1 tablet per day.); SMCS; SP; CM
SPRYCEL ORAL TABLET 20 MG (dasatinib)	4	PA; ST; SL (2 tablets per day.); SMCS; SP; CM
STIVARGA ORAL TABLET 40 MG (regorafenib)	2	PA; SL (84 tablets per 21 days.); SMCS; SP; CM
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	PA; SL (1 capsule per day.); SMCS; SP; CM
TABLOID ORAL TABLET 40 MG (thioguanine)	2	SMCS; SP; CM
TABRECTA ORAL TABLET 150 MG, 200 MG (capmatinib hcl)	4	PA; SL (4 tablets per day.); SMCS; SP; CM
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (dabrafenib mesylate)	4	PA; ST; SL (4 capsules per day.); SMCS; SP; CM
TAFINLAR ORAL TABLET SOLUBLE 10 MG (dabrafenib mesylate)	4	ST; SL (12 tablets per day.); SMCS; SP; CM
TAGRISSO ORAL TABLET 40 MG, 80 MG (osimertinib mesylate)	3	PA; SL (1 tablet per day.); SMCS; SP; CM
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (talazoparib tosylate)	4	PA; ST; SL (1 capsule per day.); SMCS; SP; CM
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (nilotinib hcl)	2	PA; ST; SL (4 capsules per day.); SMCS; SP; CM
TAZVERIK ORAL TABLET 200 MG (tazemetostat hbr)	4	PA; SL (8 tablets per day.); SMCS; SP; CM
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	1	PA; SMCS; SP; CM
TEPMETKO ORAL TABLET 225 MG (tepotinib hcl)	4	PA; SL (2 tablets per day.); SMCS; SP; CM
TIBSOVO ORAL TABLET 250 MG (ivosidenib)	2	PA; SL (2 tablets per day.); SMCS; SP; CM
TOLAK EXTERNAL CREAM 4 % (fluorouracil)	4	
toremifene citrate oral tablet 60 mg	1	CM
torpenz oral tablet 10 mg, 7.5 mg	1	PA; SL (2 tablets per day.); SMCS; SP; CM
torpenz oral tablet 2.5 mg, 5 mg	1	PA; SL (1 tablet per day.); SMCS; SP; CM
tretinoin oral capsule 10 mg	1	SMCS; SP; CM
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	2	CM
TRUQAP ORAL TABLET 160 MG, 200 MG (capivasertib)	2	PA; SL (64 tablets per month.); SP
TUKYSA ORAL TABLET 150 MG (tucatinib)	2	PA; SL (4 tablets per day.); SMCS; SP; CM
TUKYSA ORAL TABLET 50 MG (tucatinib)	2	PA; SL (10 tablets per day.); SMCS; SP; CM
TURALIO ORAL CAPSULE 125 MG (pexidartinib hcl)	2	PA; SL (4 capsules per day.); SMCS; SP; CM
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (quizartinib dihydrochloride)	4	PA; SL (2 tablets per day.); SMCS; SP; CM
VENCLEXTA ORAL TABLET 10 MG, 100 MG (venetoclax)	2	PA; SL (4 tablets per day.); SMCS; SP; CM
VENCLEXTA ORAL TABLET 50 MG (venetoclax)	2	PA; SL (1 tablet per day.); SMCS; SP; CM
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (venetoclax)	2	PA; SL (42 tablets per year.); SMCS; SP; CM

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

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XTANDI ORAL TABLET 80 MG (enzalutamide)	2	PA; SL (2 tablets per day.); SMCS; SP; CM
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (niraparib tosylate)	2	PA; SL (1 tablet per day.); SMCS; SP; CM
ZELBORAF ORAL TABLET 240 MG (vemurafenib)	2	PA; SL (8 tablets per day.); SMCS; SP; CM
ZOLINZA ORAL CAPSULE 100 MG (vorinostat)	2	PA; SL (4 capsules per day.); SMCS; SP; CM
ZYDELIG ORAL TABLET 100 MG, 150 MG (idelalisib)	4	PA; SL (60 tablets per month.); SMCS; SP; CM
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES - DRUGS FOR THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS (THERAPEUTIC) - DRUGS FOR THE IMMUNE SYSTEM		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (timothy grass pollen allergen)	4	PA; SL (1 tablet per day.)
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (dust mite mixed allergen ext)	4	PA; SL (1 tablet per day.)
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR (grass mix pollens allergen ext)	4	PA; SL (1 tablet per day.)
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 100 IR (grass mix pollens allergen ext)	4	PA; SL (3 tablets per year.)
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (grass mix pollens allergen ext)	4	PA; SL (1 tablet per day.)
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (peanut powder-dnfp)	3	PA; SL (13 capsules per year.); SMCS; SP
PALFORZIA ORAL 2 X 1 MG & 10 MG, 3 X 1 MG (peanut powder-dnfp)	3	PA; SL (45 capsules per 13 days.); SMCS; SP
PALFORZIA ORAL 2 X 100 MG, 2 X 20 MG, 20 MG & 100 MG (peanut powder-dnfp)	3	PA; SL (30 capsules per 13 days.); SMCS; SP
PALFORZIA ORAL 2 X 20 MG & 2 X 100 MG, 4 X 20 MG (peanut powder-dnfp)	3	PA; SL (60 capsules per 13 days.); SMCS; SP
PALFORZIA ORAL 20 MG (peanut powder-dnfp)	3	PA; SL (15 capsules per 13 days.); SMCS; SP

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PALFORZIA ORAL 3 X 20 MG & 100 MG (peanut powder-dnfp)	3	PA; SL (60 capsule per 13 days.); SMCS; SP
PALFORZIA ORAL 6 X 1 MG (peanut powder-dnfp)	3	PA; SL (90 capsules per 13 days.); SMCS; SP
PALFORZIA ORAL PACKET 300 MG (peanut powder-dnfp)	3	PA; SL (1 capsule per day.); SMCS; SP
PALFORZIA ORAL PACKET 300 MG (peanut powder-dnfp)	3	PA; SL (15 capsules per 13 days.); SMCS; SP
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (short ragweed pollen ext)	4	PA; SL (1 tablet per day.)
TOXOIDS - Vaccines		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (tetanus-diphth-acell pertussis)	3	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 (tetanus-diphth-acell pertussis)	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (tetanus-diphth-acell pertussis)	2	H
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (diphth-acell pertussis-tetanus)	2	M; H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR (diphth-acell pertussis-tetanus)	2	M; H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR (diphth-acell pertussis-tetanus)	3	M; H
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (dtap-hepatitis b recomb-ipv)	3	H
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (dtap-ipv-hib vaccine)	3	H
QUADRACEL INTRAMUSCULAR SUSPENSION (dtap-ipv vaccine)	3	H
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML (tetanus-diphtheria toxoids td)	3	H
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (tetanus-diphtheria toxoids td)	3	H
VAXELIS INTRAMUSCULAR SUSPENSION (dtap-ipv-hib-hepatitis b recmb)	3	H

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML (hepatitis b vac recombinant)	2	H
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (hepatitis b vac recombinant)	2	H
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (influenza vac a&b surf ant adj)	3	H
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML (influenza vac a&b sa adj quad)	3	H
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (influenza virus vacc split pf)	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (influenza vac tiss-cult subunt)	3	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION (influenza vac subunit quad)	3	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (influenza vac subunit quad)	3	H
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (influenza virus vacc split pf)	3	H
FLUMIST QUADRIVALENT NASAL SUSPENSION (influenza virus vac live quad)	3	H
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (influenza vac split high-dose)	3	H
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (influenza virus vacc split pf)	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION (hvp 9-valent recomb vaccine)	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (hvp 9-valent recomb vaccine)	3	H
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML (hepatitis a vaccine)	3	H
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (hepatitis b vac recomb adj)	3	H
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG (haemophilus b polysac conj vac)	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR (diphth-acell pertussis-tetanus)	2	M; H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR (diphth-acell pertussis-tetanus)	3	M; H
I POL INJECTION INJECTABLE (poliovirus vaccine inactivated)	2	H
MENQUADFI INTRAMUSCULAR SOLUTION (mening acy&w-135 tetanus conj)	3	H
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (meningococcal a c y&w-135 olig)	3	H
M-M-R II INJECTION SOLUTION RECONSTITUTED (measles, mumps & rubella vac)	2	H
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION 25 MCG/0.25ML (covid-19 mrna virus vaccine)	3	H
NOVAVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 5 MCG/0.5ML	3	H
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (dtap-hepatitis b recomb-ipv)	3	H
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML (haemophilus b polysac conj vac)	2	M; H
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (mening acyw(tet conj)-b(rcmb))	3	H
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (dtap-ipv-hib vaccine)	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML (covid-19 mrna virus vaccine)	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y INTRAMUSCULAR SUSPENSION 3 MCG/0.3ML	3	H
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML (pneumococcal vac polyvalent)	2	H
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML (hepatitis b vac 3-antigen rcmb)	3	M; H
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (pneumococcal 20-val conj vacc)	3	M; H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (measles, mumps & rubella vac)	3	H
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (measles-mumps-rubella-varicell)	3	H
QUADRACEL INTRAMUSCULAR SUSPENSION (dtap-ipv vaccine)	3	H
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML (hepatitis b vac recombinant)	2	H
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML (hepatitis b vac recombinant)	2	H
ROTARIX ORAL SUSPENSION (rotavirus vaccine live oral)	3	H
ROTATEQ ORAL SOLUTION (rotavirus vac live pentavalent)	3	H
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML (zoster vac recomb adjuvanted)	3	H
SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML (covid-19 mrna virus vaccine)	3	H
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (covid-19 mrna virus vaccine)	3	H
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (meningococcal b vac (recomb))	3	H
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (hepatitis a-hep b recomb vac)	3	H
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (hepatitis a vaccine)	2	H
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML (varicella virus vaccine live)	3	H
VAXELIS INTRAMUSCULAR SUSPENSION (dtap-ipv-hib-hepatitis b recmb)	3	H
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (dtap-ipv-hib-hepatitis b recmb)	3	H
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (pneumococcal 15-val conj vacc)	3	M; H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AUTONOMIC DRUGS		
SMOKING CESSATION AGENTS		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	1	H
ft nicotine mini mouth/throat lozenge 2 mg, 4 mg	1	H
ft nicotine mouth/throat gum 2 mg, 4 mg	1	H
ft nicotine mouth/throat lozenge 2 mg, 4 mg	1	H
goodsense nicotine mouth/throat gum 2 mg	1	H
goodsense nicotine mouth/throat lozenge 4 mg	1	H
habitrol transdermal patch 24 hour 21 mg/24hr	1	H
naltrexone hcl oral tablet 50 mg	1	
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG (nicotine polacrilex)	2	H
NICORETTE MOUTH/THROAT GUM 2 MG (nicotine polacrilex)	4	H
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (nicotine polacrilex)	2	H
nicotine mini mouth/throat lozenge 2 mg, 4 mg	1	H
nicotine polacrilex mini mouth/throat lozenge 2 mg	1	H
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	1	H
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	1	H
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	1	H
nicotine transdermal kit 21-14-7 mg/24hr	1	H
nicotine transdermal patch 24 hour 21 mg/24hr	1	H
NICOTROL INHALATION INHALER 10 MG (nicotine)	4	H
NICOTROL NS NASAL SOLUTION 10 MG/ML (nicotine)	4	H
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	1	H
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	H
varenicline tartrate(continue) oral tablet 1 mg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AUTONOMIC DRUGS - Drugs for the Nervous System		
ALPHA- AND BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
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	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML (pseudoeph-bromphen-dm)	3	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (desloratadine-pseudoephedrine)	3	
droxidopa oral capsule 100 mg	1	PA; SL (90 tablets per month.); SMCS; SP
droxidopa oral capsule 200 mg, 300 mg	1	PA; SL (180 tablets per month.); SMCS; SP
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	
LETS KIT	3	PA
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
ALPHA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	1	
LUCEMYRA ORAL TABLET 0.18 MG (lofexidine hcl)	4	SL (192 tablets per year.)
METHYLDOPA ORAL TABLET 250 MG, 500 MG	4	PA
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (phenylephrine-chlorphen-dm)	3	
promethazine vc oral syrup 6.25-5 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIMUSCARINICS/ANTISPASMODICS - Drugs for Parkinson		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG (hyoscyamine sulfate)	2	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (umeclidinium-vilanterol)	3	SL (2 blisters per day.)
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.)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (glycopyrrolate-formoterol)	2	SL (0.36 grams per day.)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (budeson-glycopyrrol-formoterol)	3	SL (0.36 grams per day.)
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (ipratropium-albuterol)	2	SL (0.28 grams per day.)
CUVPOSA ORAL SOLUTION 1 MG/5ML (glycopyrrolate)	4	
dicyclomine hcl oral capsule 10 mg	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
glycopyrrolate oral solution 1 mg/5ml	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	1	PA
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	1	PA
hydromet oral solution 5-1.5 mg/5ml	1	PA
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	1	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	1	
hyoscyamine sulfate oral solution 0.125 mg/ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hyoscyamine sulfate oral tablet dispersible 0.125 mg	1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	1	
hyosyne oral elixir 0.125 mg/5ml	1	
hyosyne oral solution 0.125 mg/ml	1	
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	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG (hyoscyamine sulfate)	4	
LEVSIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	4	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG (hyoscyamine sulfate)	4	
LOMOTIL ORAL TABLET 2.5-0.025 MG (diphenoxylate-atropine)	4	
me/naphos/mb/hyo1 oral tablet 81.6 mg	1	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	1	
MOTOFEN ORAL TABLET 1-0.025 MG (difenoxylin-atropine)	4	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (hyoscyamine sulfate)	4	
OSCIMIN ORAL TABLET 0.125 MG	4	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	4	
scopolamine transdermal patch 72 hour 1 mg/3days	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.)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (tiotropium bromide-olodaterol)	2	SL (0.15 grams per day.)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (fluticasone-umeclidin-vilant)	3	SL (2 blisters per day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (fluticasone-umeclidin-vilant)	3	SL (2 blisters per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
URELLE ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	3	
uretron d/s oral tablet 81.6 mg	1	
urin ds oral tablet 81.6 mg	1	
UROGESIC-BLUE ORAL TABLET 81.6 MG (methen-hyosc-meth blue-na phos)	2	
VILEVEV MB ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	3	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (revefenacin)	4	SL (3 ml per day.)
ANTIPARKINSONIAN AGENTS - Drugs for Parkinson		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	
AUTONOMIC DRUGS, MISCELLANEOUS - Drugs for the Nervous System		
ft nicotine mini mouth/throat lozenge 2 mg, 4 mg	1	H
ft nicotine mouth/throat gum 2 mg, 4 mg	1	H
ft nicotine mouth/throat lozenge 2 mg, 4 mg	1	H
goodsense nicotine mouth/throat gum 2 mg	1	H
goodsense nicotine mouth/throat lozenge 4 mg	1	H
habitrol transdermal patch 24 hour 21 mg/24hr	1	H
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG (nicotine polacrilex)	2	H
NICORETTE MOUTH/THROAT GUM 2 MG (nicotine polacrilex)	4	H
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (nicotine polacrilex)	2	H
nicotine mini mouth/throat lozenge 2 mg, 4 mg	1	H
nicotine polacrilex mini mouth/throat lozenge 2 mg	1	H
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS - Drugs for Relaxing Muscles		
DANTRIUM ORAL CAPSULE 25 MG (dantrolene sodium)	4	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	1	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
BACLOFEN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML	4	
baclofen oral suspension 25 mg/5ml	1	
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg	1	
ENOVARX-BACLOFEN EXTERNAL CREAM 1 %	3	PA
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (baclofen)	4	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (ketoprofen-baclofen-gabap-lido)	3	PA
OZOBAX DS ORAL SOLUTION 10 MG/5ML (baclofen)	4	
INDIRECT-ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	
NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl af)	4	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
CORGARD ORAL TABLET 20 MG, 40 MG (nadolol)	4	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (propranolol hcl)	4	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
cevimeline hcl oral capsule 30 mg	1	
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	1	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	1	
FIRDAPSE ORAL TABLET 10 MG (amifampridine phosphate)	2	PA; SL (8 tablets per day.); SMCS; SP
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	1	
galantamine hydrobromide oral solution 4 mg/ml	1	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	1	
MESTINON ORAL SOLUTION 60 MG/5ML (pyridostigmine bromide)	4	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (memantine hcl-donepezil hcl)	4	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (memantine hcl-donepezil hcl)	4	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
pyridostigmine bromide er oral tablet extended release 180 mg	1	
pyridostigmine bromide oral solution 60 mg/5ml	1	
pyridostigmine bromide oral tablet 60 mg	1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	1	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (pilocarpine hcl)	4	
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT - Drugs for the Heart		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
silodosin oral capsule 4 mg, 8 mg	1	
tamsulosin hcl oral capsule 0.4 mg	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 (fluticasone-salmeterol)	2	SL (0.4 grams per day.)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (albuterol-budesonide)	3	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate oral syrup 2 mg/5ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	1	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (umeclidinium-vilanterol)	3	SL (2 blisters per day.)
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	1	SL (2 nebulizers per day)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (glycopyrrolate-formoterol)	2	SL (0.36 grams per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT (fluticasone furoate-vilanterol)	2	SL (2 blisters per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT, 50-25 MCG/INH (fluticasone furoate-vilanterol)	3	SL (2 blisters per day.)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (budeson-glycopyrrrol-formoterol)	3	SL (0.36 grams per day.)
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (arformoterol tartrate)	4	SL (2 nebulizers per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (ipratropium-albuterol)	2	SL (0.28 grams per day.)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT (mometasone furo-formoterol fum)	4	ST; SL (0.44 grams per day.)
DULERA INHALATION AEROSOL 50-5 MCG/ACT (mometasone furo-formoterol fum)	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.)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	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.)
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	1	SL (2 vials per day.)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (formoterol fumarate)	4	SL (2 vials per day.)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (salmeterol xinafoate)	2	SL (1 diskus (60 blisters) per month.)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (tiotropium bromide-olodaterol)	2	SL (0.15 grams per day.)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (olodaterol hcl)	2	SL (0.15 grams per day.)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (budesonide-formoterol fumarate)	1	SL (0.35 grams per day.)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (fluticasone-umeclidin-vilant)	3	SL (2 blisters per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (fluticasone-umeclidin-vilant)	3	SL (2 blisters per day.)
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	SL (2 blisters per day.)
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (levalbuterol tartrate)	3	
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT - Drugs for the Heart		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (atenolol)	3	PA
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
CORGARD ORAL TABLET 20 MG, 40 MG (nadolol)	4	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	4	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	4	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - Drugs for Relaxing Muscles		
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood		
ANTIANEMIA DRUGS - Vitamins and Minerals		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML (darbepoetin alfa)	2	M; SL (2 syringes per month); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (darbepoetin alfa)	2	M; SL (4 syringes per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML (darbepoetin alfa)	2	M; SL (1.6 ml per month.); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML (darbepoetin alfa)	2	M; SL (1 prefill syringe per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 60 MCG/0.3ML (darbepoetin alfa)	2	M; SL (2 vials per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML (darbepoetin alfa)	2	M; SL (4 vials per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML (darbepoetin alfa)	2	M; SL (2 vials per prescription); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (darbepoetin alfa)	2	M; SL (2 syringes per month); SMCS; SP
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG (daprodustat)	4	PA; SL (1 tablet per day.); SMCS; SP
JESDUVROQ ORAL TABLET 6 MG (daprodustat)	4	PA; SL (2 tablets per day.); SMCS; SP
JESDUVROQ ORAL TABLET 8 MG (daprodustat)	4	PA; SL (3 tablets per day.); SMCS; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML (epoetin alfa-epbx)	2	M; SL (8 ml per 21 days); SMCS; SP
RETACRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (epoetin alfa-epbx)	2	M; SL (12 ml per 21 days.); SMCS; SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML (epoetin alfa-epbx)	2	M; SMCS
RETACRIT INJECTION SOLUTION 40000 UNIT/ML (epoetin alfa-epbx)	2	M; SL (4 ml per 21 days.); SMCS; SP
ANTICOAGULANTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML (anticoagulant cit dext soln a)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION 4 %, 4 GM/100ML	3	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	1	M
TRICITRASOL IN VITRO CONCENTRATE 46.7 % (anticoagulant sodium citrate)	3	
ANTITHROMBOTIC AGENTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
CABLIVI INJECTION KIT 11 MG (caplacizumab-yhdp)	2	PA; M; SL (1 vial per day and 58 vials per 120 days.); SMCS; SP
LODOCO ORAL TABLET 0.5 MG (colchicine)	4	SL (1 tablet per day.)
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC. - Drugs to Prevent Bleeding		
OXBRYTA ORAL TABLET 300 MG, 500 MG (voxelotor)	4	PA; SL (3 tablets per day.); SMCS; SP
OXBRYTA ORAL TABLET SOLUBLE 300 MG (voxelotor)	4	PA; SL (3 tablets per day.); SMCS; SP
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (mitapivat sulfate)	3	PA; SL (56 tablets per 28 days.); SMCS; SP; CM
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG (mitapivat sulfate)	3	PA; SL (7 tablets per 365 days.); SMCS; SP; CM
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG (mitapivat sulfate)	3	PA; SL (14 tablets per 365 days.); SMCS; SP; CM
TAVALISSE ORAL TABLET 100 MG, 150 MG (fostamatinib disodium)	4	PA; SL (2 tablets per day); SMCS; SP
COUMARIN DERIVATIVES - Drugs to Prevent Blood Clots		
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
DIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (apixaban)	2	SL (2.5 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELIQUIS ORAL TABLET 2.5 MG (apixaban)	2	SL (2 tablets per day.)
ELIQUIS ORAL TABLET 5 MG (apixaban)	2	SL (2.5 tablets per day.)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (edoxaban tosylate)	4	ST; SL (1 tablet per day.)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (rivaroxaban)	2	SL (20 ml per day.)
XARELTO ORAL TABLET 10 MG (rivaroxaban)	2	SL (1 tablet per day.)
XARELTO ORAL TABLET 15 MG (rivaroxaban)	2	SL (52 tablets per month initial 1 tablet per day for maintenance.)
XARELTO ORAL TABLET 2.5 MG (rivaroxaban)	2	SL (2 tablets per day.)
XARELTO ORAL TABLET 20 MG (rivaroxaban)	2	SL (31 tablets per 31 days.)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (rivaroxaban)	2	SL (51 tablets per year.)
DIRECT THROMBIN INHIBITORS - Drugs to Prevent Blood Clots		
dabigatran etexilate mesylate oral capsule 110 mg	1	SL (2 tablets per day.)
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	1	SL (62 capsules per 31 days.)
PRADAXA ORAL CAPSULE 110 MG (dabigatran etexilate mesylate)	2	SL (2 tablets per day.)
PRADAXA ORAL CAPSULE 150 MG, 75 MG (dabigatran etexilate mesylate)	2	SL (62 capsules per 31 days.)
PRADAXA ORAL PACKET 110 MG, 20 MG, 30 MG, 40 MG, 50 MG (dabigatran etexilate mesylate)	4	SL (4 packets per day.)
PRADAXA ORAL PACKET 150 MG (dabigatran etexilate mesylate)	4	SL (2 packets per day.)
HEMATOPOIETIC AGENTS - Drugs for Anemia		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (eltrombopag choline)	4	PA; SMCS; SP; CM
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML (darbepoetin alfa)	2	M; SL (2 syringes per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (darbepoetin alfa)	2	M; SL (4 syringes per month); SMCS; SP

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RETACRIT INJECTION SOLUTION 10000 UNIT/ML (epoetin alfa-epbx)	2	M; SL (8 ml per 21 days); SMCS; SP
RETACRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (epoetin alfa-epbx)	2	M; SL (12 ml per 21 days.); SMCS; SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML (epoetin alfa-epbx)	2	M; SMCS
RETACRIT INJECTION SOLUTION 40000 UNIT/ML (epoetin alfa-epbx)	2	M; SL (4 ml per 21 days.); SMCS; SP
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (pegfilgrastim-cbqv)	2	M; SMCS
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (pegfilgrastim-cbqv)	2	M; SMCS; SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (filgrastim-sndz)	2	M; SMCS; SP
HEMORRHOLOGIC AGENTS - Drugs for Blood Flow		
pentoxifylline er oral tablet extended release 400 mg	1	
HEMOSTATICS - Drugs to Prevent Bleeding		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (antihemophil factor (rahf-pfm))	2	M; SMCS; SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	4	PA; M; SMCS; SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (antihemophil fact single chain)	4	PA; M; SMCS; SP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (antihemophilic factor-vwf)	2	M; SMCS; SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (coagulation factor ix)	2	M; SMCS
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 500 UNIT (coagulation factor ix)	2	M; SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (coagulation factor ix (rfixfc))	3	M; SMCS; SP
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (antihem fact fc-vwf-xten-eh1l)	4	PA; M; SMCS; SP
aminocaproic acid oral solution 0.25 gm/ml	1	
aminocaproic acid oral tablet 1000 mg, 500 mg	1	
ASTRINGYN EXTERNAL SOLUTION 259 MG/GM (ferric subsulfate)	3	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (coagulation factor ix (recomb))	2	M; SMCS; SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (coagulation factor x (human))	2	M; SMCS; SP
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (factor xiii concentrate human)	2	M; SMCS; SP
desmopressin ace spray refrig nasal solution 0.01 %	1	
desmopressin acetate injection solution 4 mcg/ml	1	M
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	3	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	1	
desmopressin acetate pf injection solution 4 mcg/ml	1	M
desmopressin acetate spray nasal solution 0.01 %	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 (antihem fact (bdd-rfviiiifc))	4	PA; M; SMCS; SP
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (antiinhibitor coagulant cmplx)	2	M; SMCS; SP
GELFILM OPHTHALMIC FILM (gelatin adsorbable)	2	
GEL-FLOW EXTERNAL KIT (gelatin absorb-thrombin)	3	
GELFOAM-JMI POWDER EXTERNAL KIT (gelatin absorb-thrombin)	3	
GELFOAM-JMI SPONGE EXTERNAL KIT (gelatin absorb-thrombin)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML (emicizumab-kxwh)	2	PA; M; SMCS; SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (antihemophilic factor)	2	M; SMCS
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1700 UNIT (antihemophilic factor)	2	M; SMCS; SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (antihemophilic factor-vwf)	2	M; SMCS; SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (coagulation factor ix (rix-fp))	3	M; SMCS; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (ahf (bdd-rfviii peg-auc1))	4	PA; M; SMCS; SP
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (antihemophilic factor)	2	M; SMCS
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (antihemophilic factor)	2	M; SMCS
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (antihem factor recomb (rfviii))	2	M; SMCS
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (antihemophil factor (rahf-pfm))	2	M; SMCS; SP
MONSELS FERRIC SUBSULFATE EXTERNAL SOLUTION	3	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (desmopressin acetate)	3	SL (1 tablet per day.)
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (antihemophil fact bd truncated)	2	M; SMCS
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT (antihemophil fact bd truncated)	2	M; SMCS; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (coagulation factor viia recomb)	2	M; SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (antihem fact (bdd-rfviii,sim))	2	M; SMCS; SP
NUWIQ INTRAVENOUS KIT 1500 UNIT (antihem fact (bdd-rfviii,sim))	2	M; SMCS
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (antihem fact (bdd-rfviii,sim))	2	M; SMCS; SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT (antihem fact (bdd-rfviii,sim))	2	M; SMCS
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (factor ix complex)	2	M; SMCS; SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (antihem factor recomb (rfviii))	2	M; SMCS; SP
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT (thrombin (recombinant))	3	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT (thrombin (recombinant))	3	
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	2	M; SMCS
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (coagulation factor viia-jncw)	4	M; SMCS; SP
THROMBIN-JMI EPISTAXIS EXTERNAL KIT 5000 UNIT (thrombin)	3	
THROMBIN-JMI EXTERNAL KIT 20000 UNIT, 5000 UNIT (thrombin)	3	
THROMBOGEN EXTERNAL KIT 10000 UNIT (thrombin)	3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED 1000 UNIT, 10000 UNIT (thrombin)	3	
tranexamic acid oral tablet 650 mg	1	SL (30 tablets per 5 days.)
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT (coagulation factor xiii a-sub)	3	M; SMCS; SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (von willebrand factor (recomb))	2	M; SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (antihemophilic factor-vwf)	2	M; SMCS; SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (antihem fact (bdd-rfviii,mor))	4	PA; ST; M; SMCS
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (antihem fact (bdd-rfviii,mor))	4	PA; ST; M; SMCS
XYNTHA SOLOFUSE INTRAVENOUS KIT 3000 UNIT (antihem fact (bdd-rfviii,mor))	4	PA; ST; M; SMCS; SP
HEPARINS - Drugs to Prevent Blood Clots		
enoxaparin sodium injection solution 300 mg/3ml	1	M
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	1	M
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML (dalteparin sodium)	4	M
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (dalteparin sodium)	4	M
heparin na (pork) lock flsh pf intravenous solution 10 unit/ml, 100 unit/ml	1	M
heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml	1	M
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	M
heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml	1	M
heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml, 5000 unit/ml	1	M
IRON PREPARATIONS - Vitamins and Minerals		
ATABEX OB ORAL TABLET 29-1 MG (prenatal vit w/ fe bisg-fa)	3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (prenat-fecb-fefum-fa-dha w/o a)	3	
ELITE-OB ORAL TABLET 50-1.25 MG (prenatal vit-iron carbonyl-fa)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENBRACE HR ORAL CAPSULE (prenat vit-fe gly cys-fa-omega)	3	
hematinic/folic acid oral tablet 324-1 mg	1	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 MG, 29-1 MG	3	
NEONATAL FE ORAL TABLET 90-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG (prenatal vit-fe fumarate-fa)	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (prenat-fe-methylfol-dha w/o a)	3	
NESTABS ORAL TABLET 32-1 MG (prenat-fe bisgly-fa-w/o vit a)	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (ped multivitamins-fl-iron)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (ped multivitamins-fl-iron)	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
prenatal oral tablet 27-1 mg	1	
prenatal plus vitamin/mineral oral tablet 27-1 mg	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (prenatal-feasp-gly-methylfol-fa)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (prenat-fecbn-feasp-meth-fa-dha)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	
PRIMACARE ORAL CAPSULE 30-1-470 MG (pren-fe-meth-fa-omeg w/o a)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (prenatal vit-fe psac cmplx-fa)	4	
TRINATE ORAL TABLET (prenatal vit-fe fumarate-fa)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
VINATE ONE ORAL TABLET 60-1 MG (prenatal vit-fe fumarate-fa)	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	3	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (prenatal-fe fum-methf-fa w/o a)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (prenatal mv-min-fe fum-fa-dha)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (prenat w/o a-fe-methfol-fa-dha)	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (prenat-fefum-fered-fa-dha w/oa)	3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (prenatal vit-fe fumarate-fa)	3	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	4	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LIVER AND STOMACH PREPARATIONS - Vitamins and Minerals		
cyanocobalamin injection solution 1000 mcg/ml	1	M
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	M
cyanocobalamin nasal solution 500 mcg/0.1ml	1	M
DODEX INJECTION SOLUTION 1000 MCG/ML (cyanocobalamin)	4	M
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (cyanocobalamin)	3	M
PLATELET-AGGREGATION INHIBITORS - Drugs to Prevent Blood Clots		
aspirin 81 oral tablet delayed release 81 mg	E	H
aspirin adult low dose oral tablet delayed release 81 mg	E	H
aspirin adult low strength oral tablet delayed release 81 mg	E	H
aspirin childrens oral tablet chewable 81 mg	E	H
aspirin ec adult low dose oral tablet delayed release 81 mg	E	H
aspirin ec low dose oral tablet delayed release 81 mg	E	H
aspirin ec low strength oral tablet delayed release 81 mg	E	H
aspirin low dose oral tablet chewable 81 mg	E	H
aspirin low dose oral tablet delayed release 81 mg	E	H
aspirin oral tablet chewable 81 mg	E	H
aspirin oral tablet delayed release 81 mg	E	H
aspirin regimen oral tablet delayed release 81 mg	E	H
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	1	
BRILINTA ORAL TABLET 60 MG, 90 MG (ticagrelor)	2	SL (2 tablets per day.)
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel bisulfate oral tablet 300 mg, 75 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
ft aspirin low dose oral tablet delayed release 81 mg	E	H
ft aspirin oral tablet chewable 81 mg	E	H
goodsense aspirin low dose oral tablet delayed release 81 mg	E	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
mm aspirin oral tablet delayed release 81 mg	E	H
prasugrel hcl oral tablet 10 mg, 5 mg	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (aspirin)	E	H
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (aspirin)	E	H
ZONTIVITY ORAL TABLET 2.08 MG (vorapaxar sulfate)	4	SL (1 tablet per day.)
PLATELET-REDUCING AGENTS - Drugs to Prevent Blood Clots		
anagrelide hcl oral capsule 0.5 mg, 1 mg	1	
THROMBOLYTIC AGENTS - Drugs to Prevent Blood Clots		
aspirin 81 oral tablet delayed release 81 mg	E	H
aspirin adult low dose oral tablet delayed release 81 mg	E	H
aspirin adult low strength oral tablet delayed release 81 mg	E	H
aspirin childrens oral tablet chewable 81 mg	E	H
aspirin ec adult low dose oral tablet delayed release 81 mg	E	H
aspirin ec low dose oral tablet delayed release 81 mg	E	H
aspirin ec low strength oral tablet delayed release 81 mg	E	H
aspirin low dose oral tablet chewable 81 mg	E	H
aspirin low dose oral tablet delayed release 81 mg	E	H
aspirin oral tablet chewable 81 mg	E	H
aspirin oral tablet delayed release 81 mg	E	H
aspirin regimen oral tablet delayed release 81 mg	E	H
ft aspirin low dose oral tablet delayed release 81 mg	E	H
ft aspirin oral tablet chewable 81 mg	E	H
goodsense aspirin low dose oral tablet delayed release 81 mg	E	H
mm aspirin oral tablet delayed release 81 mg	E	H
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (aspirin)	E	H
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (aspirin)	E	H

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; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOAANZ ORAL TABLET 20 MG (torseamide)	4	SL (1 tablet per day.)
SOAANZ ORAL TABLET 40 MG, 60 MG (torseamide)	4	SL (2 tablets per day.)
torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
POTASSIUM-SPARING DIURETIC		
amiloride hcl oral tablet 5 mg	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (spironolactone)	4	
spironolactone oral suspension 25 mg/5ml	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
triamterene oral capsule 100 mg, 50 mg	1	
THIAZIDE DIURETICS (24:36)		
DIURIL ORAL SUSPENSION 250 MG/5ML (chlorothiazide)	2	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
THIAZIDE-LIKE DIURETICS (24:36)		
chlorthalidone oral tablet 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
THALITONE ORAL TABLET 15 MG (chlorthalidone)	4	
CARDIOVASCULAR DRUGS - Drugs for the Heart		
ACL INHIBITORS - Drugs for Cholesterol		
NEXLETOL ORAL TABLET 180 MG (bempedoic acid)	2	SL (1 tablet per day.)
NEXLIZET ORAL TABLET 180-10 MG (bempedoic acid-ezetimibe)	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 (doxazosin mesylate)	4	
CORGARD ORAL TABLET 20 MG, 40 MG (nadolol)	4	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
EPANED ORAL SOLUTION 1 MG/ML (enalapril maleate)	4	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
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	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
ANTIARRHYTHMICS, MISCELLANEOUS - Drugs for Angina		
digoxin oral solution 0.05 mg/ml	1	
digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG (digoxin)	3	
LANOXIN ORAL TABLET 62.5 MCG (digoxin)	4	
ANTILIPEMIC AGENTS, MISCELLANEOUS - Drugs for Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (lomitapide mesylate)	4	PA; ST; SL (1 capsule per day.); SMCS; SP
NEXLETOL ORAL TABLET 180 MG (bempedoic acid)	2	SL (1 tablet per day.)
NEXLIZET ORAL TABLET 180-10 MG (bempedoic acid-ezetimibe)	2	SL (1 tablet per day.)
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	1	
omega-3-acid ethyl esters oral capsule 1 gm	1	
BETA-ADRENERGIC BLOCKING AGENTS - Drugs for High Blood Pressure		
acebutolol hcl oral capsule 200 mg, 400 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (atenolol)	3	PA
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl af)	4	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (doxazosin mesylate)	4	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (doxazosin mesylate)	3	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
CORGARD ORAL TABLET 20 MG, 40 MG (nadolol)	4	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (propranolol hcl)	4	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	4	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	4	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	4	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
BILE ACID SEQUESTRANTS - Drugs for Cholesterol		
cholestyramine light oral packet 4 gm	1	
cholestyramine light oral powder 4 gm/dose	1	
cholestyramine oral packet 4 gm	1	
cholestyramine oral powder 4 gm/dose	1	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (clindamycin-tretinoin-cholesty)	3	PA
colesevelam hcl oral packet 3.75 gm	1	
colesevelam hcl oral tablet 625 mg	1	
COLESTID ORAL GRANULES 5 GM (colestipol hcl)	3	
COLESTID ORAL TABLET 1 GM (colestipol hcl)	4	
colestipol hcl oral granules 5 gm	1	
colestipol hcl oral packet 5 gm	1	
colestipol hcl oral tablet 1 gm	1	
prevalite oral packet 4 gm	1	
prevalite oral powder 4 gm/dose	1	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE (cholestyramine light)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QUESTRAN ORAL PACKET 4 GM (cholestyramine)	4	
QUESTRAN ORAL POWDER 4 GM/DOSE (cholestyramine)	4	
CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN) - Drugs for High Blood Pressure & Angina		
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl er beads)	4	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (verapamil hcl)	4	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (verapamil hcl)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CALCIUM-CHANNEL BLOCKING AGENTS, MISC. - Drugs for High Blood Pressure & Angina		
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl er beads)	4	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (verapamil hcl)	4	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (verapamil hcl)	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; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARBONIC ANHYDRASE INHIBITORS(HYPOTEN) - Drugs for High Blood Pressure & Angina		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
methazolamide oral tablet 25 mg, 50 mg	1	
CARDIAC DRUGS, MISCELLANEOUS - Drugs for Angina		
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG, 500 MG (ranolazine)	4	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (mavacamten)	4	PA; SL (1 capsule per day.); SMCS; SP
CORLANOR ORAL SOLUTION 5 MG/5ML (ivabradine hcl)	3	PA; SL (20 ml per day.)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine hcl)	3	PA; SL (2 tablets per day.)
ivabradine hcl oral tablet 5 mg, 7.5 mg	1	PA; SL (2 tablets per day.)
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	1	
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	2	PA; SL (1 capsule per day.); SMCS; SP
VYNDAQEL ORAL CAPSULE 20 MG (tafamidis meglumine (cardiac))	2	PA; SL (4 capsules per day.); SMCS; SP
CARDIOTONIC AGENTS - Drugs for Angina		
CORLANOR ORAL SOLUTION 5 MG/5ML (ivabradine hcl)	3	PA; SL (20 ml per day.)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine hcl)	3	PA; SL (2 tablets per day.)
digoxin oral solution 0.05 mg/ml	1	
digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg	1	
ivabradine hcl oral tablet 5 mg, 7.5 mg	1	PA; SL (2 tablets per day.)
LANOXIN ORAL TABLET 125 MCG, 250 MCG (digoxin)	3	
LANOXIN ORAL TABLET 62.5 MCG (digoxin)	4	
CENTRAL ALPHA-AGONISTS (25:24) - Drugs for Abnormal Heart Rhythms		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (atenolol)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl af)	4	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	1	
CORGARD ORAL TABLET 20 MG, 40 MG (nadolol)	4	
guanfacine hcl oral tablet 1 mg, 2 mg	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (propranolol hcl)	4	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	4	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	4	
METHYLDOPA ORAL TABLET 250 MG, 500 MG	4	PA
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	4	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
CGMP SYNTHESIS AGENT - Drugs for High Blood Pressure & Angina		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (vericiguat)	4	PA; SL (1 tablet per day.)
CHOLESTEROL ABSORPTION INHIBITORS - Drugs for Cholesterol		
ezetimibe oral tablet 10 mg	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	
NEXLIZET ORAL TABLET 180-10 MG (bempedoic acid-ezetimibe)	2	SL (1 tablet per day.)
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (ezetimibe-simvastatin)	4	
CLASS IA ANTIARRHYTHMICS - Drugs for Angina		
disopyramide phosphate oral capsule 100 mg, 150 mg	1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (disopyramide phosphate)	2	
NORPACE ORAL CAPSULE 100 MG, 150 MG (disopyramide phosphate)	4	
quinidine gluconate er oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
CLASS IB ANTIARRHYTHMICS - Drugs for Angina		
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (phenytoin)	3	

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

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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 (metoprolol succinate)	4	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	4	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	4	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
CLASS III ANTIARRHYTHMICS - Drugs for Angina		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl af)	4	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	
MULTAQ ORAL TABLET 400 MG (dronedarone hcl)	4	PA
PACERONE ORAL TABLET 100 MG, 400 MG (amiodarone hcl)	3	
PACERONE ORAL TABLET 200 MG (amiodarone hcl)	4	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	4	

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (nisoldipine)	4	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	
DIHYDROPYRIDINES (ANTIHYPERTENSIVE) - Drugs for High Blood Pressure & Angina		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (amlodipine besylate)	3	PA
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
KATERZIA ORAL SUSPENSION 1 MG/ML (amlodipine benzoate)	4	
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (amlodipine besylate)	4	
NYMALIZE ORAL SOLUTION 6 MG/ML (nimodipine)	2	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (nisoldipine)	4	
DIRECT VASODILATORS - Drugs for High Blood Pressure & Angina		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (alprostadil (vasodilator))	3	M; SL (6 units per month)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG (alprostadil (vasodilator))	3	M; SL (6 units per month)
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	1	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (alprostadil (vasodilator))	3	M; SL (6 units per month)
guanfacine hcl oral tablet 1 mg, 2 mg	1	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	
METHYLDOPA ORAL TABLET 250 MG, 500 MG	4	PA
minoxidil oral tablet 10 mg, 2.5 mg	1	
DIURETICS, MISCELLANEOUS (HYPOTENSIVE) - Drugs for High Blood Pressure & Angina		
elixophyllin oral elixir 80 mg/15ml	3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (theophylline)	3	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
FIBRIC ACID DERIVATIVES - Drugs for Cholesterol		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg	1	
fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	1	
fenofibric acid oral tablet 105 mg, 35 mg	1	

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MTP PROTEIN INHIBITORS - Drugs for Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (lomitapide mesylate)	4	PA; ST; SL (1 capsule per day.); SMCS; SP
NITRATES AND NITRITES - Drugs for High Blood Pressure & Angina		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (atenolol)	3	PA
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl af)	4	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
CORGARD ORAL TABLET 20 MG, 40 MG (nadolol)	4	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (propranolol hcl)	4	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	4	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	4	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	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 (nitroglycerin)	3	
nitroglycerin rectal ointment 0.4 %	1	SL (30 grams per month.)
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual solution 0.4 mg/spray	1	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (nitroglycerin)	4	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)	3	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
RECTIV RECTAL OINTMENT 0.4 % (nitroglycerin)	4	SL (30 grams per month.)
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	4	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
NITRATES AND NITRITES - Drugs for the Heart		
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	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 (nitroglycerin)	3	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual solution 0.4 mg/spray	1	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (nitroglycerin)	4	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)	3	
OMEGA-3-MEDIATED ANTILIPEMICS - Drugs for Cholesterol		
omega-3-acid ethyl esters oral capsule 1 gm	1	
PCSK9 INHIBITORS - Drugs for Cholesterol		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (evolocumab)	2	PA; ST; M; SL (3.5 ml (1 cartridge) per month.)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (evolocumab)	2	PA; ST; M; SL (2 syringes per 28 days.)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (evolocumab)	2	PA; ST; M; SL (2 ml per month.)
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for High Blood Pressure & Angina		
alyq oral tablet 20 mg	1	PA; SL (2 tablets per day); SMCS; SP
cilostazol oral tablet 100 mg, 50 mg	1	
ENTADFI ORAL CAPSULE 5-5 MG (finasteride-tadalafil)	4	SL (1 capsule per day.)
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	PA; SL (186 ml per month.); SMCS; SP
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	SL (6 tablets per month)
sildenafil citrate oral tablet 20 mg	1	SL (0.5 tablet per day.); SMCS
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (avanafil)	2	SL (6 tablets per month)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
triamterene oral capsule 100 mg, 50 mg	1	
RENIN INHIBITORS - Drugs for the Heart		
aliskiren fumarate oral tablet 150 mg, 300 mg	1	
TEKTURNA ORAL TABLET 150 MG, 300 MG (aliskiren fumarate)	3	
RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC - Drugs for the Heart		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (sacubitril-valsartan)	4	PA
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	4	PA; SL (2 tablets per day.)
STEROIDAL MINERALOCORTICOID RECEPTOR ANT - Drugs for the Heart		
CAROSPIR ORAL SUSPENSION 25 MG/5ML (spironolactone)	4	
eplerenone oral tablet 25 mg, 50 mg	1	
spironolactone oral suspension 25 mg/5ml	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
DIURIL ORAL SUSPENSION 250 MG/5ML (chlorothiazide)	2	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT) - Drugs for High Blood Pressure & Angina		
chlorthalidone oral tablet 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
THALITONE ORAL TABLET 15 MG (chlorthalidone)	4	
VASODILATING AGENTS, MISCELLANEOUS - Drugs for High Blood Pressure & Angina		
phenoxybenzamine hcl oral capsule 10 mg	1	
VECAMYL ORAL TABLET 2.5 MG (mecamylamine hcl)	4	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KATERZIA ORAL SUSPENSION 1 MG/ML (amlodipine benzoate)	4	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (amlodipine besylate)	4	
NYMALIZE ORAL SOLUTION 6 MG/ML (nimodipine)	2	
OPSUMIT ORAL TABLET 10 MG (macitentan)	2	PA; SL (1 tablet per day.); SMCS; SP
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (treprostinil diolamine)	4	PA; SL (168 tablets per year.); SMCS; SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (treprostinil diolamine)	4	PA; SL (336 tablets per year.); SMCS; SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (treprostinil diolamine)	4	PA; SL (252 tablets per year.); SMCS; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 5 MG (treprostinil diolamine)	4	PA; SL (6 tablets per day.); SMCS; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG (treprostinil diolamine)	4	PA; SL (6 tablets per day.); SMCS; SP
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl er beads)	4	
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	2	PA; SL (2 tablets per day.); SMCS; SP

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System		
ADAMANTANES (CNS) - Drugs for Parkinson		
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral solution 50 mg/5ml	1	
amantadine hcl oral tablet 100 mg	1	
ADENOSINE A2A RECEPTOR ANTAGONISTS - Drugs for Parkinson		
NOURIANZ ORAL TABLET 20 MG, 40 MG (istradefylline)	3	SL (1 tablet per day.)
AMPHETAMINE DERIVATIVES - Drugs for the Nervous System		
ADIPEX-P ORAL TABLET 37.5 MG (phentermine hcl)	4	PA
diethylpropion hcl er oral tablet extended release 24 hour 75 mg	1	PA
diethylpropion hcl oral tablet 25 mg	1	PA
LOMAIRA ORAL TABLET 8 MG (phentermine hcl)	3	PA
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg	1	PA
phendimetrazine tartrate oral tablet 35 mg	1	PA
phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg	1	PA
phentermine hcl oral tablet 37.5 mg	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 (amphetamine-dextroamphetamine)	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 (amphetamine)	4	SL (1 tablet per day.)
amphetamine sulfate oral tablet 10 mg, 5 mg	1	
amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	1	SL (2 capsules per day.)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	SL (1 capsule per day)
benzphetamine hcl oral tablet 50 mg	1	PA
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	1	SL (5 capsules per day.)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	1	SL (4 capsules per day.)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	1	SL (10 capsules per day.)
dextroamphetamine sulfate oral solution 5 mg/5ml	1	
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (amphetamine)	4	SL (15 mL per day.)
DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG (amphetamine)	4	SL (1 tablet per day.)
EVEKEO ORAL TABLET 10 MG, 5 MG (amphetamine sulfate)	4	
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg	1	SL (2 capsules per day.)
lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg	1	SL (1 capsule per day)
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg	1	SL (2 tablets per day.)
lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg	1	SL (1 tablet per day)
methamphetamine hcl oral tablet 5 mg	1	
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (amphetamine-dextroamphetamine)	4	SL (1 capsule per day)
PROCENTRA ORAL SOLUTION 5 MG/5ML (dextroamphetamine sulfate)	3	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (lisdexamfetamine dimesylate)	4	SL (2 capsules per day.)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine dimesylate)	4	SL (1 capsule per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG (lisdexamfetamine dimesylate)	4	SL (2 tablets per day.)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (lisdexamfetamine dimesylate)	4	SL (1 tablet per day)
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (dextroamphetamine)	3	SL (1 patch per day.)
ANALGESICS AND ANTIPYRETICS, MISC. - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	NTT
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	NTT
ALLZITAL ORAL TABLET 25-325 MG (butalbital-acetaminophen)	4	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (benzhydrocodone-acetaminophen)	4	NTT
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	1	NTT
bac oral tablet 50-325-40 mg	1	SL (6 tablets per day)
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	NTT
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	SL (6 capsules per day)
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	SL (6 tablets per day)
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	NTT
ESGIC ORAL CAPSULE 50-325-40 MG (butalbital-apap-caffeine)	4	SL (6 capsules per day)
ESGIC ORAL TABLET 50-325-40 MG (butalbital-apap-caffeine)	4	SL (6 tablets per day)
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML (gabapentin)	3	PA
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-apap-caffeine)	4	SL (6 capsules per day.)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	1	NTT
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	NTT
NEURAPTINE EXTERNAL CREAM 10 % (gabapentin)	3	PA
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (gabapentin)	4	
NEURONTIN ORAL SOLUTION 250 MG/5ML (gabapentin)	4	
NEURONTIN ORAL TABLET 600 MG, 800 MG (gabapentin)	4	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	NTT
OXYCODONE-ACETAMINOPHEN ORAL TABLET 5-300 MG, 7.5-300 MG	4	NTT
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	1	SL (1 tablet per day.)
PROLATE ORAL TABLET 5-300 MG, 7.5-300 MG (oxycodone-acetaminophen)	4	NTT
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	3	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	NTT
TREZIX ORAL CAPSULE 320.5-30-16 MG (apap-caff-dihydrocodeine)	1	NTT
URELLE ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	3	
uretron d/s oral tablet 81.6 mg	1	
urin ds oral tablet 81.6 mg	1	
VILEVEV MB ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	3	
ANOREXIGENIC AGENTS - Drugs for the Nervous System		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (naltrexone-bupropion hcl)	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 (phentermine-topiramate)	3	PA; SL (1 capsule per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 (phentermine-topiramate)	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 (naltrexone-bupropion hcl)	3	PA; SL (4 tablets per day.)
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (setmelanotide acetate)	3	PA; M; SMCS; SP
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (tirzepatide-weight management)	3	PA; M; SL (0.08 ml per day.)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML (tirzepatide-weight management)	3	PA; M; SL (0.08 ml per day and 4 ml per 365 days.)
ANTICHOLINERGIC AGENTS (CNS) - Drugs for Parkinson		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	
ANTICONVULSANTS, MISCELLANEOUS - Drugs for Seizures		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (eslicarbazepine acetate)	3	PA
BANZEL ORAL SUSPENSION 40 MG/ML (rufinamide)	4	
BANZEL ORAL TABLET 200 MG, 400 MG (rufinamide)	4	PA
BRIVIACT ORAL SOLUTION 10 MG/ML (brivaracetam)	4	PA

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (carbamazepine)	3	
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (carbamazepine)	4	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (topiramate)	4	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (topiramate)	4	
topiramate oral capsule sprinkle 15 mg, 25 mg	1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (oxcarbazepine)	4	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (oxcarbazepine)	4	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
vigabatrin oral packet 500 mg	1	PA; SL (6 packets per day.); SMCS
vigabatrin oral tablet 500 mg	1	PA; SL (6 tablets per day.); SMCS; SP
vigadrone oral packet 500 mg	1	PA; SL (6 packets per day.); SMCS
vigadrone oral tablet 500 mg	1	PA; SL (6 tablets per day.); SMCS; SP
vigpoder oral packet 500 mg	1	PA; SL (6 packets per day.); SMCS
VIMPAT ORAL SOLUTION 10 MG/ML (lacosamide)	4	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (lacosamide)	4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (cenobamate)	3	PA
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG (cenobamate)	3	PA
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (zonisamide)	4	
ZONISADE ORAL SUSPENSION 100 MG/5ML (zonisamide)	4	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ZTALMY ORAL SUSPENSION 50 MG/ML (ganaxolone)	4	SMCS; SP
ANTIDEPRESSANTS, MISCELLANEOUS - Drugs for Depression & Psychosis		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (dextromethorphan-bupropion)	4	SL (2 tablets per day.)
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	1	H
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	4	SL (1 tablet per day.)
bupropion hcl oral tablet 100 mg, 75 mg	1	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (bupropion hcl)	4	SL (1 tablet per day.)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	1	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (esketamine hcl)	4	PA; SL (8 devices (4 kits) per month.); SMCS
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (esketamine hcl)	4	PA; SL (12 devices (4 kits) per month.); SMCS
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG (zuranolone)	2	PA; SL (28 capsules per year.); SMCS; SP
ZURZUVAE ORAL CAPSULE 30 MG (zuranolone)	2	PA; SL (14 capsules per year.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIMANIC AGENTS - Drugs for Personality Disorder		
aripiprazole oral solution 1 mg/ml	1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	
aripiprazole oral tablet dispersible 10 mg, 15 mg	1	SL (1 tablet per day.)
asenapine maleate sublingual tablet sublingual 10 mg, 5 mg	1	SL (2 tablets per day)
asenapine maleate sublingual tablet sublingual 2.5 mg	1	SL (2 tablets per day.)
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	1	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (carbamazepine)	4	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (divalproex sodium)	4	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (divalproex sodium)	4	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (divalproex sodium)	4	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
epitol oral tablet 200 mg	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (carbamazepine (antipsychotic))	3	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (lamotrigine)	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; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (lamotrigine)	4	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)	4	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (lamotrigine)	4	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (lamotrigine)	4	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (lamotrigine)	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (lamotrigine)	3	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	1	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	1	
lamotrigine starter kit-blue oral kit 35 x 25 mg	1	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
lithium carbonate er oral tablet extended release 300 mg, 450 mg	1	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium oral solution 8 meq/5ml	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (lithium carbonate)	4	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ft aspirin low dose oral tablet delayed release 81 mg	E	H
ft aspirin oral tablet chewable 81 mg	E	H
goodsense aspirin low dose oral tablet delayed release 81 mg	E	H
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	3	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (propranolol hcl)	4	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine-caffeine)	3	
mm aspirin oral tablet delayed release 81 mg	E	H
NAPROSYN ORAL SUSPENSION 125 MG/5ML (naproxen)	4	
naproxen dr oral tablet delayed release 500 mg	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg, 500 mg	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (aspirin)	E	H
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (aspirin)	E	H
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (topiramate)	4	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (topiramate)	4	
topiramate oral capsule sprinkle 15 mg, 25 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
ANTIPSYCHOTICS, MISCELLANEOUS - Drugs for Depression & Psychosis		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG (loxapine)	3	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	1	
pimozide oral tablet 1 mg, 2 mg	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC - Drugs for Anxiety & Sleep Disorder		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (suvorexant)	4	SL (1 tablet per day.)
bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
DAYVIGO ORAL TABLET 10 MG, 5 MG (lemborexant)	4	SL (1 tablet per day.)
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (zolpidem tartrate)	4	SL (1 sublingual tablet per day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (tasimelteon)	4	PA; SL (5.1 mL per day.); SMCS; SP
HETLIOZ ORAL CAPSULE 20 MG (tasimelteon)	4	PA; SL (1 capsule per day.); SMCS; SP
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
meprobamate oral tablet 200 mg, 400 mg	1	
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
ramelteon oral tablet 8 mg	1	SL (1 tablet per day)
tasimelteon oral capsule 20 mg	1	PA; SL (1 capsule per day.); SMCS; SP
VISTARIL ORAL CAPSULE 25 MG (hydroxyzine pamoate)	4	
zaleplon oral capsule 10 mg, 5 mg	1	
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	1	
ZOLPIDEM TARTRATE ORAL CAPSULE 7.5 MG	4	SL (1 capsule per day.)
zolpidem tartrate oral tablet 10 mg, 5 mg	1	
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	1	SL (1 sublingual tablet per day)
ATYPICAL ANTIPSYCHOTICS - Drugs for Depression & Psychosis		
aripiprazole oral solution 1 mg/ml	1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	
aripiprazole oral tablet dispersible 10 mg, 15 mg	1	SL (1 tablet per day.)
asenapine maleate sublingual tablet sublingual 10 mg, 5 mg	1	SL (2 tablets per day)
asenapine maleate sublingual tablet sublingual 2.5 mg	1	SL (2 tablets per day.)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (lumateperone tosylate)	4	PA; SL (1 capsule per day.)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	1	
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (clozapine)	4	
FANAPT ORAL TABLET 1 MG (iloperidone)	4	SL (86 tablets per year.)
FANAPT ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG (iloperidone)	4	SL (2 tablets per day)
FANAPT ORAL TABLET 2 MG (iloperidone)	4	SL (56 tablets per year.)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (iloperidone)	3	SL (8 tablets (1 pack) per 365 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lurasidone hcl oral tablet 120 mg, 20 mg, 60 mg	1	SL (1 tablet per day.)
lurasidone hcl oral tablet 40 mg	1	SL (1 tablet per day)
lurasidone hcl oral tablet 80 mg	1	SL (2 tablets per day.)
NUPLAZID ORAL CAPSULE 34 MG (pimavanserin tartrate)	4	PA
NUPLAZID ORAL TABLET 10 MG (pimavanserin tartrate)	4	PA
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	1	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	1	SL (1 capsule per day)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	1	SL (1 tablet per day)
paliperidone er oral tablet extended release 24 hour 6 mg	1	SL (2 tablets per day)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (brexpiprazole)	4	SL (1 tablet per day.)
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (quetiapine fumarate)	4	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (olanzapine-fluoxetine hcl)	4	SL (1 capsule per day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML (clozapine)	4	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (cariprazine hcl)	4	SL (1 capsule per day.)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	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 (primidone)	2	
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety & Sleep Disorder		
ALLZITAL ORAL TABLET 25-325 MG (butalbital-acetaminophen)	4	
ascomp-codeine oral capsule 50-325-40-30 mg	1	
bac oral tablet 50-325-40 mg	1	SL (6 tablets per day)
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	SL (6 capsules per day)
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	SL (6 tablets per day)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
ESGIC ORAL CAPSULE 50-325-40 MG (butalbital-apap-caffeine)	4	SL (6 capsules per day)
ESGIC ORAL TABLET 50-325-40 MG (butalbital-apap-caffeine)	4	SL (6 tablets per day)
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-apap-caffeine)	4	SL (6 capsules per day.)
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BENZODIAZEPINES (ANTICONVULSANTS) - Drugs for Seizures		
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet 10 mg, 20 mg	1	PA
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	
diazepam intensol oral concentrate 5 mg/ml	1	
diazepam oral concentrate 5 mg/ml	1	
diazepam oral solution 5 mg/5ml	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	
lorazepam intensol oral concentrate 2 mg/ml	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG (lorazepam)	4	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (midazolam (anticonvulsant))	3	PA
ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)	4	PA
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	4	PA
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (clobazam)	4	PA
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML (diazepam)	3	PA
VALTOCO NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 7.5 MG/0.1ML (diazepam)	3	PA
BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP) - Drugs for Anxiety & Sleep Disorder		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	1	
alprazolam intensol oral concentrate 1 mg/ml	1	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet 10 mg, 20 mg	1	PA
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	
diazepam intensol oral concentrate 5 mg/ml	1	
diazepam oral concentrate 5 mg/ml	1	
diazepam oral solution 5 mg/5ml	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	
estazolam oral tablet 1 mg, 2 mg	1	
flurazepam hcl oral capsule 15 mg, 30 mg	1	
HALCION ORAL TABLET 0.25 MG (triazolam)	4	
lorazepam intensol oral concentrate 2 mg/ml	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG (lorazepam)	4	
midazolam hcl oral syrup 2 mg/ml	1	
MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (midazolam)	3	PA
ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)	4	PA
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	4	PA
oxazepam oral capsule 10 mg, 15 mg, 30 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (temazepam)	4	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (clobazam)	4	PA
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	1	
triazolam oral tablet 0.125 mg, 0.25 mg	1	
BUTYROPHENONES - Drugs for Depression & Psychosis		
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
CALCITONIN GENE-RELATED PEPTIDE ANTAG. - Migraine Treatment		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (erenumab-aooe)	2	PA; M; SL (1 ml per 21 days.)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (erenumab-aooe)	2	PA; M
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (galcanezumab-gnlm)	2	PA; M; SL (0.04 ml per day.)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (galcanezumab-gnlm)	2	PA; M; SL (0.1 mL per day.)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (galcanezumab-gnlm)	2	PA; M; SL (0.04 ml per day.)
NURTEC ORAL TABLET DISPERSIBLE 75 MG (rimegepant sulfate)	2	PA; ST; SL (0.27 tablets per day.)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (atogepant)	2	PA; ST; SL (1 tablet per day.)
UBRELVY ORAL TABLET 100 MG, 50 MG (ubrogepant)	2	PA; ST; SL (0.27 tablets per day.)
ZAVZPRET NASAL SOLUTION 10 MG/ACT (zavegepant hcl)	4	PA; ST
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB. - Drugs for Parkinson		
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	1	
entacapone oral tablet 200 mg	1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (opicapone)	4	SL (1 capsule per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STALEVO 150 ORAL TABLET 37.5-150-200 MG (carbidopa-levodopa-entacapone)	4	
tolcapone oral tablet 100 mg	1	PA
CENTRAL NERVOUS SYSTEM AGENTS, MISC. - Drugs for Attention Deficit Disorder		
acamprosate calcium oral tablet delayed release 333 mg	1	
ADDYI ORAL TABLET 100 MG (flibanserin)	4	SL (1 tablet per day.)
atomoxetine hcl oral capsule 10 mg, 25 mg	1	SL (3 capsules per day.)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	1	SL (1 capsule per day)
atomoxetine hcl oral capsule 18 mg	1	SL (5 capsules per day.)
atomoxetine hcl oral capsule 40 mg	1	SL (2 capsules per day)
DAYBUE ORAL SOLUTION 200 MG/ML (trofinetide)	2	PA; SL (120 ml per day.); SMCS; SP
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	1	
guanfacine hcl oral tablet 1 mg, 2 mg	1	
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (sodium oxybate)	4	PA; SL (1 packet per day.); SMCS; SP
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (memantine hcl-donepezil hcl)	4	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (memantine hcl-donepezil hcl)	4	
NOURIANZ ORAL TABLET 20 MG, 40 MG (istradefylline)	3	SL (1 tablet per day.)
NUDEXTA ORAL CAPSULE 20-10 MG (dextromethorphan-quinidine)	2	PA; SL (2 capsules per day.)
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (edaravone)	3	PA; SL (50 ml per month.); SMCS; SP
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (edaravone)	3	PA; SL (1 starter kit per year.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RELYVRIO ORAL PACKET 3-1 GM (phenylbutyrate- taurursodiol)	4	PA; SL (2 packets per day.); SMCS; SP
riluzole oral tablet 50 mg	1	SMCS
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; SL (18 ml per day.); SMCS; SP
STRATTERA ORAL CAPSULE 10 MG, 25 MG (atomoxetine hcl)	4	SL (3 capsules per day.)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG (atomoxetine hcl)	4	SL (1 capsule per day)
STRATTERA ORAL CAPSULE 18 MG (atomoxetine hcl)	4	SL (5 capsules per day.)
STRATTERA ORAL CAPSULE 40 MG (atomoxetine hcl)	4	SL (2 capsules per day)
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (riluzole)	3	PA; SMCS; SP
VEOZAH ORAL TABLET 45 MG (fezolinetant)	4	SL (1 tablet per day.)
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (bremelanotide acetate)	4	M; SL (4 autoinjector pens (1.2mls) per month.)
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	2	PA; SL (1 capsule per day.); SMCS; SP
XYWAV ORAL SOLUTION 500 MG/ML (ca, mg, k, and na oxybates)	4	PA; SL (18 mL per day.); SMCS; SP
CYCLOOXYGENASE-2 (COX-2) INHIBITORS - Drugs for Pain		
celecoxib oral capsule 100 mg, 200 mg, 50 mg	1	SL (2 capsules per day)
celecoxib oral capsule 400 mg	1	SL (31 capsules per 31 days.)
DIBENZOXAPINES - Drugs for Depression & Psychosis		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG (loxapine)	3	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
DIHYDROINDOLONES - Drugs for Depression & Psychosis		
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	1	
DIPHENYLBUTYLPERIDINES - Drugs for Depression & Psychosis		
pimozide oral tablet 1 mg, 2 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DOPAMINE PRECURSORS - Drugs for Parkinson		
carbidopa oral tablet 25 mg	1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	1	
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	1	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (carbidopa-levodopa)	4	
INBRIJA INHALATION CAPSULE 42 MG (levodopa)	3	PA; SL (10 tablets per day.); SMCS; SP
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (carbidopa-levodopa)	4	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (carbidopa-levodopa-entacapone)	4	
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS - Drugs for Parkinson		
bromocriptine mesylate oral capsule 5 mg	1	
bromocriptine mesylate oral tablet 2.5 mg	1	
cabergoline oral tablet 0.5 mg	1	
FIBROMYALGIA AGENTS - Drugs for Nerve Pain		
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (pregabalin)	4	
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	4	
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	1	SL (1 tablet per day.)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (milnacipran hcl)	4	SL (2 tablets per day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (milnacipran hcl)	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 (divalproex sodium)	4	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (divalproex sodium)	4	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (stiripentol)	3	PA; SMCS; SP
DIACOMIT ORAL PACKET 250 MG, 500 MG (stiripentol)	3	PA; SMCS; SP
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (pregabalin)	4	
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	4	
NEURAPTINE EXTERNAL CREAM 10 % (gabapentin)	3	PA
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (gabapentin)	4	
NEURONTIN ORAL SOLUTION 250 MG/5ML (gabapentin)	4	
NEURONTIN ORAL TABLET 600 MG, 800 MG (gabapentin)	4	
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	1	SL (1 tablet per day.)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	
SABRIL ORAL TABLET 500 MG (vigabatrin)	4	PA; SL (6 tablets per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
valproic acid oral solution 250 mg/5ml	1	
vigabatrin oral packet 500 mg	1	PA; SL (6 packets per day.); SMCS
vigabatrin oral tablet 500 mg	1	PA; SL (6 tablets per day.); SMCS; SP
vigadrone oral packet 500 mg	1	PA; SL (6 packets per day.); SMCS
vigadrone oral tablet 500 mg	1	PA; SL (6 tablets per day.); SMCS; SP
vigpoder oral packet 500 mg	1	PA; SL (6 packets per day.); SMCS
ZTALMY ORAL SUSPENSION 50 MG/ML (ganaxolone)	4	SMCS; SP
HYDANTOINS - Drugs for Seizures		
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (phenytoin)	3	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (phenytoin sodium extended)	3	
DILANTIN ORAL SUSPENSION 125 MG/5ML (phenytoin)	3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML (phenytoin)	3	
phenytek oral capsule 200 mg, 300 mg	1	
phenytoin infatabs oral tablet chewable 50 mg	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
INHALATION ANESTHETICS - Anesthetics		
FORANE INHALATION SOLUTION (isoflurane)	2	
isoflurane inhalation solution	1	
sevoflurane inhalation solution	1	
terrell inhalation solution	1	
ULTANE INHALATION SOLUTION (sevoflurane)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ION CHANNEL INHIBITION AGENTS - Drugs for Seizures		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (eslicarbazepine acetate)	3	PA
BANZEL ORAL SUSPENSION 40 MG/ML (rufinamide)	4	
BANZEL ORAL TABLET 200 MG, 400 MG (rufinamide)	4	PA
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	1	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (lacosamide)	3	PA
oxcarbazepine oral suspension 300 mg/5ml	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
rufinamide oral suspension 40 mg/ml	1	
rufinamide oral tablet 200 mg, 400 mg	1	PA
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (oxcarbazepine)	4	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (oxcarbazepine)	4	
VIMPAT ORAL SOLUTION 10 MG/ML (lacosamide)	4	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (lacosamide)	4	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (cenobamate)	3	PA
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG (cenobamate)	3	PA
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (zonisamide)	4	
ZONISADE ORAL SUSPENSION 100 MG/5ML (zonisamide)	4	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
MELATONIN RECEPTOR AGONISTS - Drugs for Anxiety & Sleep Disorder		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (tasimelteon)	4	PA; SL (5.1 mL per day.); SMCS; SP
HETLIOZ ORAL CAPSULE 20 MG (tasimelteon)	4	PA; SL (1 capsule per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ramelteon oral tablet 8 mg	1	SL (1 tablet per day)
tasimelteon oral capsule 20 mg	1	PA; SL (1 capsule per day.); SMCS; SP
MONOAMINE OXIDASE B INHIBITORS - Drugs for Parkinson		
AZILECT ORAL TABLET 0.5 MG, 1 MG (rasagiline mesylate)	4	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (selegiline)	3	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	1	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (selegiline hcl)	3	
MONOAMINE OXIDASE INHIBITORS - Drugs for Depression & Psychosis		
AZILECT ORAL TABLET 0.5 MG, 1 MG (rasagiline mesylate)	4	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (selegiline)	3	
MARPLAN ORAL TABLET 10 MG (isocarboxazid)	3	
NARDIL ORAL TABLET 15 MG (phenelzine sulfate)	4	
PARNATE ORAL TABLET 10 MG (tranylcypromine sulfate)	4	
phenelzine sulfate oral tablet 15 mg	1	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	1	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
tranylcypromine sulfate oral tablet 10 mg	1	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (selegiline hcl)	3	
NMDA ANTAGONISTS - Drugs for Depression & Psychosis		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (esketamine hcl)	4	PA; SL (8 devices (4 kits) per month.); SMCS
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (esketamine hcl)	4	PA; SL (12 devices (4 kits) per month.); SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NON-BENZODIAZEPINE ANXIOLYTICS - Drugs for Anxiety & Sleep Disorder		
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
meprobamate oral tablet 200 mg, 400 mg	1	
NON-BENZODIAZEPINE HYPNOTICS - Drugs for Anxiety & Sleep Disorder		
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (zolpidem tartrate)	4	SL (1 sublingual tablet per day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	
zaleplon oral capsule 10 mg, 5 mg	1	
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	1	
ZOLPIDEM TARTRATE ORAL CAPSULE 7.5 MG	4	SL (1 capsule per day.)
zolpidem tartrate oral tablet 10 mg, 5 mg	1	
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	1	SL (1 sublingual tablet per day)
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - Drugs for Parkinson		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (apomorphine hcl)	4	PA; M; SL (3 ml per day.); SMCS; SP
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	1	PA; M; SL (3 ml per day.); SMCS; SP
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (rotigotine)	3	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
NON-OPIOID ANALGESICS - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	NTT
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	NTT

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; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALLZITAL ORAL TABLET 25-325 MG (butalbital-acetaminophen)	4	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (benzhydrocodone-acetaminophen)	4	NTT
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	1	NTT
bac oral tablet 50-325-40 mg	1	SL (6 tablets per day)
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	NTT
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	SL (6 capsules per day)
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	SL (6 tablets per day)
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	NTT
ESGIC ORAL CAPSULE 50-325-40 MG (butalbital-apap-caffeine)	4	SL (6 capsules per day)
ESGIC ORAL TABLET 50-325-40 MG (butalbital-apap-caffeine)	4	SL (6 tablets per day)
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-apap-caffeine)	4	SL (6 capsules per day.)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	1	NTT
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	NTT
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	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 (oxycodone-acetaminophen)	4	NTT
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	3	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	NTT

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TREZIX ORAL CAPSULE 320.5-30-16 MG (apap-caff-dihydrocodeine)	1	NTT
NONSTEROIDAL ANTI-INFLAMM. AGENTS, MISC - Drugs for Pain		
CAMBIA ORAL PACKET 50 MG (diclofenac potassium(migraine))	4	
DAYPRO ORAL TABLET 600 MG (oxaprozin)	4	
diclofenac potassium oral capsule 25 mg	1	SL (4 capsules per day.)
diclofenac potassium oral tablet 50 mg	1	
diclofenac potassium(migraine) oral packet 50 mg	1	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	1	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	1	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	1	
diflunisal oral tablet 500 mg	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG (naproxen)	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG (naproxen)	4	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	1	
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
flurbiprofen oral tablet 100 mg, 50 mg	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	NTT
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN ORAL SUSPENSION 25 MG/5ML (indomethacin)	4	
INDOCIN RECTAL SUPPOSITORY 50 MG (indomethacin)	4	
indomethacin er oral capsule extended release 75 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
indomethacin oral suspension 25 mg/5ml	1	
indomethacin rectal suppository 50 mg	1	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (ketoprofen-baclofen-gabap-lido)	3	PA
ketorolac tromethamine oral tablet 10 mg	1	
meclofenamate sodium oral capsule 100 mg, 50 mg	1	
mefenamic acid oral capsule 250 mg	1	
MELOXICAM ORAL SUSPENSION 7.5 MG/5ML	4	
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	1	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (naproxen)	4	
naproxen dr oral tablet delayed release 500 mg	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg, 500 mg	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet 600 mg	1	
piroxicam oral capsule 10 mg, 20 mg	1	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (ketorolac tromethamine)	4	ST
sulindac oral tablet 150 mg, 200 mg	1	
tolmetin sodium oral capsule 400 mg	1	
ZIPSOR ORAL CAPSULE 25 MG (diclofenac potassium)	4	SL (4 capsules per day.)
OPIOID AGONISTS (28:08) - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	NTT
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	NTT
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (benzhydrocodone-acetaminophen)	4	NTT
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	1	NTT
ascomp-codeine oral capsule 50-325-40-30 mg	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
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	SL (6 capsules per day.)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	NTT
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (tramadol hcl)	4	SL (1 capsule per day)
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	NTT
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	1	PA; SL (4 lozenges per day)
FENTANYL CITRATE BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; SL (4 buccal tablets per day)
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	1	PA; SL (0.34 patches per day)
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr	1	PA; SL (15 patches per 31 days)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (fentanyl citrate)	4	PA; SL (4 buccal tablets per day)
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	1	PA; SL (2 capsules per day)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg	1	PA; SL (0 tablet per 0 days)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	1	PA; SL (1 tablet per day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	1	NTT
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	NTT
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	NTT
hydromorphone hcl er oral tablet extended release 24 hour 12 mg	1	PA; SL (2 tablets per day)
hydromorphone hcl er oral tablet extended release 24 hour 16 mg, 8 mg	1	PA; SL (1 tablet per day)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg	1	PA; SL (1 capsule per day)
morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg	1	PA; SL (0 capsule per 100 days)
morphine sulfate er oral tablet extended release 15 mg, 30 mg	1	PA; SL (93 tablets per 31 days)
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	1	NTT
morphine sulfate oral tablet 15 mg, 30 mg	1	NTT
morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	1	NTT
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 50 MG (tapentadol hcl)	3	PA; SL (2 tablets per day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG, 250 MG (tapentadol hcl)	3	PA; SL (0 capsule per 100 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (tapentadol hcl)	2	SL (6 tablets per day); NTT
oxycodone hcl oral capsule 5 mg	1	NTT
oxycodone hcl oral concentrate 100 mg/5ml	1	NTT
oxycodone hcl oral solution 5 mg/5ml	1	NTT
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	NTT
oxycodone hcl oral tablet 5 mg	1	SL (12 tablets per day); NTT
oxycodone hcl oral tablet abuse-deterrent 15 mg	1	NTT
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	NTT
OXYCODONE-ACETAMINOPHEN ORAL TABLET 5-300 MG, 7.5-300 MG	4	NTT
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg	1	PA; SL (2 tablets per day.)
oxymorphone hcl er oral tablet extended release 12 hour 20 mg	1	PA; SL (0 tablet per 100 days.)
oxymorphone hcl er oral tablet extended release 12 hour 30 mg, 40 mg	1	PA; SL (0 capsule per 100 days)
oxymorphone hcl oral tablet 10 mg, 5 mg	1	SL (6 tablets per day); NTT
PROLATE ORAL TABLET 5-300 MG, 7.5-300 MG (oxycodone-acetaminophen)	4	NTT

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED 10 MG/ML (tramadol hcl)	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)
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1	SL (1 tablet per day)
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1	SL (1 tablet per day)
tramadol hcl oral tablet 50 mg	1	NTT
tramadol-acetaminophen oral tablet 37.5-325 mg	1	NTT
TREZIX ORAL CAPSULE 320.5-30-16 MG (apap-caff-dihydrocodeine)	1	NTT
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 9 MG (oxycodone)	4	PA; SL (2 tablets per day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG (oxycodone)	4	PA; SL (0 capsule per 100 days)
OPIOID ANTAGONISTS (28:10) - Drugs for Overdose or Poisoning		
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	1	SL (2 films per day.)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	1	SL (1 film per day.)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	1	SL (1 sublingual film per day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	1	SL (3 films per day.)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	1	SL (3 sublingual tablets per day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	1	SL (3 tablets per day.)
KLOXXADO NASAL LIQUID 8 MG/0.1ML (naloxone hcl)	2	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml	1	
naloxone hcl nasal liquid 4 mg/0.1ml	1	
naltrexone hcl oral tablet 50 mg	1	
NARCAN NASAL LIQUID 4 MG/0.1ML (naloxone hcl)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (nalmefene hcl)	2	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	1	NTT
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (methylnaltrexone bromide)	4	M; SL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (methylnaltrexone bromide)	4	M; SL (0.4 ml per day.)
RIVIVE NASAL LIQUID 3 MG/0.1ML (naloxone hcl)	2	
SUBOXONE SUBLINGUAL FILM 12-3 MG (buprenorphine hcl-naloxone hcl)	4	PA; ST; SL (2 films per day.)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG (buprenorphine hcl-naloxone hcl)	4	PA; ST; SL (1 film per day.)
SUBOXONE SUBLINGUAL FILM 4-1 MG (buprenorphine hcl-naloxone hcl)	4	PA; ST; SL (1 sublingual film per day)
SUBOXONE SUBLINGUAL FILM 8-2 MG (buprenorphine hcl-naloxone hcl)	4	PA; ST; SL (3 films per day.)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (naloxone hcl)	2	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG (buprenorphine hcl-naloxone hcl)	1	SL (1 tablet per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 5.7-1.4 MG (buprenorphine hcl-naloxone hcl)	1	SL (3 tablets per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 8.6-2.1 MG (buprenorphine hcl-naloxone hcl)	1	SL (2 tablets per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG (buprenorphine hcl-naloxone hcl)	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 (buprenorphine hcl)	3	PA; SL (2 films per day)
buprenorphine hcl sublingual tablet sublingual 2 mg	1	SL (3 sublingual tablets per day)
buprenorphine hcl sublingual tablet sublingual 8 mg	1	SL (3 tablets per day)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	1	SL (2 films per day.)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	1	SL (1 film per day.)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	1	SL (1 sublingual film per day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	1	SL (3 films per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	1	SL (3 sublingual tablets per day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	1	SL (3 tablets per day.)
buprenorphine transdermal patch weekly 10 mcg/hr, 20 mcg/hr, 5 mcg/hr	1	PA; SL (4 patches per 28 days)
buprenorphine transdermal patch weekly 15 mcg/hr, 7.5 mcg/hr	1	PA; SL (4 patches per month)
butorphanol tartrate nasal solution 10 mg/ml	1	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	1	NTT
SUBOXONE SUBLINGUAL FILM 12-3 MG (buprenorphine hcl-naloxone hcl)	4	PA; ST; SL (2 films per day.)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG (buprenorphine hcl-naloxone hcl)	4	PA; ST; SL (1 film per day.)
SUBOXONE SUBLINGUAL FILM 4-1 MG (buprenorphine hcl-naloxone hcl)	4	PA; ST; SL (1 sublingual film per day)
SUBOXONE SUBLINGUAL FILM 8-2 MG (buprenorphine hcl-naloxone hcl)	4	PA; ST; SL (3 films per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG (buprenorphine hcl-naloxone hcl)	1	SL (1 tablet per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 5.7-1.4 MG (buprenorphine hcl-naloxone hcl)	1	SL (3 tablets per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 8.6-2.1 MG (buprenorphine hcl-naloxone hcl)	1	SL (2 tablets per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG (buprenorphine hcl-naloxone hcl)	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 (suvorexant)	4	SL (1 tablet per day.)
DAYVIGO ORAL TABLET 10 MG, 5 MG (lemborexant)	4	SL (1 tablet per day.)
PHENOTHIAZINES - Drugs for Depression & Psychosis		
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	1	
chlorpromazine hcl oral tablet 10 mg, 25 mg	1	SL (6 tablets per day.)
chlorpromazine hcl oral tablet 100 mg, 50 mg	1	SL (4 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
chlorpromazine hcl oral tablet 200 mg	1	SL (2 tablets per day.)
compro rectal suppository 25 mg	1	
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
RESPIRATORY AND CNS STIMULANTS - Drugs for the Nervous System		
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	1	NTT
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (methylphenidate hcl)	4	SL (1 capsule per day.)
ascomp-codeine oral capsule 50-325-40-30 mg	1	
atomoxetine hcl oral capsule 10 mg, 25 mg	1	SL (3 capsules per day.)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	1	SL (1 capsule per day)
atomoxetine hcl oral capsule 18 mg	1	SL (5 capsules per day.)
atomoxetine hcl oral capsule 40 mg	1	SL (2 capsules per day)
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (serdexmethylphen-dexmethylphen)	2	SL (1 capsule per day.)
bac oral tablet 50-325-40 mg	1	SL (6 tablets per day)
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	SL (6 capsules per day)
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	SL (6 tablets per day)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	SL (2 tablets per day.)
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	SL (1 capsule per day.)
methylphenidate hcl er oral tablet extended release 10 mg	1	SL (10 tablets per day.)
methylphenidate hcl er oral tablet extended release 20 mg	1	SL (5 tablets per day.)
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	1	
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr	1	SL (1 patch per day)
methylphenidate transdermal patch 30 mg/9hr	1	SL (1 patch per day.)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine-caffeine)	3	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (methylphenidate hcl)	4	SL (1 tablet per day.)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (methylphenidate hcl)	4	SL (360 mL per month.)
STRATTERA ORAL CAPSULE 10 MG, 25 MG (atomoxetine hcl)	4	SL (3 capsules per day.)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG (atomoxetine hcl)	4	SL (1 capsule per day)
STRATTERA ORAL CAPSULE 18 MG (atomoxetine hcl)	4	SL (5 capsules per day.)
STRATTERA ORAL CAPSULE 40 MG (atomoxetine hcl)	4	SL (2 capsules per day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (theophylline)	3	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TREZIX ORAL CAPSULE 320.5-30-16 MG (apap-caff-dihydrocodeine)	1	NTT
REVERSIBLE COX-1/COX-2 INHIBITORS - Drugs for Pain		
DAYPRO ORAL TABLET 600 MG (oxaprozin)	4	
diflunisal oral tablet 500 mg	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG (naproxen)	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG (naproxen)	4	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	1	
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
flurbiprofen oral tablet 100 mg, 50 mg	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	NTT
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN ORAL SUSPENSION 25 MG/5ML (indomethacin)	4	
INDOCIN RECTAL SUPPOSITORY 50 MG (indomethacin)	4	
indomethacin er oral capsule extended release 75 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin oral suspension 25 mg/5ml	1	
indomethacin rectal suppository 50 mg	1	
ketorolac tromethamine oral tablet 10 mg	1	
meclofenamate sodium oral capsule 100 mg, 50 mg	1	
mefenamic acid oral capsule 250 mg	1	
MELOXICAM ORAL SUSPENSION 7.5 MG/5ML	4	
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	1	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (naproxen)	4	
naproxen dr oral tablet delayed release 500 mg	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
naproxen oral tablet delayed release 375 mg, 500 mg	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet 600 mg	1	
piroxicam oral capsule 10 mg, 20 mg	1	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (ketorolac tromethamine)	4	ST
sulindac oral tablet 150 mg, 200 mg	1	
SALICYLATES - Drugs for Pain		
ascomp-codeine oral capsule 50-325-40-30 mg	1	
aspirin 81 oral tablet delayed release 81 mg	E	H
aspirin adult low dose oral tablet delayed release 81 mg	E	H
aspirin adult low strength oral tablet delayed release 81 mg	E	H
aspirin childrens oral tablet chewable 81 mg	E	H
aspirin ec adult low dose oral tablet delayed release 81 mg	E	H
aspirin ec low dose oral tablet delayed release 81 mg	E	H
aspirin ec low strength oral tablet delayed release 81 mg	E	H
aspirin low dose oral tablet chewable 81 mg	E	H
aspirin low dose oral tablet delayed release 81 mg	E	H
aspirin oral tablet chewable 81 mg	E	H
aspirin oral tablet delayed release 81 mg	E	H
aspirin regimen oral tablet delayed release 81 mg	E	H
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	1	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
ft aspirin low dose oral tablet delayed release 81 mg	E	H
ft aspirin oral tablet chewable 81 mg	E	H
goodsense aspirin low dose oral tablet delayed release 81 mg	E	H
mm aspirin oral tablet delayed release 81 mg	E	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
salsalate oral tablet 500 mg, 750 mg	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (aspirin)	E	H
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (aspirin)	E	H
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR - Drugs for Depression & Psychosis		
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	4	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 50 mg	1	SL (1 tablet per day)
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg	1	SL (1 tablet per day.)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG (duloxetine hcl)	4	SL (2 capsules per day.)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG (duloxetine hcl)	4	SL (1 capsule per day.)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (levomilnacipran hcl)	4	ST; SL (1 capsule per day.)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (levomilnacipran hcl)	4	ST; SL (28 capsules per year.)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (milnacipran hcl)	4	SL (2 tablets per day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (milnacipran hcl)	4	SL (1 pack per 365 days.)
VENLAFAXINE BESYLATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 112.5 MG	4	
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	1	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg	1	SL (2 tablets per day)
venlafaxine hcl er oral tablet extended release 24 hour 225 mg, 37.5 mg, 75 mg	1	SL (1 tablet per day)

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENOVARX-AMITRIPTYLINE EXTERNAL KIT 2 %	3	PA
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (desipramine hcl)	4	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline hcl oral solution 10 mg/5ml	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
protriptyline hcl oral tablet 10 mg, 5 mg	1	
SILENOR ORAL TABLET 3 MG, 6 MG (doxepin hcl)	4	SL (1 tablet per day)
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	1	
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 9 MG (deutetrabenazine)	2	PA; SL (4 tablets per day); SMCS; SP
AUSTEDO ORAL TABLET 6 MG (deutetrabenazine)	2	PA; SL (2 tablets per day); SMCS; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG (deutetrabenazine)	2	PA; SL (2 tablets per day.); SMCS; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG (deutetrabenazine)	2	PA; SMCS; SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG (deutetrabenazine)	2	PA; SMCS; SP
INGREZZA ORAL CAPSULE 40 MG, 80 MG (valbenazine tosylate)	2	SL (1 capsule per day); SMCS; SP
INGREZZA ORAL CAPSULE 60 MG (valbenazine tosylate)	2	SL (1 capsule per day.); SMCS
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG (valbenazine tosylate)	2	PA; ST; SMCS; SP
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (valbenazine tosylate)	2	SL (1 kit (28 tablets) per year.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tetrabenazine oral tablet 12.5 mg	1	PA; SMCS
tetrabenazine oral tablet 25 mg	1	PA; SMCS; SP
WAKEFULNESS-PROMOTING AGENTS - Drugs for the Nervous System		
armodafinil oral tablet 150 mg, 250 mg	1	SL (1 tablet per day)
armodafinil oral tablet 200 mg	1	SL (1 tablet per day.)
armodafinil oral tablet 50 mg	1	SL (2 tablets per day.)
diclofenac sodium oral tablet delayed release 75 mg	1	
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (sodium oxybate)	4	PA; SL (1 packet per day.); SMCS; SP
modafinil oral tablet 100 mg, 200 mg	1	SL (3 tablets per day.)
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; SL (18 ml per day.); SMCS; SP
SUNOSI ORAL TABLET 150 MG, 75 MG (solriamfetol hcl)	2	PA; SL (1 tablet per day.)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (pitolisant hcl)	4	PA; SL (2 tablets per day.); SMCS; SP
DENTAL AGENTS - Oral Care		
DENTAL AGENTS - Oral Care		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	
CLINPRO 5000 DENTAL PASTE 1.1 % (sodium fluoride)	3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (sodium fluoride)	4	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	3	
DENTAGEL DENTAL GEL 1.1 % (sodium fluoride)	4	
easygel dental gel 0.4 %	1	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (sodium fluoride-vitamin d)	3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (pediatric multivitamins-fl)	3	
fluoridex daily renewal mouth/throat concentrate 0.63 %	1	
FLUORIDEX DENTAL PASTE 1.1 % (sodium fluoride)	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 % (sodium fluoride)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sod fluoride-potassium nitrate)	3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (sodium fluoride)	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sod fluoride-potassium nitrate)	3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (sodium fluoride)	3	
multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (pediatric multivitamins-fl)	3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (pediatric multivitamins-fl)	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (pediatric multivitamins-fl)	3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (sodium fluoride)	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (sodium fluoride)	4	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 % (sod fluoride-potassium nitrate)	3	
PREVIDENT 5000 KIDS DENTAL PASTE 1.1 % (sodium fluoride)	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (sodium fluoride)	3	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEVICES - Medical Supplies and Durable Medical Equipment		
DEVICES - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK AVIVA IN VITRO SOLUTION (blood glucose calibration)	1	
ACCU-CHEK FASTCLIX LANCET KIT KIT (lancets misc.)	1	
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID (blood glucose calibration)	3	
ACCU-CHEK GUIDE KIT W/DEVICE (blood glucose monitoring suppl)	3	M
ACCU-CHEK GUIDE ME KIT W/DEVICE (blood glucose monitoring suppl)	3	M
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID (blood glucose calibration)	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT KIT (lancets misc.)	1	
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM (insulin pen needle)	2	SL (10 pen needles per day.)
AEROCHAMBER HOLDING CHAMBER DEVICE (spacer/aero-holding chambers)	2	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE (spacer/aero-holding chambers)	2	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE (spacer/aero-holding chambers)	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE (spacer/aero-holding chambers)	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE (spacer/aero-holding chambers)	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE (spacer/aero-holding chambers)	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.)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 (blood glucose calibration)	2	
CARESENS LANCETS 30G (lancets)	3	
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID (blood glucose calibration)	3	
CARETOUCH HYPODERMIC NEEDLE 22G X 1" , 27G X 1-1/2" (needle (disp))	2	
CARETOUCH LANCING/EJECTOR (lancet devices)	3	
CEQUR SIMPLICITY 2U DEVICE (injection device for insulin)	3	ST
CHEMSTRIP BG LOG BOOK (blood glucose monitoring suppl)	1	M
CHOSEN LANCETS 30G (lancets)	3	
CHOSEN LANCING DEVICE (lancet devices)	3	
CHOSEN SAFETY LANCETS 28G (lancets)	3	
CLEVER CHOICE COMFORT EZ (lancets)	3	
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM (insulin pen needle)	2	SL (10 pen needles per day.)
COMFORT TOUCH TWIST LANCET 30G (lancets)	3	
CONTOUR CONTROL IN VITRO LIQUID HIGH (blood glucose calibration)	3	
CONTOUR CONTROL IN VITRO LIQUID LOW , NORMAL (blood glucose calibration)	2	
CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL (blood glucose calibration)	2	
CONTOUR NEXT MONITOR KIT W/DEVICE (blood glucose monitoring suppl)	2	M
CONTOUR NEXT ONE KIT (blood glucose monitoring suppl)	2	M
DEXCOM G6 RECEIVER DEVICE (continuous glucose receiver)	3	PA; M; SL (1 kit per 999 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEXCOM G6 SENSOR (continuous glucose sensor)	3	PA; M; SL (3 sensors per month.)
DEXCOM G6 TRANSMITTER (continuous glucose transmitter)	3	PA; M; SL (Benefit maximum quantity 1 transmitter per 3 months for Dexcom G6 Transmitter.)
DEXCOM G7 RECEIVER DEVICE (continuous glucose receiver)	3	PA; M; SL (1 kit per 999 days.)
DEXCOM G7 SENSOR (continuous glucose sensor)	3	PA; M; SL (3 sensors per month.)
DROPLET MICRON 34G X 3.5 MM (insulin pen needle)	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 (insulin syringe-needle u-100)	2	SL (10 syringes per day.)
DROPSAFE SICURA 25G X 1" (needle (disp))	2	
EASIVENT (spacer/aero-holding chambers)	2	
EASY COMFORT SHARPS CONTAINER	3	
EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID (blood glucose calibration)	3	
EASYMAX CONTROL IN VITRO SOLUTION NORMAL (blood glucose calibration)	3	
EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID (blood glucose calibration)	3	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (insulin pen needle)	2	SL (10 pen needles per day.)
ENLITE GLUCOSE SENSOR (continuous glucose sensor)	3	PA; M
FLEXICHAMBER ADULT MASK/SMALL (spacer/aero-hold chamber mask)	2	
FLEXICHAMBER CHILD MASK/LARGE (spacer/aero-hold chamber mask)	2	
FLEXICHAMBER CHILD MASK/SMALL (spacer/aero-hold chamber mask)	2	
FLEXICHAMBER DEVICE (spacer/aero-holding chambers)	2	
FORA TEST N' GO ADVANCE DEVICE (blood glucose/ketone monitor)	3	M

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FREESTYLE LIBRE 14 DAY READER DEVICE (continuous glucose receiver)	3	PA; M; SL (1 receiver per 999 days.)
FREESTYLE LIBRE 14 DAY SENSOR (continuous glucose sensor)	3	PA; M; SL (2 sensors per 21 days.)
FREESTYLE LIBRE 2 READER DEVICE (continuous glucose receiver)	3	PA; M; SL (1 receiver per 999 days.)
FREESTYLE LIBRE 2 SENSOR (continuous glucose sensor)	3	PA; M; SL (2 sensors per 21 days.)
FREESTYLE LIBRE 3 PLUS SENSOR (continuous glucose sensor)	3	PA; M
FREESTYLE LIBRE 3 READER DEVICE (continuous glucose receiver)	3	PA; M
FREESTYLE LIBRE 3 SENSOR (continuous glucose sensor)	3	PA; M; SL (2 sensors per 21 days.)
FREESTYLE LIBRE READER DEVICE (continuous glucose receiver)	3	PA; M; SL (1 kit per 999 days.)
GUARDIAN 4 GLUCOSE SENSOR (continuous glucose sensor)	3	PA; M
GUARDIAN 4 TRANSMITTER (continuous glucose transmitter)	3	PA; M
GUARDIAN CONNECT TRANSMITTER (continuous glucose transmitter)	3	PA; M; SL (1 transmitter per 365 days.)
GUARDIAN LINK 3 TRANSMITTER (continuous glucose transmitter)	3	PA; M; SL (1 transmitter kit per 365 days.)
GUARDIAN SENSOR (3) (continuous glucose sensor)	3	PA; M; SL (5 sensors per 24 days.)
GUARDIAN SENSOR 3	3	PA; M; SL (5 sensors per 24 days.)
INPEN 100-BLUE-LILLY-HUMALOG DEVICE (injection device for insulin)	3	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE (injection device for insulin)	3	ST
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE (injection device for insulin)	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE (injection device for insulin)	3	ST

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRUE METRIX LEVEL 3 IN VITRO SOLUTION HIGH (blood glucose calibration)	2	
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM (insulin pen needle)	2	SL (10 pen needles per day.)
UNISTRIP CONTROL IN VITRO SOLUTION LOW (blood glucose calibration)	3	
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (insulin pen needle)	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 (insulin syringe-needle u-100)	2	SL (10 syringes per day.)
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (insulin pen needle)	2	SL (10 pen needles per day.)
VERIFINE SAFE LANCET MINI 21G (lancets)	3	
VERIFINE SAFE LANCET MINI 23G (lancets)	3	
VERIFINE SAFE LANCET MINI 28G (lancets)	3	
VERIFINE SAFE LANCET MINI 30G (lancets)	3	
VERIFINE SHARPS CONTAINER (sharps container)	3	
VIVAGUARD INO CONTROL SOLUTION LIQUID IN VITRO (blood glucose calibration)	2	
VIVAGUARD INO CONTROL SOLUTION LIQUID IN VITRO (blood glucose calibration)	3	
VIVAGUARD LANCETS 30G (lancets)	3	
VIVAGUARD LANCING DEVICE (lancet devices)	3	
VIVAGUARD SAFETY LANCETS 28G (lancets)	3	
VORTEX VALVED HOLDING CHAMBER DEVICE (spacer/aero-holding chambers)	2	
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
ACTHAR INJECTION GEL 80 UNIT/ML (corticotropin)	4	PA; ST; M; SL (20 ml per 24 days.); SMCS; SP
CORTROPHIN INJECTION GEL 80 UNIT/ML (corticotropin)	4	PA; ST; M; SL (20 ml per 24 days.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORTROSYN INJECTION SOLUTION RECONSTITUTED 0.25 MG (cosyntropin)	4	M
cosyntropin injection solution reconstituted 0.25 mg	1	M
CARDIAC FUNCTION		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
DIABETES MELLITUS		
ACCU-CHEK GUIDE IN VITRO STRIP (glucose blood)	3	SL (51 strips per prescription without history 204 strips per prescription with history.)
CONTOUR NEXT TEST IN VITRO STRIP (glucose blood)	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 (ketone blood test)	3	
ONETOUCH ULTRA IN VITRO STRIP (glucose blood)	1	SL (51 strips per prescription without history 204 strips per prescription with history.)
ONETOUCH ULTRA TEST IN VITRO STRIP (glucose blood)	1	SL (51 strips per prescription without history 204 strips per prescription with history.)
ONETOUCH VERIO IN VITRO STRIP (glucose blood)	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 (covid-19 at home test)	3	SM
CARESTART COVID-19 HOME TEST IN VITRO KIT (covid-19 at home test)	3	SM
CLEARDETECT COVID-19 AG HOME IN VITRO KIT (covid-19 at home test)	3	SM
CLINITEST RAPID COVID-19 TEST IN VITRO KIT (covid-19 at home test)	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 (covid-19 at home test)	3	SM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 (covid-19 at home test)	3	SM
IHEALTH COVID-19 RAPID TEST IN VITRO KIT (covid-19 at home test)	3	SM
INDICAID COVID-19 RAPID TEST IN VITRO KIT (covid-19 at home test)	3	SM
INTELISWAB COVID-19 RAPID TEST IN VITRO KIT (covid-19 at home test)	3	SM
ON/GO COVID-19 ANTIGEN TEST IN VITRO KIT (covid-19 at home test)	3	SM
ON/GO ONE COVID-19 HOME TEST IN VITRO KIT (covid-19 at home test)	3	SM
PILOT COVID-19 AT-HOME TEST IN VITRO KIT (covid-19 at home test)	3	SM
QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT (covid-19 at home test)	3	SM
SPEEDY SWAB COVID-19 ANTIGEN IN VITRO KIT (covid-19 at home test)	3	SM
KETONES		
CHEMSTRIP K IN VITRO STRIP (acetone (urine) test)	2	
KETONE TEST IN VITRO STRIP	2	
KETOSTIX IN VITRO STRIP (acetone (urine) test)	2	
PHEOCHROMOCYTOMA		
DEMSEER ORAL CAPSULE 250 MG (metirosine)	4	
metirosine oral capsule 250 mg	1	
SUGAR		
DIASTIX REAGENT IN VITRO STRIP (glucose urine test-glucose ox)	3	
URINE AND FECES CONTENTS		
CHEMSTRIP UGK IN VITRO STRIP (urine glucose-ketones test)	3	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KRISTALOSE ORAL PACKET 10 GM, 20 GM (lactulose)	3	
lactulose encephalopathy oral solution 10 gm/15ml	1	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	1	
LITHOSTAT ORAL TABLET 250 MG (acetohydroxamic acid)	3	
RAVICTI ORAL LIQUID 1.1 GM/ML (glycerol phenylbutyrate)	4	PA; ST; SL (17.5 ml per day.); SMCS; SP
sodium phenylbutyrate oral powder 3 gm/tsp	1	PA; SMCS
sodium phenylbutyrate oral tablet 500 mg	1	PA; SMCS
CALORIC AGENTS - Drugs for Nutrition		
DOJOLVI ORAL LIQUID 100 % (triheptanoin)	4	PA; SMCS; SP
L-ISOLEUCINE POWDER	3	PA
CARBONIC ANHYDRASE INHIBITORS - Drugs for Water Balance		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
DIURETICS, MISCELLANEOUS - Drugs for Water Balance		
elixophyllin oral elixir 80 mg/15ml	3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (theophylline)	3	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
LOOP DIURETICS (40:28) - Drugs for Water Balance		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
BUMEX ORAL TABLET 0.5 MG (bumetanide)	3	
ethacrynic acid oral tablet 25 mg	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (furosemide)	4	PA; M
furosemide oral solution 10 mg/ml, 8 mg/ml	1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XPHOZAH ORAL TABLET 30 MG (tenapanor hcl (ckd))	4	PA; SL (2 tablets per day.); SMCS; SP
POTASSIUM-SPARING DIURETICS - Drugs for Water Balance		
amiloride hcl oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (spironolactone)	4	
eplerenone oral tablet 25 mg, 50 mg	1	
spironolactone oral suspension 25 mg/5ml	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
triamterene oral capsule 100 mg, 50 mg	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
REPLACEMENT PREPARATIONS		
CALCIFOL ORAL WAFER 1342-1.6 MG (ca carb-fa-d-b6-b12-boron-mg)	3	
calcium acetate (phos binder) oral capsule 667 mg	1	
calcium acetate (phos binder) oral tablet 667 mg	1	
calcium acetate oral tablet 667 mg	1	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (potassium bicarb-citric acid)	2	
effer-k oral tablet effervescent 25 meq	1	
GALZIN ORAL CAPSULE 25 MG, 50 MG (zinc acetate (oral))	3	
klor-con 10 oral tablet extended release 10 meq	1	
klor-con m10 oral tablet extended release 10 meq	1	
klor-con m15 oral tablet extended release 15 meq	1	
klor-con m20 oral tablet extended release 20 meq	1	
klor-con oral packet 20 meq	1	
klor-con oral tablet extended release 8 meq	1	
klor-con/ef oral tablet effervescent 25 meq	1	
K-PHOS ORAL TABLET 500 MG (potassium phosphate monobasic)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG (k phos mono-sod phos di & mono)	2	
k-prime oral tablet effervescent 25 meq	1	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ (potassium chloride)	3	
LIQUICAL PLUS ORAL LIQUID 84-24-0.7-10 MG-MCG/5ML (calcium-magnesium-zinc-vit d3)	3	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (insulin regular(human) in nacl)	3	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG (k phos mono-sod phos di & mono)	2	
phosphorous oral tablet 155-852-130 mg	1	
phospho-trin 250 neutral oral tablet 155-852-130 mg	1	
PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION 22-4-1 MEQ-MMOL/L	3	
PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5-1 MEQ-MMOL/L	3	
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	1	
potassium chloride er oral capsule extended release 10 meq, 8 meq	1	
potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
PREMESISRX ORAL TABLET 1 MG (prenatal ca-b6-b12-fa-ginger)	3	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (prenat-fecbn-feasp-meth-fa-dha)	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (prenat mv-min-methylfolate-fa)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION 22-4 MEQ/L (bicarb-dextrose-k (crrt))	3	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION 32-2.5 MEQ/L (bicarb-dextrose-ca (crrt))	3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION 32-2 MEQ/L (bicarb-dextrose-k (crrt))	3	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION 32-2-3.5 MEQ/L (bicarb-dextrose-k-ca (crrt))	3	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION 32-4-1.2 MEQ/L (bicarb-dextrose-k-mg (crrt))	3	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5 MEQ/L (bicarb-dextrose-k-ca (crrt))	3	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION 32-1.2 MEQ/L (bicarb-mg (crrt))	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (prenatal mv-min-fe fum-fa-dha)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (prenat w/o a-fe-methfol-fa-dha)	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
wes-phos 250 neutral oral tablet 155-852-130 mg	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; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 (quinapril-hydrochlorothiazide)	4	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
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	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
DIURIL ORAL SUSPENSION 250 MG/5ML (chlorothiazide)	2	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (azilsartan-chlorthalidone)	4	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (benazepril-hydrochlorothiazide)	4	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
THIAZIDE-LIKE DIURETICS - Drugs for Water Balance		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
THALITONE ORAL TABLET 15 MG (chlorthalidone)	4	
URICOSURIC AGENTS		
colchicine-probenecid oral tablet 0.5-500 mg	1	
probenecid oral tablet 500 mg	1	
VASOPRESSIN ANTAGONISTS - Drugs for Water Balance		
JYNARQUE ORAL TABLET 15 MG, 30 MG (tolvaptan)	2	PA; SL (2 tablets per day.); SMCS; SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG (tolvaptan)	2	PA; SL (2 tablets per day.); SMCS; SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG (tolvaptan)	2	PA; SL (2 tablets per day.); SMCS
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (tolvaptan)	2	PA; SL (2 tablets per day); SMCS; SP
SAMSCA ORAL TABLET 15 MG (tolvaptan)	4	PA; SL (90 tablets per 365 days.); SMCS; SP
SAMSCA ORAL TABLET 30 MG (tolvaptan)	4	PA; SL (60 tablets per 365 days.); SMCS; SP
tolvaptan oral tablet 15 mg	1	PA; SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tolvaptan oral tablet 30 mg	1	PA; SL (2 tablets per day.); SMCS; SP
ENZYMES		
ENZYME COFACTORS/CHAPERONES		
GALAFOLD ORAL CAPSULE 123 MG (migalastat hcl)	4	PA; SL (14 capsules per 21 days.); SMCS; SP
JAVYGTOR ORAL PACKET 100 MG (sapropterin dihydrochloride)	4	PA; SL (16 packets per day.); SMCS; SP
JAVYGTOR ORAL PACKET 500 MG (sapropterin dihydrochloride)	4	PA; SL (4 packets per day.); SMCS; SP
JAVYGTOR ORAL TABLET 100 MG (sapropterin dihydrochloride)	4	PA; SL (16 tablets per day); SMCS; SP
sapropterin dihydrochloride oral packet 100 mg	1	PA; SL (16 packets per day.); SMCS; SP
sapropterin dihydrochloride oral packet 500 mg	1	PA; SL (4 packets per day.); SMCS; SP
sapropterin dihydrochloride oral tablet 100 mg	1	PA; SL (16 tablets per day); SMCS; SP
ENZYME INHIBITORS		
CERDELGA ORAL CAPSULE 84 MG (eliglustat tartrate)	2	PA; SMCS; SP
miglustat oral capsule 100 mg	1	SMCS
OPFOLDA ORAL CAPSULE 65 MG (miglustat (gaa deficiency))	2	PA; SL (8 capsules per 21 days.); SMCS; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	1	PA; SMCS; SP
ORFADIN ORAL SUSPENSION 4 MG/ML (nitisinone)	2	PA; SMCS; SP
ZOKINVY ORAL CAPSULE 50 MG (lonafarnib)	2	PA; SL (5 capsules per day.); SMCS; SP
ZOKINVY ORAL CAPSULE 75 MG (lonafarnib)	2	PA; SL (1 tablet per day.); SMCS; SP
ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (pancrelipase (lip-prot-amyl))	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML (pegvaliase-pqpz)	3	PA; ST; M; SL (7 mL per year.); SMCS; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML (pegvaliase-pqpz)	3	PA; ST; M; SL (6 syringes per 365 days.); SMCS; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (pegvaliase-pqpz)	3	PA; ST; M; SL (1 ml per day.); SMCS; 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 (pancrelipase (lip-prot-amyl))	3	ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (pancrelipase (lip-prot-amyl))	4	ST
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (dornase alfa)	2	PA; SL (5 ml per day.); SMCS; SP
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (collagenase)	3	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML (asfotase alfa)	2	PA; M; SL (5.4 ml per month.); SMCS; SP
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML (asfotase alfa)	2	PA; M; SL (8.4 ml per month.); SMCS; SP
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML (asfotase alfa)	2	PA; M; SL (12 ml tablets per month.); SMCS; SP
STRENSIQ SUBCUTANEOUS SOLUTION 80 MG/0.8ML (asfotase alfa)	2	PA; M; SL (9.6 ml (12 vials) per month.); SMCS; SP
SUCRAID ORAL SOLUTION 8500 UNIT/ML (sacrosidase)	2	PA; SMCS; SP
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (pancrelipase (lip-prot-amyl))	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 (pancrelipase (lip-prot-amyl))	2	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ALPHA-ADRENERGIC AGONISTS (EENT) - Drugs for the Eye		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (brimonidine tartrate)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (brimonidine tartrate)	4	
apraclonidine hcl ophthalmic solution 0.5 %	1	
brimonidine tartrate external gel 0.33 %	1	PA
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (brimonidine tartrate-timolol)	1	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
IOPIDINE OPHTHALMIC SOLUTION 1 % (apraclonidine hcl)	3	
MIRVASO EXTERNAL GEL 0.33 % (brimonidine tartrate)	2	PA
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (brinzolamide-brimonidine)	4	
ANTIALLERGIC AGENTS - Drugs for Allergy		
ALOCRILOPHTHALMIC SOLUTION 2 % (nedocromil sodium)	3	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (lodoxamide tromethamine)	3	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl ophthalmic solution 0.05 %	1	
bepotastine besilate ophthalmic solution 1.5 %	1	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	1	
cromolyn sodium ophthalmic solution 4 %	1	
epinastine hcl ophthalmic solution 0.05 %	1	
olopatadine hcl nasal solution 0.6 %	1	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (olopatadine-mometasone)	4	
ANTIBACTERIALS (52:04) - Drugs for Infections		
AZASITE OPHTHALMIC SOLUTION 1 % (azithromycin)	3	
bacitracin ophthalmic ointment 500 unit/gm	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
ciprofloxacin hcl ophthalmic solution 0.3 %	1	
ciprofloxacin hcl otic solution 0.2 %	1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	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
erythromycin ophthalmic ointment 5 mg/gm	1	H
gatifloxacin ophthalmic solution 0.5 %	1	
gentamicin sulfate ophthalmic solution 0.3 %	1	
levofloxacin ophthalmic solution 1.5 %	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	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	1	
moxifloxacin hcl ophthalmic solution 0.5 %	1	
neomycin sulfate oral tablet 500 mg	1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000	1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
neo-polycin hc ophthalmic ointment 1 %	1	
neo-polycin ophthalmic ointment 3.5-400-10000	1	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (ofloxacin)	4	
ofloxacin ophthalmic solution 0.3 %	1	
ofloxacin otic solution 0.3 %	1	
polycin ophthalmic ointment 500-10000 unit/gm	1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
sulfacetamide sodium ophthalmic ointment 10 %	1	
sulfacetamide sodium ophthalmic solution 10 %	1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
TOBI PODHALER INHALATION CAPSULE 28 MG (tobramycin)	3	PA; SL (224 capsules per 56 days.); SMCS; SP
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (tobramycin-dexamethasone)	4	
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA; SL (224 ml per 56 days.); SMCS; SP
tobramycin ophthalmic solution 0.3 %	1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
TOBREX OPHTHALMIC OINTMENT 0.3 % (tobramycin)	3	
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	PA
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	PA
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (moxifloxacin hcl)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (loteprednol-tobramycin)	3	
ANTIFUNGALS (EENT) - Drugs for Infections		
NATACYN OPHTHALMIC SUSPENSION 5 % (natamycin)	3	
ANTI-INFECTIVES, MISCELLANEOUS (52:04) - Drugs for Infections		
ARZOL SILVER NIT APPLICATORS EXTERNAL 75-25 % (silver nitrate-pot nitrate)	3	
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % (povidone-iodine)	3	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (chlorhexidine gluconate)	4	
periogard mouth/throat solution 0.12 %	1	
PRAMOTIC OTIC LIQUID 1-0.1 % (pramoxine-chloroxylonol)	3	
silver nitrate external solution 0.5 %	1	
XDEMVIY OPHTHALMIC SOLUTION 0.25 % (lotilaner)	4	PA; SL (10 ml per 63 days.)
ANTI-INFLAMMATORY AGENTS (EENT) - Drugs for Inflammation		
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (perfluorohexyloctane)	4	PA; SL (3 ml per 23 days.)
OXERVATE OPHTHALMIC SOLUTION 0.002 % (cenegermin-bkbj)	4	PA; SL (1 ml per day and 56 ml per 365 days.); SMCS; SP
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
ANTIVIRALS (EENT) - Drugs for Infections		
trifluridine ophthalmic solution 1 %	1	
ZIRGAN OPHTHALMIC GEL 0.15 % (ganciclovir)	3	
ASTRINGENTS (52:04) - Drugs for Infections		
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (chlorhexidine gluconate)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
periogard mouth/throat solution 0.12 %	1	
BETA-ADRENERGIC BLOCKING AGENTS (EENT) - Drugs for the Eye		
betaxolol hcl ophthalmic solution 0.5 %	1	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (timolol hemihydrate)	2	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (betaxolol hcl)	3	
carteolol hcl ophthalmic solution 1 %	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (brimonidine tartrate-timolol)	1	
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (dorzolamide hcl-timolol mal)	4	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (timolol maleate)	4	
levobunolol hcl ophthalmic solution 0.5 %	1	
timolol maleate (once-daily) ophthalmic solution 0.5 %	1	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (timolol maleate)	4	
CARBONIC ANHYDRASE INHIBITORS (EENT) - Drugs for the Eye		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
brinzolamide ophthalmic suspension 1 %	1	
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (dorzolamide hcl-timolol mal)	4	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4	
dorzolamide hcl solution 2 % ophthalmic	1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocortisone-acetic acid otic solution 1-2 %	1	
INVELTYS OPHTHALMIC SUSPENSION 1 % (loteprednol etabonate)	3	
LOTEMAX OPHTHALMIC GEL 0.5 % (loteprednol etabonate)	4	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (loteprednol etabonate)	3	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (loteprednol etabonate)	3	
loteprednol etabonate ophthalmic gel 0.5 %	1	
loteprednol etabonate ophthalmic suspension 0.2 %, 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	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
neo-polycin hc ophthalmic ointment 1 %	1	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (ciclesonide)	4	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (prednisolone acetate)	3	
prednisolone acetate ophthalmic suspension 1 %	1	
prednisolone sodium phosphate ophthalmic solution 1 %	1	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (beclomethasone diprop (nasal))	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (beclomethasone diprop (nasal))	4	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (olopatadine-mometasone)	4	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (tobramycin-dexamethasone)	4	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	PA
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	PA
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (ciclesonide)	3	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (loteprednol-tobramycin)	3	
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); SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (cysteamine hcl)	2	PA; SL (60 ml (4 bottles) per month.); SMCS; SP
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (sulfuric acid-sulf phenolics)	2	
hydrocortisone-acetic acid otic solution 1-2 %	1	
IOPIDINE OPHTHALMIC SOLUTION 1 % (apraclonidine hcl)	3	
LACRISERT OPHTHALMIC INSERT 5 MG (artificial tear insert)	2	
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (perfluorohexyloctane)	4	PA; SL (3 ml per 23 days.)
MUCOSITISRX MOUTH/THROAT PACKET (artificial saliva)	3	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (cenegermin-bkbj)	4	PA; SL (1 ml per day and 56 ml per 365 days.); SMCS; SP
SALIVAMAX MOUTH/THROAT PACKET (artificial saliva)	4	
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (varenicline tartrate)	4	PA; SL (0.28 ml per day.)
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Inflammation		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (ketorolac tromethamine)	4	
ACULAR OPHTHALMIC SOLUTION 0.5 % (ketorolac tromethamine)	4	
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (ketorolac tromethamine)	4	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	1	
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %	1	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (bromfenac sodium)	4	
diclofenac sodium ophthalmic solution 0.1 %	1	
flurbiprofen sodium ophthalmic solution 0.03 %	1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (nepafenac)	4	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	1	
ketorolac tromethamine oral tablet 10 mg	1	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (nepafenac)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROLENSA OPHTHALMIC SOLUTION 0.07 % (bromfenac sodium)	4	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (ketorolac tromethamine)	4	ST
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	PA
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	PA
LOCAL ANESTHETICS (EENT) - Drugs for Numbing		
AKTEN OPHTHALMIC GEL 3.5 % (lidocaine hcl)	3	
ALCAINE OPHTHALMIC SOLUTION 0.5 % (proparacaine hcl)	3	
ALTACAIN OPHTHALMIC SOLUTION 0.5 % (tetracaine hcl)	3	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (dph-lido-alhydr-mghydr-simeth)	3	PA
lidocaine hcl mouth/throat solution 4 %	1	
lidocaine viscous hcl mouth/throat solution 2 %	1	
PRAMOTIC OTIC LIQUID 1-0.1 % (pramoxine-chloroxylonol)	3	
proparacaine hcl ophthalmic solution 0.5 %	1	
tetracaine hcl ophthalmic solution 0.5 %	1	
MACULAR DEGENERATION AGENTS		
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (cysteamine hcl)	4	PA; SL (20 mL per 21 days); SMCS
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (cysteamine hcl)	2	PA; SL (60 ml (4 bottles) per month.); SMCS; SP
MIOTICS - Drugs for the Eye		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (echothiophate iodide)	2	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
MYDRIATICS - Drugs for the Eye		
altafrin ophthalmic solution 10 %, 2.5 %	1	
atropine sulfate ophthalmic ointment 1 %	1	
atropine sulfate ophthalmic solution 1 %	1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 % (cyclopentolate hcl)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (cyclopentolate-phenylephrine)	3	
cyclopentolate hcl ophthalmic solution 1 %	1	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
PROSTAGLANDIN ANALOGS - Drugs for the Eye		
bimatoprost ophthalmic solution 0.03 %	1	
IYUZEH OPHTHALMIC SOLUTION 0.005 % (latanoprost)	4	
LATANOPROST OIL	3	PA
latanoprost ophthalmic solution 0.005 %	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (bimatoprost)	2	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (netarsudil-latanoprost)	3	
tafluprost (pf) ophthalmic solution 0.0015 %	1	ST
travoprost (bak free) ophthalmic solution 0.004 %	1	
XELPROS OPHTHALMIC EMULSION 0.005 % (latanoprost)	3	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (tafluprost)	3	ST
RHO KINASE INHIBITORS - Drugs for the Eye		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (netarsudil dimesylate)	3	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (netarsudil-latanoprost)	3	
VASOCONSTRICTORS		
ADRENALIN NASAL SOLUTION 0.1 % (epinephrine hcl (nasal))	2	
altafrin ophthalmic solution 10 %, 2.5 %	1	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (cyclopentolate-phenylephrine)	3	
epinephrine hcl (nasal) nasal solution 0.1 %	1	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
RHOFADE EXTERNAL CREAM 1 % (oxymetazoline hcl)	4	PA
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (oxymetazoline hcl)	4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (dph-lido-alhydr-mghydr-simeth)	3	PA
CHLORIDE CHANNEL ACTIVATORS		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (lubiprostone)	4	PA; SL (2 capsules per day.)
lubiprostone oral capsule 24 mcg, 8 mcg	1	PA; SL (2 capsules per day.)
GUANYLATE CYCLASE C (GCC) RECEPT AGONIST		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (linaclotide)	2	PA; SL (1 capsule per day.)
TRULANCE ORAL TABLET 3 MG (plecanatide)	4	PA; ST; SL (1 tablet per day)
IMMUNOMODULATORY AGENTS (56:44)		
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML (vedolizumab)	4	PA; M; SL (0.05 ml per day.); SMCS; SP
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (mirikizumab-mrkz)	3	PA; M; SL (0.072 ml per day.); SMCS; SP
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (mirikizumab-mrkz)	3	PA; SMCS; SP
OPIOID ANTAGONISTS (56:18)		
alvimopan oral capsule 12 mg	1	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (methylnaltrexone bromide)	4	M; SL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (methylnaltrexone bromide)	4	M; SL (0.4 ml per day.)
SYMPROIC ORAL TABLET 0.2 MG (naldemedine tosylate)	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 (netupitant-palonosetron)	4	
ANZEMET ORAL TABLET 50 MG (dolasetron mesylate)	3	
granisetron hcl oral tablet 1 mg	1	
ondansetron hcl oral solution 4 mg/5ml	1	
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ondansetron odt oral tablet dispersible 16 mg, 4 mg, 8 mg	1	
ANTIDIARRHEA AGENTS - Drugs for Diarrhea		
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	SL (120 capsules per 180 days.)
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	SL (120 capsules per 180 days.)
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
LOMOTIL ORAL TABLET 2.5-0.025 MG (diphenoxylate-atropine)	4	
MOTOFEN ORAL TABLET 1-0.025 MG (difenoxin-atropine)	4	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (crofelemer)	4	PA; SL (2 tablets per day.)
opium oral tincture 10 mg/ml (1%)	1	
PYLERA ORAL CAPSULE 140-125-125 MG (bis subcit-metronid-tetracyc)	4	SL (120 capsules per 180 days.)
VIBERZI ORAL TABLET 100 MG, 75 MG (eluxadoline)	3	SL (2 tablets per day.)
XERMELO ORAL TABLET 250 MG (telotristat etiprate)	3	PA; SL (3 tablets per day); SMCS; SP
ANTIEMETICS, MISCELLANEOUS - Drugs for Vomiting and Nausea		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	
MARINOL ORAL CAPSULE 2.5 MG (dronabinol)	4	
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
scopolamine transdermal patch 72 hour 1 mg/3days	1	
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	4	SL (4 ml per day)
ANTIFLATULENTS - Drugs for Gas		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (dph-lido-alhydr-mghydr-simeth)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTI-HISTAMINES (GI DRUGS) - Drugs for Vomiting and Nausea		
compro rectal suppository 25 mg	1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
trimethobenzamide hcl oral capsule 300 mg	1	
ANTI-INFLAMMATORY AGENTS (GI DRUGS) - Drugs for Inflammation		
alosetron hcl oral tablet 0.5 mg, 1 mg	1	PA; SL (2 tablets per day)
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (mesalamine)	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (sulfasalazine)	4	
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	4	
balsalazide disodium oral capsule 750 mg	1	
DIPENTUM ORAL CAPSULE 250 MG (olsalazine sodium)	3	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine rectal enema 4 gm	1	
mesalamine rectal suppository 1000 mg	1	SL (1 suppository per day.)
mesalamine-cleanser rectal kit 4 gm	1	SL (4 kits per month.)
ROWASA RECTAL KIT 4 GM (mesalamine-cleanser)	4	SL (4 kits per month.)
SFROWASA RECTAL ENEMA 4 GM/60ML (mesalamine)	4	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
ANTIULCER AGENTS AND ACID SUPPRESS.,MISC - Drugs for Ulcers and Stomach Acid		
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	SL (120 capsules per 180 days.)
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	SL (120 capsules per 180 days.)
PYLERA ORAL CAPSULE 140-125-125 MG (bis subcit-metronid-tetracyc)	4	SL (120 capsules per 180 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIULCER AGENTS AND ACID SUPPRESSANTS - Drugs for Ulcers and Stomach Acid		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (metronidazole benzoate)	3	PA
FLAGYL ORAL CAPSULE 375 MG (metronidazole)	4	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (metronidazole)	4	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (metronidazole benzoate)	3	PA
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
tetracycline hcl oral capsule 250 mg, 500 mg	1	
CATHARTICS AND LAXATIVES - Drugs for Constipation		
bisacodyl ec oral tablet delayed release 5 mg	E	H
bisacodyl oral tablet delayed release 5 mg	E	H
citroma oral solution 1.745 gm/30ml	E	H
clearlax oral powder 17 gm/scoop	E	H
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML (sod picosulfate-mag ox-cit acid)	2	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (dph-lido-alhydr-mghydr-simeth)	3	PA
ft clearlax oral powder 17 gm/scoop	E	H
ft laxative oral tablet delayed release 5 mg	E	H
ft magnesium citrate oral solution 1.745 gm/30ml	E	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
gavilax oral powder 17 gm/scoop	E	H
gavilyte-c oral solution reconstituted 240 gm	1	H
gavilyte-g oral solution reconstituted 236 gm	1	H
gavilyte-n with flavor pack oral solution reconstituted 420 gm	1	H
gentle laxative oral tablet delayed release 5 mg	E	H
gentlelax oral powder 17 gm/scoop	E	H
glycolax oral powder 17 gm/scoop	E	H
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (peg 3350-kcl-nabcb-nacl-nasulf)	4	
magnesium citrate oral solution 1.745 gm/30ml	E	H
mineral oil heavy oral oil	1	
mm clearlax oral powder 17 gm/scoop	E	H
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (peg-kcl-nacl-nasulf-na asc-c)	2	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	1	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	1	H
peg-3350/electrolytes oral solution reconstituted 236 gm	1	H
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	1	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	1	
PEG-PREP ORAL KIT 5-210 MG-GM (bisacodyl-peg-kcl-nabicar-nacl)	4	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (peg-kcl-nacl-nasulf-na asc-c)	2	
polyethylene glycol 3350 oral powder 17 gm/scoop	E	H
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (peg 3350-kcl-nacl-nasulf-mgsul)	3	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (na sulfate-k sulfate-mg sulf)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUTAB ORAL TABLET 1479-225-188 MG (sodium sulfate-mag sulfate-kcl)	2	H
true laxative oral powder 17 gm/scoop	E	H
CHOLELITHOLYTIC AGENTS - Drugs for the Stomach		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG (odevixibat)	4	PA; SL (2 capsules per day.); SMCS; SP
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG (odevixibat)	4	PA; SL (1 capsule per day.); SMCS; SP
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (odevixibat)	4	PA; SL (2 capsules per day.); SMCS; SP
CHENODAL ORAL TABLET 250 MG (chenodiol)	3	ST; SMCS; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (cholic acid)	2	PA; SL (4 capsules per day.); SMCS; SP
LIVMARLI ORAL SOLUTION 9.5 MG/ML (maralixibat chloride)	4	PA; SL (4 mL per day.); SMCS; SP
OCALIVA ORAL TABLET 10 MG, 5 MG (obeticholic acid)	4	PA; ST; SL (1 tablet per day.); SMCS; SP
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
URSODIOL+SYRSPEND SF ORAL SUSPENSION 30 MG/ML (ursodiol)	3	PA
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 (pancrelipase (lip-prot-amyl))	2	
GATTEX SUBCUTANEOUS KIT 5 MG (teduglutide (rdna))	2	PA; M; SL (1 vial per day.); SMCS; 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 (pancrelipase (lip-prot-amyl))	3	ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (pancrelipase (lip-prot-amyl))	4	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (pancrelipase (lip-prot-amyl))	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 (pancrelipase (lip-prot-amyl))	2	
GI DRUGS, MISCELLANEOUS - Drugs for the Stomach		
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA; M; SL (0.03 ml per day.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; M; SL (0.03 ml per day.); SMCS; SP
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; M; SL (0.08 syringe per day.); SMCS; SP
ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	2	PA; M; SL (0.08 syringe per day.); SMCS; SP
ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	3	PA; M; SMCS; SP
alvimopan oral capsule 12 mg	1	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (lubiprostone)	4	PA; SL (2 capsules per day.)
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG (odevixibat)	4	PA; SL (2 capsules per day.); SMCS; SP
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG (odevixibat)	4	PA; SL (1 capsule per day.); SMCS; SP
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (odevixibat)	4	PA; SL (2 capsules per day.); SMCS; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (cholic acid)	2	PA; SL (4 capsules per day.); SMCS; SP
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (certolizumab pegol)	2	PA; M; SL (1 kit per 21 days.); SMCS; SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (certolizumab pegol)	2	PA; M; SL (6 mL per 365 days.); SMCS; SP
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML (vedolizumab)	4	PA; M; SL (0.05 ml per day.); SMCS; SP
GATTEX SUBCUTANEOUS KIT 5 MG (teduglutide (rdna))	2	PA; M; SL (1 vial per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (adalimumab-bwwd)	2	PA; M; SL (0.03 ml per day.); SMCS; SP
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (adalimumab-bwwd)	2	PA; M; SL (0.06 ml per day.); SMCS; SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (adalimumab-bwwd)	2	PA; M; SL (0.03 ml per day.); SMCS; SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (adalimumab-bwwd)	2	PA; M; SL (0.06 ml per day.); SMCS; SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 pens per month.); SMCS; SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 pens per month.); SMCS; SP
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (adalimumab)	2	PA; M; SL (4 pens per 365 days.); SMCS; SP
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (adalimumab)	2	PA; M; SL (3 pens per year.); SMCS; SP
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (linaclotide)	2	PA; SL (1 capsule per day.)
LIVMARLI ORAL SOLUTION 9.5 MG/ML (maralixibat chloride)	4	PA; SL (4 mL per day.); SMCS; SP
lubiprostone oral capsule 24 mcg, 8 mcg	1	PA; SL (2 capsules per day.)
MARINOL ORAL CAPSULE 2.5 MG (dronabinol)	4	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (prucalopride succinate)	3	PA; SL (1 tablet per day.)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XPHOZAH ORAL TABLET 30 MG (tenapanor hcl (ckd))	4	PA; SL (2 tablets per day.); SMCS; SP
HISTAMINE H2-ANTAGONISTS - Drugs for Ulcers and Stomach Acid		
cimetidine hcl oral solution 300 mg/5ml	1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	
famotidine oral suspension reconstituted 40 mg/5ml	1	
LIPOTROPIC AGENTS - Drugs for the Stomach		
scopolamine transdermal patch 72 hour 1 mg/3days	1	
NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO ORAL CAPSULE 300-0.5 MG (netupitant-palonosetron)	4	
aprepitant oral 80 & 125 mg	1	
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	1	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (aprepitant)	2	
POTASSIUM-COMPETITIVE ACID BLOCKERS - Drugs for Ulcers and Stomach Acid		
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (amoxicillin-vonoprazan)	4	SL (112 tablets per 180 days.)
VOQUEZNA ORAL TABLET 10 MG (vonoprazan fumarate)	4	PA; SL (1 tablet per day and 186 tablets per 365 days.)
VOQUEZNA ORAL TABLET 20 MG (vonoprazan fumarate)	4	PA; SL (1 tablet per day and 62 tablets per 365 days.)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (amoxicill-clarithro-vonoprazan)	4	SL (112 tablets per 180 days.)
PROKINETIC AGENTS - Drugs for the Stomach		
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
metoclopramide hcl oral tablet dispersible 5 mg	1	
REGLAN ORAL TABLET 10 MG, 5 MG (metoclopramide hcl)	4	
PROSTAGLANDINS - Drugs for Ulcers and Stomach Acid		
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (misoprostol)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	1	
misoprostol oral tablet 100 mcg, 200 mcg	1	
PROTECTANTS - Drugs for Ulcers and Stomach Acid		
sucralfate oral suspension 1 gm/10ml	1	
sucralfate oral tablet 1 gm	1	
PROTON-PUMP INHIBITORS - Drugs for Ulcers and Stomach Acid		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	1	SL (112 capsules and tablets (1 Package) per 180 days.)
esomeprazole magnesium oral packet 10 mg, 20 mg	1	SL (1 packet per day.)
esomeprazole magnesium oral packet 40 mg	1	SL (1 packet per day)
FIRST PANTOPRAZOLE ORAL SUSPENSION 4 MG/ML (pantoprazole sodium)	3	
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML (lansoprazole)	3	PA
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML (omeprazole)	3	PA
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	1	SL (1 tablet per day.)
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 5 MG (esomeprazole magnesium)	4	SL (1 packet per day.)
NEXIUM ORAL PACKET 40 MG (esomeprazole magnesium)	4	SL (1 packet per day)
OMECLAMOX-PAK ORAL 500-500-20 MG (amoxicill-clarithro-omeprazole)	3	SL (1 carton (10 administrative cards, 80 tablets) per 6 months.)
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	1	
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML (omeprazole)	3	PA
pantoprazole sodium oral packet 40 mg	1	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	1	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (omeprazole magnesium)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROTONIX ORAL PACKET 40 MG (pantoprazole sodium)	4	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE 10 MG	4	SL (1 capsule per day.)
rabeprazole sodium oral tablet delayed release 20 mg	1	SL (1 tablet per day)
VOQUEZNA ORAL TABLET 10 MG (vonoprazan fumarate)	4	PA; SL (1 tablet per day and 186 tablets per 365 days.)
VOQUEZNA ORAL TABLET 20 MG (vonoprazan fumarate)	4	PA; SL (1 tablet per day and 62 tablets per 365 days.)
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA ORAL CAPSULE 3 MG (auranofin)	3	SMCS; SP
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
CHEMET ORAL CAPSULE 100 MG (succimer)	2	
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	1	SMCS; SP
deferasirox oral packet 180 mg, 360 mg, 90 mg	1	SMCS; SP
deferasirox oral tablet 180 mg, 360 mg, 90 mg	1	PA; SMCS; SP
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	1	PA; SMCS; SP
deferiprone oral tablet 1000 mg	1	PA; SMCS
deferiprone oral tablet 500 mg	1	PA; SMCS; SP
DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	2	SMCS; SP
FERRIPROX ORAL SOLUTION 100 MG/ML (deferiprone)	2	PA; SMCS; SP
FERRIPROX ORAL TABLET 1000 MG (deferiprone)	4	PA; SMCS
FERRIPROX ORAL TABLET 500 MG (deferiprone)	4	PA; SMCS; SP
penicillamine oral tablet 250 mg	1	SMCS; SP
trientine hcl oral capsule 250 mg	1	PA; SMCS; SP
trientine hcl oral capsule 500 mg	1	PA; SMCS
HORMONES AND SYNTHETIC SUBSTITUTES		
MELANOCORTIN RECEPTOR ANTAGONISTS		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (setmelanotide acetate)	3	PA; M; SMCS; SP
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (bremelanotide acetate)	4	M; SL (4 autoinjector pens (1.2mls) per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones		
ADRENALS - Hormones		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (fluticasone-salmeterol)	2	SL (0.4 grams per day.)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (albuterol-budesonide)	3	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (fluticasone furoate)	1	SL (1 blister per day.)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (fluticasone furoate)	1	SL (1 packet per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT (fluticasone furoate-vilanterol)	2	SL (2 blisters per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT, 50-25 MCG/INH (fluticasone furoate-vilanterol)	3	SL (2 blisters per day.)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (budeson-glycopyrrol-formoterol)	3	SL (0.36 grams per day.)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	1	SL (120 ml (2 boxes) per 30 days.)
budesonide inhalation suspension 1 mg/2ml	1	SL (60 ml (1 box) per 30 days.)
budesonide oral capsule delayed release particles 3 mg	1	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (hydrocortisone)	4	
CORTISONE ACETATE ORAL TABLET 25 MG	4	
dexamethasone intensol oral concentrate 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5ml	1	
dexamethasone oral solution 0.5 mg/5ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT (mometasone furo-formoterol fum)	4	ST; SL (0.44 grams per day.)
DULERA INHALATION AEROSOL 50-5 MCG/ACT (mometasone furo-formoterol fum)	4	ST; SL (0.44 mcg per day.)
fludrocortisone acetate oral tablet 0.1 mg	1	
flunisolide nasal solution 25 mcg/act (0.025%)	1	
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	4	SL (2 blisters per day.)
fluticasone propionate external cream 0.05 %	1	
fluticasone propionate external lotion 0.05 %	1	
fluticasone propionate external ointment 0.005 %	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.)
fluticasone propionate nasal suspension 50 mcg/act	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	4	SL (0.4 grams per day.)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	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.)
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
INTRAROSA VAGINAL INSERT 6.5 MG (prasterone)	4	PA; SL (1 insert per day)
ISTURISA ORAL TABLET 1 MG (osilodrostat phosphate)	4	PA; SL (8 tablets per day.); SMCS; SP
ISTURISA ORAL TABLET 5 MG (osilodrostat phosphate)	4	PA; SL (2 tablets per day.); SMCS; SP
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG (methylprednisolone)	4	
MEDROL ORAL TABLET 2 MG (methylprednisolone)	2	
MEDROL ORAL TABLET THERAPY PACK 4 MG (methylprednisolone)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
methylprednisolone oral tablet therapy pack 4 mg	1	
mometasone furoate nasal suspension 50 mcg/act	1	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (prednisolone sodium phosphate)	4	
PEDIAPRED ORAL SOLUTION 6.7 (5 BASE) MG/5ML (prednisolone sodium phosphate)	2	
prednisolone oral solution 15 mg/5ml	1	
prednisolone oral tablet 5 mg	1	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	1	
prednisone intensol oral concentrate 5 mg/ml	1	
prednisone oral solution 5 mg/5ml	1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	1	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (beclomethasone diprop (nasal))	4	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (beclomethasone diprop (nasal))	4	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (beclomethasone diprop hfa)	1	SL (10.6 grams per month.)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (beclomethasone diprop hfa)	1	SL (42.4 grams per month.)
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (olopatadine-mometasone)	4	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (budesonide-formoterol fumarate)	1	SL (0.35 grams per day.)
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (dexamethasone)	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (dexamethasone)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) (dexamethasone)	3	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (dexamethasone)	3	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (budesonide)	4	PA; SL (4 capsules per day.); SMCS; SP
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (fluticasone-umeclidin-vilant)	3	SL (2 blisters per day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (fluticasone-umeclidin-vilant)	3	SL (2 blisters per day.)
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (budesonide)	1	
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	SL (2 blisters per day.)
ALPHA-GLUCOSIDASE INHIBITORS - Drugs for Diabetes		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	1	
AMYLINOMIMETICS - Drugs for Diabetes		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (pramlintide acetate)	3	SL (4 pens (10.8 ml) per month.)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (pramlintide acetate)	3	SL (4 pens (6 ml) per month.)
ANDROGENS - Hormones		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (testosterone)	2	SL (1 patch per day)
COVARYX HS ORAL TABLET 0.625-1.25 MG (est estrogens-methyltest)	3	
COVARYX ORAL TABLET 1.25-2.5 MG (est estrogens-methyltest)	2	
danazol oral capsule 100 mg, 200 mg, 50 mg	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML (testosterone cypionate)	3	M

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML (testosterone cypionate)	4	M
EC-RX TESTOSTERONE TRANSDERMAL CREAM 0.2 %, 0.4 %, 10 %, 20 %	3	PA
EEMT HS ORAL TABLET 0.625-1.25 MG (est estrogens-methyltest)	3	
EEMT ORAL TABLET 1.25-2.5 MG (est estrogens-methyltest)	2	
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	1	
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	1	
est estrogens-methyltest oral tablet 1.25-2.5 mg	1	
estratest f.s. oral tablet 1.25-2.5 mg	1	
KYZATREX ORAL CAPSULE 100 MG (testosterone undecanoate)	4	SL (2 capsules per day.)
KYZATREX ORAL CAPSULE 150 MG, 200 MG (testosterone undecanoate)	4	SL (4 capsules per day.)
METHITEST ORAL TABLET 10 MG	2	
methyltestosterone oral capsule 10 mg	1	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (testosterone)	1	SL (100 mg Testosterone (2 X 5 grams tubes = 10 grams) per day)
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	M
testosterone enanthate intramuscular solution 200 mg/ml	1	M
testosterone gel 12.5 mg/act (1%) transdermal	1	SL (300 grams (4 pumps) per month)
testosterone gel 20.25 mg/act (1.62%) transdermal	1	SL (150 grams (2 pumps) per month.)
testosterone transdermal gel 1.62 %	1	SL (150 grams (2 pumps) per month.)
ANTIDIABETIC AGENTS, MISCELLANEOUS - Drugs for Diabetes		
colesevelam hcl oral packet 3.75 gm	1	
colesevelam hcl oral tablet 625 mg	1	
CYCLOSET ORAL TABLET 0.8 MG (bromocriptine mesylate)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KORLYM ORAL TABLET 300 MG (mifepristone)	4	PA; SL (4 tablets per day.); SMCS; SP
mifepristone oral tablet 300 mg	1	PA; SL (4 tablets per day.); SMCS; SP
ANTIESTROGENS - Drugs for Women		
anastrozole oral tablet 1 mg	1	H
exemestane oral tablet 25 mg	1	H
letrozole oral tablet 2.5 mg	1	H
ANTIGONADTROPINS - Hormones		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (degarelix acetate)	3	M; SMCS; SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (degarelix acetate)	3	M; SMCS; SP
MYFEMBREE ORAL TABLET 40-1-0.5 MG (relugolix-estradiol-norethind)	2	SL (1 tablet day.)
ORGOVYX ORAL TABLET 120 MG (relugolix)	3	PA; SL (1 tablet per day); SMCS; SP; CM
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (elagolix-estradiol-norethind)	2	PA; SL (2 capsules per day.)
ORLISSA ORAL TABLET 150 MG (elagolix sodium)	2	SL (1 tablet per day.)
ORLISSA ORAL TABLET 200 MG (elagolix sodium)	2	SL (2 tablets per day.)
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS - Hormones		
diazoxide oral suspension 50 mg/ml	1	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (diazoxide)	4	
ANTIPARATHYROID AGENTS - Drugs for Bones		
calcitonin (salmon) injection solution 200 unit/ml	1	M
calcitonin (salmon) nasal solution 200 unit/act	1	
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	1	PA
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (calcitonin (salmon))	3	M
ANTITHYROID AGENTS - Drugs for the Thyroid		
iodine strong oral solution 5 %	1	
methimazole oral tablet 10 mg, 5 mg	1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (empagliflozin-linagliptin-metformin)	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 (empagliflozin-linagliptin-metformin)	2	SL (2 tablets per day.)
CONTRACEPTIVES - Drugs for Women		
afirmelle oral tablet 0.1-20 mg-mcg	1	H
aftera oral tablet 1.5 mg	1	H
altavera oral tablet 0.15-30 mg-mcg	1	H
alyacen 1/35 oral tablet 1-35 mg-mcg	1	H
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
amethyst oral tablet 90-20 mcg	1	H
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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
ELLA ORAL TABLET 30 MG (ulipristal acetate)	1	SL (1 tablet per 21 days.); H
eluryng vaginal ring 0.12-0.015 mg/24hr	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
emzahh oral tablet 0.35 mg	1	H
enilloring vaginal ring 0.12-0.015 mg/24hr	1	H
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H
enskyce oral tablet 0.15-30 mg-mcg	1	H
errin oral tablet 0.35 mg	1	H
estarylla oral tablet 0.25-35 mg-mcg	1	H
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	H
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	1	H
falmina oral tablet 0.1-20 mg-mcg	1	H
finzala oral tablet chewable 1-20 mg-mcg(24)	1	H
gemmily oral capsule 1-20 mg-mcg(24)	1	H
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
hailey 24 fe oral tablet 1-20 mg-mcg(24)	1	H
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
hailey fe 1/20 oral tablet 1-20 mg-mcg	1	H
haloette vaginal ring 0.12-0.015 mg/24hr	1	H
heather oral tablet 0.35 mg	1	H
her style oral tablet 1.5 mg	1	H
iclevia oral tablet 0.15-0.03 mg	1	H
incassia oral tablet 0.35 mg	1	H
introvale oral tablet 0.15-0.03 mg	1	H
isibloom oral tablet 0.15-30 mg-mcg	1	H
jaimiess oral tablet 0.15-0.03 & 0.01 mg	1	H
jasmiel oral tablet 3-0.02 mg	1	H
jencycla oral tablet 0.35 mg	1	H
jolessa oral tablet 0.15-0.03 mg	1	H
joyeaux oral tablet 0.1-20 mg-mcg(21)	1	H
juleber oral tablet 0.15-30 mg-mcg	1	H
junel 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel 1/20 oral tablet 1-20 mg-mcg	1	H

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; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
low-ogestrel oral tablet 0.3-30 mg-mcg	1	H
lo-zumandimine oral tablet 3-0.02 mg	1	H
lutera oral tablet 0.1-20 mg-mcg	1	H
lyleq oral tablet 0.35 mg	1	H
lyza oral tablet 0.35 mg	1	H
marlissa oral tablet 0.15-30 mg-mcg	1	H
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	1	SL (5 ml per year.); H
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	1	SL (5 mL per 365 days.); H
merzee oral capsule 1-20 mg-mcg(24)	1	H
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin 1/20 oral tablet 1-20 mg-mcg	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	H
mili oral tablet 0.25-35 mg-mcg	1	H
mono-linyah oral tablet 0.25-35 mg-mcg	1	H
my choice oral tablet 1.5 mg	1	H
my way oral tablet 1.5 mg	1	H
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (estradiol valerate-dienogest)	1	H
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
new day oral tablet 1.5 mg	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (drospirenone-estetrol)	4	H
nikki oral tablet 3-0.02 mg	1	H
nora-be oral tablet 0.35 mg	1	H
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	1	H
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	H
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethindrone oral tablet 0.35 mg	1	H
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc oral tablet 0.35 mg	1	H
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	H
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	H
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nylia 1/35 oral tablet 1-35 mg-mcg	1	H
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella oral tablet 3-0.03 mg	1	H
opcicon one-step oral tablet 1.5 mg	1	H
OPILL ORAL TABLET 0.075 MG (norgestrel)	1	H
option 2 oral tablet 1.5 mg	1	H
philith oral tablet 0.4-35 mg-mcg	1	H
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
PLAN B ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	1	H
portia-28 oral tablet 0.15-30 mg-mcg	1	H
react oral tablet 1.5 mg	1	H
reclipsen oral tablet 0.15-30 mg-mcg	1	H
rivilsa oral tablet 42-21-21-7 days	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
setlakin oral tablet 0.15-0.03 mg	1	H
sharobel oral tablet 0.35 mg	1	H
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
simpesse oral tablet 0.15-0.03 & 0.01 mg	1	H
SLYND ORAL TABLET 4 MG (drospirenone)	4	H
sprintec 28 oral tablet 0.25-35 mg-mcg	1	H
sronyx oral tablet 0.1-20 mg-mcg	1	H
syeda oral tablet 3-0.03 mg	1	H
take action oral tablet 1.5 mg	1	H
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	H
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	H
taysofy oral capsule 1-20 mg-mcg(24)	1	H
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	1	H
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
turqoz oral tablet 0.3-30 mg-mcg	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	
tydemy oral tablet 3-0.03-0.451 mg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	1	H
vestura oral tablet 3-0.02 mg	1	H
vienva oral tablet 0.1-20 mg-mcg	1	H
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
vyfemla oral tablet 0.4-35 mg-mcg	1	H
vylibra oral tablet 0.25-35 mg-mcg	1	H
wera oral tablet 0.5-35 mg-mcg	1	H
wymzya fe oral tablet chewable 0.4-35 mg-mcg	1	H
xulane transdermal patch weekly 150-35 mcg/24hr	1	H
YASMIN 28 ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	3	
YAZ ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	3	
zafemy transdermal patch weekly 150-35 mcg/24hr	1	H
zovia 1/35 (28) oral tablet 1-35 mg-mcg	1	H
zumandimine oral tablet 3-0.03 mg	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 (empagliflozin-linagliptin)	2	ST; SL (1 tablet per day.)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin-metformin hcl)	2	SL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (linagliptin-metformin hcl)	2	SL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (linagliptin-metformin hcl)	2	SL (1 tablet per day.)
saxagliptin hcl oral tablet 2.5 mg, 5 mg	1	SL (1 tablet per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg	1	SL (62 tablets per month.)
saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg	1	SL (31 tablets per month.)
TRADJENTA ORAL TABLET 5 MG (linagliptin)	2	SL (1 tablet per day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (empagliflozin-linagliptin-metformin)	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 (empagliflozin-linagliptin-metformin)	2	SL (2 tablets per day.)
ESTROGEN AGONIST-ANTAGONISTS - Drugs for Women		
DUAVEE ORAL TABLET 0.45-20 MG (conj estrogens-bazedoxifene)	3	SL (1 tablet per day)
OSPHEA ORAL TABLET 60 MG (ospemifene)	2	PA; SL (1 tablet per day.)
raloxifene hcl oral tablet 60 mg	1	H
SOLTAMOX ORAL SOLUTION 10 MG/5ML (tamoxifen citrate)	4	
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H
toremifene citrate oral tablet 60 mg	1	CM
ESTROGENS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	4	
afirmelle oral tablet 0.1-20 mg-mcg	1	H
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol)	3	SL (8 patches (1 box) per 28 days.)
altavera oral tablet 0.15-30 mg-mcg	1	H
alyacen 1/35 oral tablet 1-35 mg-mcg	1	H
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
amethyst oral tablet 90-20 mcg	1	H
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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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
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.)
COVARYX HS ORAL TABLET 0.625-1.25 MG (est estrogens-methyltest)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COVARYX ORAL TABLET 1.25-2.5 MG (est estrogens-methyltest)	2	
cryselle-28 oral tablet 0.3-30 mg-mcg	1	H
cyred eq oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35 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
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML (estradiol valerate)	4	M
delyla oral tablet 0.1-20 mg-mcg	1	H
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)	3	M
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM (estradiol)	3	
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM (estradiol)	2	
dolishale oral tablet 90-20 mcg	1	H
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	1	SL (8 patches (1 box) per 28 days.)
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
DUAVEE ORAL TABLET 0.45-20 MG (conj estrogens-basedoxifene)	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 (est estrogens-methyltest)	3	
EEMT ORAL TABLET 1.25-2.5 MG (est estrogens-methyltest)	2	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (estradiol)	3	
elinest oral tablet 0.3-30 mg-mcg	1	H

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

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; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	SL (4 patches (1 carton) per 28 days.)
estradiol vaginal cream 0.1 mg/gm	1	
estradiol vaginal tablet 10 mcg	1	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	M
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
estratest f.s. oral tablet 1.25-2.5 mg	1	
ESTRING VAGINAL RING 7.5 MCG/24HR (estradiol)	2	SL (1 ring per 90 days.)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (estradiol)	3	SL (50 grams (1 box) per month.)
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	H
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	1	H
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (estradiol)	2	
falmina oral tablet 0.1-20 mg-mcg	1	H
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (estradiol acetate)	3	SL (1 ring per 3 months.)
finzala oral tablet chewable 1-20 mg-mcg(24)	1	H
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
gemmily oral capsule 1-20 mg-mcg(24)	1	H
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
hailey 24 fe oral tablet 1-20 mg-mcg(24)	1	H
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
hailey fe 1/20 oral tablet 1-20 mg-mcg	1	H
haloette vaginal ring 0.12-0.015 mg/24hr	1	H
iclevia oral tablet 0.15-0.03 mg	1	H
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (estradiol)	2	SL (0.29 vaginal insert per day.)
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (estradiol)	2	SL (18 inserts per year.)

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; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
introvale oral tablet 0.15-0.03 mg	1	H
isibloom oral tablet 0.15-30 mg-mcg	1	H
jaimiess oral tablet 0.15-0.03 & 0.01 mg	1	H
jasmiel oral tablet 3-0.02 mg	1	H
jinteli oral tablet 1-5 mg-mcg	1	
jolessa oral tablet 0.15-0.03 mg	1	H
joyeaux oral tablet 0.1-20 mg-mcg(21)	1	H
juleber oral tablet 0.15-30 mg-mcg	1	H
junel 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel fe 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 24 oral tablet 1-20 mg-mcg(24)	1	H
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	1	H
kalliga oral tablet 0.15-30 mg-mcg	1	H
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
kelnor 1/35 oral tablet 1-35 mg-mcg	1	H
kelnor 1/50 oral tablet 1-50 mg-mcg	1	H
kurvelo oral tablet 0.15-30 mg-mcg	1	H
larin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
larin 1/20 oral tablet 1-20 mg-mcg	1	H
larin 24 fe oral tablet 1-20 mg-mcg(24)	1	H
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
larin fe 1/20 oral tablet 1-20 mg-mcg	1	H
layolis fe oral tablet chewable 0.8-25 mg-mcg	1	H
leena oral tablet 0.5/1/0.5-35 mg-mcg	1	H
lessina oral tablet 0.1-20 mg-mcg	1	H
levonest oral tablet 50-30/75-40/ 125-30 mcg	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H
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	1	H
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	1	H
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	H
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	1	H
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (norethin-eth estrad-fe biphas)	1	H
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	1	H
loryna oral tablet 3-0.02 mg	1	H
low-ogestrel oral tablet 0.3-30 mg-mcg	1	H
lo-zumandimine oral tablet 3-0.02 mg	1	H
lutera oral tablet 0.1-20 mg-mcg	1	H
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	1	SL (8 patches (1 box) per 28 days.)
marlissa oral tablet 0.15-30 mg-mcg	1	H
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (esterified estrogens)	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (estradiol)	3	SL (4 patches (1 carton) per 28 days.)
merzee oral capsule 1-20 mg-mcg(24)	1	H
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin 1/20 oral tablet 1-20 mg-mcg	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	H
mili oral tablet 0.25-35 mg-mcg	1	H
mimvey oral tablet 1-0.5 mg	1	
mono-lynyah oral tablet 0.25-35 mg-mcg	1	H
MYFEMBREE ORAL TABLET 40-1-0.5 MG (relugolix-estradiol-norethind)	2	SL (1 tablet day.)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (estradiol valerate-dienogest)	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (drospirenone-estetrol)	4	H
nikki oral tablet 3-0.02 mg	1	H
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	1	H
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	1	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	H
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	1	H
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	H
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	H
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nylia 1/35 oral tablet 1-35 mg-mcg	1	H
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella oral tablet 3-0.03 mg	1	H
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (elagolix-estradiol-norethind)	2	PA; SL (2 capsules per day.)
philith oral tablet 0.4-35 mg-mcg	1	H
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
portia-28 oral tablet 0.15-30 mg-mcg	1	H
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens conjugated)	2	
PREMARIN VAGINAL CREAM 0.625 MG/GM (estrogens, conjugated)	3	
PREMPHASE ORAL TABLET 0.625-5 MG (conj estrog-medroxyprogest ace)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (conj estrog-medroxyprogest ace)	2	
reclipsen oral tablet 0.15-30 mg-mcg	1	H
rivelsa oral tablet 42-21-21-7 days	1	H
setlakin oral tablet 0.15-0.03 mg	1	H
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
simpesse oral tablet 0.15-0.03 & 0.01 mg	1	H
sprintec 28 oral tablet 0.25-35 mg-mcg	1	H
sronyx oral tablet 0.1-20 mg-mcg	1	H
syeda oral tablet 3-0.03 mg	1	H
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	H
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	H
taysofy oral capsule 1-20 mg-mcg(24)	1	H
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	1	H

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; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
turqoz oral tablet 0.3-30 mg-mcg	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	
tydemy oral tablet 3-0.03-0.451 mg	1	H
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	1	H
vestura oral tablet 3-0.02 mg	1	H
vienva oral tablet 0.1-20 mg-mcg	1	H
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
vyfemla oral tablet 0.4-35 mg-mcg	1	H
vylibra oral tablet 0.25-35 mg-mcg	1	H
wera oral tablet 0.5-35 mg-mcg	1	H
wymzya fe oral tablet chewable 0.4-35 mg-mcg	1	H
xulane transdermal patch weekly 150-35 mcg/24hr	1	H
YASMIN 28 ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	3	
YAZ ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	3	
yuvaferm vaginal tablet 10 mcg	1	
zafemy transdermal patch weekly 150-35 mcg/24hr	1	H
zovia 1/35 (28) oral tablet 1-35 mg-mcg	1	H
zumandimine oral tablet 3-0.03 mg	1	H
GLYCOGENOLYTIC AGENTS - Hormones		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (glucagon)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (glucagon)	2	
glucagon emergency kit injection kit 1 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 (glucagon)	2	M
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (glucagon)	2	M
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (glucagon)	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (glucagon)	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (dasiglucagon hcl)	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (dasiglucagon hcl)	2	
GONADOTROPINS - Hormones		
leuprolide acetate injection kit 1 mg/0.2ml	1	PA; M; SMCS
SYNAREL NASAL SOLUTION 2 MG/ML (nafarelin acetate)	2	
INCRETIN MIMETICS - Drugs for Diabetes		
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (exenatide)	2	PA; SL (3.4 mL per month)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (exenatide)	2	PA; SL (2.4 ml (one pen) per month.)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (exenatide)	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.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (tirzepatide)	2	PA; SL (0.08 ml per day.)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (semaglutide)	2	PA; SL (6 ml per month.)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML (semaglutide)	2	PA; SL (3 ml per month.)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (semaglutide)	2	PA; SL (1 tablet per day.)
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (liraglutide -weight management)	3	PA; M; SL (0.6 ml per day.)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (insulin glargine-lixisenatide)	2	SL (18 ml per month.)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (dulaglutide)	2	PA; SL (2 ml per month.)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML (dulaglutide)	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 (semaglutide-weight management)	3	PA; M; 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 (semaglutide-weight management)	3	PA; M; SL (0.11 ml per day.)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (tirzepatide-weight management)	3	PA; M; SL (0.08 ml per day.)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML (tirzepatide-weight management)	3	PA; M; SL (0.08 ml per day and 4 ml per 365 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INTERMEDIATE-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (insulin nph isophane & regular)	2	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (insulin nph isophane & regular)	1	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (insulin nph human (isophane))	2	
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (insulin nph human (isophane))	1	
LEPTINS - Hormones		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (metreleptin)	3	PA; M; SL (0.9 vial per day.); SMCS; SP
LONG-ACTING INSULINS - Drugs for Diabetes		
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (insulin glargine)	1	
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine)	1	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (insulin glargine-lixisenatide)	2	SL (18 ml per month.)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (insulin glargine)	2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (insulin glargine)	2	
MEGLITINIDES - Drugs for Diabetes		
nateglinide oral tablet 120 mg, 60 mg	1	SL (3 tablets per day)
repaglinide oral tablet 0.5 mg, 1 mg	1	SL (4 tablets per day)
repaglinide oral tablet 2 mg	1	SL (8 tablets per day)
PARATHYROID AGENTS - Drugs for Bones		
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA; M; SMCS; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (abaloparatide)	3	PA; M; SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PITUITARY - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (corticotropin)	4	PA; ST; M; SL (20 ml per 24 days.); SMCS; SP
CORTROPHIN INJECTION GEL 80 UNIT/ML (corticotropin)	4	PA; ST; M; SL (20 ml per 24 days.); SMCS; SP
desmopressin ace spray refrig nasal solution 0.01 %	1	
desmopressin acetate injection solution 4 mcg/ml	1	M
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	3	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	1	
desmopressin acetate pf injection solution 4 mcg/ml	1	M
desmopressin acetate spray nasal solution 0.01 %	1	
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (somatropin-ghla)	4	PA; M; SL (0.172 ml per day.); SMCS; SP
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (desmopressin acetate)	3	SL (1 tablet per day.)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML (somatropin)	2	PA; M; SL (13.5 mL per month.); SMCS
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML, 30 MG/3ML (somatropin)	2	PA; M; SL (9 mL per month.); SMCS; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/1.5ML (somatropin)	2	PA; M; SL (27 mL per month.); SMCS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (somatropin)	2	PA; M; SL (18 ml per month.); SMCS; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (somatropin)	2	PA; M; SL (10 ml (5 cartridges) per month.); SMCS; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (somatropin)	2	PA; M; SL (36 ml per month.); SMCS; SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML (somatropin)	2	PA; M; SL (13.5 mL per month.); SMCS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML (somatropin)	2	PA; M; SL (27 mL per month.); SMCS
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (somatropin)	2	PA; M; SL (16 vials per month.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (somatropin (non-refrigerated))	4	PA; M; SL (1 vial per day.); SMCS; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (lonapegsomatropin-tcgd)	4	PA; M; SL (0.143 cartridge per day.); SMCS; SP
PROGESTINS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	4	
afirmelle oral tablet 0.1-20 mg-mcg	1	H
aftera oral tablet 1.5 mg	1	H
altavera oral tablet 0.15-30 mg-mcg	1	H
alyacen 1/35 oral tablet 1-35 mg-mcg	1	H
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
amethyst oral tablet 90-20 mcg	1	H
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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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.)
CRINONE VAGINAL GEL 4 %, 8 % (progesterone)	4	ST
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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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
EC-RX PROGESTERONE TRANSDERMAL CREAM 10 %, 20 %	3	PA
elinest oral tablet 0.3-30 mg-mcg	1	H
ELLA ORAL TABLET 30 MG (ulipristal acetate)	1	SL (1 tablet per 21 days.); H
eluryng vaginal ring 0.12-0.015 mg/24hr	1	H
emzahh oral tablet 0.35 mg	1	H
ENDOMETRIN VAGINAL INSERT 100 MG (progesterone)	2	
enilloring vaginal ring 0.12-0.015 mg/24hr	1	H
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H
enskyce oral tablet 0.15-30 mg-mcg	1	H
errin oral tablet 0.35 mg	1	H
estarylla oral tablet 0.25-35 mg-mcg	1	H
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	H
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	1	H
falmina oral tablet 0.1-20 mg-mcg	1	H
finzala oral tablet chewable 1-20 mg-mcg(24)	1	H
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG (progesterone)	3	PA
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
gemmily oral capsule 1-20 mg-mcg(24)	1	H
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
hailey 24 fe oral tablet 1-20 mg-mcg(24)	1	H

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
merzee oral capsule 1-20 mg-mcg(24)	1	H
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin 1/20 oral tablet 1-20 mg-mcg	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	H
mili oral tablet 0.25-35 mg-mcg	1	H
mimvey oral tablet 1-0.5 mg	1	
mono-lynyah oral tablet 0.25-35 mg-mcg	1	H
my choice oral tablet 1.5 mg	1	H
my way oral tablet 1.5 mg	1	H
MYFEMBREE ORAL TABLET 40-1-0.5 MG (relugolix-estradiol-norethind)	2	SL (1 tablet day.)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (estradiol valerate-dienogest)	1	H
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
new day oral tablet 1.5 mg	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (drospirenone-estetrol)	4	H
nikki oral tablet 3-0.02 mg	1	H
nora-be oral tablet 0.35 mg	1	H
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	1	H
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	1	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	H
norethindrone acetate oral tablet 5 mg	1	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethindrone oral tablet 0.35 mg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc oral tablet 0.35 mg	1	H
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	H
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	H
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nylia 1/35 oral tablet 1-35 mg-mcg	1	H
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella oral tablet 3-0.03 mg	1	H
opcicon one-step oral tablet 1.5 mg	1	H
OPILL ORAL TABLET 0.075 MG (norgestrel)	1	H
option 2 oral tablet 1.5 mg	1	H
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (elagolix-estradiol-norethind)	2	PA; SL (2 capsules per day.)
philith oral tablet 0.4-35 mg-mcg	1	H
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
PLAN B ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	1	H
portia-28 oral tablet 0.15-30 mg-mcg	1	H
PREMPHASE ORAL TABLET 0.625-5 MG (conj estrogen-medroxyprogesterone)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (conj estrogen-medroxyprogesterone)	2	
progesterone intramuscular oil 50 mg/ml	1	M

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROGESTERONE MICRONIZED TRANSDERMAL CREAM 10 %	3	PA
progesterone oral capsule 100 mg, 200 mg	1	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (medroxyprogesterone acetate)	4	
react oral tablet 1.5 mg	1	H
reclipsen oral tablet 0.15-30 mg-mcg	1	H
rivelsa oral tablet 42-21-21-7 days	1	H
setlakin oral tablet 0.15-0.03 mg	1	H
sharobel oral tablet 0.35 mg	1	H
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
simpesse oral tablet 0.15-0.03 &0.01 mg	1	H
SLYND ORAL TABLET 4 MG (drospirenone)	4	H
sprintec 28 oral tablet 0.25-35 mg-mcg	1	H
sronyx oral tablet 0.1-20 mg-mcg	1	H
syeda oral tablet 3-0.03 mg	1	H
take action oral tablet 1.5 mg	1	H
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	H
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	H
taysofy oral capsule 1-20 mg-mcg(24)	1	H
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
turqoz oral tablet 0.3-30 mg-mcg	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	
tydemy oral tablet 3-0.03-0.451 mg	1	H
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	1	H
vestura oral tablet 3-0.02 mg	1	H
vienva oral tablet 0.1-20 mg-mcg	1	H
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
vyfemla oral tablet 0.4-35 mg-mcg	1	H
vylibra oral tablet 0.25-35 mg-mcg	1	H
wera oral tablet 0.5-35 mg-mcg	1	H
wymzya fe oral tablet chewable 0.4-35 mg-mcg	1	H
xulane transdermal patch weekly 150-35 mcg/24hr	1	H
YASMIN 28 ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	3	
YAZ ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	3	
zafemy transdermal patch weekly 150-35 mcg/24hr	1	H
zovia 1/35 (28) oral tablet 1-35 mg-mcg	1	H
zumandimine oral tablet 3-0.03 mg	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 (insulin regular human)	4	
HUMALOG INJECTION SOLUTION 100 UNIT/ML (insulin lispro)	4	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (insulin lispro)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (insulin lispro prot & lispro)	2	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (insulin lispro prot & lispro)	1	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (insulin lispro prot & lispro)	2	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (insulin lispro prot & lispro)	1	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (insulin lispro)	2	
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (insulin lispro)	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 (insulin lispro-aabc)	2	
LYUMJEV VIAL INJECTION SOLUTION 100 UNIT/ML (insulin lispro-aabc)	1	
SHORT-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (insulin nph isophane & regular)	2	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (insulin nph isophane & regular)	1	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (insulin regular human)	2	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML (insulin regular human)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMULIN R VIAL INJECTION SOLUTION 100 UNIT/ML (insulin regular human)	1	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (insulin regular(human) in nacl)	3	
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - Drugs for Diabetes		
BRENZAVVY ORAL TABLET 20 MG (bexagliflozin)	3	ST; SL (1 tablet per day.)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (empagliflozin-linagliptin)	2	ST; SL (1 tablet per day.)
JARDIANCE ORAL TABLET 10 MG, 25 MG (empagliflozin)	2	SL (30 tablets per month.)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (empagliflozin-metformin hcl)	2	SL (2 tablets per day.)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG (empagliflozin-metformin hcl)	2	SL (1 tablet per day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG (empagliflozin-metformin hcl)	2	SL (2 tablets per day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (empagliflozin-linagliptin-metformin)	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 (empagliflozin-linagliptin-metformin)	2	SL (2 tablets per day.)
SOMATOSTATIN AGONISTS - Hormones		
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA; M; SMCS
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA; M; SMCS
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (octreotide acetate)	4	PA; M; SMCS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (pasireotide diaspertate)	4	PA; M; SL (2 ampules per day.); SMCS; SP
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (lanreotide acetate)	4	M; SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOMATOTROPIN AGONISTS - Hormones		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG (tesamorelin acetate)	4	PA; M; SL (1 vial per day.); SMCS
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (mecasermin)	2	PA; M; SL (52 vials per month.); SMCS; SP
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML (somatropin)	2	PA; M; SL (13.5 mL per month.); SMCS
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML, 30 MG/3ML (somatropin)	2	PA; M; SL (9 mL per month.); SMCS; SP
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/1.5ML (somatropin)	2	PA; M; SL (27 mL per month.); SMCS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (somatropin)	2	PA; M; SL (18 ml per month.); SMCS; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (somatropin)	2	PA; M; SL (10 ml (5 cartridges) per month.); SMCS; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (somatropin)	2	PA; M; SL (36 ml per month.); SMCS; SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML (somatropin)	2	PA; M; SL (13.5 mL per month.); SMCS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML (somatropin)	2	PA; M; SL (27 mL per month.); SMCS
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (somatropin)	2	PA; M; SL (16 vials per month.); SMCS; SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (somatropin (non-refrigerated))	4	PA; M; SL (1 vial per day.); SMCS; SP
SOMATOTROPIN ANTAGONISTS - Hormones		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (pegvisomant)	4	PA; M; SL (1 vial per day.); SMCS; SP
SULFONYLUREAS - Drugs for Diabetes		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (pioglitazone hcl-glimepiride)	3	SL (1 tablet per day)
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LEVOTHYROXINE SODIUM ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	4	
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	1	
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	1	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	1	
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (resmetirom)	4	PA; SL (1 Tablet per day.); SMCS; SP
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (levothyroxine sodium)	4	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	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 (levothyroxine sodium)	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 (levothyroxine sodium)	2	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
IMMUNOMODULATORY AGENTS (90:00)		
AMINO ACID POLYMERS		
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	1	PA; M; SL (30 ml per month.); SMCS
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	1	PA; M; SL (12 ml per 21 days.); SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
glatopa subcutaneous solution prefilled syringe 20 mg/ml	1	PA; M; SL (30 ml per month.); SMCS
glatopa subcutaneous solution prefilled syringe 40 mg/ml	1	PA; M; SL (12 ml per 21 days.); SMCS
ANTIMETABOLITES		
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (cladribine)	3	PA; ST; SL (40 tablets per 720 days.); SMCS
teriflunomide oral tablet 14 mg	1	PA; SL (1 tablet per day.); SMCS
teriflunomide oral tablet 7 mg	1	PA; SL (2 tablets per day.); SMCS
ANTIMETABOLITES, IMMUNOSUPP THERAPY MISC		
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	4	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
mycophenolate mofetil oral capsule 250 mg	1	
CALCINEURIN INHIBITORS, MISC (90:28)		
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
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
COMPLEMENT INHIBITOR AGENTS (90:20)		
FABHALTA ORAL CAPSULE 200 MG (iptacopan hcl)	2	PA; SL (2 capsules per day.); SMCS; SP
TAVNEOS ORAL CAPSULE 10 MG (avacopan)	4	PA; SL (6 capsules per day.); SMCS; SP
DISEASE-MODIFYING ANTIRHEUMAT DRUGS MISC		
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML (vedolizumab)	4	PA; M; SL (0.05 ml per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (abatacept)	3	PA; ST; M; SL (4 auto-injectors per month.); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (abatacept)	3	PA; ST; M; SL (4 syringes per month); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (abatacept)	3	PA; M; SL (0.06 ml per day.); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (abatacept)	3	PA; M; SL (0.1 ml per day.); SMCS; SP
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (sulfasalazine)	4	
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	4	
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (certolizumab pegol)	2	PA; M; SL (1 kit per 21 days.); SMCS; SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (certolizumab pegol)	2	PA; M; SL (6 mL per 365 days.); SMCS; SP
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
JYLAMVO ORAL SOLUTION 2 MG/ML (methotrexate)	4	PA; CM
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	M
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	M
methotrexate sodium injection solution reconstituted 1 gm	1	M
methotrexate sodium oral tablet 2.5 mg	1	CM
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML (methotrexate (anti-rheumatic))	2	M; SL (0.8 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML (methotrexate (anti-rheumatic))	2	M; SL (0.6 ml (4 auto-injectors) per month.)
RIDAURA ORAL CAPSULE 3 MG (auranofin)	3	SMCS; SP
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (guselkumab)	2	PA; M; SL (1 ml per 42 days.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (guselkumab)	2	PA; M; SL (2 ml per 2 months); SMCS; SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	4	SL (4 ml per day); CM
FUMARATES		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (monomethyl fumarate)	2	PA; SL (4 capsules per day.); SMCS; SP
dimethyl fumarate oral capsule delayed release 120 mg	1	PA; SL (56 capsules per year.); SMCS
dimethyl fumarate oral capsule delayed release 240 mg	1	PA; SL (2 capsules per day.); SMCS
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	1	PA; SL (60 capsules (1 starter pack) per 365 days.); SMCS
IGG1 MONOCLONAL ANTIBODIES		
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (belimumab)	2	PA; M; SL (4 ml per month.); SMCS; SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (belimumab)	2	PA; M; SL (4 ml per month.); SMCS; SP
IMMUNOMODULATORY AGENTS (90:00)		
cyclophosphamide oral capsule 25 mg, 50 mg	1	CM
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	2	CM
mercaptopurine oral tablet 50 mg	1	CM
PURIXAN ORAL SUSPENSION 2000 MG/100ML (mercaptopurine)	4	SMCS; SP; CM
INTERFERONS		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (interferon beta-1a)	2	PA; M; SL (4 pens (1 box) per month.); SMCS; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (interferon beta-1a)	2	PA; M; SL (4 syringes (1 box) per month.); SMCS; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG (interferon beta-1b)	2	PA; M; SL (14 vials per month.); SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INTERLEUKIN-MEDIATED AGENTS, MISC		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (tocilizumab)	3	PA; ST; M; SL (3.6 ml per 21 days.); SMCS; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (tocilizumab)	3	PA; ST; M; SL (4 syringes (36 mL) per month); SMCS; SP
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.072 ml per day.); SMCS; SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.036 ml per day.); SMCS; SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (secukinumab)	3	PA; ST; M; SL (0.018 ml per day.); SMCS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.072 ml per day.); SMCS; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.036 ml per day.); SMCS; SP
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (secukinumab)	3	PA; ST; SL (0.072 ml per day.); SMCS; SP
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (sarilumab)	4	PA; ST; M; SL (2.28 ml per month.); SMCS; SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (sarilumab)	4	PA; ST; M; SL (2.28 mL per month); SMCS; SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (anakinra)	3	PA; ST; M; SL (0.67 ml (1 syringe) per day.); SMCS; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (ustekinumab)	2	PA; M; SL (0.006 ml per day.); SMCS; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (ustekinumab)	2	PA; M; SL (0.006 ml per day.); SMCS; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (ustekinumab)	2	PA; M; SL (0.012 ml per day.); SMCS; SP
JANUS KINASE INHIBITORS, MISCELLANEOUS		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (abrocitinib)	2	PA; SL (1 tablet per day.); SMCS; SP; CM
OLUMIANT ORAL TABLET 1 MG, 4 MG (baricitinib)	2	PA; ST; SL (1 tablet per day.); SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OLUMIANT ORAL TABLET 2 MG (baricitinib)	2	PA; ST; SL (1 tablet per day.); SMCS; SP
RINVOQ LQ ORAL SOLUTION 1 MG/ML (upadacitinib)	2	PA; SMCS; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (upadacitinib)	2	PA; SL (1 tablet per day.); SMCS; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (upadacitinib)	2	PA; SL (84 tablets per 365 days.); SMCS; SP
XELJANZ ORAL SOLUTION 1 MG/ML (tofacitinib citrate)	2	PA; SL (8 mL per day.); SMCS; SP
XELJANZ ORAL TABLET 10 MG (tofacitinib citrate)	2	PA; SL (2 tablets per day); SMCS; SP
XELJANZ ORAL TABLET 5 MG (tofacitinib citrate)	2	PA; SL (2 tablets per day.); SMCS; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (tofacitinib citrate)	2	PA; SL (1 tablet per day.); SMCS; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (tofacitinib citrate)	2	PA; SL (1 tablet per day.); SMCS
MONOCARBOXYLIC ACID AMIDE AGENTS		
leflunomide oral tablet 10 mg, 20 mg	1	
MONOCLONAL ANTIBODIES (90:12)		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (satralizumab-mwge)	4	PA; M; SL (0.04 ml per day.); SMCS; SP
MTOR INHIBITORS, MISCELLANEOUS		
HYFTOR EXTERNAL GEL 0.2 % (sirolimus)	4	PA; SL (10 g per 23 days.)
RAPAMUNE ORAL SOLUTION 1 MG/ML (sirolimus)	4	
sirolimus oral solution 1 mg/ml	1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	
PHOSPHODIESTERASE-4 INHIBITORS, MISC		
OTEZLA ORAL TABLET 30 MG (apremilast)	2	PA; SL (2 tablets per day.); SMCS; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (apremilast)	2	PA; SL (55 tablets (one starter pack) per year.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS		
fingolimod hcl oral capsule 0.5 mg	1	PA; SL (1 capsule per day.); SMCS
GILENYA ORAL CAPSULE 0.25 MG (fingolimod hcl)	4	PA; SL (1 capsule per day.); SMCS
MAYZENT ORAL TABLET 0.25 MG (siponimod fumarate)	3	PA; SL (4 tablets per day.); SMCS
MAYZENT ORAL TABLET 1 MG (siponimod fumarate)	4	PA; SL (1 tablet per day.); SMCS
MAYZENT ORAL TABLET 2 MG (siponimod fumarate)	3	PA; SL (1 tablet per day.); SMCS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (siponimod fumarate)	3	PA; SL (12 tablets per 365 days.); SMCS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (siponimod fumarate)	4	PA; SL (7 tablets per 365 days.); SMCS
T-CELL BLOCKERS (90:24)		
LUPKYNIS ORAL CAPSULE 7.9 MG (voclosporin)	4	PA; SL (6 capsules per day.); SMCS; SP
TUMOR NECROSIS FACTOR INHIBITORS, MISC		
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA; M; SL (0.03 ml per day.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; M; SL (0.03 ml per day.); SMCS; SP
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; M; SMCS; SP
ADALIMUMAB-ADB (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	PA; M; SMCS; SP
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; M; SL (0.08 syringe per day.); SMCS; SP
ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	2	PA; M; SL (0.08 syringe per day.); SMCS; SP
ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	3	PA; M; SMCS; SP
ADALIMUMAB-ADB (CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	PA; M; SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADALIMUMAB-ADB(M/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA; M; SMCS; SP
ADALIMUMAB-ADB(M/PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	PA; M; SMCS; SP
ADALIMUMAB-ADB(M/PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA; M; SMCS; SP
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (certolizumab pegol)	2	PA; M; SL (1 kit per 21 days.); SMCS; SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (certolizumab pegol)	2	PA; M; SL (6 mL per 365 days.); SMCS; SP
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (etanercept)	2	PA; M; SL (0.15 ml per day.); SMCS; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (etanercept)	2	PA; M; SL (0.15 ml per day.); SMCS; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (etanercept)	2	PA; M; SL (0.15 ml per day.); SMCS; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (etanercept)	2	PA; M; SL (0.15 ml per day.); SMCS; SP
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (adalimumab-bwwd)	2	PA; M; SL (0.03 ml per day.); SMCS; SP
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (adalimumab-bwwd)	2	PA; M; SL (0.06 ml per day.); SMCS; SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (adalimumab-bwwd)	2	PA; M; SL (0.03 ml per day.); SMCS; SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (adalimumab-bwwd)	2	PA; M; SL (0.06 ml per day.); SMCS; SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 pens per month.); SMCS; SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 pens per month.); SMCS; SP
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (adalimumab)	2	PA; M; SL (4 pens per 365 days.); SMCS; SP
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (adalimumab)	2	PA; M; SL (3 pens per year.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (golimumab)	2	PA; M; SL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (golimumab)	2	PA; M; SL (0.5 ml (1 syringe) per month); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (golimumab)	2	PA; M; SL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (golimumab)	2	PA; M; SL (0.5 ml (1 syringe) per month); SMCS; SP
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing		
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing		
LETS KIT	3	PA
ZTLIDO EXTERNAL PATCH 1.8 % (lidocaine)	3	PA; SL (3 patches per day.)
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
dutasteride oral capsule 0.5 mg	1	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	1	
ENTADFI ORAL CAPSULE 5-5 MG (finasteride-tadalafil)	4	SL (1 capsule per day.)
finasteride oral tablet 5 mg	1	
5-ALPHA-REDUCTASE INHIBITORS (92:04) - Drugs for Alcohol Dependence		
disulfiram oral tablet 250 mg, 500 mg	1	
dutasteride oral capsule 0.5 mg	1	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENTADFI ORAL CAPSULE 5-5 MG (finasteride-tadalafil)	4	SL (1 capsule per day.)
finasteride oral tablet 5 mg	1	
naltrexone hcl oral tablet 50 mg	1	
ANTIDOTES (92:12) - Drugs for Overdose or Poisoning		
acetylcysteine inhalation solution 10 %, 20 %	1	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (glucagon)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (glucagon)	2	
CHEMET ORAL CAPSULE 100 MG (succimer)	2	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (lanthanum carbonate)	3	
glucagon emergency kit injection kit 1 mg	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 (glucagon)	2	M
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (glucagon)	2	M
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (glucagon)	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (glucagon)	2	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml	1	
naltrexone hcl oral tablet 50 mg	1	
phytonadione oral tablet 5 mg	1	
RADIOGARDASE ORAL CAPSULE 0.5 GM (prussian blue insoluble)	3	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NAPROSYN ORAL SUSPENSION 125 MG/5ML (naproxen)	4	
naproxen dr oral tablet delayed release 500 mg	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg, 500 mg	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
probenecid oral tablet 500 mg	1	
ANTISENSE OLIGONUCLEOTIDES		
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (sodium oxybate)	4	PA; SL (1 packet per day.); SMCS; SP
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; SL (18 ml per day.); SMCS; SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (inotersen sodium)	2	PA; M; SL (0.22 ml per day.); SMCS; SP
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML (eplontersen sodium)	2	PA; M; SL (0.029 ml per day.); SMCS; SP
BONE ANABOLIC AGENTS		
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA; M; SMCS; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (abaloparatide)	3	PA; M; SMCS; SP
BONE RESORPTION INHIBITORS - Drugs for Bone Loss		
alendronate sodium oral solution 70 mg/75ml	1	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol)	3	SL (8 patches (1 box) per 28 days.)
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (alendronate sodium)	4	SL (4 tablets per month.)
calcitonin (salmon) injection solution 200 unit/ml	1	M
calcitonin (salmon) nasal solution 200 unit/act	1	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML (estradiol valerate)	4	M

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)	3	M
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM (estradiol)	3	
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM (estradiol)	2	
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	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%) (estradiol)	3	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.025 mg/24hr transdermal	4	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	4	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.05 mg/24hr transdermal	4	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.075 mg/24hr transdermal	4	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.1 mg/24hr transdermal	4	SL (8 patches (1 box) per 28 days.)
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	1	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	SL (50 grams (1 box) per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	SL (4 patches (1 carton) per 28 days.)
estradiol vaginal cream 0.1 mg/gm	1	
estradiol vaginal tablet 10 mcg	1	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	M
ESTRING VAGINAL RING 7.5 MCG/24HR (estradiol)	2	SL (1 ring per 90 days.)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (estradiol)	3	SL (50 grams (1 box) per month.)
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (estradiol)	2	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (estradiol acetate)	3	SL (1 ring per 3 months.)
FOSAMAX ORAL TABLET 70 MG (alendronate sodium)	4	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (alendronate-cholecalciferol)	3	
ibandronate sodium oral tablet 150 mg	1	
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	1	SL (8 patches (1 box) per 28 days.)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (esterified estrogens)	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (estradiol)	3	SL (4 patches (1 carton) per 28 days.)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (calcitonin (salmon))	3	M
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens conjugated)	2	
PREMARIN VAGINAL CREAM 0.625 MG/GM (estrogens, conjugated)	3	
raloxifene hcl oral tablet 60 mg	1	H
risedronate sodium oral tablet 150 mg	1	SL (1 tablet per month)
risedronate sodium oral tablet 30 mg, 5 mg	1	
risedronate sodium oral tablet 35 mg	1	SL (4 tablets per 28 days.)
risedronate sodium oral tablet delayed release 35 mg	1	SL (4 tablets per month)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
yuvafem vaginal tablet 10 mcg	1	
BRADYKININ RECEPTOR ANTAGONISTS		
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	1	PA; M; SL (0.6 ml per day.); SMCS; SP
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
dichlorphenamide oral tablet 50 mg	1	PA; SL (4 tablets per day.); SMCS; SP
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	4	PA; SL (4 tablets per day.); SMCS; SP
CARIOSTATIC AGENTS - Vitamins and Fluoride		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	
CLINPRO 5000 DENTAL PASTE 1.1 % (sodium fluoride)	3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (sodium fluoride)	4	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	3	
DENTAGEL DENTAL GEL 1.1 % (sodium fluoride)	4	
easygel dental gel 0.4 %	1	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (sodium fluoride-vitamin d)	3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (pediatric multivitamins-fl)	3	
fluoridex daily renewal mouth/throat concentrate 0.63 %	1	
FLUORIDEX DENTAL PASTE 1.1 % (sodium fluoride)	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 % (sodium fluoride)	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sod fluoride-potassium nitrate)	3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (sodium fluoride)	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sod fluoride-potassium nitrate)	3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (sodium fluoride)	3	
multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (pediatric multivitamins-fl)	3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (pediatric multivitamins-fl)	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (pediatric multivitamins-fl)	3	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (ped multivitamins-fl-iron)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (ped multivitamins-fl-iron)	3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (sodium fluoride)	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (sodium fluoride)	4	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 % (sod fluoride-potassium nitrate)	3	
PREVIDENT 5000 KIDS DENTAL PASTE 1.1 % (sodium fluoride)	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (sodium fluoride)	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (sodium fluoride)	4	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 % (sod fluoride-potassium nitrate)	3	
PREVIDENT DENTAL GEL 1.1 % (sodium fluoride)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREVIDENT MOUTH/THROAT SOLUTION 0.2 % (sodium fluoride)	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (pediatric multivitamins-fl)	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (pediatric multivitamins-fl)	3	
sf 5000 plus dental cream 1.1 %	1	
sf dental gel 1.1 %	1	
sod fluoride-potassium nitrate dental gel 1.1-5 %	1	
sodium fluoride 5000 plus dental cream 1.1 %	1	
sodium fluoride 5000 ppm dental cream 1.1 %	1	
sodium fluoride 5000 ppm dental paste 1.1 %	1	
sodium fluoride dental cream 1.1 %	1	
sodium fluoride dental gel 1.1 %	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	H
sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg	1	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	1	H
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (ped vit a-c-d-methylfolate-fl)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
VANISH DENTAL LIQUID EXTENDED RELEASE 5 % (sodium fluoride)	3	
vitamins acid-fluoride oral solution 0.25 mg/ml	1	
COMPLEMENT INHIBITORS		
BERINERT INTRAVENOUS KIT 500 UNIT (c1 esterase inhibitor (human))	4	PA; ST; M; SL (0.4 boxes per day.); SMCS; SP
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (pegcetacoplan)	2	PA; M; SL (5.8 ml per day. 2,100 ml per 360 days.); SMCS; SP
FABHALTA ORAL CAPSULE 200 MG (iptacopan hcl)	2	PA; SL (2 capsules per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (c1 esterase inhibitor (human))	2	PA; M; SMCS; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (c1 esterase inhibitor (recomb))	4	PA; M; SL (0.27 vials per day.); SMCS; SP
TAVNEOS ORAL CAPSULE 10 MG (avacopan)	4	PA; SL (6 capsules per day.); SMCS; SP
COMPLEMENT INHIBITORS (92:32)		
BERINERT INTRAVENOUS KIT 500 UNIT (c1 esterase inhibitor (human))	4	PA; ST; M; SL (0.4 boxes per day.); SMCS; SP
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (pegcetacoplan)	2	PA; M; SL (5.8 ml per day. 2,100 ml per 360 days.); SMCS; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (c1 esterase inhibitor (human))	2	PA; M; SMCS; SP
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	1	PA; M; SL (0.6 ml per day.); SMCS; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (c1 esterase inhibitor (recomb))	4	PA; M; SL (0.27 vials per day.); SMCS; SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (lanadelumab-flyo)	2	PA; M; SL (0.072 ml per day.); SMCS; SP
TAVNEOS ORAL CAPSULE 10 MG (avacopan)	4	PA; SL (6 capsules per day.); SMCS; SP
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - Drugs for Arthritis		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (tocilizumab)	3	PA; ST; M; SL (3.6 ml per 21 days.); SMCS; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (tocilizumab)	3	PA; ST; M; SL (4 syringes (36 mL) per month); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA; M; SL (0.03 ml per day.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; M; SL (0.03 ml per day.); SMCS; SP
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; M; SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADALIMUMAB-ADB (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	PA; M; SMCS; SP
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; M; SL (0.08 syringe per day.); SMCS; SP
ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	2	PA; M; SL (0.08 syringe per day.); SMCS; SP
ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	3	PA; M; SMCS; SP
ADALIMUMAB-ADB (CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	PA; M; SMCS; SP
ADALIMUMAB-ADB (CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA; M; SMCS; SP
ADALIMUMAB-ADB (PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	PA; M; SMCS; SP
ADALIMUMAB-ADB (PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA; M; SMCS; SP
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	4	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (sulfasalazine)	4	
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	4	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (abrocitinib)	2	PA; SL (1 tablet per day.); SMCS; SP; CM
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (certolizumab pegol)	2	PA; M; SL (1 kit per 21 days.); SMCS; SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (certolizumab pegol)	2	PA; M; SL (6 mL per 365 days.); SMCS; SP
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.072 ml per day.); SMCS; SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.036 ml per day.); SMCS; SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (secukinumab)	3	PA; ST; M; SL (0.018 ml per day.); SMCS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.072 ml per day.); SMCS; SP

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (adalimumab)	2	PA; M; SL (4 pens per 365 days.); SMCS; SP
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (adalimumab)	2	PA; M; SL (3 pens per year.); SMCS; SP
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
JYLAMVO ORAL SOLUTION 2 MG/ML (methotrexate)	4	PA; CM
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (sarilumab)	4	PA; ST; M; SL (2.28 ml per month.); SMCS; SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (sarilumab)	4	PA; ST; M; SL (2.28 mL per month); SMCS; SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (anakinra)	3	PA; ST; M; SL (0.67 ml (1 syringe) per day.); SMCS; SP
leflunomide oral tablet 10 mg, 20 mg	1	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	M
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	M
methotrexate sodium injection solution reconstituted 1 gm	1	M
methotrexate sodium oral tablet 2.5 mg	1	CM
OLUMIANT ORAL TABLET 1 MG, 4 MG (baricitinib)	2	PA; ST; SL (1 tablet per day.); SMCS
OLUMIANT ORAL TABLET 2 MG (baricitinib)	2	PA; ST; SL (1 tablet per day.); SMCS; SP
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (abatacept)	3	PA; ST; M; SL (4 auto-injectors per month.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (abatacept)	3	PA; ST; M; SL (4 syringes per month); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (abatacept)	3	PA; M; SL (0.06 ml per day.); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (abatacept)	3	PA; M; SL (0.1 ml per day.); SMCS; SP
OTEZLA ORAL TABLET 30 MG (apremilast)	2	PA; SL (2 tablets per day.); SMCS; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (apremilast)	2	PA; SL (55 tablets (one starter pack) per year.); SMCS; SP
penicillamine oral tablet 250 mg	1	SMCS; SP
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML (methotrexate (anti-rheumatic))	2	M; SL (0.8 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML (methotrexate (anti-rheumatic))	2	M; SL (1 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML (methotrexate (anti-rheumatic))	2	M; SL (1.2 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML (methotrexate (anti-rheumatic))	2	M; SL (1.4 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (methotrexate (anti-rheumatic))	2	M; SL (1.6 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML (methotrexate (anti-rheumatic))	2	M; SL (1.8 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML (methotrexate (anti-rheumatic))	2	M; SL (2 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML (methotrexate (anti-rheumatic))	2	M; SL (2.4 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML (methotrexate (anti-rheumatic))	2	M; SL (0.6 ml (4 auto-injectors) per month.)
RIDAURA ORAL CAPSULE 3 MG (auranofin)	3	SMCS; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (upadacitinib)	2	PA; SL (1 tablet per day.); SMCS; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (upadacitinib)	2	PA; SL (84 tablets per 365 days.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (golimumab)	2	PA; M; SL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (golimumab)	2	PA; M; SL (0.5 ml (1 syringe) per month); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (golimumab)	2	PA; M; SL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (golimumab)	2	PA; M; SL (0.5 ml (1 syringe) per month); SMCS; SP
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	4	SL (4 ml per day); CM
XELJANZ ORAL SOLUTION 1 MG/ML (tofacitinib citrate)	2	PA; SL (8 mL per day.); SMCS; SP
XELJANZ ORAL TABLET 10 MG (tofacitinib citrate)	2	PA; SL (2 tablets per day); SMCS; SP
XELJANZ ORAL TABLET 5 MG (tofacitinib citrate)	2	PA; SL (2 tablets per day.); SMCS; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (tofacitinib citrate)	2	PA; SL (1 tablet per day.); SMCS; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (tofacitinib citrate)	2	PA; SL (1 tablet per day.); SMCS
IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (tocilizumab)	3	PA; ST; M; SL (3.6 ml per 21 days.); SMCS; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (tocilizumab)	3	PA; ST; M; SL (4 syringes (36 mL) per month); SMCS; SP
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (interferon gamma-1b)	2	PA; M; SL (8.5 mls per month.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA; M; SL (0.03 ml per day.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; M; SL (0.03 ml per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; M; SL (0.08 syringe per day.); SMCS; SP
ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	2	PA; M; SL (0.08 syringe per day.); SMCS; SP
ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	3	PA; M; SMCS; SP
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (interferon beta-1a)	2	PA; M; SL (4 pens (1 box) per month.); SMCS; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (interferon beta-1a)	2	PA; M; SL (4 syringes (1 box) per month.); SMCS; SP
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	4	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (sulfasalazine)	4	
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	4	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (monomethyl fumarate)	2	PA; SL (4 capsules per day.); SMCS; SP
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (ropeginterferon alfa-2b-njft)	4	PA; ST; M; SL (0.08 ml per day.); SMCS; CM
BETASERON SUBCUTANEOUS KIT 0.3 MG (interferon beta-1b)	2	PA; M; SL (14 vials per month.); SMCS
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (certolizumab pegol)	2	PA; M; SL (1 kit per 21 days.); SMCS; SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (certolizumab pegol)	2	PA; M; SL (6 mL per 365 days.); SMCS; SP
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
dimethyl fumarate oral capsule delayed release 120 mg	1	PA; SL (56 capsules per year.); SMCS
dimethyl fumarate oral capsule delayed release 240 mg	1	PA; SL (2 capsules per day.); SMCS
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	1	PA; SL (60 capsules (1 starter pack) per 365 days.); SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (etanercept)	2	PA; M; SL (0.15 ml per day.); SMCS; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (etanercept)	2	PA; M; SL (0.15 ml per day.); SMCS; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (etanercept)	2	PA; M; SL (0.15 ml per day.); SMCS; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (etanercept)	2	PA; M; SL (0.15 ml per day.); SMCS; SP
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (satralizumab-mwge)	4	PA; M; SL (0.04 ml per day.); SMCS; SP
fingolimod hcl oral capsule 0.5 mg	1	PA; SL (1 capsule per day.); SMCS
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
GILENYA ORAL CAPSULE 0.25 MG (fingolimod hcl)	4	PA; SL (1 capsule per day.); SMCS
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	1	PA; M; SL (30 ml per month.); SMCS
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	1	PA; M; SL (12 ml per 21 days.); SMCS
glatopa subcutaneous solution prefilled syringe 20 mg/ml	1	PA; M; SL (30 ml per month.); SMCS
glatopa subcutaneous solution prefilled syringe 40 mg/ml	1	PA; M; SL (12 ml per 21 days.); SMCS
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (adalimumab-bwwd)	2	PA; M; SL (0.03 ml per day.); SMCS; SP
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (adalimumab-bwwd)	2	PA; M; SL (0.06 ml per day.); SMCS; SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (adalimumab-bwwd)	2	PA; M; SL (0.03 ml per day.); SMCS; SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (adalimumab-bwwd)	2	PA; M; SL (0.06 ml per day.); SMCS; SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 pens per month.); SMCS; SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (adalimumab)	2	PA; M; SL (2 pens per month.); SMCS; SP

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAYZENT ORAL TABLET 2 MG (siponimod fumarate)	3	PA; SL (1 tablet per day.); SMCS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (siponimod fumarate)	3	PA; SL (12 tablets per 365 days.); SMCS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (siponimod fumarate)	4	PA; SL (7 tablets per 365 days.); SMCS
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	M
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	M
methotrexate sodium injection solution reconstituted 1 gm	1	M
methotrexate sodium oral tablet 2.5 mg	1	CM
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (abatacept)	3	PA; ST; M; SL (4 auto-injectors per month.); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (abatacept)	3	PA; ST; M; SL (4 syringes per month); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (abatacept)	3	PA; M; SL (0.06 ml per day.); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (abatacept)	3	PA; M; SL (0.1 ml per day.); SMCS; SP
OTEZLA ORAL TABLET 30 MG (apremilast)	2	PA; SL (2 tablets per day.); SMCS; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (apremilast)	2	PA; SL (55 tablets (one starter pack) per year.); SMCS; SP
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (peginterferon beta-1a)	3	PA; SL (1 ml per month.); SMCS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (peginterferon beta-1a)	3	PA; M; SL (2 ml per year without additional quantity notification.); SMCS; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (peginterferon beta-1a)	3	PA; M; SL (2 ml per year without additional quantity notification.); SMCS; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (peginterferon beta-1a)	3	PA; M; SL (1 ml per month.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (peginterferon beta-1a)	3	PA; M; SL (1 ml per month.); SMCS; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	3	PA; SL (21 capsules per 21 days.); SMCS; SP; CM
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (lenalidomide)	2	PA; SL (28 capsules per 21 days.); SMCS; SP; CM
REVLIMID ORAL CAPSULE 20 MG, 25 MG (lenalidomide)	2	PA; SL (21 capsules per 21 days.); SMCS; SP; CM
RIDAURA ORAL CAPSULE 3 MG (auranofin)	3	SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (golimumab)	2	PA; M; SL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (golimumab)	2	PA; M; SL (0.5 ml (1 syringe) per month); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (golimumab)	2	PA; M; SL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (golimumab)	2	PA; M; SL (0.5 ml (1 syringe) per month); SMCS; SP
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
teriflunomide oral tablet 14 mg	1	PA; SL (1 tablet per day.); SMCS
teriflunomide oral tablet 7 mg	1	PA; SL (2 tablets per day.); SMCS
THALOMID ORAL CAPSULE 100 MG, 50 MG (thalidomide)	2	PA; SMCS; SP; CM
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	4	SL (4 ml per day); CM
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (ozanimod hcl)	3	PA; ST; SL (7 capsules per year.); SMCS
ZEPOSIA ORAL CAPSULE 0.92 MG (ozanimod hcl)	3	PA; ST; SL (1 capsule per day.); SMCS
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) (ozanimod hcl)	3	PA; ST; SMCS
IMMUNOSUPPRESSIVE AGENTS - Drugs for Transplant		
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (belimumab)	2	PA; M; SL (4 ml per month.); SMCS; SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (belimumab)	2	PA; M; SL (4 ml per month.); SMCS; SP
cyclophosphamide oral capsule 25 mg, 50 mg	1	CM
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	2	CM
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
HYFTOR EXTERNAL GEL 0.2 % (sirolimus)	4	PA; SL (10 g per 23 days.)
JYLAMVO ORAL SOLUTION 2 MG/ML (methotrexate)	4	PA; CM
leflunomide oral tablet 10 mg, 20 mg	1	
LUPKYNIS ORAL CAPSULE 7.9 MG (voclosporin)	4	PA; SL (6 capsules per day.); SMCS; SP
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (cladribine)	3	PA; ST; SL (40 tablets per 720 days.); SMCS
mercaptopurine oral tablet 50 mg	1	CM
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	M
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	M
methotrexate sodium injection solution reconstituted 1 gm	1	M
methotrexate sodium oral tablet 2.5 mg	1	CM
mycophenolate mofetil oral capsule 250 mg	1	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	1	
mycophenolate mofetil oral tablet 500 mg	1	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	1	
NUJO EXTERNAL SOLUTION 0.1 %	3	
pimecrolimus external cream 1 %	1	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)	4	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (tacrolimus)	4	
PURIXAN ORAL SUSPENSION 2000 MG/100ML (mercaptopurine)	4	SMCS; SP; CM
RAPAMUNE ORAL SOLUTION 1 MG/ML (sirolimus)	4	
sirolimus oral solution 1 mg/ml	1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	
tacrolimus external ointment 0.03 %, 0.1 %	1	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	4	SL (4 ml per day); CM
KALLIKREIN INHIBITORS		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (lanadelumab-flyo)	2	PA; M; SL (0.072 ml per day.); SMCS; SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (lanadelumab-flyo)	2	PA; SL (0.0375 ml per day.); SMCS; SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (lanadelumab-flyo)	2	PA; SL (0.072 ml per day.); SMCS; SP
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (rilonacept)	2	PA; M; SL (4 vials per 21 days.); SMCS; SP
betaine oral powder	1	SMCS; SP
CARNITOR ORAL SOLUTION 1 GM/10ML (levocarnitine)	4	
CARNITOR ORAL TABLET 330 MG (levocarnitine)	4	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (levocarnitine)	4	
CERDELGA ORAL CAPSULE 84 MG (eliglustat tartrate)	2	PA; SMCS; SP
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (prenat-fecb-fefum-fa-dha w/o a)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYSTADANE ORAL POWDER (betaine)	4	SMCS; SP
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (cysteamine bitartrate)	2	SMCS; SP
dalfampridine er oral tablet extended release 12 hour 10 mg	1	PA; SL (2 tablets per day); SMCS
DEMSEER ORAL CAPSULE 250 MG (metirosine)	4	
EC-RX DHEA EXTERNAL CREAM 10 %, 4 % (prasterone (dhea))	3	
ELMIRON ORAL CAPSULE 100 MG (pentosan polysulfate sodium)	4	ST
ENBRACE HR ORAL CAPSULE (prenat vit-fe gly cys-fa-omega)	3	
ENDARI ORAL PACKET 5 GM (glutamine (sickle cell))	4	SL (6 packets per day)
EVOTAZ ORAL TABLET 300-150 MG (atazanavir-cobicistat)	2	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (risdiplam)	2	PA; SL (6.7 ml per day, 1280 ml per 180 days.); SMCS; SP
FILSPARI ORAL TABLET 200 MG, 400 MG (sparsentan)	4	PA; SL (1 tablet per day.); SMCS; SP
FIRDAPSE ORAL TABLET 10 MG (amifampridine phosphate)	2	PA; SL (8 tablets per day.); SMCS; SP
GALAFOLD ORAL CAPSULE 123 MG (migalastat hcl)	4	PA; SL (14 capsules per 21 days.); SMCS; SP
ISTURISA ORAL TABLET 1 MG (osilodrostat phosphate)	4	PA; SL (8 tablets per day.); SMCS; SP
ISTURISA ORAL TABLET 5 MG (osilodrostat phosphate)	4	PA; SL (2 tablets per day.); SMCS; SP
JAVYGTOR ORAL PACKET 100 MG (sapropterin dihydrochloride)	4	PA; SL (16 packets per day.); SMCS; SP
JAVYGTOR ORAL PACKET 500 MG (sapropterin dihydrochloride)	4	PA; SL (4 packets per day.); SMCS; SP
JAVYGTOR ORAL TABLET 100 MG (sapropterin dihydrochloride)	4	PA; SL (16 tablets per day); SMCS; SP
levocarnitine oral solution 1 gm/10ml	1	
levocarnitine oral tablet 330 mg	1	
levocarnitine sf oral solution 1 gm/10ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
l-glutamine oral packet 5 gm	1	SL (6 packets per day)
LODOCO ORAL TABLET 0.5 MG (colchicine)	4	SL (1 tablet per day.)
me/naphos/mb/hyo1 oral tablet 81.6 mg	1	
metyrosine oral capsule 250 mg	1	
miglustat oral capsule 100 mg	1	SMCS
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (prenat-fe-methylfol-dha w/o a)	3	
OPFOLDA ORAL CAPSULE 65 MG (miglustat (gaa deficiency))	2	PA; SL (8 capsules per 21 days.); SMCS; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	1	PA; SMCS; SP
ORFADIN ORAL SUSPENSION 4 MG/ML (nitisinone)	2	PA; SMCS; SP
PREMESISRX ORAL TABLET 1 MG (prenatal ca-b6-b12-fa-ginger)	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (prenat-fecbn-feasp-meth-fa-dha)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PREZCOBIX ORAL TABLET 800-150 MG (darunavir-cobicistat)	2	
PRIMACARE ORAL CAPSULE 30-1-470 MG (pren-fe-meth-fa-omeg w/o a)	3	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (cysteamine bitartrate)	4	PA; ST; SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROCYSBI ORAL PACKET 300 MG, 75 MG (cysteamine bitartrate)	4	SMCS; SP
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
REZUROCK ORAL TABLET 200 MG (belumosudil mesylate)	4	PA; SL (1 tablet per day.); SMCS; SP
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML (nedosiran sodium)	4	PA; M; SL (0.04 ml per day.); SMCS; SP
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML (nedosiran sodium)	4	PA; M; SL (0.03 ml per day.); SMCS; SP
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (nedosiran sodium)	4	PA; M; SL (0.04 ml per day.); SMCS; SP
sapropterin dihydrochloride oral packet 100 mg	1	PA; SL (16 packets per day.); SMCS; SP
sapropterin dihydrochloride oral packet 500 mg	1	PA; SL (4 packets per day.); SMCS; SP
sapropterin dihydrochloride oral tablet 100 mg	1	PA; SL (16 tablets per day); SMCS; SP
SKYCLARYS ORAL CAPSULE 50 MG (omaveloxolone)	2	PA; SL (3 capsules per day.); SMCS; SP
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (palovarotene)	4	PA; SL (1 capsule per day.); SMCS; SP
STRIBILD ORAL TABLET 150-150-200-300 MG (elviteg-cobic-emtricit-tenofdf)	2	SL (1 tablet per day.)
SYMTUZA ORAL TABLET 800-150-200-10 MG (darun-cobic-emtricit-tenofaf)	3	SL (1 tablet per day.)
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (tiopronin)	4	SMCS; SP
THIOLA ORAL TABLET 100 MG (tiopronin)	4	SMCS; SP
tiopronin oral tablet 100 mg	1	SMCS; SP
tiopronin oral tablet delayed release 100 mg, 300 mg	1	SMCS; SP
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TYBOST ORAL TABLET 150 MG (cobicistat)	2	
URELLE ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	3	
uretron d/s oral tablet 81.6 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
urin ds oral tablet 81.6 mg	1	
UROGESIC-BLUE ORAL TABLET 81.6 MG (methen-hyosc-meth blue-na phos)	2	
VIJOICE ORAL PACKET 50 MG (alpelisib)	4	PA; SMCS; SP
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG (alpelisib)	4	PA; SL (84 tablets per 72 days.); SMCS; SP
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG (alpelisib)	4	PA; SL (168 tablets per 72 days.); SMCS; SP
VILEVEV MB ORAL TABLET 81 MG (meth-hyo-m bl-na phosph sal)	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (prenatal mv-min-fe fum-fa-dha)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (prenat w/o a-fe-methfol-fa-dha)	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (prenat-fefum-fered-fa-dha w/oa)	3	
VOWST ORAL CAPSULE (fecal microb spores, live-brpk)	4	PA; SL (12 capsules per 365 days.); SMCS; SP
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (vosoritide)	4	PA; M; SL (1 vial per day.); SMCS; SP
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	2	PA; SL (1 capsule per day.); SMCS; SP
VYNDAQEL ORAL CAPSULE 20 MG (tafamidis meglumine (cardiac))	2	PA; SL (4 capsules per day.); SMCS; SP
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	4	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
XURIDEN ORAL PACKET 2 GM (uridine triacetate)	2	PA; SMCS; SP
ZOKINVY ORAL CAPSULE 50 MG (lonafarnib)	2	PA; SL (5 capsules per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZOKINVY ORAL CAPSULE 75 MG (lonafarnib)	2	PA; SL (1 tablet per day.); SMCS; SP
PROTECTIVE AGENTS		
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
dalfampridine er oral tablet extended release 12 hour 10 mg	1	PA; SL (2 tablets per day.); SMCS
MESNEX ORAL TABLET 400 MG (mesna)	3	SMCS; SP; CM
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
CAYA VAGINAL DIAPHRAGM (diaphragm arc-spring)	3	H
CONDOMS	3	SL (1 box of 12 condoms per 30 days.); H
DUREX EXTRA SENSITIVE THIN (condoms latex lubricated)	3	SL (1 box of 12 condoms per 30 days.); H
DUREX EXTRA SENSITIVE THIN DEVICE (condoms latex lubricated)	3	SL (1 box of 12 condoms per 30 days.); H
DUREX TROPICAL (condoms latex lubricated)	3	SL (1 box of 12 condoms per 30 days.); H
ENCARE VAGINAL SUPPOSITORY 100 MG (nonoxynol-9)	E	H
FC2 FEMALE CONDOM (condoms - female)	E	H
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (cervical caps)	3	H
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (diaphragms)	3	H
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (nonoxynol-9)	E	H
PHEXXI VAGINAL GEL 1.8-1-0.4 % (lactic ac-citric ac-pot bitart)	4	H
TRUE COVER DEVICE	3	SL (1 box of 12 condoms per 30 days.); H
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (nonoxynol-9)	E	H
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (nonoxynol-9)	E	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	2	H
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	2	H
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	2	H
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	2	H
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	2	H
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	2	H
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	2	H
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	2	H
OXYTOCICS - Drugs for Women		
OXYTOCICS - Drugs for Women		
CERVIDIL VAGINAL INSERT 10 MG (dinoprostone)	3	
methergine oral tablet 0.2 mg	1	SL (28 tablets per year.)
methylergonovine maleate oral tablet 0.2 mg	1	SL (28 tablets per year.)
MIFEPREX ORAL TABLET 200 MG (mifepristone)	3	
mifepristone oral tablet 200 mg	1	
PREPIDIL VAGINAL GEL 0.5 MG/3GM (dinoprostone)	3	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
KERAMATRIX REPLICINE 2CMX3CM EXTERNAL SHEET (wound dressings)	3	
KERAMATRIX REPLICINE 5CMX5CM EXTERNAL SHEET (wound dressings)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
VERSAPENN (AL) ANHYD LIPID TRANSDERMAL GEL (transdermal base)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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.); SMCS; SP
pirfenidone oral capsule 267 mg	1	PA; SL (9 capsules per day.); SMCS; SP
pirfenidone oral tablet 267 mg	1	PA; SL (9 tablets per day.); SMCS; SP
pirfenidone oral tablet 534 mg	1	PA; SL (3 tablets per day.); SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pirfenidone oral tablet 801 mg	1	PA; SL (3 tablets per day.); SMCS; SP
ANTI-INFLAMMATORY AGENTS (RESPIRATORY) - Drugs for Inflammation		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (mepolizumab)	4	PA; M; SL (0.04 mL per day.); SMCS; SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (mepolizumab)	4	PA; M; SL (0.04 mL per day.); SMCS; SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (mepolizumab)	4	PA; M; SL (0.015 ml per day.); SMCS
ANTITUSSIVES - Drugs for Cough and Cold		
benzonatate oral capsule 100 mg, 150 mg, 200 mg	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML (pseudoeph-bromphen-dm)	3	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	NTT
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml	1	
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	1	PA
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	1	PA
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	1	PA
hydromet oral solution 5-1.5 mg/5ml	1	PA
maxi-tuss ac oral solution 100-10 mg/5ml	1	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (phenylephrine-chlorphen-dm)	3	
promethazine-codeine oral solution 6.25-10 mg/5ml	1	PA
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (chlorpheniramine-codeine)	3	

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; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

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

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (lumacaftor-ivacaftor)	2	PA; SL (1456 tablets per 356 days.); SMCS; SP
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG (tezacaftor-ivacaftor)	2	PA; SL (56 tablets per month. 728 tablets per 365 days.); SMCS; SP
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG (tezacaftor-ivacaftor)	2	PA; SL (56 tablets per month. 728 tablets per 365 days.); SMCS
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG (elexacaftor-tezacaftor-ivacaft)	2	PA; SL (3 tablets per day (1 pack per month) and 1092 tablets per year.); SMCS; SP
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG (elexacaftor-tezacaftor-ivacaft)	2	PA; SL (3 tablets per day. 1092 tablets per 364 days.); SMCS; SP
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (elexacaftor-tezacaftor-ivacaft)	2	PA; SL (2 packets per day. 728 packets per 356 days.); SMCS; SP
ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs for the Lungs		
ambrisentan oral tablet 10 mg, 5 mg	1	PA; SL (1 tablet per day.); SMCS; SP
bosentan oral tablet 125 mg, 62.5 mg	1	PA; SL (2 tablets per day.); SMCS; SP
FILSPARI ORAL TABLET 200 MG, 400 MG (sparsentan)	4	PA; SL (1 tablet per day.); SMCS; SP
OPSUMIT ORAL TABLET 10 MG (macitentan)	2	PA; SL (1 tablet per day.); SMCS; SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	2	PA; SL (2 tablets per day.); SMCS; SP
TRACLEER ORAL TABLET SOLUBLE 32 MG (bosentan)	2	PA; SL (4 tablets per day.); SMCS; SP
EXPECTORANTS - Drugs for the Lungs		
guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml	1	
iodine strong oral solution 5 %	1	
maxi-tuss ac oral solution 100-10 mg/5ml	1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
montelukast sodium oral tablet chewable 4 mg, 5 mg	1	
SINGULAIR ORAL PACKET 4 MG (montelukast sodium)	3	
zafirlukast oral tablet 10 mg, 20 mg	1	
zileuton er oral tablet extended release 12 hour 600 mg	1	ST
ZYFLO ORAL TABLET 600 MG (zileuton)	4	ST
MAST-CELL STABILIZERS - Drugs for Inflammation		
ALOCRIL OPHTHALMIC SOLUTION 2 % (nedocromil sodium)	3	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	1	
cromolyn sodium ophthalmic solution 4 %	1	
cromolyn sodium oral concentrate 100 mg/5ml	1	
MUCOLYTIC AGENTS - Drugs for the Lungs		
acetylcysteine inhalation solution 10 %, 20 %	1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %, 7 % (sodium chloride)	2	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %, 6 % (sodium chloride)	3	
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 % (sodium chloride)	2	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (dornase alfa)	2	PA; SL (5 ml per day.); SMCS; SP
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1	
NASAL PREPARATIONS (STEROIDS) - Drugs for Inflammation		
flunisolide nasal solution 25 mcg/act (0.025%)	1	
fluticasone propionate nasal suspension 50 mcg/act	1	
mometasone furoate nasal suspension 50 mcg/act	1	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (beclomethasone diprop (nasal))	4	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (beclomethasone diprop (nasal))	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (olopatadine-mometasone)	4	
ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (albuterol-budesonide)	3	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (fluticasone furoate)	1	SL (1 blister per day.)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (fluticasone furoate)	1	SL (1 packet per day.)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	1	SL (120 ml (2 boxes) per 30 days.)
budesonide inhalation suspension 1 mg/2ml	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 (beclomethasone diprop hfa)	1	SL (10.6 grams per month.)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (beclomethasone diprop hfa)	1	SL (42.4 grams per month.)
PHOSPHODIESTERASE TYPE 4 INHIBITORS - Drugs for the Lungs		
DALIRESP ORAL TABLET 250 MCG (roflumilast)	4	PA; SL (31 tablets per year.)
DALIRESP ORAL TABLET 500 MCG (roflumilast)	4	PA; SL (1 tablet per day)
roflumilast oral tablet 250 mcg	1	PA; SL (31 tablets per year.)
roflumilast oral tablet 500 mcg	1	PA; SL (1 tablet per day)
ZORYVE EXTERNAL CREAM 0.3 % (roflumilast)	4	PA; SL (60 grams per 30 days.)
ZORYVE EXTERNAL FOAM 0.3 % (roflumilast (antiseborrheic))	4	PA

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (treprostinil)	2	PA; SMCS
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (treprostinil)	2	PA; SMCS
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (iloprost)	2	PA; SMCS; SP
RESPIRATORY TRACT AGENTS, MISCELLANEOUS - Drugs for the Lungs		
BRONCHITOL INHALATION CAPSULE 40 MG (mannitol (cystic fibrosis))	3	PA; ST; SL (20 capsules per day.); SMCS; SP; CM
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG (mannitol (cystic fibrosis))	3	PA; ST; SL (20 capsules per day.); SMCS; SP; CM
pirfenidone oral capsule 267 mg	1	PA; SL (9 capsules per day.); SMCS; SP
pirfenidone oral tablet 267 mg	1	PA; SL (9 tablets per day.); SMCS; SP
pirfenidone oral tablet 534 mg	1	PA; SL (3 tablets per day.); SMCS
pirfenidone oral tablet 801 mg	1	PA; SL (3 tablets per day.); SMCS; SP
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (tezepelumab-ekko)	4	PA; M; SL (0.07 ml per day.); SMCS; SP
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG (sotatercept-csrk)	4	PA; M; SL (1 Kit (2 vials) per month.); SMCS; SP
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG (sotatercept-csrk)	4	PA; M; SL (1 Kit (1 vial) per month.); SMCS; SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (omalizumab)	2	PA; M; SL (0.08 ml per day.); SMCS; SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (omalizumab)	2	PA; M; SL (0.15 ml per day.); SMCS; SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (omalizumab)	2	PA; M; SL (0.04 ml per day.); SMCS; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (omalizumab)	2	PA; M; SL (0.08 ml per day.); SMCS; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (omalizumab)	2	PA; M; SL (0.15 ml per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (omalizumab)	2	PA; M; SL (0.04 ml per day.); SMCS; SP
SECOND GENERATION ANTIHIST(RESPIR TRACT) - Drugs for Allergy		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl ophthalmic solution 0.05 %	1	
desloratadine oral tablet 5 mg	1	
desloratadine oral tablet dispersible 5 mg	1	
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - Drugs for Asthma/COPD		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (albuterol-budesonide)	3	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate oral syrup 2 mg/5ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	1	
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	1	SL (2 vials per day.)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (formoterol fumarate)	4	SL (2 vials per day.)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (salmeterol xinafoate)	2	SL (1 diskus (60 blisters) per month.)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (olodaterol hcl)	2	SL (0.15 grams per day.)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (levalbuterol tartrate)	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 (riociguat)	2	PA; SL (3 tablets per day.); SMCS; SP
alyq oral tablet 20 mg	1	PA; SL (2 tablets per day); SMCS; SP
ambrisentan oral tablet 10 mg, 5 mg	1	PA; SL (1 tablet per day.); SMCS; SP
bosentan oral tablet 125 mg, 62.5 mg	1	PA; SL (2 tablets per day.); SMCS; SP
OPSUMIT ORAL TABLET 10 MG (macitentan)	2	PA; SL (1 tablet per day.); SMCS; SP
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (treprostinil diolamine)	4	PA; SL (168 tablets per year.); SMCS; SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (treprostinil diolamine)	4	PA; SL (336 tablets per year.); SMCS; SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (treprostinil diolamine)	4	PA; SL (252 tablets per year.); SMCS; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 5 MG (treprostinil diolamine)	4	PA; SL (6 tablets per day.); SMCS; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG (treprostinil diolamine)	4	PA; SL (6 tablets per day); SMCS; SP
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	PA; SL (186 ml per month.); SMCS; SP
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	SL (6 tablets per month)
sildenafil citrate oral tablet 20 mg	1	SL (0.5 tablet per day.); SMCS
tadalafil (pah) oral tablet 20 mg	1	PA; SL (2 tablets per day); SMCS; SP
TADLIQ ORAL SUSPENSION 20 MG/5ML (tadalafil (pah))	3	PA; SL (10 ml per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	2	PA; SL (2 tablets per day.); SMCS; SP
TRACLEER ORAL TABLET SOLUBLE 32 MG (bosentan)	2	PA; SL (4 tablets per day.); SMCS; SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (treprostinil)	2	PA; SL (112 cartridges per 23 days.); SMCS; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (treprostinil)	2	PA; SL (112 cartridges per 23 days.); SMCS; SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (treprostinil)	2	PA; SL (252 cartridges per 365 days.); SMCS; SP
TYVASO INHALATION SOLUTION 0.6 MG/ML (treprostinil)	2	PA; SMCS
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (treprostinil)	2	PA; SMCS
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (treprostinil)	2	PA; SMCS
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (selexipag)	4	PA; SL (2 tablets per day.); SMCS; SP
UPTRAVI TABLET 200 MCG ORAL (selexipag)	4	PA; SL (140 tablets per 365 days.); SMCS; SP
UPTRAVI TABLET 200 MCG ORAL (selexipag)	4	PA; SL (2 tablets per day.); SMCS; SP
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (selexipag)	4	PA; SL (200 tablets per year.); SMCS; SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (iloprost)	2	PA; SMCS; SP
VASODILATING AGENTS, MISC - Drugs for the Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (riociguat)	2	PA; SL (3 tablets per day.); SMCS; SP
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (selexipag)	4	PA; SL (2 tablets per day.); SMCS; SP
UPTRAVI TABLET 200 MCG ORAL (selexipag)	4	PA; SL (140 tablets per 365 days.); SMCS; SP
UPTRAVI TABLET 200 MCG ORAL (selexipag)	4	PA; SL (2 tablets per day.); SMCS; SP
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (selexipag)	4	PA; SL (200 tablets per year.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XANTHINE DERIVATIVES - Drugs for Asthma/COPD		
elixophyllin oral elixir 80 mg/15ml	3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (theophylline)	3	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTIPROLIFERANTS		
AMELUZ EXTERNAL GEL 10 % (aminolevulinic acid hcl)	3	
bexarotene external gel 1 %	1	SMCS; SP
bexarotene oral capsule 75 mg	1	SMCS; CM
EFUDEX EXTERNAL CREAM 5 % (fluorouracil)	4	
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
imiquimod external cream 5 %	1	
KLISYRI EXTERNAL OINTMENT 1 % (tirbanibulin)	4	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (aminolevulinic acid hcl)	3	
PANRETIN EXTERNAL GEL 0.1 % (alitretinoin)	3	
TOLAK EXTERNAL CREAM 4 % (fluorouracil)	4	
VALCHLOR EXTERNAL GEL 0.016 % (mechlorethamine hcl (topical))	2	PA; SMCS; SP
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin		
ADRENERGIC AGONISTS - Drugs for the Skin		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (brimonidine tartrate)	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (brimonidine tartrate)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
brimonidine tartrate external gel 0.33 %	1	PA
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (brimonidine tartrate-timolol)	1	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
MIRVASO EXTERNAL GEL 0.33 % (brimonidine tartrate)	2	PA
RHOFADE EXTERNAL CREAM 1 % (oxymetazoline hcl)	4	PA
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
naftifine hcl external cream 1 %, 2 %	1	
naftifine hcl external gel 2 %	1	
NAFTIN EXTERNAL GEL 2 % (naftifine hcl)	4	
ANTIBACTERIALS (84:04) - Drugs for the Skin		
ACANYA EXTERNAL GEL 1.2-2.5 % (clindamycin phos-benzoyl perox)	4	
AMZEEQ EXTERNAL FOAM 4 % (minocycline hcl micronized)	4	
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (sulfacetamide sodium-sulfur)	4	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % (sulfacetamide sodium-sulfur)	3	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 % (sulfacetamide sodium-sulfur)	3	
AVAR-E GREEN EXTERNAL CREAM 10-5 % (sulfacetamide sodium-sulfur)	3	
AVAR-E LS EXTERNAL CREAM 10-2 % (sulfacetamide sodium-sulfur)	3	
AVEIDA EXTERNAL GEL 1-1 %	3	
azelaic acid external gel 15 %	1	
AZELEX EXTERNAL CREAM 20 % (azelaic acid)	3	
bacitracin ophthalmic ointment 500 unit/gm	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BENZAMYCIN EXTERNAL GEL 5-3 % (benzoyl peroxide-erythromycin)	2	
benzoyl peroxide-erythromycin external gel 5-3 %	1	
bp 10-1 external emulsion 10-1 %	1	
CLEOCIN VAGINAL CREAM 2 % (clindamycin phosphate)	4	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (clindamycin phosphate)	2	
CLEOCIN-T EXTERNAL LOTION 1 % (clindamycin phosphate)	4	
CLINDACIN ETZ EXTERNAL KIT 1 % (clindamycin phos & cleanser)	4	
clindacin etz external swab 1 %	1	
clindacin external foam 1 %	1	
clindacin-p external swab 1 %	1	
CLINDAGEL EXTERNAL GEL 1 % (clindamycin phosphate)	4	
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	SL (1 bottle (45 grams) per month.)
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	1	
clindamycin phosphate external foam 1 %	1	
clindamycin phosphate external gel 1 %	1	
clindamycin phosphate external lotion 1 %	1	
clindamycin phosphate external solution 1 %	1	
clindamycin phosphate external swab 1 %	1	
clindamycin phosphate vaginal cream 2 %	1	
clindamycin-tretinoin external gel 1.2-0.025 %	1	
CLINDESSE VAGINAL CREAM 2 % (clindamycin phosphate (1 dose))	2	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (clindamycin-tretinoin-cholesty)	3	PA
dapsone external gel 5 %, 7.5 %	1	
dapsone oral tablet 100 mg, 25 mg	1	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ery external pad 2 %	1	
ERYGEL EXTERNAL GEL 2 % (erythromycin)	3	
erythromycin external gel 2 %	1	
erythromycin external solution 2 %	1	
FINACEA EXTERNAL FOAM 15 % (azelaic acid)	2	
gentamicin sulfate external cream 0.1 %	1	
gentamicin sulfate external ointment 0.1 %	1	
IDARAN EXTERNAL OINTMENT 1-2 %	3	
KLARON EXTERNAL LOTION 10 % (sulfacetamide sodium (acne))	4	
mafenide acetate external packet 5 %	1	
METROCREAM EXTERNAL CREAM 0.75 % (metronidazole)	4	
METROLOTION EXTERNAL LOTION 0.75 % (metronidazole)	4	
metronidazole external cream 0.75 %	1	
metronidazole external gel 0.75 %, 1 %	1	
metronidazole external lotion 0.75 %	1	
metronidazole vaginal gel 0.75 %	1	
mupirocin calcium external cream 2 %	1	
mupirocin external ointment 2 %	1	
NANRAN EXTERNAL OINTMENT 2-2 %	3	
neomycin sulfate oral tablet 500 mg	1	
neo-polycin hc ophthalmic ointment 1 %	1	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (neomycin-fluocinolone)	4	
neuac external gel 1.2-5 %	1	SL (1 bottle (45 grams) per month.)
NUVESSA VAGINAL GEL 1.3 % (metronidazole)	4	
ONEXTON EXTERNAL GEL 1.2-3.75 % (clindamycin phosphobenzoyl perox)	4	
OVACE PLUS EXTERNAL CREAM 10 % (sulfacetamide sodium)	3	
OVACE PLUS EXTERNAL LOTION 9.8 % (sulfacetamide sodium)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OVACE PLUS EXTERNAL SHAMPOO 10 % (sulfacetamide sodium)	3	
OVACE PLUS WASH EXTERNAL GEL 10 % (sulfacetamide sodium)	3	
OVACE PLUS WASH EXTERNAL LIQUID 10 % (sulfacetamide sodium)	4	
OVACE WASH EXTERNAL LIQUID 10 % (sulfacetamide sodium)	4	
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	
polycin ophthalmic ointment 500-10000 unit/gm	1	
sodium sulfacetamide external shampoo 10 %	1	
sodium sulfacetamide wash external liquid 10 %	1	
sss 10-5 external cream 10-5 %	1	
SSS 10-5 EXTERNAL FOAM 10-5 %	3	
sulfacetamide sodium (acne) external lotion 10 %	1	
sulfacetamide sodium (cleans) external gel 10 %	1	
sulfacetamide sodium external liquid 10 %	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external pad 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sulfacetamide-sulfur in urea external emulsion 10-5 %	1	
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 % (sulfacetamide sodium-sulfur)	3	
sulfamez wash external emulsion 10-1 %	1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (mafenide acetate)	3	
SUMAXIN CP EXTERNAL KIT 10-4 % (sulfacetamide-sulfur-cleanser)	4	
SUMAXIN EXTERNAL PAD 10-4 % (sulfacetamide sodium-sulfur)	4	
XACIATO VAGINAL GEL 2 % (clindamycin phosphate)	2	
ZILXI EXTERNAL FOAM 1.5 % (minocycline hcl micronized)	4	PA; ST
ANTIFULGALS (SKIN, MUCOUS MEMBRANE),MISC - Drugs for the Skin		
EXODERM EXTERNAL LOTION 25-1 % (sod thiosulfate-salicylic acid)	3	
ANTI-INFLAMMATORY AGENTS, MISC (SKIN) - Drugs for the Skin		
EUCRISA EXTERNAL OINTMENT 2 % (crisaborole)	3	ST
VTAMA EXTERNAL CREAM 1 % (tapinarof)	4	PA
ANTIPRURITICS AND LOCAL ANESTHETICS - Drugs for the Skin		
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (hydrocortisone ace-pramoxine)	4	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (hydrocortisone ace-pramoxine)	4	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (hydrocortisone ace-pramoxine)	3	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (hc-pramoxine-chloroxylonol)	4	
doxepin hcl external cream 5 %	1	PA
ENOVARX-LIDOCAINE HCL EXTERNAL CREAM 10 %, 5 %	3	PA
EPIFOAM EXTERNAL FOAM 1-1 % (pramoxine-hc)	2	
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (dph-lido-alhydr-mghydr-simeth)	3	PA
glydo external prefilled syringe 2 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (ketoprofen-baclofen-gabap-lido)	3	PA
lidocaine external ointment 5 %	1	SL (1.19 grams per day.)
lidocaine external patch 5 %	1	PA; SL (3 patches per day)
lidocaine hcl external solution 4 %	1	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	1	
lidocaine-prilocaine external cream 2.5-2.5 %	1	
LIDTOPIC MAX EXTERNAL CREAM 10 % (lidocaine hcl)	3	PA
NANRAN EXTERNAL OINTMENT 2-2 %	3	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PRAMOSONE EXTERNAL CREAM 1-1 % (pramoxine-hc)	2	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (pramoxine-hc)	2	
PRAMOSONE EXTERNAL OINTMENT 1-1 % (pramoxine-hc)	2	
PRAMOSONE EXTERNAL OINTMENT 1-2.5 % (pramoxine-hc)	4	
premium lidocaine external ointment 5 %	1	SL (1.19 grams per day.)
PROCORT EXTERNAL CREAM 1.85-1.15 % (hydrocortisone ace-pramoxine)	4	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (hydrocortisone ace-pramoxine)	2	
PYRIDIDIUM ORAL TABLET 100 MG, 200 MG (phenazopyridine hcl)	3	
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
acyclovir external cream 5 %	1	
acyclovir external ointment 5 %	1	
DENAVIR EXTERNAL CREAM 1 % (penciclovir)	4	
penciclovir external cream 1 %	1	
ZOVIRAX EXTERNAL CREAM 5 % (acyclovir)	4	
ASTRINGENTS (84:12) - Drugs for the Skin		
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (glycopyrrolate-formoterol)	2	SL (0.36 grams per day.)
CUVPOSA ORAL SOLUTION 1 MG/5ML (glycopyrrolate)	4	
DRYSOL EXTERNAL SOLUTION 20 % (aluminum chloride)	2	
glycopyrrolate oral solution 1 mg/5ml	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	4	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (miconazole-zinc oxide-petrolat)	4	
ASTRINGENTS, ANTI-INFECTIVE - Drugs for the Skin		
benzalkonium chloride external solution	2	
benzalkonium chloride external solution 50 %	1	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
hydrocortisone-iodoquinol external cream 1-1 %	1	
iodine strong oral solution 5 %	1	
iodine tincture external tincture 2 %	1	
LUGOLS STRONG IODINE EXTERNAL SOLUTION 5-10 %	3	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (chlorhexidine gluconate)	4	
perio gard mouth/throat solution 0.12 %	1	
selenium sulfide external lotion 2.5 %	1	
SILVADENE EXTERNAL CREAM 1 % (silver sulfadiazine)	4	
silver sulfadiazine external cream 1 %	1	
ssd external cream 1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AZOLES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
clotrimazole mouth/throat troche 10 mg	1	
clotrimazole-betamethasone external cream 1-0.05 %	1	
clotrimazole-betamethasone external lotion 1-0.05 %	1	
econazole nitrate external cream 1 %	1	
ECOZA EXTERNAL FOAM 1 % (econazole nitrate)	4	
EXELDERM EXTERNAL CREAM 1 % (sulconazole nitrate)	3	
EXELDERM EXTERNAL SOLUTION 1 % (sulconazole nitrate)	3	
GYNAZOLE-1 VAGINAL CREAM 2 % (butoconazole nitrate (1 dose))	3	
JUBLIA EXTERNAL SOLUTION 10 % (efinaconazole)	4	SL (4 ml per month.)
ketoconazole external cream 2 %	1	
ketoconazole external foam 2 %	1	
ketoconazole external shampoo 2 %	1	
ketodan external foam 2 %	1	
LULICONAZOLE EXTERNAL CREAM 1 %	4	
LUZU EXTERNAL CREAM 1 % (luliconazole)	4	
miconazole 3 vaginal suppository 200 mg	1	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	4	
ORAVIG BUCCAL TABLET 50 MG (miconazole)	3	
oxiconazole nitrate external cream 1 %	1	
OXISTAT EXTERNAL CREAM 1 % (oxiconazole nitrate)	4	
OXISTAT EXTERNAL LOTION 1 % (oxiconazole nitrate)	4	
PHEDRAX EXTERNAL SHAMPOO 2-2 %	3	
PHEOXIA EXTERNAL CREAM 2-4 %	3	
PODIATROLE EXTERNAL THERAPY PACK 2 & 20 % (ketoconazole-urea)	3	
SULCONAZOLE NITRATE EXTERNAL CREAM 1 %	3	
SULCONAZOLE NITRATE EXTERNAL SOLUTION 1 %	3	
terconazole vaginal cream 0.4 %, 0.8 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
terconazole vaginal suppository 80 mg	1	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (miconazole-zinc oxide-petrolat)	4	
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 % (ketoconazole-hydrocortisone)	3	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 % (ketoconazole & pyrithione zinc)	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 % (ketoconazole & pyrithione zinc)	3	
BASIC LOTIONS AND LINIMENTS - Drugs for the Skin		
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (salicylic acid-lactic acid)	2	
methyl salicylate external liquid	1	
PRONAL EXTERNAL GEL 40-10 % (urea-lactic acid)	3	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 % (salicylic acid-urea in lactac)	3	
turpentine external spirit	1	
VITAMIN C BRIGHTENING SERUM EXTERNAL LIQUID	3	
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 % (benzoyl peroxide-hyaluronate)	3	
BASIC OINTMENTS AND PROTECTANTS - Drugs for the Skin		
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML (fibrin sealant component)	3	
ARTISS EXTERNAL SOLUTION (fibrin sealant component)	3	
calcipotriene external cream 0.005 %	1	
calcipotriene external ointment 0.005 %	1	
calcipotriene external solution 0.005 %	1	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	1	
CALCITRENE EXTERNAL OINTMENT 0.005 % (calcipotriene)	3	
DIOOXIA EXTERNAL CREAM 0.005-4 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (calcipotriene-betameth diprop)	4	
nitroglycerin rectal ointment 0.4 %	1	SL (30 grams per month.)
RECTIV RECTAL OINTMENT 0.4 % (nitroglycerin)	4	SL (30 grams per month.)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (collagenase)	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (calcipotriene-betameth diprop)	1	
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML (fibrin sealant component)	3	
VTAMA EXTERNAL CREAM 1 % (tapinarof)	4	PA
BASIC POWDERS AND DEMULCENTS - Drugs for the Skin		
benzoin compound external tincture	1	
benzoin external tincture	1	
CELL STIMULANTS AND PROLIFERANTS - Drugs for the Skin		
ALTRENO EXTERNAL LOTION 0.05 % (tretinoin)	4	PA
clindamycin-tretinoin external gel 1.2-0.025 %	1	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (clindamycin-tretinoin-cholesty)	3	PA
ENTADFI ORAL CAPSULE 5-5 MG (finasteride-tadalafil)	4	SL (1 capsule per day.)
finasteride oral tablet 5 mg	1	
KEVARTIA EXTERNAL EMULSION 6-0.05 %	3	
KUTAR EXTERNAL EMULSION 8-0.025 %	3	
KUTARVIA EXTERNAL EMULSION 8-0.025 %	3	
minoxidil oral tablet 10 mg, 2.5 mg	1	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % (tretinoin microsphere)	4	PA
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	1	
tretinoin external gel 0.01 %	1	
tretinoin external gel 0.05 %	1	PA
tretinoin microsphere external gel 0.04 %, 0.08 %, 0.1 %	1	PA
tretinoin microsphere pump external gel 0.04 %, 0.08 %, 0.1 %	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tretinoin oral capsule 10 mg	1	SMCS; SP; CM
TWYNEO EXTERNAL CREAM 0.1-3 % (tretinoin-benzoyl peroxide)	4	
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ALA SCALP EXTERNAL LOTION 2 % (hydrocortisone)	4	
alclometasone dipropionate external cream 0.05 %	1	
alclometasone dipropionate external ointment 0.05 %	1	
amcinonide external cream 0.1 %	1	
amcinonide external ointment 0.1 %	1	
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (hydrocortisone ace-pramoxine)	4	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (hydrocortisone ace-pramoxine)	4	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (hydrocortisone ace-pramoxine)	3	
anucort-hc rectal suppository 25 mg	1	
ANUSOL-HC EXTERNAL CREAM 2.5 % (hydrocortisone)	4	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	4	
APEXICON E EXTERNAL CREAM 0.05 % (diflorasone diacet emoll base)	2	
betamethasone dipropionate aug external cream 0.05 %	1	
betamethasone dipropionate aug external gel 0.05 %	1	
betamethasone dipropionate aug external lotion 0.05 %	1	
betamethasone dipropionate aug external ointment 0.05 %	1	
betamethasone dipropionate external cream 0.05 %	1	
betamethasone dipropionate external lotion 0.05 %	1	
betamethasone dipropionate external ointment 0.05 %	1	
betamethasone valerate external cream 0.1 %	1	
betamethasone valerate external foam 0.12 %	1	
betamethasone valerate external lotion 0.1 %	1	
betamethasone valerate external ointment 0.1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BRYHALI EXTERNAL LOTION 0.01 % (halobetasol propionate)	4	ST
budesonide rectal foam 2 mg, 2 mg/act	1	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	1	
clobetasol propionate e external cream 0.05 %	1	
clobetasol propionate emulsion external foam 0.05 %	1	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam 0.05 %	1	
clobetasol propionate external gel 0.05 %	1	
clobetasol propionate external liquid 0.05 %	1	
clobetasol propionate external lotion 0.05 %	1	
clobetasol propionate external ointment 0.05 %	1	
clobetasol propionate external shampoo 0.05 %	1	
clobetasol propionate external solution 0.05 %	1	
CLOBETAVIX EXTERNAL KIT 0.05 %	3	
clocortolone pivalate external cream 0.1 %	1	
clodan external shampoo 0.05 %	1	
clotrimazole-betamethasone external cream 1-0.05 %	1	
clotrimazole-betamethasone external lotion 1-0.05 %	1	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (flurandrenolide)	3	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (hc-pramoxine-chloroxylonol)	4	
CORTENEMA RECTAL ENEMA 100 MG/60ML (hydrocortisone)	4	
CORTIFOAM EXTERNAL FOAM 10 % (hydrocortisone acetate)	2	
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (fluocinolone acetonide)	4	
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (fluocinolone acetonide)	4	
desonide external cream 0.05 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
desonide external gel 0.05 %	1	
desonide external lotion 0.05 %	1	
desonide external ointment 0.05 %	1	
DESOWEN EXTERNAL CREAM 0.05 % (desonide)	3	
desoximetasone external cream 0.05 %, 0.25 %	1	
desoximetasone external gel 0.05 %	1	
desoximetasone external liquid 0.25 %	1	
desoximetasone external ointment 0.05 %, 0.25 %	1	
diflorasone diacetate external cream 0.05 %	1	
diflorasone diacetate external ointment 0.05 %	1	
DIPROLENE EXTERNAL OINTMENT 0.05 % (betamethasone dipropionate aug)	4	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (calcipotriene-betameth diprop)	4	
EPIFOAM EXTERNAL FOAM 1-1 % (pramoxine-hc)	2	
fluocinolone acetonide body external oil 0.01 %	1	
fluocinolone acetonide external cream 0.01 %, 0.025 %	1	
fluocinolone acetonide external ointment 0.025 %	1	
fluocinolone acetonide external solution 0.01 %	1	
fluocinolone acetonide scalp external oil 0.01 %	1	
fluocinonide emulsified base external cream 0.05 %	1	
fluocinonide external cream 0.05 %, 0.1 %	1	
fluocinonide external gel 0.05 %	1	
fluocinonide external ointment 0.05 %	1	
fluocinonide external solution 0.05 %	1	
FLUOXIA EXTERNAL CREAM 0.05-4 %	3	
flurandrenolide external cream 0.05 %	1	
flurandrenolide external lotion 0.05 %	1	
fluticasone propionate external cream 0.05 %	1	
fluticasone propionate external lotion 0.05 %	1	
fluticasone propionate external ointment 0.005 %	1	
halcinonide external cream 0.1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
halobetasol propionate external cream 0.05 %	1	
halobetasol propionate external ointment 0.05 %	1	
HALOG EXTERNAL OINTMENT 0.1 % (halcinonide)	3	
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 %, 2.5-1 %	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 rectal enema 100 mg/60ml	1	
hydrocortisone valerate external cream 0.2 %	1	
hydrocortisone valerate external ointment 0.2 %	1	
hydrocortisone-iodoquinol external cream 1-1 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
kourzeq mouth/throat paste 0.1 %	1	
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (hydrocortisone butyr lipo base)	4	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (neomycin-fluocinolone)	4	
NUCORT EXTERNAL LOTION 2 % (hydrocortisone acetate)	3	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
oralone mouth/throat paste 0.1 %	1	
PANDEL EXTERNAL CREAM 0.1 % (hydrocortisone probutate)	3	
PRAMOSONE EXTERNAL CREAM 1-1 % (pramoxine-hc)	2	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (pramoxine-hc)	2	
PRAMOSONE EXTERNAL OINTMENT 1-1 % (pramoxine-hc)	2	
PRAMOSONE EXTERNAL OINTMENT 1-2.5 % (pramoxine-hc)	4	
PROCORT EXTERNAL CREAM 1.85-1.15 % (hydrocortisone ace-pramoxine)	4	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
DEPIGMENTING AGENTS - Drugs for the Skin		
KEVARTIA EXTERNAL EMULSION 6-0.05 %	3	
KUTAR EXTERNAL EMULSION 8-0.025 %	3	
KUTARVIA EXTERNAL EMULSION 8-0.025 %	3	
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS - Drugs for the Skin		
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	
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 % (benzoyl peroxide-vitamin e)	3	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	4	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (miconazole-zinc oxide-petrolat)	4	
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ciclodan external solution 8 %	1	
ciclopirox external gel 0.77 %	1	
ciclopirox external shampoo 1 %	1	
ciclopirox external solution 8 %	1	
ciclopirox olamine external cream 0.77 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ciclopirox olamine external suspension 0.77 %	1	
ciclopirox treatment external kit 8 %	1	
HEXIOUNYL EXTERNAL LOTION 3-5-20 %	3	
IMMUNOMODULATORY AGENTS (84:06) - Drugs for the Skin		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (tralokinumab-ldrm)	2	PA; SMCS; SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (tralokinumab-ldrm)	2	PA; M; SL (0.15 ml per day.); SMCS; SP
HYFTOR EXTERNAL GEL 0.2 % (sirolimus)	4	PA; SL (10 g per 23 days.)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (tildrakizumab-asmn)	4	PA; ST; M; SL (1 ml per 63 days.); SMCS; SP
NUJO EXTERNAL SOLUTION 0.1 %	3	
pimecrolimus external cream 1 %	1	
RAPAMUNE ORAL SOLUTION 1 MG/ML (sirolimus)	4	
sirolimus oral solution 1 mg/ml	1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (risankizumab-rzaa)	2	PA; M; SL (1 ml per 63 days.); SMCS; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (risankizumab-rzaa)	2	PA; M; SL (1 ml per 63 days.); SMCS; SP
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (spesolimab-sbzo)	4	PA; M; SL (2 Prefilled syringes per month.); SMCS; SP
tacrolimus external ointment 0.03 %, 0.1 %	1	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (guselkumab)	2	PA; M; SL (1 ml per 42 days.); SMCS; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (guselkumab)	2	PA; M; SL (2 ml per 2 months); SMCS; SP
JANUS KINASE INHIBITORS (84:06) - Drugs for the Skin		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (abrocitinib)	2	PA; SL (1 tablet per day.); SMCS; SP; CM
DALIRESP ORAL TABLET 250 MCG (roflumilast)	4	PA; SL (31 tablets per year.)
DALIRESP ORAL TABLET 500 MCG (roflumilast)	4	PA; 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; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (ruxolitinib phosphate)	2	PA; SL (2 tablets per day.); SMCS; SP; CM
LITFULO ORAL CAPSULE 50 MG (ritlecitinib tosylate)	3	PA; SL (1 capsule per day.); SMCS; SP
OPZELURA EXTERNAL CREAM 1.5 % (ruxolitinib phosphate)	4	PA; SL (120 grams per prescription and 1200 grams per 365 days.); SMCS; SP
roflumilast oral tablet 250 mcg	1	PA; SL (31 tablets per year.)
roflumilast oral tablet 500 mcg	1	PA; SL (1 tablet per day)
SOTYKTU ORAL TABLET 6 MG (deucravacitinib)	3	PA; ST; SL (1 tablet per day.); SMCS; SP
ZORYVE EXTERNAL CREAM 0.3 % (roflumilast)	4	PA; SL (60 grams per 30 days.)
ZORYVE EXTERNAL FOAM 0.3 % (roflumilast (antiseborrheic))	4	PA
KERATOLYTIC AGENTS - Drugs for the Skin		
acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
AKLIEF EXTERNAL CREAM 0.005 % (trifarotene)	4	PA
amnestem oral capsule 10 mg, 20 mg, 40 mg	1	
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (sulfacetamide sodium-sulfur)	4	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % (sulfacetamide sodium-sulfur)	3	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 % (sulfacetamide sodium-sulfur)	3	
AVAR-E GREEN EXTERNAL CREAM 10-5 % (sulfacetamide sodium-sulfur)	3	
AVAR-E LS EXTERNAL CREAM 10-2 % (sulfacetamide sodium-sulfur)	3	
AVIDOXY DK COMBINATION KIT 100 MG (doxycycline-sunscreen-sal acid)	3	
bp 10-1 external emulsion 10-1 %	1	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
HEXIOUNYL EXTERNAL LOTION 3-5-20 %	3	
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	
KERALYT SCALP EXTERNAL KIT 6 % (salicylic acid)	4	
NUTRASEB EXTERNAL CREAM (antiseborrheic products, misc.)	4	
PHEDRAX EXTERNAL SHAMPOO 2-2 %	3	
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	
PODIATROLE EXTERNAL THERAPY PACK 2 & 20 % (ketoconazole-urea)	3	
PODOCON-25 EXTERNAL SOLUTION 25 % (podophyllum resin)	3	
podofilox external gel 0.5 %	1	
podofilox external solution 0.5 %	1	
PROMISEB EXTERNAL CREAM (antiseborrheic products, misc.)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRONAL EXTERNAL GEL 40-10 % (urea-lactic acid)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
RAYASAL EXTERNAL CREAM 5.9 %	3	
SALICATE EXTERNAL LIQUID 10 % (salicylic acid)	3	
salicylic acid external solution 26 %	1	
SALIMEZ EXTERNAL CREAM 6 %	3	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 % (salicylic acid-urea in lactac)	3	
SALYCIM EXTERNAL CREAM 6 % (salicylic acid)	3	
SCALACORT DK EXTERNAL KIT 2 & 2-2 % (hc & sal acid-sulfur & shampoo)	3	
sss 10-5 external cream 10-5 %	1	
SSS 10-5 EXTERNAL FOAM 10-5 %	3	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external pad 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
sulfacetamide-sulfur in urea external emulsion 10-5 %	1	
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 % (sulfacetamide sodium-sulfur)	3	
sulfamez wash external emulsion 10-1 %	1	
SUMAXIN CP EXTERNAL KIT 10-4 % (sulfacetamide-sulfur-cleanser)	4	
SUMAXIN EXTERNAL PAD 10-4 % (sulfacetamide sodium-sulfur)	4	
tazarotene external cream 0.1 %	1	PA
TAZAROTENE EXTERNAL FOAM 0.1 %	4	PA
tazarotene external gel 0.05 %, 0.1 %	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (tazarotene)	4	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (tazarotene)	4	PA
UMECTA MOUSSE EXTERNAL FOAM 40 % (urea)	3	
URAMAXIN EXTERNAL GEL 45 % (urea)	4	
urea external cream 20 %, 40 %, 41 %, 45 %	1	
urea external lotion 40 %	1	
urea nail external gel 45 %	1	
UREMEZ-40 EXTERNAL CREAM 40 %	3	
VEREGEN EXTERNAL OINTMENT 15 % (sinecatechins)	3	ST
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
KERATOPLASTIC AGENTS - Drugs for the Skin		
coal tar external solution 20 %	1	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS - Drugs for the Skin		
ACANYA EXTERNAL GEL 1.2-2.5 % (clindamycin phos-benzoyl perox)	4	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
benzalkonium chloride external solution	2	
benzalkonium chloride external solution 50 %	1	
BENZAMYCIN EXTERNAL GEL 5-3 % (benzoyl peroxide-erythromycin)	2	
benzoyl peroxide-erythromycin external gel 5-3 %	1	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	SL (1 bottle (45 grams) per month.)
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	1	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (hc-pramoxine-chloroxylonol)	4	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (sulfuric acid-sulf phenolics)	2	
FEM PH VAGINAL GEL 0.9-0.025 % (acetic acid-oxyquinoline)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocortisone-iodoquinol external cream 1-1 %	1	
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	
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 % (benzoyl peroxide-vitamin e)	3	
iodine tincture external tincture 2 %	1	
LUGOLS STRONG IODINE EXTERNAL SOLUTION 5-10 %	3	
mafenide acetate external packet 5 %	1	
neuac external gel 1.2-5 %	1	SL (1 bottle (45 grams) per month.)
ONEXTON EXTERNAL GEL 1.2-3.75 % (clindamycin phos-benzoyl perox)	4	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (chlorhexidine gluconate)	4	
periogard mouth/throat solution 0.12 %	1	
selenium sulfide external lotion 2.5 %	1	
SILVADENE EXTERNAL CREAM 1 % (silver sulfadiazine)	4	
silver sulfadiazine external cream 1 %	1	
ssd external cream 1 %	1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (mafenide acetate)	3	
TWYNEO EXTERNAL CREAM 0.1-3 % (tretinoin-benzoyl peroxide)	4	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 % (ketoconazole & pyrithione zinc)	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 % (ketoconazole & pyrithione zinc)	3	
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 % (benzoyl peroxide-hyaluronate)	3	
ZACLIR CLEANSING EXTERNAL LOTION 8 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin		
diclofenac sodium external gel 3 %	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 % (ketoprofen)	3	PA
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	PA; SL (31 tablets per year.)
DALIRESP ORAL TABLET 500 MCG (roflumilast)	4	PA; SL (1 tablet per day)
EUCRISA EXTERNAL OINTMENT 2 % (crisaborole)	3	ST
roflumilast oral tablet 250 mcg	1	PA; SL (31 tablets per year.)
roflumilast oral tablet 500 mcg	1	PA; 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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		
AVEIDA EXTERNAL GEL 1-1 %	3	
CROTAN EXTERNAL LOTION 10 % (crotamiton)	3	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
malathion external lotion 0.5 %	1	
OVIDE EXTERNAL LOTION 0.5 % (malathion)	4	
permethrin external cream 5 %	1	
SOOLANTRA EXTERNAL CREAM 1 % (ivermectin)	1	
spinosad external suspension 0.9 %	1	
sulfurated lime external solution	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC. - Drugs for the Skin		
A.A.G.C. KIT IN TERODERM EXTERNAL CREAM 8-4-10-4 % (amantad-amitrip-gabap-cycloben)	3	PA
acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (tralokinumab-ldrm)	2	PA; M; SL (0.15 ml per day.); SMCS; SP
AKLIEF EXTERNAL CREAM 0.005 % (trifarotene)	4	PA
ALEVAMAX EXTERNAL CREAM	3	
AMELUZ EXTERNAL GEL 10 % (aminolevulinic acid hcl)	3	
amnestem oral capsule 10 mg, 20 mg, 40 mg	1	
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML (fibrin sealant component)	3	
ARTISS EXTERNAL SOLUTION (fibrin sealant component)	3	
azelaic acid external gel 15 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AZELEX EXTERNAL CREAM 20 % (azelaic acid)	3	
B & C EXTERNAL OINTMENT	3	
balsam peru-castor oil external ointment	1	
bexarotene external gel 1 %	1	SMCS; SP
brimonidine tartrate external gel 0.33 %	1	PA
calcipotriene external cream 0.005 %	1	
calcipotriene external ointment 0.005 %	1	
calcipotriene external solution 0.005 %	1	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	1	
CALCITRENE EXTERNAL OINTMENT 0.005 % (calcipotriene)	3	
calcitriol external ointment 3 mcg/gm	1	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (abrocitinib)	2	PA; SL (1 tablet per day.); SMCS; SP; CM
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
clindamycin-tretinoin external gel 1.2-0.025 %	1	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (clindamycin-tretinoin-cholesty)	3	PA
COLLANEX EXTERNAL POWDER (wound dressings)	3	
CONDYLOX EXTERNAL GEL 0.5 % (podofilox)	4	
COPASIL EXTERNAL GEL (scar treatment products)	3	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.072 ml per day.); SMCS; SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.036 ml per day.); SMCS; SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (secukinumab)	3	PA; ST; M; SL (0.018 ml per day.); SMCS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.072 ml per day.); SMCS; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.036 ml per day.); SMCS; SP
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (secukinumab)	3	PA; ST; SL (0.072 ml per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dapsone external gel 5 %, 7.5 %	1	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
DERMASO PLUS EXTERNAL CREAM (dermatological products, misc.)	3	
DEXERYL EXTERNAL CREAM (dermatological products, misc.)	3	
DIOOXIA EXTERNAL CREAM 0.005-4 %	3	
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML (dupilumab)	2	PA; M; SL (0.09 ml per day.); SMCS; SP
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML (dupilumab)	2	PA; M; SL (0.15 ml per day.); SMCS; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (dupilumab)	2	PA; M; SL (0.15 ml per day.); SMCS; SP
EFUDEX EXTERNAL CREAM 5 % (fluorouracil)	4	
ENDARI ORAL PACKET 5 GM (glutamine (sickle cell))	4	SL (6 packets per day)
ENOVARX-TRAMADOL EXTERNAL CREAM 5 %	3	PA
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (calcipotriene-betameth diprop)	4	
FABIOR EXTERNAL FOAM 0.1 % (tazarotene)	4	PA
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA
FEM PH VAGINAL GEL 0.9-0.025 % (acetic acid-oxyquinoline)	4	
FILSUVEZ EXTERNAL GEL 10 % (birch triterpenes)	4	PA; SL (14.4 grams per day.); SMCS; SP
FINACEA EXTERNAL FOAM 15 % (azelaic acid)	2	
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
FLUOXIA EXTERNAL CREAM 0.05-4 %	3	
HALUCORT EXTERNAL GEL (dermatological products, misc.)	3	
HPR PLUS EXTERNAL CREAM (dermatological products, misc.)	3	
HYFTOR EXTERNAL GEL 0.2 % (sirolimus)	4	PA; SL (10 g per 23 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (tildrakizumab-asmn)	4	PA; ST; M; SL (1 ml per 63 days.); SMCS; SP
imiquimod external cream 5 %	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (ketoprofen-baclofen-gabap-lido)	3	PA
KLISYRI EXTERNAL OINTMENT 1 % (tirbanibulin)	4	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (aminolevulinic acid hcl)	3	
l-glutamine oral packet 5 gm	1	SL (6 packets per day)
LITFULO ORAL CAPSULE 50 MG (ritlecitinib tosylate)	3	PA; SL (1 capsule per day.); SMCS; SP
MEDERMA SPF 30 EXTERNAL CREAM (scar treatment products)	3	PA
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	1	
MIRVASO EXTERNAL GEL 0.33 % (brimonidine tartrate)	2	PA
NEOSALUS EXTERNAL CREAM (dermatological products, misc.)	3	
nitroglycerin rectal ointment 0.4 %	1	SL (30 grams per month.)
NUJO EXTERNAL SOLUTION 0.1 %	3	
OPZELURA EXTERNAL CREAM 1.5 % (ruxolitinib phosphate)	4	PA; SL (120 grams per prescription and 1200 grams per 365 days.); SMCS; SP
OTEZLA ORAL TABLET 30 MG (apremilast)	2	PA; SL (2 tablets per day.); SMCS; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (apremilast)	2	PA; SL (55 tablets (one starter pack) per year.); SMCS; SP
PANRETIN EXTERNAL GEL 0.1 % (alitretinoin)	3	
PHEOXIA EXTERNAL CREAM 2-4 %	3	
pimecrolimus external cream 1 %	1	
PODOCON-25 EXTERNAL SOLUTION 25 % (podophyllum resin)	3	
podofilox external gel 0.5 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
podofilox external solution 0.5 %	1	
PRUCLAIR EXTERNAL CREAM (dermatological products, misc.)	3	
PRUMYX EXTERNAL CREAM (dermatological products, misc.)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
RECTIV RECTAL OINTMENT 0.4 % (nitroglycerin)	4	SL (30 grams per month.)
REGRANEX EXTERNAL GEL 0.01 % (becaplermin)	2	PA
REMIGEN EXTERNAL CREAM	3	
RHOFADE EXTERNAL CREAM 1 % (oxymetazoline hcl)	4	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (collagenase)	3	
SCARCIN EXTERNAL CREAM	3	PA
SILATRIX MOUTH/THROAT GEL 10 %	3	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (risankizumab-rzaa)	2	PA; M; SL (1 ml per 63 days.); SMCS; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (risankizumab-rzaa)	2	PA; M; SL (1 ml per 63 days.); SMCS; SP
SOTYKTU ORAL TABLET 6 MG (deucravacitinib)	3	PA; ST; SL (1 tablet per day.); SMCS; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (ustekinumab)	2	PA; M; SL (0.006 ml per day.); SMCS; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (ustekinumab)	2	PA; M; SL (0.006 ml per day.); SMCS; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (ustekinumab)	2	PA; M; SL (0.012 ml per day.); SMCS; SP
STRATA CTX EXTERNAL GEL (dermatological products, misc.)	3	
STRATA XRT EXTERNAL GEL (dermatological products, misc.)	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (calcipotriene-betameth diprop)	1	
tacrolimus external ointment 0.03 %, 0.1 %	1	
tazarotene external cream 0.1 %	1	PA
TAZAROTENE EXTERNAL FOAM 0.1 %	4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tazarotene external gel 0.05 %, 0.1 %	1	PA
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (tazarotene)	4	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (tazarotene)	4	PA
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML (fibrin sealant component)	3	
TOLAK EXTERNAL CREAM 4 % (fluorouracil)	4	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (guselkumab)	2	PA; M; SL (1 ml per 42 days.); SMCS; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (guselkumab)	2	PA; M; SL (2 ml per 2 months); SMCS; SP
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	
VALCHLOR EXTERNAL GEL 0.016 % (mechlorethamine hcl (topical))	2	PA; SMCS; SP
VENELEX EXTERNAL OINTMENT (balsam peru-castor oil)	3	
VEREGEN EXTERNAL OINTMENT 15 % (sinecatechins)	3	ST
VP FC KIT EXTERNAL CREAM	3	PA
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	PA
VTAMA EXTERNAL CREAM 1 % (tapinarof)	4	PA
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ZENPHOR WOUND PAD EXTERNAL PAD	3	
ZORYVE EXTERNAL CREAM 0.3 % (roflumilast)	4	PA; SL (60 grams per 30 days.)
ZORYVE EXTERNAL FOAM 0.3 % (roflumilast (antiseborrheic))	4	PA
SUNSCREEN AGENTS - Drugs for the Skin		
AVIDOXY DK COMBINATION KIT 100 MG (doxycycline-sunscreen-sal acid)	3	
THIOCARBAMATES(SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
MYCOZYL AL EXTERNAL SOLUTION 1 % (tolnaftate)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles		
ANTIMUSCARINICS - Drugs for the Urinary System		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	1	
flavoxate hcl oral tablet 100 mg	1	
GELNIQUE TRANSDERMAL GEL 10 % (oxybutynin chloride)	4	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	1	
oxybutynin chloride oral solution 5 mg/5ml	1	
oxybutynin chloride oral tablet 2.5 mg, 5 mg	1	
solifenacin succinate oral tablet 10 mg, 5 mg	1	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	1	
tolterodine tartrate oral tablet 1 mg, 2 mg	1	
tropium chloride er oral capsule extended release 24 hour 60 mg	1	
tropium chloride oral tablet 20 mg	1	
VESICARE LS ORAL SUSPENSION 5 MG/5ML (solifenacin succinate)	4	
VESICARE ORAL TABLET 10 MG, 5 MG (solifenacin succinate)	4	
RESPIRATORY SMOOTH MUSCLE RELAXANTS - Drugs for Lungs		
elixophyllin oral elixir 80 mg/15ml	3	
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	PA; SL (186 ml per month.); SMCS; SP
sildenafil citrate oral tablet 20 mg	1	SL (0.5 tablet per day.); SMCS
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (theophylline)	3	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
SELECTIVE BETA-3-ADRENERGIC AGONISTS - Drugs for the Urinary System		
GEMTESA ORAL TABLET 75 MG (vibegron)	4	
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	1	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (mirabegron)	4	
VITAMINS		
MULTIVITAMIN PREPARATIONS		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	
ATABEX OB ORAL TABLET 29-1 MG (prenatal vit w/ fe bisg-fa)	3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (prenat-fecb-fefum-fa-dha w/o a)	3	
ELITE-OB ORAL TABLET 50-1.25 MG (prenatal vit-iron carbonyl-fa)	3	
ENBRACE HR ORAL CAPSULE (prenat vit-fe gly cys-fa-omega)	3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (pediatric multivitamins-fl)	3	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (pediatric multivitamins-fl)	3	
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
NEONATAL 19 ORAL TABLET 1 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 MG, 29-1 MG	3	
NEONATAL FE ORAL TABLET 90-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG (prenatal vit-fe fumarate-fa)	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (prenat-fe-methylfol-dha w/o a)	3	
NESTABS ORAL TABLET 32-1 MG (prenat-fe bisgly-fa-w/o vit a)	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (pediatric multivitamins-fl)	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (pediatric multivitamins-fl)	3	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (ped multivitamins-fl-iron)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (ped multivitamins-fl-iron)	3	
PREMESISRX ORAL TABLET 1 MG (prenatal ca-b6-b12-fa-ginger)	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
prenatal oral tablet 27-1 mg	1	
prenatal plus vitamin/mineral oral tablet 27-1 mg	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (prenatal-feaspgly-methylfol-fa)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (prenat-fecbn-feasp-meth-fa-dha)	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (prenat mv-min-methylfolate-fa)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	
PRIMACARE ORAL CAPSULE 30-1-470 MG (pren-fe-meth-fa-omeg w/o a)	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (pediatric multivitamins-fl)	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (pediatric multivitamins-fl)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (prenatal vit-fe psac cmplx-fa)	4	
TRINATE ORAL TABLET (prenatal vit-fe fumarate-fa)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (ped vit a-c-d-methylfolate-fl)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
VINATE ONE ORAL TABLET 60-1 MG (prenatal vit-fe fumarate-fa)	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	3	

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NESTABS ORAL TABLET 32-1 MG (prenat-fe bisgly-fa-w/o vit a)	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
PREMESISRX ORAL TABLET 1 MG (prenatal ca-b6-b12-fa-ginger)	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
prenatal oral tablet 27-1 mg	1	
prenatal plus vitamin/mineral oral tablet 27-1 mg	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (prenatal-feaspgly-methylfol-fa)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (prenat-fecbn-feasp-meth-fa-dha)	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (prenat mv-min-methylfolate-fa)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	
PRIMACARE ORAL CAPSULE 30-1-470 MG (pren-fe-meth-fa-omeg w/o a)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (prenatal vit-fe psac cmplx-fa)	4	
TRINATE ORAL TABLET (prenatal vit-fe fumarate-fa)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (ped vit a-c-d-methylfolate-fl)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
TRUE FOLIC ACID ORAL TABLET 400 MCG	E	H
tydemy oral tablet 3-0.03-0.451 mg	1	H
VINATE ONE ORAL TABLET 60-1 MG (prenatal vit-fe fumarate-fa)	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	3	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (prenatal-fe fum-methf-fa w/o a)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (prenatal mv-min-fe fum-fa-dha)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (prenat w/o a-fe-methfol-fa-dha)	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (prenat-fefum-fered-fa-dha w/oa)	3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (prenatal vit-fe fumarate-fa)	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		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (peg-kcl-nacl-nasulf-na asc-c)	2	
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	1	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	1	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (peg-kcl-nacl-nasulf-na asc-c)	2	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITAMIN K ACTIVITY		
phytonadione oral tablet 5 mg	1	

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Index of Drugs

A.A.G.C. KIT IN TERODERM	325	ADALIMUMAB-	ALA SCALP	312
abacavir sulfate	34	ADBM(CD/UC/HS STRT)	albendazole	24
abacavir sulfate-lamivudine	34	..... 258, 259, 270	albuterol sulfate	70, 298
abiraterone acetate	44	ADALIMUMAB-ADB(PS/UV	ALBUTEROL SULFATE ...	70, 298
ABRYSVO	57	STARTER)	albuterol sulfate hfa	70, 298
acamprosate calcium	16, 137	..... 259, 270	ALCAINE	196
ACANYA	302, 322	adapalene-benzoyl peroxide	alclometasone dipropionate	312
acarbose	213	..... 286, 319, 322, 325	ALCOHOL PREP PADS	167
ACCOLATE	293	ADASUVE	ALECENSA	44
ACCU-CHEK AVIVA	167	..... 130, 138	alendronate sodium	263
ACCU-CHEK FASTCLIX		ADBRY	ALEVAMAX	325
LANCET KIT	167	..... 318, 325	alfuzosin hcl er	69
ACCU-CHEK GUIDE	167, 175	adc/f (0.5mg/ml)	ALINIA	26
ACCU-CHEK GUIDE		..... 164, 266, 332, 335, 338, 339	aliskiren fumarate	111
CONTROL	167	ADDERALL XR	allopurinol	262
ACCU-CHEK GUIDE ME	167	..... 115	ALLOPURINOL	262
ACCU-CHEK SMARTVIEW		ADDYI	ALLZITAL	117, 133, 145
CONTROL	167	..... 137	almotriptan malate	160
ACCU-CHEK SOFTCLIX		adefovir dipivoxil	ALOCRIIL	187, 294
LANCET DEVICE KIT	167	..... 38	ALOGLIPTIN BENZOATE	224
ACCURETIC	90, 183	ADEMPAS	ALOGLIPTIN-METFORMIN	
accutane	319, 325	..... 299, 300	HCL	216, 224
ACD-A NOCLOT-50	73	ADIPEX-P	ALOGLIPTIN-PIOGLITAZONE	224, 251
acebutolol hcl	72, 91, 96, 99, 107	..... 115	ALOMIDE	21, 187
acetaminophen-codeine	117, 144, 147	ADLARITY	ALORA	225, 263
acetazolamide	86, 96, 119, 178, 191	..... 68	alose tron hcl	200
acetazolamide er	86, 96, 119, 178, 191	ADRENALIN	ALPHAGAN P	186, 187, 301
acetic acid	194	..... 62, 197, 288	ALPHANATE	77
acetylcysteine	16, 261, 294	ADVAIR HFA	ALPHANINE SD	77
acitretin	319, 325	..... 70, 210	alprazolam	134, 135
ACTEMRA	256, 269, 274	ADVATE	alprazolam er	134
ACTEMRA ACTPEN	256, 269, 274	..... 77	alprazolam intensol	134
ACTHAR	174, 238	ADVOCATE INSULIN PEN	alprazolam xr	135
ACTHIB	57	NEEDLE	ALPROLIX	78
ACTIMMUNE	274	..... 167	ALREX	192
ACTIVELLA	225, 239	ADYNOVATE	ALTACAINA	196
ACTOPLUS MET	216, 251	..... 77	altafrin	196, 197
ACULAR	195	ADZENYS XR-ODT	altavera	217, 225, 239
ACULAR LS	195	..... 115	ALTOPREV	105
ACUVAIL	195	AEMCOLO	ALTRENO	311
acyclovir	38, 308	..... 41	ALTUVIIIO	78
ADACEL	56, 57	AEROCHAMBER HOLDING	ALUNBRIG	44
ADALIMUMAB-ADAZ	204, 258, 269, 274	CHAMBER	ALVAIZ	75
ADALIMUMAB-ADB(2 PEN)	258, 269, 270	..... 167	alvimopan	198, 204
ADALIMUMAB-ADB(2 SYRINGE)	204, 258, 270, 275	AEROCHAMBER PLS FLOVU	alyacen 1/35	217, 225, 239
		MTHPIECE	alyacen 7/7/7	217, 225, 239
		..... 167	alyq	109, 110, 296, 299
		AEROCHAMBER PLUS FLO-	amantadine hcl	22, 115
		VU INTERM	ambrisentan	112, 292, 299
		..... 167	amcinonide	312
		AEROCHAMBER PLUS FLO-	AMELUZ	301, 325
		VU LARGE		
		..... 167		
		AEROCHAMBER PLUS FLO-		
		VU MEDIUM		
		..... 167		
		AEROCHAMBER PLUS FLO-		
		VU SMALL		
		..... 167		
		afirmelle		
		..... 217, 225, 239		
		AFLURIA		
		..... 57		
		AFLURIA PRESERVATIVE		
		FREE		
		..... 57		
		AFLURIA QUADRIVALENT		
		..... 57		
		AFREZZA		
		..... 247		
		AFSTYLA		
		..... 77		
		aftera		
		..... 217, 239		
		AIMOVIG		
		..... 136		
		AIRSUPRA		
		..... 70, 192, 210, 290, 295, 298		
		AKEEGA		
		..... 44		
		AKLIEF		
		..... 319, 325		
		AKTEN		
		..... 196		
		AKYNZEO		
		..... 198, 207		

amethyst	217, 225, 239	ANZEMET	198	ASSURE ID DUO PRO PEN	
amiloride hcl	87, 110, 180	APADAZ	117, 145, 147	NEEDLES	168
amiloride-		apap-caff-dihydrocodeine		ASSURE ID PRO PEN	
hydrochlorothiazide	180, 183	.....	117, 145, 147, 154	NEEDLES	168
aminocaproic acid	78	APEXICON E	312	ASTRINGYN	78
amiodarone hcl	100	APOKYN	144	ATABEX OB	81, 332, 335
AMITIZA	198, 204	apomorphine hcl	144	atazanavir sulfate	36
amitriptyline hcl	162	apraclonidine hcl	187, 194	atenolol	72, 92, 96, 99, 107
AMLODIPINE		aprepitant	207	ATENOLOL+SYRSPEND SF	
BES+SYRSPEND SF		apri	217, 226, 239	.....	72, 92, 96, 99, 107
.....	102, 103, 112	APRISO	200	atenolol-chlorthalidone	
amlodipine besylate		APTENSIO XR	154	.....	92, 97, 184
.....	102, 103, 112	APTiom	119, 142	atomoxetine hcl	137, 154
amlodipine besylate-		APTIVUS	36	ATORVALIQ	105
benazepril hcl	90, 102	AQ INSULIN SYRINGE	167	atorvastatin calcium	105
amlodipine besylate-		AQINJECT PEN NEEDLE	167	atovaquone	26
valsartan	88, 102	AQUORAL	194	atovaquone-proguanil hcl	24
amlodipine-atorvastatin	102, 105	ARAKODA	24	atropine sulfate	16, 63, 196, 288
amlodipine-olmesartan	88, 102	aranelle	217, 226, 239	ATROVENT HFA	63, 288
amlodipine-valsartan-hctz		ARANESP (ALBUMIN FREE)		aubra eq	217, 226, 239
.....	88, 102, 183	.....	72, 73, 75, 76	AUGMENTIN	23
amnesteem	319, 325	ARCALYST	281, 293	AUGTYRO	44
amoxapine	162	AREXVY	57	AUM INSULIN SAFETY PEN	
amoxicill-clarithro-lansopraz		arformoterol tartrate	70	NEEDLE	168
.....	23, 38, 39, 208	ARIKAYCE	23	AUM MINI INSULIN PEN	
amoxicillin	23, 201	aripiprazole	125, 131	NEEDLE	168
amoxicillin-potassium		armodafinil	164	AUM PEN NEEDLE	168
clavulanate	23	ARMOUR THYROID	251	AUM READYGARD DUO PEN	
amoxicillin-potassium		ARNUITY ELLIPTA	210, 290, 295	NEEDLE	168
clavulanate er	23	ARTISS	310, 325	AUM SAFETY PEN NEEDLE	168
amphetamine sulfate	115	ARZOL SILVER NIT		aurovela 1.5/30	217, 226, 239
amphetamine-		APPLICATORS	190	aurovela 1/20	217, 226, 239
dextroamphetamine	115	ascomp-codeine		aurovela 24 fe	217, 226, 239
amphetamine-		.....	133, 147, 154, 158	aurovela fe 1.5/30	217, 226, 239
dextroamphetamine er	115	asenapine maleate	125, 131	aurovela fe 1/20	217, 226, 239
amphet-dextroamphet 3-		ashlyna	217, 226, 239	AUSTEDO	163
bead er	116	aspirin	84, 85, 128, 158	AUSTEDO XR	163
ampicillin	23	aspirin 81	84, 85, 127, 158	AUSTEDO XR PATIENT	
AMZEEQ	302	aspirin adult low dose		TITRATION	163
anagrelide hcl	85	.....	84, 85, 127, 158	AUTOLET LANCING DEVICE	168
ANALPRAM HC	306, 312	aspirin adult low strength		AUVELITY	124
ANALPRAM-HC	306, 312	.....	84, 85, 127, 158	AUVI-Q	62, 288
ANASPAZ	16, 63	aspirin childrens	84, 85, 127, 158	AVAR CLEANSER	302, 319
anastrozole	44, 215	aspirin ec adult low dose		AVAR LS CLEANSER	302, 319
ANCOBON	40	.....	84, 85, 127, 158	AVAR-E EMOLLIENT	302, 319
ANDRODERM	213	aspirin ec low dose		AVAR-E GREEN	302, 319
ANGELIQ	225, 239	.....	84, 85, 128, 158	AVAR-E LS	302, 319
ANNOVERA	217, 225, 239	aspirin ec low strength		AVEIDA	302, 325
ANORO ELLIPTA	63, 70	.....	84, 85, 128, 158	aviane	217, 226, 239
ANTICOAGULANT SODIUM		aspirin low dose	84, 85, 128, 158	avidoxy	25, 42
CITRATE	74	aspirin regimen	84, 85, 128, 158	AVIDOXY DK	42, 319, 330
anucort-hc	312	aspirin-dipyridamole er	84, 158	AVONEX PEN	255, 275
ANUSOL-HC	312	ASPRUZYO SPRINKLE	96	AVONEX PREFILLED	255, 275

ayuna.....217, 226, 239	BENEFIX.....78	bisoprolol fumarate 72, 92, 97, 99, 107
AYVAKIT.....44	BENLYSTA 255, 280	bisoprolol-
AZASAN.....253, 270, 275, 279	benzalkonium chloride .308, 322	hydrochlorothiazide ..92, 97, 183
AZASITE.....187	BENZAMYCIN.....303, 322	blisovi 24 fe 217, 226, 240
azathioprine ...253, 270, 275, 280	BENZHYDROCODONE-	blisovi fe 1.5/30 217, 226, 240
azelaic acid.....302, 325	ACETAMINOPHEN.117, 145, 148	blisovi fe 1/20 217, 226, 240
azelastine hcl.....187, 298	BENZNIDAZOLE 26	BOOSTRIX.....56, 57
AZELEX.....302, 326	benzoin.....311	bosentan.....112, 292, 299
AZILECT.....143	benzoin compound .....311	BOSULIF.....45
azithromycin.....38, 39	benzonatate .....289	bp 10-1.....303, 319
AZSTARYS.....154	benzoyl peroxide-	BRAFTOVI.....45
AZULFIDINE	erythromycin.....303, 322	BREATHE COMFORT
.....41, 200, 254, 270, 275	benzphetamine hcl.....116	CHAMBER/ADULT.....168
AZULFIDINE EN-TABS	benztropine mesylate ....65, 119	BREATHE COMFORT
.....41, 200, 254, 270, 275	bepotastine besilate .....20, 187	CHAMBER/CHILD.....168
azurette.....217, 226, 239	BERINERT.....268, 269	BRENZAVVY.....249
B & C.....326	BESIVANCE.....188	BREO ELLIPTA.....70, 210
bac.....117, 133, 145, 154	BESREMI.....37, 44, 275	BREXAFEMME.....24
bacitracin.....187, 302	BETADINE OPHTHALMIC	BREZTRI AEROSPHERE
bacitracin-polymyxin b .187, 302	PREP.....190	.....63, 70, 210
bacitra-neomycin-	betaine.....281	briellyn.....218, 226, 240
polymyxin-hc .....187, 192, 302	betamethasone dipropionate	BRILINTA.....84
BACLOFEN.....67	.....312	brimonidine tartrate
baclofen.....67	betamethasone dipropionate	.....187, 302, 326
BACTRIM.....26, 41, 43	aug.....312	brinzolamide.....191
BACTRIM DS.....26, 41, 43	betamethasone valerate .....312	BRIVIACT.....119, 120
BAFIERTAM.....255, 275	BETAPACE AF	BROMFED DM....18, 20, 62, 289
BALCOLTRA.....217, 226, 239	.....67, 92, 97, 99, 100, 107	bromfenac sodium.....195
balsalazide disodium .....200	BETASERON.....255, 275	bromfenac sodium (once-
balsam peru-castor oil .....326	betaxolol hcl	daily).....195
BALVERSA.....44	.....72, 92, 97, 99, 107, 191	bromocriptine mesylate .....139
balziva.....217, 226, 239	bethanechol chloride .....69	BROMSITE.....195
BANZEL.....119, 142	BETIMOL.....191	BRONCHITOL.....297
BAQSIMI ONE PACK16, 234, 261	BETOPTIC-S.....191	BRONCHITOL TOLERANCE
BAQSIMI TWO PACK	BEVESPI AEROSPHERE	TEST.....297
.....16, 234, 261	.....63, 70, 308	BROVANA.....70
BARACLUDGE.....38	bexarotene.....44, 301, 326	BRUKINSA.....45
BAXDELA.....41	BEXSERO.....57	BRYHALI.....313
BD AUTOSHIELD DUO PEN	BEYFORTUS.....37	budesonide ....210, 290, 295, 313
NEEDLES.....168	bicalutamide.....44	bumetanide.....86, 106, 178
BD ECLIPSE LUER-LOK	BIJUVA.....226, 240	BUMEX.....86, 106, 178
NEEDLE.....168	BIKTARVY.....33, 34	buprenorphine.....153
BD ECLIPSE NEEDLE.....168	BILTRICIDE.....24	buprenorphine hcl.....152
BD SHARPS COLLECTOR ....168	bimatoprost.....197	buprenorphine hcl-naloxone
BD ULTRA-FINE INSULIN	BINAXNOW COVID-19 AG	hcl.....151, 152, 153
SYRINGES.....168	HOME TEST.....175	bupropion hcl.....124
BD ULTRA-FINE PEN	BINOSTO.....263	bupropion hcl er (smoking
NEEDLES.....168	bis subcit-metronid-tetracyc	det).....61, 124
BELBUCA.....152	.....24, 26, 42, 199, 200	bupropion hcl er (sr).....124
BELSOMRA.....130, 153	bisacodyl.....201	bupropion hcl er (xl).....124
benazepril hcl.....89, 90	bisacodyl ec.....201	BUPROPION HCL ER (XL)....124
benazepril-	bismuth/metronidaz/tetracyc	buspirone hcl.....130, 144
hydrochlorothiazide .....90, 183	lin.....24, 26, 42, 199, 200	

butalbital-acetaminophen	carbidopa-levodopa-	CETRAXAL 188
..... 117, 133, 145	entacapone 136, 139	cevimeline hcl 69
butalbital-apap-caff-cod	carbinoxamine maleate	charlotte 24 fe 218, 226, 240
..... 117, 133, 145, 148, 154	..... 18, 19, 293	chateal eq 218, 226, 240
butalbital-apap-caffeine	CARBINOXAMINE MALEATE	CHEMET 16, 209, 261
..... 117, 133, 145, 154	ER 18, 19, 293	CHEMSTRIP BG LOG BOOK 169
butalbital-asa-caff-codeine	CARDURA 68, 87, 88, 92	CHEMSTRIP K 176
..... 133, 148, 154, 158	CARDURA XL 68, 88, 92	CHEMSTRIP UGK 176
butalbital-aspirin-caffeine	CAREPOINT POLY HUB	CHENODAL 203
..... 133, 154, 158	NEEDLE 168, 169	chlordiazepoxide hcl 135
butorphanol tartrate 128, 153	CAREPOINT SAFETY 1ST	chlordiazepoxide-
BYDUREON BCISE	NEEDLE 169	amitriptyline 135, 162
AUTOINJECTOR 235	CARESENS CONTROL	chlordiazepoxide-clidinium
BYETTA 10 MCG PEN 235	SOLUTION A/B 169	..... 63, 135
BYETTA 5 MCG PEN 235	CARESENS LANCETS 30G ... 169	chlorhexidine gluconate
BYLVAY 203, 204	CARESTART COVID-19	..... 22, 190, 308, 322
BYLVAY (PELLETS) 203, 204	HOME TEST 175	chloroquine phosphate 25
cabergoline 139	CARETOUCH CONTROL SOL	chlorpromazine hcl 153, 154
CABLIVI 74, 86	LEVEL 2 169	chlorthalidone 87, 111, 184
CABOMETYX 45	CARETOUCH HYPODERMIC	chlorzoxazone 66
caffeine citrate 128, 155	NEEDLE 169	CHOLBAM 203, 204
CALCIFOL 180, 335, 339	CARETOUCH	cholestyramine 93
calcipotriene 310, 326	LANCING/EJECTOR 169	cholestyramine light 93
calcipotriene-betameth	carglumic acid 177	CHOSEN LANCETS 30G 169
diprop 310, 313, 326	carisoprodol 66	CHOSEN LANCING DEVICE 169
calcitonin (salmon) 215, 263	CARNITOR 281	CHOSEN SAFETY LANCETS
CALCITRENE 310, 326	CARNITOR SF 281	28G 169
calcitriol 326, 339	CAROSPIR87, 106, 110, 111, 180	CIBINQO 256, 270, 318, 326
calcium acetate 179, 180	carteolol hcl 191	ciclodan 317
calcium acetate (phos	cartia xt 94, 95, 101, 112	ciclopirox 317
binder) 179, 180	carvedilol	ciclopirox olamine 317, 318
CALQUENCE 45	..... 67, 69, 88, 92, 97, 99, 107	ciclopirox treatment 318
CAMBIA 128, 146	carvedilol phosphate er	cilostazol 84, 109, 110
camila 218, 240	..... 67, 69, 88, 92, 97, 99, 107	CILOXAN 188
camrese 218, 226, 240	CASODEX 45	CIMDUO 34
camrese lo 218, 226, 240	CAVERJECT 104, 112	cimetidine 20, 207
CAMZYOS 96	CAVERJECT IMPULSE .. 103, 112	cimetidine hcl 20, 207
candesartan cilexetil 88	CAYA 286	CIMZIA (2 SYRINGE)
candesartan cilexetil-hctz	CAYSTON 37	..... 204, 254, 259, 270, 275
..... 89, 183	cefaclor 21	CIMZIA STARTER KIT
capecitabine 45	cefaclor er 21	..... 204, 254, 259, 270, 275
CAPHOSOL 194	cefadroxil 21	cinacalcet hcl 215
CAPLYTA 131	cefdinir 21, 22	CIPRO 27, 41
CAPRELSA 45	cefixime 22	CIPRO HC 188, 192
captopril 89, 90	cefpodoxime proxetil 22	ciprofloxacin hcl 27, 41, 188
captopril-	cefprozil 21	ciprofloxacin-
hydrochlorothiazide 90, 183	cefuroxime axetil 21	dexamethasone 188, 192
carbamazepine 120, 125	celecoxib 138	CITALOPRAM
carbamazepine er 120, 125	CELONTIN 162	HYDROBROMIDE 161
CARBATROL 120, 125	cephalexin 21	citalopram hydrobromide 161
carbidopa 139	CEQUR SIMPLICITY 2U 169	CITRANATAL MEDLEY
carbidopa-levodopa 139	CERDELGA 185, 281	..... 81, 281, 332, 335
carbidopa-levodopa er 139	CERVIDIL 287	citroma 201

claravis	319, 326	coal tar	322	COSENTYX SENSOREADY	
CLARINEX-D 12 HOUR.....	21, 62	COARTEM.....	25	(300 MG).....	256, 270, 326
clarithromycin	27, 39, 201	codeine sulfate	148, 289	COSENTYX SENSOREADY	
clarithromycin er	27, 39, 201	colchicine	262	PEN.....	256, 271, 326
CLEARDETECT COVID-19		colchicine-probenecid ..	184, 262	COSENTYX UNOREADY	
AG HOME.....	175	colesevelam hcl	93, 214	.....	256, 271, 326
clearlax	201	COLESTID.....	93	COSOPT.....	191
clemastine fumarate .	18, 19, 293	colestipol hcl	93	cosyntropin	175
CLENPIQ.....	201	colistimethate sodium (cba) ..	40	COTELLIC.....	45
CLEOCIN.....	37, 303	COLLANEX.....	326	COTEMPLA XR-ODT.....	155
CLEOCIN-T.....	303	COLY-MYCIN M.....	40	COVARYX.....	213, 227
CLEVER CHOICE COMFORT		COMBIGAN.....	187, 191, 302	COVARYX HS.....	213, 226
EZ.....	169	COMBIPATCH.....	226, 240	COVID-19 AT HOME	
CLIMARA PRO.....	226, 240	COMBIVENT RESPIMAT		ANTIGEN TEST.....	175
clindacin	303	.....	63, 71, 288	COVID-19 AT-HOME TEST ...	175
CLINDACIN ETZ.....	303	COMETRIQ.....	45	CREON.....	185, 203
clindacin etz	303	COMFORT EZ PRO PEN		CRESEMBA.....	28
clindacin-p	303	NEEDLES.....	169	CRINONE.....	240
CLINDAGEL.....	303	COMFORT TOUCH TWIST		cromolyn sodium ..	187, 194, 294
clindamycin hcl	37	LANCET 30G.....	169	CROTAN.....	325
clindamycin palmitate hcl	37	COMIRNATY.....	57	cryselle-28	218, 227, 240
clindamycin phos-benzoyl		COMPLERA.....	33, 34	curae	218, 240
perox	303, 322	compro	154, 200	CUVPOSA.....	63, 308
clindamycin phosphate	303	CONDOMS.....	286	CVS KETONE CARE.....	177
clindamycin-tretinoin		CONDYLOX.....	320, 326	cyanocobalamin	84, 335, 336
.....	303, 311, 326	constulose	177	CYANOCOBALAMIN.....	84, 335
CLINDESSE.....	303	CONTOUR CONTROL.....	169	cyclobenzaprine hcl	66
CLINITEST RAPID COVID-19		CONTOUR NEXT CONTROL .	169	CYCLOGYL.....	196
TEST.....	175	CONTOUR NEXT MONITOR .	169	CYCLOMYDRIL.....	197
CLINOIN.....	93, 303, 311, 326	CONTOUR NEXT ONE.....	169	cyclopentolate hcl	197
CLINPRO 5000.....	164, 266	CONTOUR NEXT TEST.....	175	cyclophosphamide .	45, 255, 280
clobazam	134, 135	CONTRAVE.....	118, 119	CYCLOPHOSPHAMIDE	
clobetasol propionate	313	CONZIP.....	148	.....	45, 255, 280
clobetasol propionate e	313	COPASIL.....	326	cycloserine	27
clobetasol propionate		COPIKTRA.....	45	CYCLOSET.....	214
emulsion	313	CORDRAN.....	313	cyclosporine ..	253, 271, 275, 280
CLOBETAVIX.....	313	CORGARD		cyclosporine modified	
clocortolone pivalate	313	.....	67, 72, 87, 92, 97, 99, 107	.....	253, 271, 275, 280
clodan	313	CORIFACT.....	78	cyproheptadine hcl ...	18, 19, 293
clomipramine hcl	162	CORLANOR.....	96, 112	cyred eq	218, 227, 240
clonazepam	134, 135	CORTANE-B.....	306, 313, 322	CYSTADANE.....	282
clonidine	62, 97, 104	CORTEF.....	210	CYSTADROPS.....	194, 196
clonidine hcl	62, 97, 104	CORTENEMA.....	313	CYSTAGON.....	282
clonidine hcl er	62, 104	CORTIFOAM.....	313	CYSTARAN.....	195, 196
clopidogrel bisulfate	84	CORTISONE ACETATE.....	210	CYTOTEC.....	207
clorazepate dipotassium		CORTISPORIN-TC.....	188, 192	cytra k crystals	177
.....	134, 135	CORTROPHIN.....	174, 238	dabigatran etexilate	
clotrimazole	309	CORTROSYN.....	175	mesylate	75
clotrimazole-betamethasone		COSENTYX (300 MG DOSE)		dalfampridine er	282, 286
.....	309, 313	.....	256, 270, 326	DALIRESP.....	295, 318, 324
clozapine	131	COSENTYX 150 MG/ML		danazol	213
CLOZARIL.....	131	.....	256, 270, 326	DANTRIUM.....	67
COAGADEX.....	78			dantrolene sodium	67

dapsone 24, 26, 303, 327
DAPTACEL 56, 57
DARAPRIM 25
darifenacin hydrobromide er 331
darunavir 36
dasetta 1/35 218, 227, 240
dasetta 7/7/7 218, 227, 240
DAURISMO 46
DAYBUE 137
DAYPRO 146, 157
daysee 218, 227, 240
DAYVIGO 130, 153
DAZAVEIDAOXIA
..... 187, 302, 303, 325, 327
DEBACTEROL 195, 322
deblitane 218, 240
deferasirox 209
deferasirox granules 209
deferiprone 209
DELESTROGEN 227, 263
DELSTRIGO 34, 35
delyla 218, 227, 240
demeclocycline hcl 42
DEMSEK 176, 282
DENAVIR 308
DENGVAXIA 57
DENTA 5000 PLUS 164, 266
DENTA 5000 PLUS SENSITIVE 164, 266
DENTAGEL 164, 266
DEPAKOTE 120, 125, 128, 140
DEPAKOTE ER
..... 120, 125, 128, 140
DEPAKOTE SPRINKLES
..... 120, 125, 128
DEPEN TITRATABS . 16, 209, 271
DEPO-ESTRADIOL 227, 264
DEPO-PROVERA 218, 240
DEPO-SUBQ PROVERA 104
..... 218, 240
DEPO-TESTOSTERONE 213, 214
DERMACINRX UREA 320
DERMA-SMOOTH/FS BODY
..... 313
DERMA-SMOOTH/FS SCALP 313
DERMASO PLUS 327
DERMOTIC 192
DESCOVY 35
desipramine hcl 162
desloratadine 21, 298
desmopressin ace spray refrig 78, 238
desmopressin acetate 78, 238
DESMOPRESSIN ACETATE
..... 78, 238
desmopressin acetate pf 78, 238
desmopressin acetate spray
..... 78, 238
desogestrel-ethinyl estradiol
..... 218, 227, 241
desonide 313, 314
DESOWEN 314
desoximetasone 314
DESVENLAFAXINE ER 159
desvenlafaxine succinate er 159
dexamethasone 210
dexamethasone intensol 210
dexamethasone sodium phosphate 192
DEXCOM G6 RECEIVER 169
DEXCOM G6 SENSOR 170
DEXCOM G6 TRANSMITTER 170
DEXCOM G7 RECEIVER 170
DEXCOM G7 SENSOR 170
DEXERYL 327
dexmethylphenidate hcl 155
dexmethylphenidate hcl er .. 155
dextroamphetamine sulfate . 116
dextroamphetamine sulfate er 116
DIACOMIT 120, 140
DIASTIX REAGENT 176
DIATRUST COVID-19 HOME TEST 175
diazepam 134, 135
diazepam intensol 134, 135
diazoxide 215
dichlorphenamide 86, 266
diclofenac potassium 146
diclofenac potassium(migraine) 128, 146
diclofenac sodium
..... 146, 164, 195, 324
diclofenac sodium er 146
diclofenac-misoprostol 146, 208
dicloxacillin sodium 40
DICOPANOL FUSEPAQ
..... 18, 19, 65, 119, 130, 289, 293
dicyclomine hcl 63
diethylpropion hcl 115
diethylpropion hcl er 115
DIFICID 39, 40
diflorasone diacetate 314
diflunisal 146, 157
difluprednate 192
digoxin 91, 96
dihydroergotamine mesylate
..... 68, 128
DILANTIN 99, 141
DILANTIN INFATABS 98, 141
DILANTIN-125 99, 141
diltiazem hcl 94, 95, 101, 112
diltiazem hcl er .. 94, 95, 101, 112
diltiazem hcl er beads
..... 94, 95, 101, 112
diltiazem hcl er coated beads 94, 95, 101, 112
dilt-xr 94, 95, 101, 112
dimethyl fumarate 255, 275
dimethyl fumarate starter pack 255, 275
DIOOXIA 310, 327
DIPENTUM 200
diphenhydramine hcl
..... 18, 19, 65, 119, 130, 289, 293
diphenoxylate-atropine .. 63, 199
DIPROLENE 314
dipyridamole 84, 112, 175
disopyramide phosphate 98
disulfiram 16, 260
DIURIL 87, 111, 183
divalproex sodium
..... 120, 125, 128, 140
divalproex sodium er
..... 120, 125, 128, 140
DIVIGEL 227, 264
DODEX 84, 336
dofetilide 100
DOJOLVI 178
dolishale 218, 227, 241
donepezil hcl 69
DOPTLET 76
DORYX MPC 25, 42
DORZOLAMIDE HCL 191
dorzolamide hcl 191
dorzolamide hcl-timolol mal
..... 191, 192
dorzolamide hcl-timolol mal pf 191, 192
dotti 227, 264
DOUBLE PM 188, 192
DOVATO 33, 35
doxazosin mesylate
..... 68, 87, 88, 92
doxepin hcl 162, 306
doxercalciferol 339
doxycycline hyclate 25, 42
DOXYCYCLINE HYCLATE .25, 42

doxycycline monohydrate 25, 42
 DRISDOL..... 339
 DRIZALMA SPRINKLE 159
dronabinol 199, 204
 DROPLET MICRON 170
 DROPSAFE SAFETY
 SYRINGE/NEEDLE 170
 DROPSAFE SICURA..... 170
**drospiren-eth estrad-
 levomefol** 218, 227, 241, 336
**drospirenone-ethinyl
 estradiol** 218, 227, 241
 DROXIA..... 46
droxidopa 62
 DRY SOL..... 308
 DUAL COMPLEX FORMULA 1
 KIT 66, 324, 327
 DUAVEE 225, 227
 DUETACT 250, 251
 DULERA..... 71, 211
duloxetine hcl 139, 159
 DUOPA..... 139
 DUPIXENT 293, 327
 DUREX EXTRA SENSITIVE
 THIN 286
 DUREX TROPICAL..... 286
 DUREZOL..... 192
dutasteride 260
dutasteride-tamsulosin hcl
 69, 260
 DYANA VEL XR 116
 E.E.S. GRANULES..... 29
 EASIVENT 170
 EASY COMFORT SHARPS
 CONTAINER 170
easygel 164, 266
 EASYMAX 15 LEVEL 2-3
 CONTROL..... 170
 EASYMAX CONTROL..... 170
 EASYMAX CONTROL
 NORMAL/HIGH 170
 EC-NAPROSYN
 128, 146, 157, 262
ec-naproxen ... 128, 146, 157, 262
econazole nitrate 309
econtra one-step 218, 241
 ECOZA 309
 EC-RX DHEA..... 282
 EC-RX ESTRADIOL..... 227, 264
 EC-RX PROGESTERONE..... 241
 EC-RX TESTOSTERONE 214
 EDARBI..... 88, 89
 EDARBYCLOR 89, 183
 EDEX..... 104, 112
 EDLUAR 130, 144
 EDURANT 34
 EEMT 214, 227
 EEMT HS 214, 227
efavirenz..... 34
**efavirenz-emtricitab-tenofo
 df** 34, 35
**efavirenz-lamivudine-
 tenofovir** 34, 35
 EFFER-K..... 180
effer-k 180
 EFUDEX..... 46, 301, 327
 EGATEN 24
 EGRIFTA SV 250
 ELESTRIN 227, 264
eletriptan hydrobromide 160
elinest 218, 227, 241
 ELIQUIS..... 75
 ELIQUIS DVT/PE STARTER
 PACK..... 74
 ELITE-OB 81, 332, 336
elixophyllin
 104, 155, 178, 301, 331
 ELLA 218, 241
 ELLUME COVID-19 HOME
 TEST 176
 ELMIRON 282
 ELOCTATE 78
eluryng 218, 228, 241
 EMBRACE PEN NEEDLES ... 170
 EMCYT 46
 EMEND 207
 EMGALITY 136
 EMPAVELI 268, 269
 EMSAM..... 143
emtricitabine 35
emtricitabine-tenofovir df 35
 EMTRIVA 35
 EMVERM..... 24
emzahn 219, 241
enalapril maleate 89, 90
**enalapril-
 hydrochlorothiazide** 90, 183
 ENBRACE HR .. 82, 282, 332, 336
 ENBREL 259, 271, 276
 ENBREL MINI 259, 271, 276
 ENBREL SURECLICK
 259, 271, 276
 ENCARE 286
 ENDARI..... 282, 327
endocet 117, 145, 148
 ENDOMETRIN..... 241
 ENGERIX-B..... 58
enilloring 219, 228, 241
 ENLITE GLUCOSE SENSOR .170
 ENOVARX-AMITRIPTYLINE .. 163
 ENOVARX-BACLOFEN 67
 ENOVARX-
 CYCLOBENZAPRINE HCL 66
 ENOVARX-IBUPROFEN..... 324
 ENOVARX-LIDOCAINE HCL..306
 ENOVARX-NAPROXEN..... 324
 ENOVARX-TRAMADOL 327
enoxaparin sodium 81
enpresse-28 219, 228, 241
enskyce 219, 228, 241
 ENSPRYNG 257, 276
 ENSTILAR 311, 314, 327
entacapone 136
 ENTADFI .109, 110, 260, 261, 311
entecavir 38
 ENTRESTO 89, 111
 ENTYVIO 198, 204, 253
enulose 177
 EPANED 90
 EPCLUSA..... 30, 31, 32
 EPIDIOLEX..... 120
 EPIFOAM..... 306, 314
epinastine hcl 187
epinephrine 62, 288
epinephrine hcl (nasal)
 62, 197, 288
epitol 120, 125
 EPIVIR..... 35
eplerenone 106, 110, 111, 180
 EQUETRO..... 120, 125
ergocalciferol 339
ergoloid mesylates 68
 ERGOMAR..... 68, 128
ergotamine-caffeine 68, 128, 155
 ERIVEDGE..... 46
 ERLEADA 46
erlotinib hcl 46
 ERMEZA..... 251
errin 219, 241
ery 304
 ERYGEL..... 304
 ERYPED 200..... 29
 ERYPED 400..... 29
 ERY-TAB 29
 ERYTHROCIN STEARATE 29
erythromycin 30, 188, 304
erythromycin base 29, 30
erythromycin ethylsuccinate .30
escitalopram oxalate 161

ESGIC.....	117, 133, 145, 155	FBL KIT	67, 306, 324, 327	FLEXICHAMBER CHILD	
esomeprazole magnesium ...	208	FC2 FEMALE CONDOM	286	MASK/LARGE	170
est estrogens-methyltest		febuxostat	262	FLEXICHAMBER CHILD	
.....	214, 228	FEIBA	78	MASK/SMALL	170
est estrogens-methyltest ds		felbamate	120	FLOLIPID	105
.....	214, 228	FELBATOL	120	FLORIVA	164, 266, 339
est estrogens-methyltest hs		felodipine er	102, 103	FLORIVA PLUS.....	164, 266, 332
.....	214, 228	FEM PH	322, 327	FLOWFLEX COVID-19 AG	
estarylla	219, 228, 241	FEMCAP	286	HOME TEST	176
estazolam	135	FEMRING	229, 265	FLUAD	58
estradiol	228, 229, 264, 265	fenofibrate	104	FLUAD QUADRIVALENT	58
estradiol valerate	229, 265	fenofibrate micronized	104	FLUARIX.....	58
estradiol-norethindrone acet		fenofibric acid	104	FLUCELVAX.....	58
.....	229, 241	fentanyl	148	FLUCELVAX	
estratest f.s.	214, 229	fentanyl citrate	148	QUADRIVALENT	58
ESTRING	229, 265	FENTANYL CITRATE	148	fluconazole	28
ESTROGEL.....	229, 265	FENTORA	148	flucytosine	41
eszopiclone	130, 144	FERRIPROX.....	209	fludrocortisone acetate	211
ethacrynic acid	86, 106, 178	FETZIMA	159	FLULAVAL	58
ethambutol hcl	27	FETZIMA TITRATION	159	FLUMIST QUADRIVALENT	58
ethosuximide	162	FIBRICOR.....	105	flunisolide	192, 211, 290, 294
ethynodiol diac-eth estradiol		FILSPARI	282, 292	fluocinolone acetonide .	192, 314
.....	219, 229, 241	FILSUVEZ.....	327	fluocinolone acetonide body	314
etodolac	146, 157	FINACEA	304, 327	fluocinolone acetonide scalp	
etodolac er	146, 157	finasteride	260, 261, 311	.....	314
etonogestrel-ethinyl		fingolimod hcl	258, 276	fluocinonide	314
estradiol	219, 229, 241	FINTEPLA	121	fluocinonide emulsified base	
etoposide	46	finzala	219, 229, 241	.....	314
etravirine	34	FIORICET.....	117, 133, 145, 155	FLUORIDEX.....	164, 266
EUCRISA.....	306, 324	FIRDAPSE.....	69, 282	fluoridex daily renewal .	164, 266
euthyrox	251	FIRMAGON	46, 215	FLUORIDEX ENHANCED	
EVAMIST	229, 265	FIRMAGON (240 MG DOSE)		WHITENING	164, 266
EVEKEO.....	116	.....	46, 215	FLUORIDEX SENSITIVITY	
everolimus	46, 280	FIRST PANTOPRAZOLE	208	RELIEF	165, 266
EVOTAZ.....	36, 282	FIRST-LANSOPRAZOLE	208	FLUORIMAX 5000	165, 266
EVRYSDI.....	282	FIRST-METRONIDAZOLE		FLUORIMAX 5000 SENSITIVE	
EXELDERM.....	309	.....	22, 26, 201	.....	165, 266
exemestane	46, 215	FIRST-MOUTHWASH BLM		fluorometholone	192
EXODERM.....	18, 306, 320	....	18, 19, 196, 198, 199, 201, 307	fluorouracil	46, 301, 327
EZALLOR SPRINKLE	105	FIRST-OMEPRAZOLE	208	fluoxetine hcl	161
ezetimibe	98	FIRST-PROGESTERONE		fluoxetine hcl (pmdd)	161
ezetimibe-simvastatin	98, 105	VGS.....	241	FLUOXIA.....	314, 327
FABHALTA	253, 268	FIRVANQ	30	fluphenazine hcl	154
FABIOR.....	320, 327	flac	192	flurandrenolide	314
falmina	219, 229, 241	FLAGYL.....	22, 26, 201	flurazepam hcl	135
famciclovir	38	FLAREX	192	flurbiprofen	146, 157
famotidine	20, 207	flavoxate hcl	331	flurbiprofen sodium	195
FANAPT	131	flecainide acetate	99	FLUTICASONE FUROATE-	
FANAPT TITRATION PACK ...	131	FLEQSUVY.....	67	VILANTEROL	71, 211
FANATREX FUSEPAQ... 117, 120		FLEXICHAMBER	170	fluticasone propionate	
FASENRA PEN	293	FLEXICHAMBER ADULT		.....	192, 211, 290, 294, 314
FASTEP COVID-19 ANTIGEN		MASK/SMALL	170	FLUTICASONE PROPIONATE	
TEST	176			HFA	211, 290, 295

FLUTICASONE- SALMETEROL.....	71, 211	ft laxative	201	GLUCOTROL XL.....	251
fluticasone-salmeterol	71, 211	ft magnesium citrate	201	glutaraldehyde	177
fluvastatin sodium	105	ft nicotine	61, 65	glyburide	251
fluvastatin sodium er	105	ft nicotine mini	61, 65	glyburide micronized	251
fluvoxamine maleate	161	FUROSCIX.....	86, 106, 178	glyburide-metformin	216, 251
fluvoxamine maleate er	161	furosemide	86, 106, 178, 179	glycolax	202
FLUZONE	58	FUZEON.....	32	glycopyrrolate	63, 308
FLUZONE HIGH-DOSE.....	58	fyavolv	229, 241	glydo	307
FML FORTE	192	FYCOMPA.....	121	GLYXAMBI	224, 249
FML LIQUIFILM.....	192	gabapentin	117, 118, 121, 140	GOLYTELY	202
FOCALIN.....	155	GALAFOLD.....	185, 282	goodsense aspirin low dose	84, 85, 129, 158
folic acid	336	galantamine hydrobromide	69	goodsense nicotine	61, 65
fondaparinux sodium	74	galantamine hydrobromide er	69	GORDOFILM.....	310, 320
FORA TEST N' GO ADVANCE	170	GALZIN.....	180	granisetron hcl	198
FORA TEST N'GO ADV- VOICE-6 CON.....	175	GARDASIL 9.....	58	GRASTEK.....	55
FORANE	141	gatifloxacin	188	griseofulvin microsize	24
FORFIVO XL.....	124	GATTEX	203, 204	griseofulvin ultramicrosize	24
formaldehyde	177	gavilax	202	guaifenesin-codeine	289, 292
formoterol fumarate	71, 298	gavilyte-c	202	guanfacine hcl	97, 104, 137
FOSAMAX.....	265	gavilyte-g	202	guanfacine hcl er	137
FOSAMAX PLUS D.....	265, 339	gavilyte-n with flavor pack ...	202	GUARDIAN 4 GLUCOSE SENSOR.....	171
fosamprenavir calcium	36	GAVRETO	47	GUARDIAN 4 TRANSMITTER	171
fosfomycin tromethamine	43	gefitinib	47	GUARDIAN CONNECT TRANSMITTER	171
fosinopril sodium	90	GELFILM.....	78	GUARDIAN LINK 3 TRANSMITTER	171
fosinopril sodium-hctz ...	90, 183	GEL-FLOW	78	GUARDIAN SENSOR (3).....	171
FOSRENOL.....	179, 261	GELFOAM-JMI POWDER.....	78	GUARDIAN SENSOR 3.....	171
FOTIVDA.....	46	GELFOAM-JMI SPONGE.....	78	GVOKE HYPOPEN 1-PACK	16, 235, 261
FRAGMIN.....	81	GELNIQUE.....	331	GVOKE HYPOPEN 2-PACK	16, 235, 261
FREESTYLE LIBRE 14 DAY READER.....	171	gemfibrozil	105	GVOKE KIT.....	16, 235, 261
FREESTYLE LIBRE 14 DAY SENSOR.....	171	gemmily	219, 229, 241	GVOKE PFS.....	16, 235, 261
FREESTYLE LIBRE 2 READER.....	171	GEMTESA.....	332	GYNAZOLE-1	309
FREESTYLE LIBRE 2 SENSOR.....	171	generlac	177	habitrol	61, 65
FREESTYLE LIBRE 3 PLUS SENSOR.....	171	gengraf	253, 271, 276, 280	HADLIMA.....	205, 259, 271, 276
FREESTYLE LIBRE 3 READER.....	171	gentamicin sulfate	188, 304	HADLIMA PUSHTOUCH	205, 259, 271, 276
FREESTYLE LIBRE 3 SENSOR.....	171	gentle laxative	202	HAEGARDA.....	269
FREESTYLE LIBRE READER	171	gentlelax	202	hailey 1.5/30	219, 229, 241
FROTEK.....	324	GENVOYA.....	33, 35	hailey 24 fe	219, 229, 241
frovatriptan succinate	160	GILENYA.....	258, 276	hailey fe 1.5/30	219, 229, 242
FRUZAQLA.....	46, 47	GILOTRIF.....	47	hailey fe 1/20	219, 229, 242
ft aspirin	84, 85, 129, 158	glatiramer acetate	252, 276	halcinonide	314
ft aspirin low dose	84, 85, 129, 158	glatopa	253, 276	HALCION.....	135
ft clearlax	201	GLEOSTINE	47	halobetasol propionate	315
		glimepiride	250	haloette	219, 229, 242
		glipizide	251	HALOG.....	315
		glipizide er	250	haloperidol	136
		glipizide xl	251	haloperidol lactate	136
		glipizide-metformin hcl	216, 251		
		GLOPERBA.....	262		
		glucagon emergency kit	16, 234, 261		
		GLUCAGON EMERGENCY KIT.....	16, 235, 261		

HALUCORT.....	327	HYCANTIN.....	47	ILUMYA.....	318, 328
HARVONI.....	30, 31, 32	hydralazine hcl	104	imatinib mesylate	47
HAVRIX.....	58	HYDREA.....	47	IMBRUVICA.....	47, 48
heather	219, 242	HYDRO 40.....	320	IMCIVREE.....	119, 209
HEMANGEOL		hydrochlorothiazide 87, 111, 183		imipramine hcl	163
.....	67, 92, 97, 99, 107, 129	hydrocod poli-chlorphe poli		imipramine pamoate	163
hematinic/folic acid	82, 336	er	19, 20, 289	imiquimod	301, 328
HEMLIBRA.....	79	hydrocodone bitartrate er ...	148	IMPAVIDO.....	26
HEMMOREX-HC.....	315	hydrocodone bit-homatrop		IMVEXXY MAINTENANCE	
HEMOFIL M.....	79	mbr	63, 289	PACK.....	229
heparin na (pork) lock flsh pf .81		hydrocodone-		IMVEXXY STARTER PACK...	229
heparin sod (pork) lock flush .81		acetaminophen 118, 145, 148		INBRIJA.....	139
heparin sodium (porcine) .....81		hydrocodone-ibuprofen		incassia	219, 242
heparin sodium (porcine) pf .. 81		.....	146, 148, 157	INCRELEX.....	250
HEPLISAV-B.....	58	hydrocortisone	211, 315	indapamide	87, 111, 184
HEPZATO W/50MM		hydrocortisone (perianal)	315	INDERAL LA	
CATHETER.....	47	hydrocortisone ace-		.....	67, 92, 97, 99, 107, 129
HEPZATO W/62MM		pramoxine	307, 315	INDICAID COVID-19 RAPID	
CATHETER.....	47	hydrocortisone acetate	315	TEST.....	176
her style	219, 242	hydrocortisone butyrate	315	INDOCIN.....	146, 157, 262
HETLIOZ.....	130, 142	hydrocortisone valerate	315	indomethacin .146, 147, 157, 262	
HETLIOZ LQ.....	130, 142	hydrocortisone-acetic acid		indomethacin er ... 146, 157, 262	
HEXIOUNYL.....	29, 318, 320	.....	193, 195	INFANRIX.....	56, 59
HIBERIX.....	58	hydrocortisone-iodoquinol		INGREZZA.....	163
HIPREX.....	43	.....	22, 308, 315, 323	INLYTA.....	48
HPR PLUS.....	327	hydrocort-pramoxine		INOVA.....	317, 323
HUMALOG.....	247, 248	(perianal)	307, 315	INOVA 4/1 ACNE CONTROL	
HUMALOG KWIKPEN.....	247	hydromet	63, 289	THERAPY.....	317, 320, 323
HUMALOG MIX 50/50		hydromorphone hcl	149	INOVA 8/2 ACNE CONTROL	
KWIKPEN.....	248	hydromorphone hcl er .. 148, 149		THERAPY.....	317, 320, 323
HUMALOG MIX 50/50 VIAL....	248	hydroxychloroquine sulfate		INPEN 100-BLUE-LILLY-	
HUMALOG MIX 75/25		.....	25, 254, 272, 277	HUMALOG.....	171
KWIKPEN.....	248	hydroxyurea	47	INPEN 100-BLUE-NOVOLOG-	
HUMALOG MIX 75/25 VIAL....	248	hydroxyzine hcl	19, 20, 130	FIASP.....	171
HUMALOG U-100 JUNIOR		hydroxyzine pamoate 19, 20, 130		INPEN 100-GREY-LILLY-	
KWIKPEN.....	248	HYFTOR.....	257, 280, 318, 327	HUMALOG.....	172
HUMATE-P.....	79	hyoscyamine sulfate		INPEN 100-GREY-	
HUMIRA (2 PEN)		.....	16, 17, 63, 64	NOVOLOG-FIASP.....	172
.....	205, 259, 271, 276, 277	hyoscyamine sulfate er	16, 63	INPEN 100-PINK-LILLY-	
HUMIRA (2 SYRINGE)		hyosyne	17, 64	HUMALOG.....	172
.....	205, 259, 260, 271, 272, 277	HYPERSAL.....	294	INPEN 100-PINK-NOVOLOG-	
HUMIRA-CD/UC/HS		ibandronate sodium	265	FIASP.....	172
STARTER.....	205, 260, 272, 277	IBRANCE.....	47	INQOVI.....	48
HUMIRA-PSORIASIS/UEVIT		ibuprofen	129, 146, 157	INREBIC.....	48
STARTER.....	205, 260, 272, 277	icatibant acetate	86, 266, 269	INSPIREASE RESERVOIR	
HUMULIN 70/30 KWIKPEN		iclevia	219, 229, 242	BAGS.....	172
.....	237, 248	ICLUSIG.....	47	INSULIN LISPRO.....	248
HUMULIN 70/30 VIAL.....	237, 248	IDARAN.....	304	INSULIN LISPRO (1 UNIT	
HUMULIN N KWIKPEN.....	237	IDELVION.....	79	DIAL).....	248
HUMULIN N VIAL.....	237	IDHIFA.....	47	INSULIN LISPRO JUNIOR	
HUMULIN R U-500 KWIKPEN		IHEALTH COVID-19 RAPID		KWIKPEN.....	248
HUMULIN R U-500 VIAL.....	248	TEST.....	176	INSULIN LISPRO PROT &	
HUMULIN R VIAL.....	249	ILEVRO.....	195	LISPRO.....	248

INSULIN PEN NEEDLES	172	jolesa	219, 230, 242	KLISYRI.....	301, 328
INSULIN SYRINGES.....	172	JORNAY PM.....	155	klor-con	180
INTELENCE	34	joyeaux	219, 230, 242	klor-con 10	180
INTELISWAB COVID-19		JUBLIA.....	309	klor-con m10	180
RAPID TEST.....	176	juleber	219, 230, 242	klor-con m15	180
INTRAROSA.....	211	JULUCA.....	33, 34	klor-con m20	180
introvale	219, 230, 242	junel 1.5/30	219, 230, 242	klor-con/ef	180
INVELTYS.....	193	junel 1/20	219, 230, 242	KLOXXADO.....	151
iodine strong		junel fe 1.5/30	220, 230, 242	KOATE.....	79
.....	17, 24, 215, 292, 308	junel fe 1/20	220, 230, 242	KOATE-DVI.....	79
iodine tincture	308, 323	junel fe 24	220, 230, 242	KOGENATE FS.....	79
IOPIDINE.....	187, 195	JUST RIGHT 5000.....	165, 266	KORLYM.....	215
IPOL.....	59	JUXTAPID.....	91, 107	KOSELUGO.....	48
ipratropium bromide	64, 288	JYLAMVO .	48, 254, 272, 277, 280	kourzeq	315
ipratropium-albuterol	64, 71, 288	JYNARQUE.....	184	KOVALTRY.....	79
irbesartan	88, 89	K.B.G.L IN TERODERM		K-PHOS.....	180
irbesartan-		.....	67, 147, 307, 324, 328	K-PHOS NO 2.....	177
hydrochlorothiazide	89, 183	kaitlib fe	220, 230, 242	K-PHOS-NEUTRAL.....	181
IRESSA.....	48	KALETRA.....	36	k-prime	181
ISENTRESS.....	33	kalliga	220, 230, 242	KRAZATI.....	49
ISENTRESS HD.....	33	KALYDECO.....	291	KRINTAFEL.....	25
isibloom	219, 230, 242	KAPSPARGO SPRINKLE		KRISTALOSE.....	178
isoflurane	141	.....	72, 92, 97, 100, 107	K-TAB.....	181
isoniazid	27	KARBINAL ER.....	18, 19, 293	kurvelo	220, 230, 242
isosorb dinitrate-hydralazine		kariva	220, 230, 242	KUTAR.....	311, 317
.....	104, 107, 108	KATERZIA.....	102, 103, 113	KUTARVIA.....	311, 317
isosorbide dinitrate	107, 108	kelnor 1/35	220, 230, 242	KYZATREX.....	214
isosorbide mononitrate	107, 108	kelnor 1/50	220, 230, 242	labetalol hcl	
isosorbide mononitrate er		KEPPRA.....	121	.....	67, 70, 88, 92, 97, 100, 107
.....	107, 108	KEPPRA XR.....	121	lacosamide	121, 142
isotretinoin	320, 328	KERALYT SCALP.....	320	LACRISERT.....	195
isradipine	102, 103	KERAMATRIX REPLICINE		lactulose	178
ISTALOL.....	191	2CMX3CM.....	287	lactulose encephalopathy	178
ISTURISA.....	211, 282	KERAMATRIX REPLICINE		LAGEVRIO.....	38
itraconazole	29	5CMX5CM.....	287	LAMICTAL.....	121, 126
ivabradine hcl	96, 112	KERENDIA.....	106	LAMICTAL ODT.....	121, 125, 126
ivermectin	24	KESIMPTA.....	277	LAMICTAL STARTER.....	121, 126
IWILFIN.....	48	ketoconazole	29, 309	LAMICTAL XR.....	121, 126
IYUZEH.....	197	ketodan	309	lamivudine	35
jaimiess	219, 230, 242	KETO-DIASTIX.....	177	lamivudine-zidovudine	35
JAKAFI.....	48, 319	KETONE TEST.....	176	lamotrigine	121, 122, 126
jantoven	74	ketorolac tromethamine		lamotrigine er	121, 126
JARDIANCE.....	249	.....	147, 157, 195	lamotrigine starter kit-blue	
jasmiel	219, 230, 242	KETOSTIX.....	176	.....	122, 126
JAVYGTOR.....	185, 282	KEVARTIA.....	311, 317	lamotrigine starter kit-green	
JAYPIRCA.....	48	KEVEYIS.....	86, 266	.....	122, 126
jencycla	219, 242	KEVZARA.....	256, 272	lamotrigine starter kit-	
JENTADUETO.....	216, 224	KINERET.....	256, 272, 277	orange	122, 126
JENTADUETO XR.....	216, 224	KISQALI (200 MG DOSE).....	48	LAMPIT.....	26
JESDUVROQ.....	73, 76	KISQALI (400 MG DOSE).....	48	LANCETS.....	172
jinteli	230, 242	KISQALI (600 MG DOSE).....	48	LANOXIN.....	91, 96
JIVI.....	79	KLARON.....	304	lansoprazole	208
JOENJA.....	277	klayesta	324	lanthanum carbonate	179, 261

LANTUS SOLOSTAR	237	levoxyol	252	LOTEMAX.....	193
LANTUS U-100 VIAL.....	237	LEVSIN.....	17, 64	LOTEMAX SM.....	193
lapatinib ditosylate	49	LEVSIN/SL.....	17, 64	LOTENSIN.....	90, 91
larin 1.5/30	220, 230, 242	LEVULAN KERASTICK..	301, 328	LOTENSIN HCT	91, 183
larin 1/20	220, 230, 242	l-glutamine	283, 328	loteprednol etabonate	193
larin 24 fe	220, 230, 242	lidocaine	307	lovastatin	105
larin fe 1.5/30	220, 230, 242	lidocaine hcl	196, 307	low-ogestrel	221, 231, 243
larin fe 1/20	220, 230, 243	lidocaine hcl		loxapine succinate	130, 138
LASIX.....	86, 106, 179	urethral/mucosal	307	lo-zumandimine	221, 231, 243
LATANOPROST	197	lidocaine viscous hcl	196	lubiprostone	198, 205
latanoprost	197	lidocaine-prilocaine	307	LUCEMYRA.....	62
layolis fe	220, 230, 243	LIDTOPIC MAX.....	307	LUGOLS STRONG IODINE	
LEDIPASVIR-SOFOSBUVIR		LIKMEZ.....	22, 26, 201	.....	308, 323
.....	31, 32	linezolid	40	LULICONAZOLE	309
leena	220, 230, 243	LINZESS.....	198, 205	LUMAKRAS.....	49
leflunomide	257, 272, 277, 280	liothyronine sodium	252	LUMIGAN.....	197
lenalidomide	49, 277	LIPOFEN.....	105	LUMRYZ.....	137, 164, 263
LENVIMA.....	49	LIQUICAL PLUS.....	181	LUPKYNIS.....	258, 280
lessina	220, 230, 243	LIRAGLUTIDE	235, 236	lurasidone hcl	132
letrozole	49, 215	lisdexamphetamine dimesylate		lutra	221, 231, 243
LETS.....	62, 260	.....	116	LUZU.....	309
leucovorin calcium .	18, 261, 336	lisinopril	90	lyleq	221, 243
LEUKERAN.....	49	lisinopril-		lyllana	231, 265
LEUKINE.....	76	hydrochlorothiazide	91, 183	LYNPARZA.....	49
leuprolide acetate	49, 235	L-ISOLEUCINE.....	178	LYRICA.....	122, 139, 140
levabuterol hcl	71, 298	LITFULO	319, 328	LYSODREN.....	49
LEVALBUTEROL HFA	71, 298	lithium	126	LYTGOBI (12 MG DAILY	
LEVBID.....	17, 64	lithium carbonate	126	DOSE).....	49
levetiracetam	122	lithium carbonate er	126	LYTGOBI (16 MG DAILY	
levetiracetam er	122	LITHOBID.....	126	DOSE).....	49
levobunolol hcl	191	LITHOSTAT	178	LYTGOBI (20 MG DAILY	
levocarnitine	282	LIVALO.....	105	DOSE).....	49
levocarnitine sf	282	LIVMARLI.....	203, 205	LYUMJEV KWIKPEN.....	248
levocetirizine		LIVTENCITY	28	LYUMJEV VIAL.....	248
dihydrochloride	21	LO LOESTRIN FE ..	220, 231, 243	lyza	221, 243
levofloxacin	28, 41, 188	LOCOID LIPOCREAM.....	315	MACROBID.....	43
levonest	220, 230, 243	LODOCO.....	74, 283	MACRODANTIN.....	43
levonorgest-eth est & eth est		lojaimiess	220, 231, 243	mafenide acetate	304, 323
.....	220, 230, 243	LOKELMA.....	179	magnesium citrate	202
levonorgest-eth estrad 91-		LOMAIRA.....	115	MALARONE	25
day	220, 230, 243	LOMOTIL.....	64, 199	malathion	325
levonorgest-eth estradiol-		LONSURF.....	49	maraviroc	32
iron	220, 230, 243	LOPID.....	105	MARINOL.....	199, 205
levonorgestrel	220, 243	lopinavir-ritonavir	36	marlissa	221, 231, 243
levonorgestrel-ethinyl estrad		LOPRESSOR 72, 92, 97, 100, 107		MARPLAN.....	143
.....	220, 231, 243	lorazepam	134, 135	MATULANE	49
levonorg-eth estrad triphasic		lorazepam intensol	134, 135	matzim la	94, 95, 101, 113
.....	220, 231, 243	LORBRENA.....	49	MAVENCLAD	50, 253, 277, 280
levora 0.15/30 (28)	220, 231, 243	LOREEV XR.....	134, 135	MAVYRET	31, 32
levorphanol tartrate	149	loryna	220, 231, 243	MAXIDEX.....	193
levo-t	251	LORZONE	66	MAXITROL.....	188, 193
LEVOTHYROXINE SODIUM..	252	losartan potassium	88, 89	maxi-tuss ac	289, 292
levothyroxine sodium	252	losartan potassium-hctz	89, 183	MAYZENT.....	258, 277, 278

MAYZENT STARTER PACK 258, 278
me/naphos/mb/hyo1 . 43, 64, 283
meclofenamate sodium 147, 157
MEDERMA SPF 30328
MEDROL.....211
medroxyprogesterone acetate221, 243
mefenamic acid 147, 157
mefloquine hcl25
megestrol acetate 50, 243
MEKINIST 50
MEKTOVI50
MELOXICAM 147, 157
meloxicam 147, 157
memantine hcl 137
memantine hcl er 137
MENEST 231, 265
MENOSTAR231, 265
MENQUADFI 59
MENVEO 59
meperidine hcl 149
meprobamate 130, 144
mercaptapurine 50, 255, 280
merzee221, 231, 244
mesalamine 200
mesalamine-cleanser200
MESNEX286
MESTINON 69
metaxalone 66
metformin hcl 216
metformin hcl er216
methadone hcl149
methadone hcl intensol 149
METHADOSE 149
methadose 149
METHADOSE SUGAR-FREE.149
methamphetamine hcl 116
methazolamide 86, 96, 192
methenamine hippurate 43
methenamine mandelate 43
methergine287
methimazole 215
METHITEST214
methocarbamol 34, 66
methotrexate sodium 50, 254, 272, 278, 280
methotrexate sodium (pf) 50, 254, 272, 278, 280
methoxsalen rapid 324
methscopolamine bromide 64
methsuximide 162
methyl salicylate 310
METHYLDOPA 62, 97, 104
methylergonovine maleate ...287
METHYLIN 155
methylphenidate 156
methylphenidate hcl 156
methylphenidate hcl er 156
methylphenidate hcl er (cd) . 155
methylphenidate hcl er (la) 155, 156
methylphenidate hcl er (osm) 156
methylphenidate hcl er (xr) .. 156
methylprednisolone212
methyltestosterone214
metoclopramide hcl 207
metolazone 87, 111, 184
metoprolol succinate er 72, 92, 97, 100, 107
metoprolol tartrate 72, 92, 97, 100, 108
metoprolol-hydrochlorothiazide ..92, 97, 183
METROCREAM 304
METROLOTION304
metronidazole ...22, 26, 201, 304
METRONIDAZOLE BENZO+SYRSPEND ..22, 26, 201
metyrosine 176, 283
mexiletine hcl 99
MIACALCIN 215, 265
mibelas 24 fe 221, 231, 244
miconazole 3 309
MICONAZOLE-ZINC OXIDE-PETROLAT 308, 309, 317
microgestin 1.5/30 .221, 231, 244
microgestin 1/20221, 231, 244
microgestin 24 fe.. 221, 231, 244
microgestin fe 1.5/30 221, 231, 244
microgestin fe 1/20221, 231, 244
MICROLET NEXT LANCING DEVICE172
midazolam hcl 135
MIDAZOLAM+SYRSPEND SF 135
midodrine hcl 62
MIEBO 190, 195
MIFEPREX287
mifepristone 215, 287
MIGERGOT 68, 129, 156
miglitol 213
miglustat 185, 283
mili221, 231, 244
mimvey231, 244
mineral oil heavy202
minocycline hcl 25, 42
minocycline hcl er42, 328
minoxidil 104, 311
mirabegron er332
mirtazapine 124, 162
MIRVASO 187, 302, 328
misoprostol 208
MITIGARE262
MITOSOL 188
mm aspirin85, 129, 158
mm clearlax 202
M-M-R II59
M-NATAL PLUS 82, 332, 336
modafinil 164
MODERNA COVID-19 VAC 6M-11Y 59
moexipril hcl90, 91
molindone hcl 130, 138
mometasone furoate 193, 212, 290, 294, 315
mondoxyne nl25, 42
mono-lynh221, 231, 244
MONSELS FERRIC SUBSULFATE 79
montelukast sodium 293, 294
morphine sulfate 150
morphine sulfate (concentrate) 149
morphine sulfate er 149, 150
morphine sulfate er beads ... 149
MOTEGRITY205
MOTOFEN 64, 199
MOTPOLY XR 122, 142
MOUNJARO 236
MOVIPREP 202, 338
moxifloxacin hcl28, 41, 188
moxifloxacin hcl (2x day) 188
MOZOBIL76
MUCOSITISRX 195
MULPLETA 76
MULTAQ 100
multivitamin w/fluoride 165, 266, 332
multivitamin/fluoride 165, 266, 267, 332, 336
MULTIVITAMIN/FLUORIDE 165, 267, 332, 333, 336
multi-vitamin/fluoride 165, 266, 332

multi-vitamin/fluoride/iron	neomycin sulfate.....23, 188, 304	nifedipine er.....102, 103, 113
..... 82, 267, 333	neomycin-bacitracin zn-	nifedipine er osmotic release
MULTI-VIT-FLOR....165, 267, 333	polymyx 188	..... 102, 103, 113
mupirocin.....304	neomycin-polymyxin-	nikki.....221, 232, 244
mupirocin calcium 304	dexameth 188, 193	nimodipine 102, 103, 113
my choice 221, 244	neomycin-polymyxin-	NINLARO.....50
my way.....221, 244	gramicidin 188	nisoldipine er 102, 103
MYALEPT 237	neomycin-polymyxin-hc	nitazoxanide 27
MYAMBUTOL 28	..... 189, 193	NITRO-BID.....108, 109
MYCOBUTIN 28, 41	NEONATAL + DHA	NITRO-DUR 108, 109
mycophenolate mofetil .253, 280	..... 82, 181, 283, 333, 336	nitrofurantoin 43
mycophenolate sodium .....280	NEONATAL 19.....333	nitrofurantoin macrocrystal ... 43
mycophenolic acid.....281	NEONATAL COMPLETE	nitrofurantoin monohydrate
MYCOZYL AL 330	..... 82, 333, 336	macrocrystals.....43
MYDAYIS 116	NEONATAL FE 82, 333, 336	nitroglycerin .. 108, 109, 311, 328
MYFEMBREE 215, 231, 244	NEONATAL PLUS 82, 333, 336	NITROSTAT.....108, 109
MYLERAN.....50	neo-polycin 189	NITRO-TIME 108, 109
MYRBETRIQ.....332	neo-polycin hc.....189, 193, 304	NIVA THYROID 252
MYSOLINE 133	NEOSALUS 328	NOCDURNA 79, 238
MYTESI.....199	NEO-SYNALAR 304, 315	nora-be.....221, 244
MYXREDLIN 181, 249	NEOTUSS PLUS .. 19, 20, 62, 289	NORDIPEN 5 INJECTION
na sulfate-k sulfate-mg sulf . 202	NERLYNX.....50	DEVICE.....172
nabumetone.....147, 157	NESTABS 82, 333, 337	NORDITROPIN FLEXPRO
nadolol	NESTABS ONE 82, 283, 333, 336	..... 238, 250
..... 67, 72, 87, 93, 97, 100, 108	neuc.....304, 323	norelgestromin-eth estradiol
naftifine hcl.....302	NEULASTA 76	..... 221, 232, 244
NAFTIN.....302	NEUPRO.....144	norethin ace-eth estrad-fe
naloxone hcl 17, 151, 261	NEURAPTINE 118, 140	..... 221, 222, 232, 244
naltrexone hcl	NEURONTIN.....118, 122, 140	norethindrone.....222, 244
..... 16, 17, 61, 151, 261	NEVANAC.....195	norethindrone acetate 244
NAMZARIC 69, 137	nevirapine 34	norethindrone acet-ethinyl
NANRAN.....304, 307	nevirapine er.....34	est.....222, 232, 244
NAPROSYN 129, 147, 157, 263	new day.....221, 244	norethindrone-eth estradiol
naproxen 129, 147, 157, 158, 263	NEXIUM.....208	..... 232, 245
naproxen dr ... 129, 147, 157, 263	NEXLETOL 87, 91	norethindron-ethinyl estrad-
naproxen sodium	NEXLIZET.....87, 91, 98	fe.....222, 232, 245
..... 129, 147, 158, 263	NEXTSTELLIS 221, 232, 244	norethin-eth estradiol-fe
naproxen sodium er	NGENLA 238	..... 222, 232, 245
..... 129, 147, 158, 263	niacin er	norgestimate-eth estradiol
naratriptan hcl 160	(antihyperlipidemic).....91	..... 222, 232, 245
NARCAN.....151	nicardipine hcl.....102, 103, 113	norgestimate-ethinyl
NARDIL.....143	NICORETTE 61, 65	estradiol triphasic .222, 232, 245
NASCOBAL 84, 336	NICORETTE MINI.....61, 65	NORLIQVA 102, 103, 113
NATACYN 190	nicotine 61, 66	norlyroc.....222, 245
NATAL PNV 82, 333, 336	nicotine mini.....61, 65	NORPACE 98
NATAZIA.....221, 231, 244	nicotine polacrilex 61, 65, 66	NORPACE CR.....98
nateglinide 237	nicotine polacrilex mini ... 61, 65	NORPRAMIN 163
NAYZILAM 134	nicotine step 1.....61, 66	nortrel 0.5/35 (28) .. 222, 232, 245
nebivolol hcl 67, 93, 97	nicotine step 2.....61, 66	nortrel 1/35 (21) 222, 232, 245
NEBUPENT 27	nicotine step 3.....61, 66	nortrel 1/35 (28) 222, 232, 245
NEBUSAL.....294	NICOTROL 61, 66	nortrel 7/7/7.....222, 232, 245
necon 0.5/35 (28) ... 221, 232, 244	NICOTROL NS 61, 66	nortriptyline hcl 163
nefazodone hcl 162	nifedipine 102, 103, 113	NORVIR.....36

NOURIANZ.....	115, 137	olanzapine-fluoxetine hcl	.....	132, 161	OPSUMIT.....	113, 292, 299
NOVAVAX COVID-19		.....			option 2	222, 245
VACCINE.....	59	olmesartan medoxomil	88, 89	olmesartan medoxomil-hctz	OPTIONS GYNOL II	
NOVOEIGHT.....	79	.....	89, 183	.....	CONTRACEPTIVE.....	286
NOVOFINE PEN NEEDLE.....	173	olmesartan-amlodipine-hctz	.....	89, 103, 184	OPVEE.....	152
NOVOFINE PLUS PEN		.....			OPZELURA.....	51, 319, 328
NEEDLE.....	173	olopatadine hcl	20, 187	ORACIT.....	ORALAIR.....	177
NOVOPEN ECHO.....	173	OLUMIANT.....	256, 257, 272	ORAL CITRATE.....	ORALAIR.....	177
NOVOSEVEN RT.....	79	OMECLAMOX-PAK		ORALAIR.....	ORALAIR ADULT STARTER	55
NOXAFIL.....	29	.....	23, 39, 40, 208	PACK.....	PACK.....	55
np thyroid	252	omega-3-acid ethyl esters	.....	91, 109	ORALAIR CHILDRENS	
NUBEQA.....	50	.....			STARTER PACK.....	55
NUCALA.....	289	omeprazole	208	oralone	316	
NUCORT.....	315	OMEPRAZOLE+SYRSPEND		ORAPRED ODT.....	212	
NUCYNTA.....	150	SF ALKA.....	208	ORAVIG.....	309	
NUCYNTA ER.....	150	OMNARIS.....	193	ORENCIA.....	254, 273, 278	
NUEDEXTA.....	137	OMNIFLEX DIAPHRAGM.....	286	ORENCIA CLICKJECT		
NUJO.....	281, 318, 328	OMNIPOD 5 G6 INTRO (GEN		.....	254, 272, 278	
NULEV.....	17, 64	5).....	173	ORENITRAM.....	113, 296, 299	
NUPLAZID.....	132	OMNIPOD 5 G6 PODS (GEN		ORENITRAM MONTH 1		
NURTEC.....	136	5).....	173	.....	113, 296, 299	
NUTRASEB.....	320	OMNITROPE.....	238, 250	ORENITRAM MONTH 2		
NUTROPIN AQ NUSPIN 10		OMVOH.....	198, 206	.....	113, 296, 299	
.....	238, 250	ON/GO COVID-19 ANTIGEN		ORENITRAM MONTH 3		
NUTROPIN AQ NUSPIN 20		TEST.....	176	.....	113, 296, 299	
.....	238, 250	ON/GO ONE COVID-19		ORFADIN.....	185, 283	
NUTROPIN AQ NUSPIN 5		HOME TEST.....	176	ORGOVYX.....	51, 215	
.....	238, 250	ondansetron hcl	198	ORIAHNN.....	215, 232, 245	
NUVESSA.....	22, 304	ondansetron odt	199	ORLISSA.....	215	
NUWIQ.....	80	ONE VITE WOMENS PLUS		ORKAMBI.....	290, 291, 292	
NUZYRA.....	23	.....	82, 333, 337	ORLISTAT.....	206	
nyamyc	324	ONETOUCH DELICA PLUS		orphenadrine citrate er		
nylia 1/35	222, 232, 245	LANCING.....	173	.....	67, 72, 119	
nylia 7/7/7	222, 232, 245	ONETOUCH DELICA SAFETY		ORSERDU.....	51	
NYMALIZE.....	102, 103, 113	LANCING.....	173	OSCIMIN.....	17, 64	
nymyo	222, 232, 245	ONETOUCH ULTRA.....	173, 175	oseltamivir phosphate	38	
nystatin	40, 324, 325	ONETOUCH ULTRA 2.....	173	OSPHENA.....	225	
nystatin-triamcinolone	315, 325	ONETOUCH ULTRA TEST....	175	OTEZLA.....	257, 273, 278, 328	
nystop	325	ONETOUCH VERIO.....	173, 175	OVACE PLUS.....	304, 305	
OICALIVA.....	203, 206	ONETOUCH VERIO FLEX		OVACE PLUS WASH.....	305	
ocella	222, 232, 245	SYSTEM.....	173	OVACE WASH.....	305	
octreotide acetate	206, 249	ONETOUCH VERIO		OVIDE.....	325	
OCUFLOX.....	189	REFLECT.....	173	oxaprozin	147, 158	
ODACTRA.....	55	ONEXTON.....	304, 323	oxazepam	135	
ODEFSEY.....	34, 35	ONFI.....	134, 135	OXBRYTA.....	74	
ODOMZO.....	50	ONGENTYS.....	136	oxcarbazepine	122, 142	
OFEV.....	288	ONUREG.....	51	OXERVATE.....	190, 195	
ofloxacin	41, 189	ONZETRA XSAIL.....	160	oxiconazole nitrate	309	
OGSIVEO.....	50	opcicon one-step	222, 245	OXISTAT.....	309	
OJEMDA.....	50	OPFOLDA.....	185, 283	oxybutynin chloride	331	
OJJAARA.....	51	OPILL.....	222, 245	oxybutynin chloride er	331	
olanzapine	126, 127, 132	opium	199	oxycodone hcl	150	

oxycodone-acetaminophen	perphenazine	154	PLEGRIDY STARTER PACK	278
..... 118, 145, 150	perphenazine-amitriptyline	154, 163	PLENVU	202, 338
OXYCODONE-	..... 154, 163		plerixafor	76
ACETAMINOPHEN	PERTZYE	186, 203	PLEXION	305, 320
118, 145, 150	PFIZER COVID-19 VAC-TRIS		PLEXION CLEANSER	305, 320
oxymorphone hcl	5-11Y	59	PLEXION CLEANSING	
oxymorphone hcl er	PFIZER COVID-19 VAC-TRIS		CLOTH	305, 320
150	6M-4Y	59	PNEUMOVAX 23	59
OZEMPIC	PHEDRAX	309, 320	PODIATROLE	309, 320
236	phenazo	307	PODOCON-25	320, 328
OZOBAX DS	phenazopyridine hcl	307	podofilox	320, 328, 329
67	phendimetrazine tartrate	115	polycin	189, 305
PACERONE	phendimetrazine tartrate er ..	115	polyethylene glycol 3350	202
100	phenelzine sulfate	143	polymyxin b-trimethoprim	189
PALFORZIA	phenobarbital	133	POLY-VI-FLOR	165, 267, 333
55, 56	phenoxybenzamine hcl ..	68, 111	POLY-VI-FLOR/IRON	
paliperidone er	phentermine hcl	115	..... 82, 267, 333	
132	phenylephrine hcl	197	POMALYST	51, 279
PALYNZIQ	phenytek	99, 141	portia-28	222, 233, 245
186	phenytoin	99, 141	posaconazole	29
PANCREAZE	phenytoin infatabs	99, 141	potassium chloride	181
186, 203	phenytoin sodium extended		potassium chloride crys er ..	181
PANDEL .....	..... 99, 141		potassium chloride er	181
316	PHEOXIA	309, 328	potassium citrate er	177
PANRETIN	PHEXXI	286	potassium citrate-citric acid	177
301, 328	philith	222, 232, 245	potassium iodide	293
pantoprazole sodium	PHOSPHA 250 NEUTRAL	181	PRADAXA	75
208	PHOSPHOLINE IODIDE	196	pramipexole dihydrochloride	
PARI VORTEX ADULT MASK	phosphorous	181	..... 144	
173	phospho-trin 250 neutral	181	PRAMOSONE	307, 316
paricalcitol	PHOXILLUM B22K4/0	181	PRAMOTIC	190, 196
339	PHOXILLUM BK4/2.5	181	prasugrel hcl	85
PARNATE	phytonadione	17, 261, 340	pravastatin sodium	105
143	PIFELTRO	34	praziquantel	24
paroxetine hcl	pilocarpine hcl	69, 196	prazosin hcl	68, 87, 88, 93
161	PILOT COVID-19 AT-HOME		PRED MILD	193
paroxetine hcl er	TEST	176	prednisolone	212
161	pimecrolimus	281, 318, 328	prednisolone acetate	193
paroxetine mesylate	pimozide	130, 138	prednisolone sodium	
161	pimtrea	222, 232, 245	phosphate	193, 212
PAXIL	pindolol	68, 93, 98, 100, 108	prednisone	212
161	pioglitazone hcl	251	prednisone intensol	212
PAXLOVID (150/100)	pioglitazone hcl-glimepiride	251	pregabalin	122, 139, 140
28	pioglitazone hcl-metformin		pregabalin er	118, 139, 140
PAXLOVID (300/100)	hcl	216, 251	PREHEVBRIO	59
28	PIP GLUCOSE CONTROL		PREMARIN	233, 265
pazopanib hcl	SOLUTION	173	PREMESISRX 181, 283, 333, 337	
51	PIQRAY	51	premium lidocaine	307
PEDIAPRED	pirfenidone	288, 289, 297	PREMPHASE	233, 245
212	piroxicam	147, 158	PREMPRO	233, 245
PEDIARIX	pitavastatin calcium	105	PRENAISSANCE	
56, 59	PLAN B ONE-STEP	222, 245	..... 82, 202, 283, 333, 337	
PEDVAX HIB	PLEGRIDY	278, 279	prenatal	82, 333, 337
59				
peg 3350-kcl-na bicarb-nacl				
202				
peg-3350/electrolytes				
202				
peg-				
3350/electrolytes/ascorbat				
..... 202, 338				
PEGASYS				
37				
peg-kcl-nacl-nasulf-na asc-c				
..... 202, 338				
PEG-PREP				
202				
PEMAZYRE				
51				
PENBRAYA				
59				
penciclovir				
308				
penicillamine				
17, 209, 273				
penicillin v potassium				
37				
PENTACEL				
56, 59				
pentamidine isethionate				
27				
pentazocine-naloxone hcl				
..... 152, 153				
pentoxifylline er				
77				
PERFOROMIST				
71, 298				
PERIDEX				
22, 190, 308, 323				
perindopril erbumine				
90, 91				
perio gard				
22, 190, 191, 308, 323				
permethrin				
325				

prenatal plus vitamin/mineral	PRISMASOL BGK 4/2.5.....	182	PURIXAN.....	51, 255, 281
.....	PRISMASOL BK 0/0/1.2.....	182	PYLERA.....	24, 27, 43, 199, 200
PRENATE	probenecid	184, 263	pyrazinamide	28
PRENATE DHA	PROCENTRA	116	PYRIDIDIUM.....	307
.....	prochlorperazine	154, 200	pyridostigmine bromide	69
PRENATE ELITE	prochlorperazine maleate	.....	pyridostigmine bromide er	69
PRENATE ENHANCE	.....	154, 200	pyrimethamine	25
.....	PROCORT.....	307, 316	PYROGALLIC ACID.....	287, 321, 329
PRENATE ESSENTIAL	PROCTOCORT.....	316	PYRUKYND.....	74
.....	PROCTOFOAM HC	307, 316	PYRUKYND TAPER PACK.....	74
PRENATE MINI	procto-med hc	316	QBRELIS.....	91
.....	proctosol hc	316	QINLOCK.....	51
PRENATE PIXIE	proctozone-hc	316	QNASL.....	194, 212, 290, 294
.....	PROCYSBI.....	283, 284	QNASL CHILDRENS	.....
PRENATE RESTORE	PROFILNINE	80	.....	193, 212, 290, 294
.....	progesterone	245, 246	QSYMIA.....	118, 119
PRENATVITE COMPLETE	PROGESTERONE	.....	QUADRACEL.....	56, 60
.....	MICRONIZED.....	246	QUALAQUIN.....	25
PRENATVITE PLUS	PROGLYCEM.....	215	QUESTRAN.....	94
.....	PROGRAF.....	281	QUESTRAN LIGHT.....	93
PRENATVITE RX	PROLATE	118, 145, 150	quetiapine fumarate	127, 132
.....	PROLENSA	196	quetiapine fumarate er	127, 132
PREPIDIL.....	PROMACTA.....	76	QUFLORA PEDIATRIC	.....
PRETOMANID	promethazine hcl	.....	.....	166, 268, 334
prevalite.....	.....	18, 19, 20, 130, 199, 293	QUICKVUE AT-HOME	.....
PREVIDENT.....	promethazine vc	19, 20, 62	COVID-19 TEST.....	176
PREVIDENT 5000 BOOSTER	promethazine-codeine	.....	QUILLICHEW ER.....	156
PLUS.....	.....	19, 20, 289	QUILLIVANT XR.....	156
PREVIDENT 5000 DRY	promethazine-dm	19, 20, 289	quinapril hcl	90, 91
MOUTH.....	promethegan	.....	quinapril-	.....
PREVIDENT 5000 ENAMEL	.....	19, 20, 131, 199, 293	hydrochlorothiazide	91, 184
PROTECT.....	PROMISEB.....	320	quinidine gluconate er	25, 98
PREVIDENT 5000 KIDS. 165, 267	PRONAL.....	310, 321	quinidine sulfate	25, 98
PREVIDENT 5000 ORTHO	propafenone hcl	99	quinine sulfate	25
DEFENSE	propafenone hcl er	99	QULIPTA.....	136
PREVIDENT 5000 PLUS 166, 267	proparacaine hcl	196	QVAR REDIHALER 212, 290, 295	.....
PREVIDENT 5000 SENSITIVE	propranolol hcl	.....	RABEPRAZOLE SODIUM.....	209
.....	.....	68, 93, 98, 100, 108, 129	rabeprazole sodium	209
PREVNAR 20.....	propranolol hcl er	.....	RADICAVA ORS.....	114, 137
PREVYMIS.....	.....	68, 93, 98, 100, 108, 129	RADICAVA ORS STARTER	.....
PREZCOBIX.....	propylthiouracil	216	KIT.....	114, 137
PREZISTA.....	PROQUAD.....	60	RADIOGARDASE.....	17, 179, 261
PRIFTIN.....	PROTONIX.....	209	RAGWITEK.....	56
PRILOSEC.....	protriptyline hcl	163	raloxifene hcl	225, 265
PRIMACARE.....	PROVERA.....	246	ramelteon	131, 143
primaquine phosphate	PRUCLAIR.....	329	ramipril	90, 91
primidone	PRUMYX.....	329	ranolazine er	96
PRIORIX.....	pseudoephedrine-	.....	RAPAMUNE.....	257, 281, 318
PRISMASOL B22GK 4/0.....	bromphen-dm	19, 20, 62, 289	rasagiline mesylate	143
PRISMASOL BGK 0/2.5.....	PULMOSAL.....	294	RASUVO.....	254, 273
PRISMASOL BGK 2/0.....	PULMOZYME	186, 294	RAVICTI.....	178
PRISMASOL BGK 2/3.5.....	PURE COMFORT SAFETY	.....	RAYA SURE PEN NEEDLE ...	173
PRISMASOL BGK 4/0/1.2.....	PEN NEEDLE	173	RAYASAL.....	321

react	222, 246	RIXUBIS	80	SEREVENT DISKUS	71, 298
reclipsen	222, 233, 246	rizatriptan benzoate	160	SERNIVO	316
RECOMBINATE	80	ROCALTROL	339	SEROQUEL XR	127, 132
RECOMBIVAX HB	60	ROCKLATAN	197	SEROSTIM	239, 250
RECOTHROM	80	roflumilast	295, 319, 324	SERTRALINE HCL	161
RECOTHROM SPRAY KIT	80	ropinirole hcl	144	sertraline hcl	161
RECTIV	108, 311, 329	ropinirole hcl er	144	setlakin	223, 233, 246
REGLAN	207	rosuvastatin calcium	105	sevelamer carbonate	
REGRANEX	329	ROTARIX	60	.....	17, 179, 262
RELENZA DISKHALER	38	ROTATEQ	60	sevelamer hcl	17, 179, 262
RELISTOR	152, 198, 206	ROWASA	200	SEVENFACT	80
RELNATE DHA .83, 284, 334, 337		roweepra	122	sevoflurane	141
RELYVRIO	114, 138	ROZLYTREK	52	sf	166, 268
REMIGEN	329	RUBRACA	52	sf 5000 plus	166, 268
repaglinide	237	RUCONEST	269	SFROWASA	200
REPATHA	109	rufinamide	122, 142	sharobel	223, 246
REPATHA PUSHTRONEX		RUKOBIA	33	SHARPS COLLECTOR	173
SYSTEM	109	RYALTRIS		SHARPS CONTAINER	173
REPATHA SURECLICK	109	.....	20, 187, 194, 212, 290, 295	SHINGRIX	60
RESTASIS	190, 194, 253	RYBELSUS	236	SIGNIFOR	249
RESTASIS MULTIDOSE		RYCLORA	19, 20	SILATRIX	329
.....	190, 194, 253	RYDAPT	52	sildenafil citrate	
RESTORIL	136	SABRIL	122, 140	.....	109, 110, 296, 299, 331
RETACRIT	73, 77	SAFETY PEN NEEDLES	173	SILENOR	163
RETEVMO	51	SALAGEN	69	silodosin	70
RETIN-A MICRO PUMP	311	SALICATE	321	SILVADENE	308, 323
RETROVIR	35	salicylic acid	321	silver nitrate	190
REVLIMID	51, 279	SALIMEZ	321	silver sulfadiazine	308, 323
REXULTI	132	SALIVAMAX	195	SIMBRINZA	187, 192
REYATAZ	37	salsalate	159	simliya	223, 233, 246
REYVOW	160	SALVAX DUO PLUS	310, 321	simpesse	223, 233, 246
REZDIFFRA	252	SALYCIM	321	SIMPONI	206, 260, 274, 279
REZLIDHIA	51	SAMSCA	184	simvastatin	105
REZUROCK	284	SANDOSTATIN	206, 249	SINEMET	139
RHOFADE	197, 302, 329	SANTYL	186, 311, 329	SINGULAIR	294
RHOPRESSA	197	sapropterin dihydrochloride		sirolimus	257, 281, 318
ribavirin	38	.....	185, 284	SIRTURO	28
RIDAURA	209, 254, 273, 279	SAVAYSA	75	SIVEXTRO	40
rifabutin	28, 41	SAVELLA	140, 159	SKYCLARYS	284
rifampin	28, 41	SAVELLA TITRATION PACK		SKYRIZI	206, 318, 329
RIFAMPIN+SYRSPEND SF28 , 41		.....	140, 159	SKYRIZI PEN	318, 329
riluzole	114, 138	saxagliptin hcl	224	SKYTROFA	239
rimantadine hcl	22	saxagliptin-metformin er		SLYND	223, 246
RINVOQ	257, 273	.....	216, 225	SOANZ	87, 106, 179
RINVOQ LQ	257	SAXENDA	236	sod citrate-citric acid	177
risedronate sodium	265	SCALACORT DK	316, 321	sod fluoride-potassium	
risperidone	127, 132	SCARCIN	329	nitrate	166, 268
ritonavir	37	SCEMBLIX	52	sodium chloride	294
rivastigmine	69	scopolamine	64, 199, 207	sodium fluoride	166, 268
rivastigmine tartrate	69	SELECT-OB	83, 334, 337	sodium fluoride 5000 plus	
rivelsa	222, 233, 246	selegiline hcl	143	.....	166, 268
RIVFLOZA	284	selenium sulfide	308, 323		
RIVIVE	152	SELZENTRY	33		

sodium fluoride 5000 ppm	ST JOSEPH LOW DOSE	sumatriptan succinate refill
..... 166, 268	..... 85, 129, 159	subcutaneous solution
SODIUM OXYBATE 138, 164, 263	STALEVO 150..... 137, 139	cartridge.....160
sodium phenylbutyrate 178	STELARA.....256, 329	SUMAXIN.....306, 321
sodium polystyrene	STENDRA.....109, 110	SUMAXIN CP.....306, 321
sulfonate 17, 179, 262	STIOLTO RESPIMAT..... 64, 71	sunitinib malate.....52
sodium sulfacetamide 305	STIVARGA.....52	SUNLENCA..... 27, 32
sodium sulfacetamide wash 305	STRATA CTX.....329	SUNOSI.....164
SOFOSBUVIR-VELPATASVIR	STRATA XRT.....329	SUPREP BOWEL PREP KIT..202
..... 31, 32	STRATTERA.....138, 156	SUTAB.....203
SOHONOS.....284	STRENSIQ.....186	syeda.....223, 233, 246
solifenacin succinate.....331	STRIBILD.....33, 35, 284	SYMBICORT.....71, 212
SOLIQUA.....236, 237	STRIVERDI RESPIMAT... 71, 298	SYMBYAX.....132, 161
SOLOSEC.....27	STROMECTOL.....24	SYMDEKO.....291, 292
SOLTAMOX.....52, 225	SUBOXONE.....152, 153	SYMFI.....34, 35
SOMATULINE DEPOT.....249	subvenite.....122, 127	SYMFI LO.....34, 35
SOMAVERT.....250	subvenite starter kit-blue	SYMLINPEN 120.....213
SOOLANTRA.....325	.....122, 127	SYMLINPEN 60.....213
sorafenib tosylate.....52	subvenite starter kit-green	SYMPAZAN.....134, 136
sotalol hcl 68, 93, 98, 100, 108	.....123, 127	SYMPROIC.....198, 206
sotalol hcl (af)	subvenite starter kit-orange	SYMTUZA.....36, 37, 284
..... 68, 93, 98, 100, 108	.....123, 127	SYNALAR.....316
SOTYKTU.....319, 329	SUCRAID.....186	SYNAPRYN FUSEPAQ.....151
SOTYLIZE....68, 93, 98, 100, 108	sucralfate.....208	SYNAREL.....235
SOVALDI.....31	SUFLAVE.....202	SYNDROS.....199, 206
SPEEDY SWAB COVID-19	SULAR.....103	SYNJARDY.....216, 249
ANTIGEN.....176	SULCONAZOLE NITRATE....309	SYNJARDY XR.....216, 249
SPEVIGO.....318	sulfacetamide sodium .. 189, 305	TABLOID.....52
SPIKEVAX.....60	sulfacetamide sodium (acne)	TABRADOL FUSEPAQ.....66
spinosad.....325	.....305	TABRECTA.....52
SPIRIVA HANDIHALER....64, 288	sulfacetamide sodium	TACLONEX.....311, 316, 329
SPIRIVA RESPIMAT.....64, 288	(cleans).....305	tacrolimus.....281, 318, 329
spironolactone	sulfacetamide sodium-sulfur	tadalafil.....110, 296
.....87, 106, 110, 111, 180	.....305, 321	tadalafil (pah).....110, 296, 299
spironolactone-hctz	sulfacetamide sod-sulfur	TADLIQ.....110, 296, 299
.....106, 111, 184	wash.....305, 321	TAFINLAR.....52
SPORANOX.....29	sulfacetamide-prednisolone	tafluprost (pf).....197
SPRAVATO (56 MG DOSE)	.....189, 194	TAGRISSO.....52
.....124, 143	sulfacetamide-sulfur in urea	take action.....223, 246
SPRAVATO (84 MG DOSE)	.....306, 321	TAKHZYRO.....86, 269, 281
.....124, 143	SULFACLEANSE 8/4.....306, 321	TALZENNA.....52
sprintec 28.....223, 233, 246	sulfadiazine.....41	tamoxifen citrate.....52, 225
SPRITAM.....122	sulfamethoxazole-	tamsulosin hcl.....70
SPRIX.....147, 158, 196	trimethoprim.....27, 41, 42, 43	TAPERDEX 12-DAY.....212
SPRYCEL.....52	sulfamez wash.....306, 321	TAPERDEX 6-DAY.....212, 213
SPS.....17, 179, 262	SULFAMYLLON.....306, 323	TAPERDEX 7-DAY.....213
sronyx.....223, 233, 246	sulfasalazine	tarina 24 fe.....223, 233, 246
ssd.....308, 323	.....42, 200, 254, 274, 279	tarina fe 1/20 eq....223, 233, 246
SSKI.....293	sulfatrim pediatric.....27, 42, 43	TARPEYO.....213
sss 10-5.....305, 321	sulfurated lime.....325	TASIGNA.....53
SSS 10-5.....305, 321	sulindac.....147, 158	tasimelteon.....131, 143
	sumatriptan.....160	tavaborole.....324
	sumatriptan succinate.....160	TAVALISSE.....74

TAVNEOS.....	253, 269	THROMBOGEN.....	80	tramadol hcl er.....	151
taysofy	223, 233, 246	THYQUIDITY.....	252	tramadol-acetaminophen	
tazarotene	321, 329, 330	thyroid	252	.....	118, 145, 151
TAZAROTENE.....	321, 329	tiadylt er	94, 95, 101, 113	trandolapril	90, 91
TAZORAC.....	322, 330	tiagabine hcl	123, 141	trandolapril-verapamil hcl er	
TAZVERIK.....	53	TIAZAC.....	94, 95, 101, 113	.....	91, 95
TDVAX.....	56	TIBSOVO.....	53	tranexamic acid	80
TECHLITE LANCETS 26G.....	173	TIKOSYN.....	101	tranylcyromine sulfate	143
TEGLUTIK.....	114, 138	tilia fe	223, 233, 246	travoprost (bak free)	197
TEGRETOL.....	123, 127	timolol maleate		trazodone hcl	162
TEGRETOL-XR.....	123, 127	.....	68, 93, 98, 100, 108, 129, 191	TRECTOR.....	28
TEGSEDI.....	263	timolol maleate (once-daily)	191	TRELEGY ELLIPTA	
TEKTURNA.....	111	timolol maleate pf	191	.....	64, 71, 72, 213
telmisartan	88, 89	TIMOPTIC OCUDOSE.....	191	TREMFYA.....	254, 255, 318, 330
telmisartan-amlodipine	89, 103	tinidazole	27	tretinoin	53, 311, 312
telmisartan-hctz	89, 184	tiopronin	284	tretinoin microsphere	311
temazepam	136	TIROSINT.....	252	tretinoin microsphere pump	311
TEMBEXA.....	38	TIROSINT-SOL.....	252	TRETTEN.....	80
temozolomide	53	TISSEEL.....	311, 330	TREXALL..	53, 255, 274, 279, 281
TENCON.....	118, 133, 145	TIVICAY.....	33	TREZIX.....	118, 146, 151, 157
TENIVAC.....	56	TIVICAY PD.....	33	triamcinolone acetonide	317
tenofovir disoproxil fumarate	36	tizanidine hcl	66	triamterene	87, 111, 180
TEPMETKO.....	53	TOBI PODHALER.....	23, 189	triamterene-hctz	180, 184
terazosin hcl	68, 88, 93	TOBRADEX.....	189, 194	triazolam	136
terbinafine hcl	22	TOBRADEX ST.....	189, 194	TRICITRASOL.....	74
terbutaline sulfate	71, 298	tobramycin	23, 189	tricitrates	177
terconazole	309, 310	tobramycin-dexamethasone		triderm	317
teriflunomide	253, 279	.....	189, 194	trientine hcl	209
TERIPARATIDE		TOBREX.....	189	tri-estarylla	223, 233, 246
(RECOMBINANT).....	237, 263	TOLAK.....	53, 301, 330	trifluoperazine hcl	154
terrell	141	tolcapone	137	trifluridine	190
TESTIM.....	214	tolmetin sodium	147	trihexyphenidyl hcl	65, 119
testosterone	214	tolterodine tartrate	331	TRIJARDY XR.....	217, 225, 249
testosterone cypionate	214	tolterodine tartrate er	331	TRIKAFTA.....	291, 292
testosterone enanthate	214	tolvaptan	184, 185	tri-legest fe	223, 233, 246
tetrabenazine	164	TOPAMAX.....	123, 129	TRILEPTAL.....	123, 142
tetracaine hcl	196	TOPAMAX SPRINKLE....	123, 129	tri-linyah	223, 233, 246
tetracycline hcl	26, 43, 201	TOPICORT.....	316	tri-lo-estarylla	223, 233, 246
TEXACORT.....	316	topiramate	123, 129, 130	tri-lo-marzia	223, 233, 246
TEZSPIRE.....	293, 297	toremifene citrate	53, 225	tri-lo-mili	223, 233, 246
THALITONE.....	87, 111, 184	torpenz	53	tri-lo-sprintec	223, 233, 246
THALOMID.....	279	torsemide	87, 106, 179	trimethobenzamide hcl	200
THEO-24.....	104, 156, 178, 301, 331	TOSYMRA.....	160	trimethoprim	43
theophylline		TOUJEO MAX SOLOSTAR....	237	tri-mili	223, 233, 246
.....	104, 156, 178, 301, 332	TOUJEO SOLOSTAR.....	237	trimipramine maleate	163
theophylline er		tovet	316	TRINATE.....	83, 334, 337
.....	104, 156, 178, 301, 331	TPOXX.....	28	TRINTELLIX.....	162
THIOLA.....	284	TRACLEER.....	113, 114, 292, 300	tri-nymyo	223, 233, 246
THIOLA EC.....	284	TRADJENTA.....	225	TRIPLE COMPLEX FORMULA	
thioridazine hcl	154	tramadol hcl	151	3 KIT.....	307, 324, 330
thiothixene	162	TRAMADOL HCL (ER		TRIPLE PMB.....	189, 194, 196
THROMBIN-JMI.....	80	BIPHASIC).....	151	TRIPLE PMK.....	189, 194, 196
THROMBIN-JMI EPISTAXIS....	80	tramadol hcl (er biphasic)	151	tri-sprintec	223, 233, 246

TRISTART DHA	ULTANE	VENCLEXTA
..... 83, 182, 284, 334, 337	..... 141	..... 53
TRIUMEQ	UMECTA MOUSSE	VENCLEXTA STARTING
..... 33, 36	..... 322	PACK
TRIUMEQ PD	UNIFINE PROTECT PEN	..... 53
..... 33, 36	NEEDLE	ENELEX
TRI-VI-FLOR	..... 174	..... 330
..... 166, 268, 334, 335, 338, 339	UNISTRIP CONTROL	VENLAFAXINE BESYLATE
TRI-VI-FLORO	..... 174	ER
..... 166, 268, 334, 335, 338, 339	unithroid	..... 159
tri-vite/fluoride	..... 252	venlafaxine hcl
..... 166, 268, 334, 335, 339	UPNEEQ	..... 160
trivora (28)	..... 197	venlafaxine hcl er
..... 223, 233, 246	UPTRAVI	..... 159
tri-vylibra	..... 300	VENTAVIS
..... 223, 234, 247	UPTRAVI TITRATION	..... 114, 297, 300
tri-vylibra lo	..... 300	VEOZAH
..... 223, 234, 247	URAMAXIN	..... 138
tropium chloride	..... 322	verapamil hcl
..... 331	urea	..... 94, 95, 101, 114
tropium chloride er	..... 322	verapamil hcl er
..... 331	urea nail	..... 94, 95, 101, 114
TRUE COVER	..... 322	VEREGEN
..... 286	URELLE	..... 322, 330
TRUE FOLIC ACID	..... 43, 65, 118, 284	VERELAN
..... 338	UREMEZ-40	..... 94, 95, 101, 114
true laxative	..... 322	VERELAN PM
..... 203	uretron d/s	..... 94, 95, 101, 114
TRUE METRIX LEVEL 1	..... 43, 65, 118, 284	VERIFINE INSULIN PEN
..... 173	urin ds	NEEDLE
TRUE METRIX LEVEL 2	..... 43, 65, 118, 285	..... 174
..... 173	UROCIT-K 10	VERIFINE INSULIN SYRINGE
TRUE METRIX LEVEL 3	..... 177	..... 174
..... 174	UROCIT-K 15	VERIFINE PLUS PEN
TRULANCE	..... 177	NEEDLE
..... 198, 206	UROCIT-K 5	..... 174
TRULICITY	..... 177	VERIFINE SAFE LANCET
..... 236	UROGESIC-BLUE	..... 174
TRUMENBA	..... 44, 65, 285	MINI 21G
..... 60	ursodiol	..... 174
TRUQAP	..... 203	VERIFINE SAFE LANCET
..... 53	URSODIOL+SYRSPEND SF	..... 174
TRUVADA	..... 203	MINI 23G
..... 36	valacyclovir hcl	..... 174
TUKYSA	..... 38	VERIFINE SAFE LANCET
..... 53	VALCHLOR	..... 174
TURALIO	..... 301, 330	MINI 28G
..... 53	valganciclovir hcl	..... 174
turpentine	..... 38	VERIFINE SAFE LANCET
..... 310	valproic acid	..... 174
turqoz	..... 123, 127, 130, 141	MINI 30G
..... 223, 234, 247	VALSARTAN	..... 174
TUXARIN ER	..... 88, 89	VERIFINE SHARPS
..... 19, 20, 289	valsartan	CONTAINER
TWINRIX	..... 88, 89	..... 174
..... 60	valsartan-	VERQUOVO
TWIRLA	hydrochlorothiazide	..... 98, 114
..... 223, 234, 247	..... 89, 184	VERSACLOZ
TWYNEO	VALTOCO	..... 132
..... 312, 323	..... 134	VERSAPENN (AL) ANHYD
TYBLUME	VANCOGIN	LIPID
..... 223, 234, 247	..... 30	..... 287
TYBOST	vancomycin hcl	VERZENIO
..... 284	..... 30	..... 54
tydemy	VANCOMYCIN+SYRSPEND	VESICARE
..... 223, 234, 247, 338	SF	..... 331
TYMLOS	..... 30	VESICARE LS
..... 237, 263	VANFLYTA	..... 331
TYRVAYA	..... 53	vestura
..... 195	VANISH	..... 224, 234, 247
TYVASO	..... 166, 268	VFEND
..... 114, 296, 300	VAQTA	..... 29
TYVASO DPI INSTITUTIONAL	..... 60	VIBERZI
KIT	vardenafil hcl	..... 199, 206
..... 114, 296, 300	..... 110	VIBRAMYCIN
TYVASO DPI MAINTENANCE	varenicline tartrate	..... 26, 43
KIT	..... 61, 66	vienna
..... 114, 296, 300	varenicline tartrate (starter)	..... 224, 234, 247
TYVASO DPI TITRATION KIT	..... 61, 66	vigabatrin
..... 114, 296, 300	varenicline tartrate(continue)	..... 123, 141
TYVASO REFILL KIT	..... 61, 66	vigadrone
..... 114, 297, 300	VARIVAX	..... 123, 141
TYVASO STARTER KIT	..... 60	VIGAMOX
..... 114, 297, 300	VAXELIS	..... 189
UBRELVY	..... 56, 57, 60	vigpoder
..... 136	VAXNEUVANCE	..... 123, 141
UCERIS	..... 60	VIJOICE
..... 213	VCF VAGINAL	..... 285
UDENYCA	CONTRACEPTIVE	vilazodone hcl
..... 77	..... 286	..... 162
	VECAMEYL	VILEVEV MB
	..... 111	..... 44, 65, 118, 285
	velivet	VIMPAT
	..... 224, 234, 247	..... 123, 142
	VELPHORO	VINATE ONE
	..... 179	..... 83, 334, 338
	VELTASSA	VIOKACE
	..... 179	..... 186, 204

viorele	224, 234, 247	VYLEESI.....	138, 209	XOLEGEL DUO/HEAD &	
VIRACEPT.....	37	vylibra	224, 234, 247	SHOULDERS.....	310, 323
VIRAZOLE.....	38	VYNDAMAX.....	96, 138, 285	XOLEGEL DUO/XOLEX.	310, 323
VIREAD.....	36	VYNDAQEL.....	96, 285	XOPENEX HFA.....	72, 299
VISTARIL.....	20, 131	VYTORIN.....	98, 105	XOSPATA.....	54
VISTOGARD.....	18, 262	VYVANSE.....	116, 117	XPHOZAH.....	179, 180, 207
VITAFOL FE+		WAINUA.....	263	XPOVIO (100 MG ONCE	
.....	83, 182, 285, 334, 338	WAKIX.....	164	WEEKLY).....	54
VITAFOL STRIPS.....	335	warfarin sodium	74	XPOVIO (40 MG ONCE	
VITAFOL-NANO.....	83, 335, 338	WEGOVI.....	236	WEEKLY).....	54
VITAFOL-OB+DHA		WELIREG.....	54	XPOVIO (40 MG TWICE	
.....	83, 182, 285, 335, 338	wera	224, 234, 247	WEEKLY).....	54
VITAMEDMD ONE		WESCAP-C DHA		XPOVIO (60 MG ONCE	
RX/QUATREFOLIC		.....	83, 285, 335, 338	WEEKLY).....	54
.....	83, 182, 285, 335, 338	WESCAP-PN DHA		XPOVIO (60 MG TWICE	
VITAMIN C BRIGHTENING		.....	83, 182, 285, 335, 338	WEEKLY).....	54
SERUM.....	310	WESNATAL DHA COMPLETE		XPOVIO (80 MG ONCE	
vitamin d (ergocalciferol)	339	.....	83, 182, 285, 335, 338	WEEKLY).....	54
vitamins acid-fluoride		WESNATE DHA 83, 285, 335, 338		XPOVIO (80 MG TWICE	
.....	166, 268, 335, 339	wes-phos 250 neutral	182	WEEKLY).....	54
VITAPEARL.....	83, 285, 335, 338	WESTGEL DHA		XTAMPZA ER.....	151
VITATHELY WITH GINGER		.....	83, 183, 285, 335, 338	XTANDI.....	54, 55
.....	83, 335, 338	wheat germ oil	339	xulane	224, 234, 247
VITRAKVI.....	54	WIDE-SEAL DIAPHRAGM 60	287	XURIDEN.....	285
VIVAGUARD INO CONTROL		WIDE-SEAL DIAPHRAGM 65	287	XYNTHA.....	81
SOLUTION.....	174	WIDE-SEAL DIAPHRAGM 70	287	XYNTHA SOLOFUSE.....	81
VIVAGUARD LANCETS 30G.	174	WIDE-SEAL DIAPHRAGM 75	287	XYWAV.....	138
VIVAGUARD LANCING		WIDE-SEAL DIAPHRAGM 80	287	YASMIN 28.....	224, 234, 247
DEVICE.....	174	WIDE-SEAL DIAPHRAGM 85	287	YAZ.....	224, 234, 247
VIVAGUARD SAFETY		WIDE-SEAL DIAPHRAGM 90	287	YUPELRI.....	65
LANCETS 28G.....	174	WIDE-SEAL DIAPHRAGM 95	287	yuvaferm	234, 266
VIVJOA.....	29	WILATE.....	81	ZACARE.....	310, 323
VIZIMPRO.....	54	WINREVAIR.....	297	ZACLIR CLEANSING.....	323
VOCABRIA.....	33	wixela inhub	72, 213	zafemy	224, 234, 247
volnea	224, 234, 247	wymzya fe	224, 234, 247	zafirlukast	294
VONJO.....	54	XACIATO.....	306	zaleplon	131, 144
VONVENDI.....	80	XARELTO.....	75	ZANAFLEX.....	66
VOQUEZNA.....	207, 209	XARELTO STARTER PACK.....	75	ZARONTIN.....	162
VOQUEZNA DUAL PAK... 23, 207		XATMEP... 54, 255, 274, 279, 281		ZARXIO.....	77
VOQUEZNA TRIPLE PAK		XCOPRI.....	124, 142	ZAVZPRET.....	136
.....	24, 39, 40, 207	XDEMYV.....	190	ZEGALOGUE..... 17, 18, 235, 262	
voriconazole	29	XELJANZ.....	257, 274	ZEJULA.....	55
VORTEX VALVED HOLDING		XELJANZ XR.....	257, 274	ZELAPAR.....	143
CHAMBER.....	174	XELPROS.....	197	ZELBORAF.....	55
VOSEVI.....	31, 32	XELSTRYM.....	117	ZEMBRACE SYMTOUCH.....	160
VOWST.....	206, 285	XENICAL.....	206	ZEMPLAR.....	339
VOXZOGO.....	285	XERMELO.....	199	zenatane	322, 330
VP FC KIT.....	66, 324, 330	XIFAXAN.....	41	ZENPEP.....	186, 204
VP GKL KIT.....	307, 324, 330	XIIDRA.....	190, 194	ZENPHOR WOUND PAD.....	330
VRAYLAR.....	132	XOFLUZA (40 MG DOSE).....	28	ZEPATIER.....	31, 32
VTAMA.....	306, 311, 330	XOFLUZA (80 MG DOSE).....	28	ZEPBOUND.....	119, 236
VUSION.....	308, 310, 317	XOLAIR.....	297, 298	ZEPOSIA.....	279
vyfemla	224, 234, 247	XOLEGEL COREPAK.....	310, 317		

ZEPOSIA 7-DAY STARTER PACK.....	279
ZEPOSIA STARTER KIT	279
ZETONNA	194
ZIAGEN.....	36
zidovudine	36
zileuton er	294
ZILXI.....	306
ZIMHI.....	18, 152, 262
ZIOPTAN.....	197
ziprasidone hcl	127, 132
ZIPSOR.....	147
ZIRGAN.....	190
ZITHROMAX.....	39, 40
ZITHROMAX TRI-PAK.....	39, 40
ZITHROMAX Z-PAK.....	39, 40
ZOKINVY.....	185, 285, 286
ZOLINZA.....	55
zolmitriptan	160
ZOLPIDEM TARTRATE ..	131, 144
zolpidem tartrate	131, 144
zolpidem tartrate er	131, 144
ZOMIG.....	160
ZONEGRAN.....	124, 142
ZONISADE.....	124, 142
zonisamide	124, 142
ZONTIVITY	85
ZORYVE.....	295, 319, 324, 330
zovia 1/35 (28)	224, 234, 247
ZOVIRAX.....	308
ZTALMY	124, 141
ZTLIDO	260
ZUBSOLV.....	152, 153
zumandimine	224, 234, 247
ZURZUVAE.....	124
ZYDELIG.....	55
ZYFLO	294
ZYLET.....	190, 194
ZYPITAMAG	106
ZYVOX.....	40