



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

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 All previous versions of this PDL are no longer in effect.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

This PDL can also be accessed online at uhc.com/CA-LargeGroup-4TESS-DMHC-Current. 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:

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

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

Updated 9/1/2024

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
Prescription delivery options	9
How do I locate and fill a prescription through the mail order pharmacy?	10
How do I locate and fill a prescription at a specialty pharmacy?	10
How do I get updated information about my pharmacy benefit?	11
Nondiscrimination notice and access to communication services ..	12
Prescription drug list	16

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

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

When does the PDL change?

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

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

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

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

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

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

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

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

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

- Abortion*
- COVID-19

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

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

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

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

Your right to request access to a non-formulary drug

This plan must cover all medically necessary Prescription Drug Products.

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

Urgent requests

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

External review

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

Expedited external review

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

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

Requesting a prior authorization or step therapy exception

Before certain Prescription Drug Products are dispensed to you, your prescribing provider or your pharmacist is required to obtain prior authorization or step therapy exception from us. Your prescribing provider can submit a request by phone to Optum Rx® or electronically by contacting us at uhcprovider.com. The Prior Authorization staff of qualified pharmacists and technicians is available Monday – Friday from 5 a.m. – 10 p.m. 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 > *Pharmacies & Prescriptions* > *Find a pharmacy* for an up-to-date list.

Prescription delivery options

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

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

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

E-prescribe

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

Ordering prescriptions for home delivery

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

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

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

You have two options:

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

Designated pharmacies

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

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

How do I get updated information about my pharmacy benefit?

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

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

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

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

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

Learn more

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

Nondiscrimination notice and access to communication services

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

Internet Website: www.hmohelp.ca.gov

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

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

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

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

English

IMPORTANT LANGUAGE INFORMATION:

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

Spanish

INFORMACIÓN IMPORTANTE SOBRE IDIOMAS:

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

Chinese

重要語言資訊：

您可能有資格享有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 ծրագիրը՝ 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 Cancer43
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES - DRUGS FOR THE IMMUNE SYSTEM 53
AUTONOMIC DRUGS 58
AUTONOMIC DRUGS - Drugs for the Nervous System59
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood69
CARDIOVASCULAR DRUGS..... 83
CARDIOVASCULAR DRUGS - Drugs for the Heart..... 84
CENTRAL NERVOUS SYSTEM AGENTS 110
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System110
DENTAL AGENTS - Oral Care149
DEVICES - Medical Supplies and Durable Medical Equipment..... 151
DIAGNOSTIC AGENTS 160
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants 162
ELECTROLYTIC, CALORIC, AND WATER BALANCE 162
ENZYMES171
EYE, EAR, NOSE AND THROAT (EENT) PREPS.172
GASTROINTESTINAL DRUGS 183
GASTROINTESTINAL DRUGS - Drugs for the Stomach 183
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron192
HORMONES AND SYNTHETIC SUBSTITUTES 193
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones193
IMMUNOMODULATORY AGENTS (90:00)233
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing240
MISCELLANEOUS THERAPEUTIC AGENTS241
NONHORMONAL CONTRACEPTIVES - Drugs for Women 265
OXYTOCICS - Drugs for Women.....266
PHARMACEUTICAL AIDS267
RESPIRATORY TRACT AGENTS267
RESPIRATORY TRACT AGENTS - Drugs for the Lungs267
SKIN AND MUCOUS MEMBRANE AGENTS279
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin280
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles305
VITAMINS306

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	SL (2 intranasal devices per prescription.)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (glucagon)	2	SL (2 intranasal devices per prescription.)
CHEMET ORAL CAPSULE 100 MG (succimer)	2	
DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	3	SMCS; SP
glucagon emergency kit injection kit 1 mg	2	SL (2 boxes per prescription.)
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	SL (2 boxes per prescription.)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML (glucagon)	2	M; SL (0.2 ml per prescription.)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML (glucagon)	2	M; SL (0.4 ml per prescription.)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML (glucagon)	2	M; SL (0.2 ml per prescription.)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML (glucagon)	2	M; SL (0.4 ml per prescription.)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (glucagon)	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (glucagon)	2	

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 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	
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	3	SMCS; SP
phytonadione oral tablet 5 mg	3	SL (5 tablets per prescription.)
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	2	PA
sevelamer carbonate oral tablet 800 mg	2	
sodium polystyrene sulfonate oral powder	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
SPS ORAL SUSPENSION 15 GM/60ML (sodium polystyrene sulfonate)	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (dasiglucagon hcl)	2	SL (1.2 ml per prescription.)
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (dasiglucagon hcl)	2	SL (1.2 ml per prescription.)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (naloxone hcl)	2	SL (1 ml per prescription.)
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)	3	SL (20 packets per prescription.)
ANTIHISTAMINE DRUGS - Drugs for Allergy		
ANTIHISTAMINE DRUGS - Drugs for Allergy		
promethazine hcl oral tablet 25 mg	1	
ETHANOLAMINE DERIVATIVES - Drugs for Allergy		
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
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		
carbinoxamine maleate oral solution 4 mg/5ml	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
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	3	PA; SL (360 ml per month.)
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	
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; SL (360 ml per month.)
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
promethazine-phenylephrine oral syrup 6.25-5 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	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (chlorpheniramine-codeine)	3	PA; SL (10 tablets per prescription and 30 tablets per month.)
VISTARIL ORAL CAPSULE 25 MG (hydroxyzine pamoate)	4	
OTHER ANTIHISTAMINES - Drugs for Allergy		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 %	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; SL (360 ml per month.)
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
PROPYLAMINE DERIVATIVES - Drugs for Allergy		
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	3	PA; SL (360 ml per month.)
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	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (chlorpheniramine-codeine)	3	PA; SL (10 tablets per prescription and 30 tablets per month.)
SECOND GENERATION ANTIHISTAMINES - Drugs for Allergy		
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (lodoxamide tromethamine)	3	
epinastine hcl ophthalmic solution 0.05 %	4	SL (5 ml per prescription)
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	3	
levocetirizine dihydrochloride oral tablet 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefixime oral capsule 400 mg	3	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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
HUMATIN ORAL CAPSULE 250 MG (paromomycin sulfate)	2	
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 %	2	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (chlorhexidine gluconate)	4	
periogard mouth/throat solution 0.12 %	1	
VANDAZOLE VAGINAL GEL 0.75 % (metronidazole)	4	
AMINOGLYCOSIDE ANTIBIOTICS - Antibiotics		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (amikacin sulfate liposome)	4	PA; SL (8.4 ml per day.); SMCS; SP
HUMATIN ORAL CAPSULE 250 MG (paromomycin sulfate)	2	
neomycin sulfate oral tablet 500 mg	1	
tobramycin inhalation nebulization solution 300 mg/4ml	3	PA; SL (224 ml per 56 days.); SMCS; SP
AMINOMETHYLCYCLINES - Antibiotics		
NUZYRA ORAL TABLET 150 MG (omadacycline tosylate)	4	SL (30 tablets per prescription.)
AMINOPENICILLIN ANTIBIOTICS - Antibiotics		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet chewable 125 mg, 250 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 400-57 mg	1	
ampicillin oral capsule 500 mg	1	
OMECLAMOX-PAK ORAL 500-500-20 MG (amoxicillin-clarithro-omeprazole)	4	SL (1 carton (10 administrative cards, 80 tablets) per 6 months.)
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (amoxicillin-vonoprazan)	4	ST; SL (112 tablets per 180 days.)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (amoxicillin-clarithro-vonoprazan)	4	ST; SL (112 tablets per 180 days.)
ANTHELMINTICS - Drugs for Parasites		
albendazole oral tablet 200 mg	3	PA; 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	PA; SL (6 tablets per 3 days.)
ivermectin oral tablet 3 mg	1	PA; SL (20 tablets per 3 months.)
praziquantel oral tablet 600 mg	2	
STROMECTOL ORAL TABLET 3 MG (ivermectin)	4	PA; SL (20 tablets per 3 months.)
ANTIFUNGALS, MISCELLANEOUS - Drugs for Fungus		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTILEPROSY AGENTS - Antibiotics		
dapsone oral tablet 100 mg, 25 mg	2	
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	2	
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
doxycycline hyclate oral capsule 100 mg, 50 mg	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	3	
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	SL (2 tablets per prescription.)
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	
mondoxyne nl oral capsule 100 mg	1	
primaquine phosphate oral tablet 26.3 (15 base) mg	1	
pyrimethamine oral tablet 25 mg	3	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
quinine sulfate oral capsule 324 mg	1	
tetracycline hcl oral capsule 250 mg, 500 mg	3	
VIBRAMYCIN ORAL CAPSULE 100 MG (doxycycline hyclate)	4	
ANTIMYCOBACTERIALS, MISCELLANEOUS - Antibiotics		
dapsone oral tablet 100 mg, 25 mg	2	
ANTIPROTOZOALS, CRYPTOSPORIDIOSIS - Drugs for the Mouth and Throat		
nitazoxanide oral tablet 500 mg	2	SL (6 tablets per prescription.)
ANTIPROTOZOALS, MISCELLANEOUS - Drugs for the Mouth and Throat		
atovaquone oral suspension 750 mg/5ml	2	
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 (240 tablets per 720 days.)
BENZNIDAZOLE ORAL TABLET 12.5 MG	2	PA; SL (720 tablets per 720 days.)
dapsone oral tablet 100 mg, 25 mg	2	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (metronidazole benzoate)	3	PA
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	
nitazoxanide oral tablet 500 mg	2	SL (6 tablets per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pentamidine isethionate inhalation solution reconstituted 300 mg	2	
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	3	
ANTIPROTOZOALS,NITROIMIDAZOLE-DERIVATIVE - Drugs for the Mouth and Throat		
tinidazole oral tablet 250 mg, 500 mg	3	
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	2	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
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	
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin hcl oral tablet 400 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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)	3	SM
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (nirmatrelvir-ritonavir)	3	SM
PREVYMIS ORAL TABLET 240 MG, 480 MG (letermovir)	3	PA
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	
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	2	SL (1800 ml per 365 days)
ketoconazole oral tablet 200 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	2	SL (20 ml per day.)
posaconazole oral tablet delayed release 100 mg	2	
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	SL (300 mL per prescription.)
VFEND ORAL TABLET 200 MG (voriconazole)	4	SL (62 tablets per prescription.)
VFEND ORAL TABLET 50 MG (voriconazole)	3	SL (124 tablets per prescription)
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (oteseconazole)	3	PA; SL (18 capsules per 84 days.)
voriconazole oral suspension reconstituted 40 mg/ml	1	SL (300 mL per prescription.)
voriconazole oral tablet 200 mg	1	SL (62 tablets per prescription.)
voriconazole oral tablet 50 mg	1	SL (124 tablets per prescription)
ENDONUCLEASE INHIBITORS - Drugs for Viral Infections		
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.)
ERYTHROMYCIN ANTIBIOTICS - Antibiotics		
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (erythromycin ethylsuccinate)	3	
ery external pad 2 %	1	
ERYGEL EXTERNAL GEL 2 % (erythromycin)	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (erythromycin ethylsuccinate)	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (erythromycin ethylsuccinate)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG (erythromycin base)	4	
erythromycin base oral capsule delayed release particles 250 mg	1	
erythromycin base oral tablet 250 mg, 500 mg	1	
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	3	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
erythromycin ethylsuccinate oral tablet 400 mg	1	
erythromycin external gel 2 %	1	
erythromycin external solution 2 %	1	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	3	
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)	3	PA; SL (2 packets per day and 84 packets per 720 days.); SMCS; SP
EPCLUSA ORAL PACKET 200-50 MG (sofosbuvir-velpatasvir)	3	PA; SL (1 packet per day and 84 packets per 720 days.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPCLUSA ORAL TABLET 200-50 MG (sofosbuvir-velpatasvir)	3	PA; SL (1 tablet per day.); SMCS; SP
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	3	PA; SL (84 tablets per 720 days.); SMCS; SP
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (ledipasvir-sofosbuvir)	3	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)	3	PA; ST; SL (84 tablets per 720 days.); SMCS
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	3	PA; ST; SL (56 tablets per 720 days.); SMCS
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	3	PA; ST; SL (56 tablets per 720 days.); SMCS
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	3	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
VOSEVI ORAL TABLET 400-100-100 MG (sofosbuv-velpatasv-voxilaprev)	3	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)	3	PA; SL (5 packets per day and 280 packets per 720 days.); SMCS; SP
MAVYRET ORAL TABLET 100-40 MG (glecaprevir-pibrentasvir)	3	PA; SL (168 tablets per 720 days.); SMCS; SP
VOSEVI ORAL TABLET 400-100-100 MG (sofosbuv-velpatasv-voxilaprev)	3	PA; SL (84 tablets per 720 days.); SMCS; SP
ZEPATIER ORAL TABLET 50-100 MG (elbasvir-grazoprevir)	3	PA; SL (84 tablets per 720 days (12 weeks).); 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
HCV REPLICATION COMPLEX INHIBITORS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG (sofosbuvir-velpatasvir)	3	PA; SL (2 packets per day and 84 packets per 720 days.); SMCS; SP
EPCLUSA ORAL PACKET 200-50 MG (sofosbuvir-velpatasvir)	3	PA; SL (1 packet per day and 84 packets per 720 days.); SMCS; SP
EPCLUSA ORAL TABLET 200-50 MG (sofosbuvir-velpatasvir)	3	PA; SL (1 tablet per day.); SMCS; SP
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	3	PA; SL (84 tablets per 720 days.); SMCS; SP
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (ledipasvir-sofosbuvir)	3	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)	3	PA; ST; SL (84 tablets per 720 days.); SMCS
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	3	PA; ST; SL (56 tablets per 720 days.); SMCS
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	3	PA; ST; SL (56 tablets per 720 days.); SMCS
MAVYRET ORAL PACKET 50-20 MG (glecaprevir-pibrentasvir)	3	PA; SL (5 packets per day and 280 packets per 720 days.); SMCS; SP
MAVYRET ORAL TABLET 100-40 MG (glecaprevir-pibrentasvir)	3	PA; SL (168 tablets per 720 days.); SMCS; SP
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	3	PA; SL (84 tablets per 720 days.); SMCS; SP
VOSEVI ORAL TABLET 400-100-100 MG (sofosbuvir-velpatasvir-voxilaprevir)	3	PA; SL (84 tablets per 720 days.); SMCS; SP
ZEPATIER ORAL TABLET 50-100 MG (elbasvir-grazoprevir)	3	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.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	2	PA
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	2	SL (6 tablets 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
HIV NONNUCLEOSIDE REV.TRANSSCRIP. INHIB. - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (bictegravir-emtricitab-tenofov)	3	SL (1 tablet per day.)
COMPLERA ORAL TABLET 200-25-300 MG (emtricitab-rilpivir-tenofovir)	3	SL (1 tablet per day.)
DELSTRIGO ORAL TABLET 100-300-300 MG (doravirin-lamivudin-tenofov df)	2	SL (1 tablet per day.)
EDURANT ORAL TABLET 25 MG (rilpivirine hcl)	2	
efavirenz oral capsule 200 mg, 50 mg	2	
efavirenz oral tablet 600 mg	2	
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	2	SL (1 tablet per day.)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	2	SL (1 tablet per day.)
etravirine oral tablet 100 mg, 200 mg	2	
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	3	
nevirapine oral suspension 50 mg/5ml	1	
nevirapine oral tablet 200 mg	1	
ODEFSEY ORAL TABLET 200-25-25 MG (emtricitab-rilpivir-tenofov 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	2	SL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (bictegravir-emtricitab-tenofovir)	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.)
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	2	SL (1 tablet per day.)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	2	SL (1 tablet per day.)
emtricitabine oral capsule 200 mg	2	
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 SOLUTION 10 MG/ML (emtricitabine)	2	
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.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SYMFI ORAL TABLET 600-300-300 MG (efavirenz-lamivudine-tenofovir)	2	SL (1 tablet per day.)
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	2	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	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	
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	2	
darunavir oral tablet 600 mg, 800 mg	1	
EVOTAZ ORAL TABLET 300-150 MG (atazanavir-cobicistat)	2	
fosamprenavir calcium oral tablet 700 mg	2	
KALETRA ORAL SOLUTION 400-100 MG/5ML (lopinavir-ritonavir)	4	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (lopinavir-ritonavir)	4	
lopinavir-ritonavir oral solution 400-100 mg/5ml	2	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	2	
NORVIR ORAL PACKET 100 MG (ritonavir)	2	
PREZCOBIX ORAL TABLET 800-150 MG (darunavir-cobicistat)	2	
PREZISTA ORAL SUSPENSION 100 MG/ML (darunavir)	2	

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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	2	
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		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (peginterferon alfa-2a)	3	M; SMCS; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (peginterferon alfa-2a)	3	M; SMCS; SP
LINCOMYCIN ANTIBIOTICS - Antibiotics		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG (clindamycin hcl)	4	
CLEOCIN ORAL CAPSULE 75 MG (clindamycin hcl)	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (clindamycin palmitate hcl)	4	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	2	
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	
NEURAMINIDASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	2	
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (zanamivir)	3	
NITROIMIDAZOLE DERIVATIVE, ANTI-LEISHMAL - Drugs for the Mouth and Throat		
IMPAVIDO ORAL CAPSULE 50 MG (miltefosine)	2	PA; SL (3 capsules per day.)
NITROIMIDAZOLE DERIVATIVE, TRYPANOCIDAL - Drugs for the Mouth and Throat		
BENZNIDAZOLE ORAL TABLET 100 MG	2	PA; SL (240 tablets per 720 days.)
BENZNIDAZOLE ORAL TABLET 12.5 MG	2	PA; SL (720 tablets per 720 days.)
NITROIMIDAZOLE DERIVATIVES, MISC - Drugs for the Mouth and Throat		
LIKMEZ ORAL SUSPENSION 500 MG/5ML (metronidazole)	4	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - Drugs for Viral Infections		
acyclovir external ointment 5 %	3	SL (15 grams per prescription.)
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	3	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (entecavir)	2	
COMPLERA ORAL TABLET 200-25-300 MG (emtricitabine- rilpivir-tenofovir)	3	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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
entecavir oral tablet 0.5 mg, 1 mg	2	
famciclovir oral tablet 125 mg, 500 mg	2	
famciclovir oral tablet 250 mg	2	SL (62 tablets per prescription.)
LAGEVRIO ORAL CAPSULE 200 MG (molnupiravir)	3	SM
ODEFSEY ORAL TABLET 200-25-25 MG (emtricitab-rilpivir-tenofov af)	3	SL (1 tablet per day.)
ribavirin inhalation solution reconstituted 6 gm	3	
ribavirin oral capsule 200 mg	1	
TEMBEXA ORAL SUSPENSION 10 MG/ML (brincidofovir)	4	
TEMBEXA ORAL TABLET 100 MG (brincidofovir)	4	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (emtricitabine-tenofovir df)	4	SL (1 tablet per day.)
valacyclovir hcl oral tablet 1 gm	1	SL (31 tablets per prescription)
valacyclovir hcl oral tablet 500 mg	1	SL (62 tablets per prescription.)
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		
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	2	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
clarithromycin oral tablet 250 mg, 500 mg	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (fidaxomicin)	4	SL (136 mL per 10 days.)
DIFICID ORAL TABLET 200 MG (fidaxomicin)	4	SL (20 tablets per 7 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OMECLAMOX-PAK ORAL 500-500-20 MG (amoxicill-clarithro-omeprazole)	4	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	ST; 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		
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	2	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
clarithromycin oral tablet 250 mg, 500 mg	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (fidaxomicin)	4	SL (136 mL per 10 days.)
DIFICID ORAL TABLET 200 MG (fidaxomicin)	4	SL (20 tablets per 7 days)
OMECLAMOX-PAK ORAL 500-500-20 MG (amoxicill-clarithro-omeprazole)	4	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	ST; 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZITHROMAX Z-PAK ORAL TABLET 250 MG (azithromycin)	4	
OXAZOLIDINONE ANTIBIOTICS - Antibiotics		
linezolid oral suspension reconstituted 100 mg/5ml	2	
linezolid oral tablet 600 mg	2	
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	
flucytosine oral capsule 250 mg, 500 mg	1	
QUINOLONE ANTIBIOTICS - Antibiotics		
BAXDELA ORAL TABLET 450 MG (delafloxacin meglumine)	4	
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 ophthalmic solution 1.5 %	1	
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	3	
moxifloxacin hcl ophthalmic solution 0.5 %	3	
moxifloxacin hcl oral tablet 400 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (ofloxacin)	4	
ofloxacin ophthalmic solution 0.3 %	1	
ofloxacin oral tablet 300 mg, 400 mg	1	
ofloxacin otic solution 0.3 %	2	
RIFAMYCIN ANTIBIOTICS - Antibiotics		
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
SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - Antibiotics		
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	
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	
demeclocycline hcl oral tablet 150 mg, 300 mg	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	3	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	
mondoxylene nl oral capsule 100 mg	1	
tetracycline hcl oral capsule 250 mg, 500 mg	3	
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	
fosfomycin tromethamine oral packet 3 gm	3	
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	3	
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	

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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)	4	
uretron d/s oral tablet 81.6 mg	4	
urin ds oral tablet 81.6 mg	4	
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)	4	
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	3	PA; SL (4 tablets per day.); SMCS; SP; CM
ALECENSA ORAL CAPSULE 150 MG (alectinib hcl)	3	PA; SL (8 capsules per day.); SMCS; SP; CM
ALUNBRIG ORAL TABLET 180 MG, 90 MG (brigatinib)	3	PA; SL (1 tablet per day.); SMCS; SP; CM
ALUNBRIG ORAL TABLET 30 MG (brigatinib)	3	PA; SL (4 tablets per day.); SMCS; SP; CM
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (brigatinib)	3	PA; SL (30 packs per year.); SMCS; SP; CM
anastrozole oral tablet 1 mg	1	H
AUGTYRO ORAL CAPSULE 40 MG (repotrectinib)	3	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
bexarotene external gel 1 %	4	SL (60 grams per prescription.); SMCS; SP
bexarotene oral capsule 75 mg	3	SMCS; CM
bicalutamide oral tablet 50 mg	1	CM
BOSULIF ORAL CAPSULE 100 MG (bosutinib)	3	PA; ST; SL (3 Capsules per day.); SMCS; SP; CM
BOSULIF ORAL CAPSULE 50 MG (bosutinib)	3	PA; ST; SL (1 Capsule per day.); SMCS; SP; CM
BRUKINSA ORAL CAPSULE 80 MG (zanubrutinib)	4	PA; ST; SL (4 capsules per day.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (cabozantinib s-malate)	3	PA; SL (1 tablet per day.); SMCS; SP; CM
CALQUENCE ORAL TABLET 100 MG (acalabrutinib maleate)	3	PA; SL (2 tablets per day.); SMCS; SP; CM
capecitabine oral tablet 150 mg	2	SL (84 tablets per prescription.); SMCS; SP; CM
capecitabine oral tablet 500 mg	2	SL (140 tablets per prescription.); SMCS; SP; CM
CAPRELSA ORAL TABLET 100 MG (vandetanib)	3	PA; SL (2 tablets per day.); SMCS; SP; CM
CAPRELSA ORAL TABLET 300 MG (vandetanib)	3	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)	3	PA; SL (93 capsules per month.); SMCS; SP; CM
COMETRIQ ORAL KIT 3 X 20 MG & 80 MG (cabozantinib s-malate)	3	PA; SL (124 capsules per month.); SMCS; SP; CM
COMETRIQ ORAL KIT 80 & 20 MG (cabozantinib s-malate)	3	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)	4	PA; SL (63 tablets per 21 days); SMCS; SP; CM
cyclophosphamide oral capsule 25 mg, 50 mg	3	CM
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	3	CM
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	1	PA; ST; SL (1 tablet per day.); SP; CM
dasatinib oral tablet 20 mg	1	PA; ST; SL (2 tablets per day.); SP; CM
DAURISMO ORAL TABLET 100 MG, 25 MG (glasdegib maleate)	3	PA; SL (2 tablets per day.); SMCS; SP; CM
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (hydroxyurea)	3	CM
EFUDEX EXTERNAL CREAM 5 % (fluorouracil)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EMCYT ORAL CAPSULE 140 MG (estramustine phosphate sodium)	3	CM
ERIVEDGE ORAL CAPSULE 150 MG (vismodegib)	3	PA; SL (1 capsule per day.); SMCS; SP; CM
ERLEADA ORAL TABLET 240 MG (apalutamide)	3	PA; SL (1 tablet per day.); SMCS
ERLEADA ORAL TABLET 60 MG (apalutamide)	3	PA; SL (4 tablets per day.); SMCS; SP; CM
erlotinib hcl oral tablet 100 mg, 150 mg	3	PA; SL (1 tablet per day.); SMCS; SP; CM
erlotinib hcl oral tablet 25 mg	3	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	3	PA; SL (2 tablets per day.); SMCS; SP; CM
everolimus oral tablet 2.5 mg, 5 mg	3	PA; SL (1 tablet per day.); SMCS; SP; CM
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	3	PA; SL (1 tablet per day.); SMCS; SP; CM
exemestane oral tablet 25 mg	2	H
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (degarelix acetate)	4	M; SMCS; SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (degarelix acetate)	4	M; SMCS; SP
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
FRUZAQLA ORAL CAPSULE 1 MG (fruquintinib)	4	PA; ST; SL (84 capsules per 21 days.); SMCS; SP; CM
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	4	PA; SL (2 tablets per day.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (afatinib dimaleate)	4	PA; SL (1 tablet per day.); SMCS; SP; CM
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	3	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)	3	PA; SL (15 capsules per 15 days.); SMCS; SP; CM
HYCAMTIN ORAL CAPSULE 1 MG (topotecan hcl)	3	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)	3	PA; SL (21 capsules per month.); SMCS; SP; CM
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (palbociclib)	3	PA; SL (0.75 tablets per day.); SMCS; SP; CM
ICLUSIG ORAL TABLET 10 MG, 30 MG (ponatinib hcl)	4	PA; SL (1 tablet per day.); SMCS; CM
ICLUSIG ORAL TABLET 15 MG, 45 MG (ponatinib hcl)	4	PA; SL (1 tablet per day.); SMCS; SP; CM
IDHIFA ORAL TABLET 100 MG, 50 MG (enasidenib mesylate)	3	PA; SL (1 tablet per day.); SMCS; SP; CM
imatinib mesylate oral tablet 400 mg	1	PA; SL (1 tablet per day.); SMCS; SP; CM
imatinib mesylate tablet 100 mg oral	1	PA; SL (6 tablets per day.); SP; CM
imatinib mesylate tablet 100 mg oral	1	PA; SL (6 tablets per day.); SMCS; SP; CM
IMBRUVICA ORAL CAPSULE 140 MG (ibrutinib)	3	PA; SL (4 capsules per day.); SMCS; SP; CM
IMBRUVICA ORAL CAPSULE 70 MG (ibrutinib)	3	PA; SL (1 capsule per day.); SMCS; SP; CM
IMBRUVICA ORAL SUSPENSION 70 MG/ML (ibrutinib)	3	PA; SL (7.2 ml per day.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IMBRUVICA ORAL TABLET 420 MG (ibrutinib)	3	PA; SL (1 tablet per day.); SMCS; SP; CM
INLYTA ORAL TABLET 1 MG (axitinib)	4	PA; SL (6 tablets per day.); SMCS; SP; CM
INLYTA ORAL TABLET 5 MG (axitinib)	4	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
IRESSA ORAL TABLET 250 MG (gefitinib)	4	PA; SL (2 tablets per day.); SMCS; SP; CM
IWILFIN ORAL TABLET 192 MG (eflornithine hcl)	3	PA; SL (8 tablets per day.); SMCS; SP; CM
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (ruxolitinib phosphate)	3	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
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
KRAZATI ORAL TABLET 200 MG (adagrasib)	4	PA; SL (6 tablets per day.); SMCS; SP; CM
lapatinib ditosylate oral tablet 250 mg	3	PA; SL (186 tablets per prescription); SMCS; SP; CM
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg	3	PA; SL (28 capsules per 21 days.); SMCS; SP; CM
lenalidomide oral capsule 20 mg, 25 mg	3	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)	4	PA; SL (2 capsules per day.); SMCS; SP; CM
LENVIMA ORAL CAPSULE THERAPY PACK 10 MG (lenvatinib mesylate)	4	PA; SL (1 capsule per day.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LENVIMA ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG, 2 X 10 MG & 4 MG (lenvatinib mesylate)	4	PA; SL (3 capsules per day.); SMCS; SP; CM
LENVIMA ORAL CAPSULE THERAPY PACK 3 X 4 MG (lenvatinib mesylate)	3	PA; SL (3 capsules per day.); SMCS; SP; CM
LENVIMA ORAL CAPSULE THERAPY PACK 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)	3	CM
leuprolide acetate injection kit 1 mg/0.2ml	1	PA; M; SMCS
LORBRENA ORAL TABLET 100 MG, 25 MG (lorlatinib)	4	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)	3	PA; SL (4 tablets per day.); SMCS; SP; CM
LYSODREN ORAL TABLET 500 MG (mitotane)	3	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)	3	SMCS; SP; CM
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (cladribine)	4	PA; ST; SL (40 tablets per 720 days.); SMCS
megestrol acetate oral suspension 40 mg/ml	1	
megestrol acetate oral suspension 625 mg/5ml	3	
megestrol acetate oral tablet 20 mg, 40 mg	1	
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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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)	3	CM
NERLYNX ORAL TABLET 40 MG (neratinib maleate)	3	PA; SL (6 tablets per day.); SMCS; SP; CM
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (ixazomib citrate)	3	PA; SL (3 capsules per prescription.); SMCS; SP; CM
NUBEQA ORAL TABLET 300 MG (darolutamide)	3	PA; SL (4 tablets per day.); SMCS; SP; CM
ODOMZO ORAL CAPSULE 200 MG (sonidegib phosphate)	3	PA; SL (1 capsule per day.); SMCS; SP; CM
OGSIVEO ORAL TABLET 100 MG, 150 MG (nirogacestat hydrobromide)	3	PA; SMCS; SP; CM
OGSIVEO ORAL TABLET 50 MG (nirogacestat hydrobromide)	3	PA; SL (6 tablets per day.); SMCS; SP; CM
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML (tovorafenib)	4	PA; SL (96 ml per month.); SMCS; SP; CM
OJEMDA ORAL TABLET 100 MG (tovorafenib)	4	PA; SL (24 tablets per month.); SMCS; SP; CM
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)	3	PA; SL (14 tablets per 24 days.); SMCS; SP; CM
ORGOVYX ORAL TABLET 120 MG (relugolix)	4	PA; SL (1 tablet per day); SMCS; SP; CM
ORSERDU ORAL TABLET 345 MG (elacestrant hydrochloride)	3	PA; SL (1 tablet per day.); SMCS; SP; CM
ORSERDU ORAL TABLET 86 MG (elacestrant hydrochloride)	3	PA; SL (3 tablets per day.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (peginterferon alfa-2a)	3	M; SMCS; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (peginterferon alfa-2a)	3	M; SMCS; SP
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)	3	PA; SL (2 tablets per day.); SMCS; SP; CM
PIQRAY ORAL TABLET THERAPY PACK 200 MG (alpelisib)	3	PA; SL (1 tablet per day.); SMCS; SP; CM
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	4	PA; SL (21 capsules per 21 days.); SMCS; SP; CM
PURIXAN ORAL SUSPENSION 2000 MG/100ML (mercaptopurine)	4	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
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG (selpercatinib)	4	PA; SMCS; SP; CM
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (lenalidomide)	3	PA; SL (28 capsules per 21 days.); SMCS; SP; CM
REVLIMID ORAL CAPSULE 20 MG, 25 MG (lenalidomide)	3	PA; SL (21 capsules per 21 days.); SMCS; SP; CM
REZLIDHIA ORAL CAPSULE 150 MG (olutasidenib)	3	PA; SL (2 capsules per day.); SMCS; CM
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (entrectinib)	3	PA; SL (3 capsules per day.); SMCS; SP; CM
ROZLYTREK ORAL PACKET 50 MG (entrectinib)	2	PA; SMCS; SP; CM
RYDAPT ORAL CAPSULE 25 MG (midostaurin)	3	PA; SL (8 capsules per day.); SMCS; SP; CM
sorafenib tosylate oral tablet 200 mg	3	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.); SP; CM
SPRYCEL ORAL TABLET 20 MG (dasatinib)	4	PA; ST; SL (2 tablets per day.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STIVARGA ORAL TABLET 40 MG (regorafenib)	3	PA; SL (84 tablets per 21 days.); SMCS; SP; CM
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	3	PA; SL (1 capsule per day.); SMCS; SP; CM
TABLOID ORAL TABLET 40 MG (thioguanine)	3	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
TAGRISSE ORAL TABLET 40 MG, 80 MG (osimertinib mesylate)	4	PA; SL (1 tablet per day.); SMCS; SP; CM
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H
TASIGNA ORAL CAPSULE 150 MG, 200 MG (nilotinib hcl)	3	PA; ST; SL (4 capsules per day.); SP; CM
TASIGNA ORAL CAPSULE 50 MG (nilotinib hcl)	3	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
TIBSOVO ORAL TABLET 250 MG (ivosidenib)	3	PA; SL (2 tablets per day.); SMCS; SP; CM
toremifene citrate oral tablet 60 mg	3	CM
torpenz oral tablet 10 mg, 7.5 mg	3	PA; SL (2 tablets per day.); SMCS; SP; CM
torpenz oral tablet 2.5 mg, 5 mg	3	PA; SL (1 tablet per day.); SMCS; SP; CM
tretinoin oral capsule 10 mg	3	SL (279 capsules per prescription.); SMCS; SP; CM
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	2	CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRUQAP ORAL TABLET 160 MG, 200 MG (capivasertib)	3	PA; SL (64 tablets per month.); SP
TUKYSA ORAL TABLET 150 MG (tucatinib)	3	PA; SL (4 tablets per day.); SMCS; SP; CM
TUKYSA ORAL TABLET 50 MG (tucatinib)	3	PA; SL (10 tablets per day.); SMCS; SP; CM
TURALIO ORAL CAPSULE 125 MG (pexidartinib hcl)	3	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)	3	PA; SL (4 tablets per day.); SMCS; SP; CM
VENCLEXTA ORAL TABLET 50 MG (venetoclax)	3	PA; SL (1 tablet per day.); SMCS; SP; CM
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (venetoclax)	3	PA; SL (42 tablets per year.); SMCS; SP; CM
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (abemaciclib)	3	PA; SL (2 tablets per day.); SMCS; SP; CM
VITRAKVI ORAL CAPSULE 100 MG (larotrectinib sulfate)	3	PA; SL (2 capsules per day.); SMCS; SP; CM
VITRAKVI ORAL CAPSULE 25 MG (larotrectinib sulfate)	3	PA; SL (6 capsules per day.); SMCS; SP; CM
VITRAKVI ORAL SOLUTION 20 MG/ML (larotrectinib sulfate)	3	PA; SL (10 mL per day.); SMCS; SP; CM
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (dacomitinib)	4	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	PA; SL (4 ml per day.); CM
XOSPATA ORAL TABLET 40 MG (gilteritinib fumarate)	4	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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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)	3	PA; SL (4 capsules per day.); SMCS; SP; CM
XTANDI ORAL TABLET 40 MG (enzalutamide)	3	PA; SL (4 tablets per day.); SMCS; SP; CM
XTANDI ORAL TABLET 80 MG (enzalutamide)	3	PA; SL (2 tablets per day.); SMCS; SP; CM
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (niraparib tosylate)	3	PA; SL (1 tablet per day.); SMCS; SP; CM
ZELBORAF ORAL TABLET 240 MG (vemurafenib)	3	PA; SL (8 tablets per day.); SMCS; SP; CM
ZOLINZA ORAL CAPSULE 100 MG (vorinostat)	3	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.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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)	4	PA; SL (13 capsules per year.); SMCS; SP
PALFORZIA ORAL 2 X 1 MG & 10 MG, 3 X 1 MG (peanut powder-dnfp)	4	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)	4	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)	4	PA; SL (60 capsules per 13 days.); SMCS; SP
PALFORZIA ORAL 20 MG (peanut powder-dnfp)	4	PA; SL (15 capsules per 13 days.); SMCS; SP
PALFORZIA ORAL 3 X 20 MG & 100 MG (peanut powder-dnfp)	4	PA; SL (60 capsule per 13 days.); SMCS; SP
PALFORZIA ORAL 6 X 1 MG (peanut powder-dnfp)	4	PA; SL (90 capsules per 13 days.); SMCS; SP
PALFORZIA ORAL PACKET 300 MG (peanut powder-dnfp)	4	PA; SL (1 capsule per day.); SMCS; SP
PALFORZIA ORAL PACKET 300 MG (peanut powder-dnfp)	4	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 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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (dtap-ipv-hib-hepatitis b recmb)	3	H
VACCINES - Vaccines		
ABRYSVO 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
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 PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (tetanus-diphth-acell pertussis)	2	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (pneumococcal 21-valent conjuga)	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
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
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
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (influenza virus vacc split pf)	3	H
FLUMIST NASAL LIQUID (influenza virus vaccine live)	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 (hpv 9-valent recomb vaccine)	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (hpv 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
IPOLE 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 PREFILLED SYRINGE 25 MCG/0.25ML (covid-19 mrna virus vaccine)	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
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (measles, mumps & rubella vac)	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 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
AUTONOMIC DRUGS		
SMOKING CESSATION AGENTS		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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, 4 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, 7 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	3	H
varenicline tartrate oral tablet 0.5 mg, 1 mg	3	H
varenicline tartrate(continue) oral tablet 1 mg	3	H
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML (epinephrine)	2	SL (2 pens per prescription.)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML (epinephrine)	2	SL (2 injections per prescription.)
epinephrine hcl (nasal) nasal solution 0.1 %	1	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml	1	SL (2 injections per prescription.)
epinephrine injection solution auto-injector 0.15 mg/0.3ml	1	SL (4 injections per prescription.)
LETS KIT	3	PA
NEFFY NASAL SOLUTION 2 MG/0.1ML (epinephrine)	4	
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	3	
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	3	
METHYLDOPA ORAL TABLET 250 MG, 500 MG	4	PA; ST
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	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	1	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (ipratropium bromide hfa)	3	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.)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (ipratropium-albuterol)	4	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	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	1	PA; SL (120 mL per prescription and 360 ml per month.)
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	1	PA
hydromet oral solution 5-1.5 mg/5ml	1	PA; SL (120 mL per prescription and 360 ml per month.)
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	2	
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	
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	3	
SPIRIVA HANDHALER INHALATION CAPSULE 18 MCG (tiotropium bromide monohydrate)	2	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, 200-62.5-25 MCG/ACT (fluticasone-umeclidin-vilant)	3	SL (2 blisters per day.)
URELLE ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	4	
uretron d/s oral tablet 81.6 mg	4	
urin ds oral tablet 81.6 mg	4	
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)	4	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (revefenacin)	4	PA; SL (3 ml per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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, 4 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, 7 mg/24hr	1	H
NICOTROL INHALATION INHALER 10 MG (nicotine)	4	H
NICOTROL NS NASAL SOLUTION 10 MG/ML (nicotine)	4	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	3	H
varenicline tartrate oral tablet 0.5 mg, 1 mg	3	H
varenicline tartrate(continue) oral tablet 1 mg	3	H
CENTRALLY ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 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
metaxalone oral tablet 400 mg, 800 mg	3	
methocarbamol oral tablet 500 mg, 750 mg	1	
TABRADOL FUSEPAQ ORAL SUSPENSION 1 MG/ML (cyclobenzaprine hcl-msm)	3	PA
TANLOR ORAL TABLET 1000 MG (methocarbamol)	3	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	3	
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	
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	PA
baclofen oral suspension 25 mg/5ml	3	PA
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENOVARX-BACLOFEN EXTERNAL CREAM 1 %	3	PA
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (baclofen)	4	PA
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	PA
INDIRECT-ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	2	
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	
CORGARD ORAL TABLET 20 MG, 40 MG (nadolol)	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	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	2	
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	PA
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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
ergoloid mesylates oral tablet 1 mg	1	
ergotamine-caffeine oral tablet 1-100 mg	3	SL (10 tablets per prescription.)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine-caffeine)	3	
phenoxybenzamine hcl oral capsule 10 mg	2	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - Drugs for Bladder Incontinence		
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, 5 mg	1	
donepezil hcl oral tablet 23 mg	2	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	1	
FIRDAPSE ORAL TABLET 10 MG (amifampridine phosphate)	3	PA; SL (300 tablets per month.); 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	
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	3	
pyridostigmine bromide oral tablet 60 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	3	
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	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
silodosin oral capsule 4 mg, 8 mg	3	
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)	3	SL (0.4 grams per day.)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (albuterol-budesonide)	3	SL (10.7 grams per prescription.)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	SL (1 inhaler per prescription.)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	SL (6.7 grams per prescription.)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	SL (8.5 grams per prescription.)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate oral syrup 2 mg/5ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	3	PA
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (umeclidinium-vilanterol)	3	SL (2 blisters per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	4	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, 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.)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (ipratropium-albuterol)	4	SL (0.28 grams per day.)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	SL (2 blisters per day.)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	SL (0.04 mcg per day.)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	2	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	3	SL (90 ml per prescription.)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	3	SL (30 vials per prescription)
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	SL (15 grams per prescription.)
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)	3	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, 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
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	SL (2 blisters per day.)
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (levalbuterol tartrate)	3	SL (15 grams per prescription.)
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, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 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	2	
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood		
ANTIANEMIA DRUGS - Vitamins and Minerals		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML (darbepoetin alfa)	3	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)	3	M; SL (4 syringes per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML (darbepoetin alfa)	3	M; SL (1.6 ml per month.); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML (darbepoetin alfa)	3	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)	3	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)	3	M; SL (4 vials per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML (darbepoetin alfa)	3	M; SL (2 vials per prescription); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (darbepoetin alfa)	3	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)	3	M; SL (8 ml per 21 days); SMCS; SP
RETACRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (epoetin alfa-epbx)	3	M; SL (12 ml per 21 days.); SMCS; SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML (epoetin alfa-epbx)	3	M; SMCS
RETACRIT INJECTION SOLUTION 40000 UNIT/ML (epoetin alfa-epbx)	3	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	M; SL (24 ml (30 syringes) per prescription)
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	2	M; SL (15 ml (30 syringes) per prescription)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	2	M; SL (12 ml (30 syringes) per prescription)
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	2	M; SL (18 ml (30 syringes) per prescription)
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)	3	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		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (mitapivat sulfate)	4	PA; SL (56 tablets per 28 days.); SMCS; SP; CM
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG (mitapivat sulfate)	4	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)	4	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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.)
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.)
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	2	SL (2 tablets per day.)
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	2	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.)
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)	3	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)	3	M; SL (4 syringes per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML (darbepoetin alfa)	3	M; SL (1.6 ml per month.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML (darbepoetin alfa)	3	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)	3	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)	3	M; SL (4 vials per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML (darbepoetin alfa)	3	M; SL (2 vials per prescription); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (darbepoetin alfa)	3	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)	3	M; SMCS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML (plerixafor)	4	M; SMCS; SP
MULPLETA ORAL TABLET 3 MG (lusutrombopag)	4	PA; SL (7 tablets per prescription.); SMCS; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (pegfilgrastim)	3	M; SMCS
plerixafor subcutaneous solution 24 mg/1.2ml	3	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
RETACRIT INJECTION SOLUTION 10000 UNIT/ML (epoetin alfa-epbx)	3	M; SL (8 ml per 21 days); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RETACRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (epoetin alfa-epbx)	3	M; SL (12 ml per 21 days.); SMCS; SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML (epoetin alfa-epbx)	3	M; SMCS
RETACRIT INJECTION SOLUTION 40000 UNIT/ML (epoetin alfa-epbx)	3	M; SL (4 ml per 21 days.); SMCS; SP
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (pegfilgrastim-cbqv)	3	M; SMCS
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (pegfilgrastim-cbqv)	3	M; SMCS; SP
VAFSEO ORAL TABLET 150 MG, 300 MG (vadadustat)	4	PA; SMCS; SP
XOLREMDI ORAL CAPSULE 100 MG (mavorixafor)	4	PA; SL (120 capsules per month.); SMCS; SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (filgrastim-sndz)	3	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))	3	M; SMCS; SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	4	PA; M; SMCS; SP
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)	3	M; SMCS; SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (coagulation factor ix)	3	M; SMCS
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 500 UNIT (coagulation factor ix)	3	M; SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (coagulation factor ix (rfixfc))	4	M; SMCS; SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT (coagulation factor ix (rfixfc))	3	M; SMCS; SP
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (antihem fact fc-vwf-xten-eh1)	4	PA; M; SMCS; SP
aminocaproic acid oral solution 0.25 gm/ml	3	
aminocaproic acid oral tablet 1000 mg, 500 mg	3	
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))	3	M; SMCS; SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (coagulation factor x (human))	3	M; SMCS; SP
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (factor xiii concentrate human)	3	M; SMCS; SP
desmopressin ace spray refrig nasal solution 0.01 %	1	
desmopressin acetate injection solution 4 mcg/ml	1	M
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	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (antiinhibitor coagulant cmplx)	3	M; SMCS; SP
GELFILM OPHTHALMIC FILM (gelatin adsorbable)	2	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML (emicizumab-kxwh)	3	PA; M; SMCS; SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (antihemophilic factor)	3	M; SMCS
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1700 UNIT (antihemophilic factor)	3	M; SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (antihemophilic factor-vwf)	3	M; SMCS; SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (coagulation factor ix (rix-fp))	4	M; SMCS; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (ahf (bdd-rfviii peg-auc1))	4	PA; M; SMCS; SP
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (antihemophilic factor)	3	M; SMCS
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (antihemophilic factor)	3	M; SMCS
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (antihem factor recomb (rfviii))	3	M; SMCS
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (antihemophil factor (rahf-pfm))	3	M; SMCS; SP
MONSELS FERRIC SUBSULFATE EXTERNAL SOLUTION	3	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (desmopressin acetate)	3	PA; SL (1 tablet per day.)
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (antihemophil fact bd truncated)	3	M; SMCS
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT (antihemophil fact bd truncated)	3	M; SMCS; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (coagulation factor viia recomb)	3	M; SMCS; SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (antihem fact (bdd-rfviii,sim))	3	M; SMCS; SP
NUWIQ INTRAVENOUS KIT 1500 UNIT (antihem fact (bdd-rfviii,sim))	3	M; SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (antihem fact (bdd-rfviii,sim))	3	M; SMCS; SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT (antihem fact (bdd-rfviii,sim))	3	M; SMCS
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	4	M; SMCS; SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (factor ix complex)	3	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))	3	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	3	M; SMCS
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	2	SL (30 tablets per 5 days.)
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT (coagulation factor xiii a-sub)	4	M; SMCS; SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (von willebrand factor (recomb))	3	M; SMCS; SP
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (antihemophilic factor-vwf)	3	M; SMCS; SP
HEPARINS - Drugs to Prevent Blood Clots		
enoxaparin sodium injection solution 300 mg/3ml	2	M; SL (42 ml (14 vials) per prescription)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	2	M; SL (30 syringes per prescription)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	2	M; SL (24 ml (30 syringes) per prescription)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	2	M; SL (9 ml (30 syringes) per prescription)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	2	M; SL (12 ml (30 syringes) per prescription)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	2	M; SL (18 ml (30 syringes) per prescription)
heparin na (pork) lock flush 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
INDIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	2	M; SL (24 ml (30 syringes) per prescription)
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	2	M; SL (15 ml (30 syringes) per prescription)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	2	M; SL (12 ml (30 syringes) per prescription)
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	2	M; SL (18 ml (30 syringes) per prescription)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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 COMPLETE ORAL TABLET 27-1 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	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	1	
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-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-fecfn-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	
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	
LIVER AND STOMACH PREPARATIONS - Vitamins and Minerals		
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	3	M
DODEX INJECTION SOLUTION 1000 MCG/ML (cyanocobalamin)	4	M
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (cyanocobalamin)	4	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	3	
BRILINTA ORAL TABLET 60 MG, 90 MG (ticagrelor)	4	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
mm aspirin oral tablet delayed release 81 mg	E	H
prasugrel hcl oral tablet 10 mg, 5 mg	3	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (aspirin)	E	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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
VON WILLEBRAND FACTOR-RELATED ANTITHROMB - Drugs to Prevent Blood Clots		
CABLIVI INJECTION KIT 11 MG (caplacizumab-yhdp)	3	PA; M; SL (1 vial per day and 58 vials per 120 days.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARDIOVASCULAR DRUGS		
BRADYKININ RECEPTORS ANTAGONISTS		
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	3	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	3	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	
ORMALVI ORAL TABLET 50 MG (dichlorphenamide)	4	PA; SL (4 tablets per day.); SMCS; SP
KALLIKREIN		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (lanadelumab-flyo)	3	PA; M; SL (0.072 ml per day.); SMCS; SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (lanadelumab-flyo)	3	PA; SL (0.0375 ml per day.); SMCS; SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (lanadelumab-flyo)	3	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	4	
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	
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	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
eplerenone oral tablet 25 mg, 50 mg	2	
spironolactone oral suspension 25 mg/5ml	3	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
triamterene oral capsule 100 mg, 50 mg	3	
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	
CARDIOVASCULAR DRUGS - Drugs for the Heart		
ACL INHIBITORS - Drugs for Cholesterol		
NEXLETOL ORAL TABLET 180 MG (bempedoic acid)	2	PA; ST; SL (1 tablet per day.)
NEXLIZET ORAL TABLET 180-10 MG (bempedoic acid-ezetimibe)	2	PA; ST; 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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	3	
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	2	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	2	
VALSARTAN ORAL SOLUTION 4 MG/ML	4	PA
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	2	
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	2	
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	3	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	3	
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	2	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	2	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	2	
VALSARTAN ORAL SOLUTION 4 MG/ML	4	PA
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	2	
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	3	PA
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
EPANED ORAL SOLUTION 1 MG/ML (enalapril maleate)	4	PA
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	2	
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	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (lisinopril)	4	
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	

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
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	3	PA
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	PA
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (benazepril-hydrochlorothiazide)	4	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (benazepril hcl)	4	
moexipril hcl oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	2	
QBRELIS ORAL SOLUTION 1 MG/ML (lisinopril)	4	PA
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	2	
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	3	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (lisinopril)	4	
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	

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
LANOXIN ORAL TABLET 62.5 MCG (digoxin)	4	
ANTILIPEMIC AGENTS, MISCELLANEOUS - Drugs for Cholesterol		
NEXLETOL ORAL TABLET 180 MG (bempedoic acid)	2	PA; ST; SL (1 tablet per day.)
NEXLIZET ORAL TABLET 180-10 MG (bempedoic acid-ezetimibe)	2	PA; ST; SL (1 tablet per day.)
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	3	
omega-3-acid ethyl esters oral capsule 1 gm	2	
BETA-ADRENERGIC BLOCKING AGENTS - Drugs for High Blood Pressure		
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
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	
CORGARD ORAL TABLET 20 MG, 40 MG (nadolol)	4	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	4	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 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	3	
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	2	
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	PA
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	2	
colesevelam hcl oral tablet 625 mg	2	
COLESTID ORAL GRANULES 5 GM (colestipol hcl)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	2	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
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	2	
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	2	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl er beads)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 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	
CALCIUM-CHANNEL BLOCKING AGENTS - Drugs for High Blood Pressure & Angina		
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
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	2	
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	2	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl er beads)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 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	
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	2	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
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	2	
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	2	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl er beads)	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
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	3	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 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	
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	PA
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	3	PA; SL (2 tablets per day.)
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	2	
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	3	PA; SL (1 capsule per day.); SMCS; SP
VYNDAQEL ORAL CAPSULE 20 MG (tafamidis meglumine (cardiac))	3	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.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	3	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
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	
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	3	
CORGARD ORAL TABLET 20 MG, 40 MG (nadolol)	4	
guanfacine hcl oral tablet 1 mg, 2 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	
METHYLDOPA ORAL TABLET 250 MG, 500 MG	4	PA; ST
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 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	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	2	
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	PA
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
CHOLESTEROL ABSORPTION INHIBITORS - Drugs for Cholesterol		
ezetimibe oral tablet 10 mg	2	
NEXLIZET ORAL TABLET 180-10 MG (bempedoic acid-ezetimibe)	2	PA; ST; SL (1 tablet per day.)
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	1	
phenytek oral capsule 300 mg	4	
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	4	
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	
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	
labetalol hcl oral tablet 100 mg, 200 mg, 300 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
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	4	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 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	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	2	
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	PA
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	2	
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	PA
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (dofetilide)	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
CLASS IV ANTIARRHYTHMICS - Drugs for Angina		
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
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	2	
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	2	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
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, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 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
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	2	
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	
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	2	
NORLIQVA ORAL SOLUTION 1 MG/ML (amlodipine besylate)	4	PA
NYMALIZE ORAL SOLUTION 6 MG/ML (nimodipine)	2	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (nisoldipine)	4	
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	
nicardipine hcl oral capsule 20 mg, 30 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
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	2	
NORLIQVA ORAL SOLUTION 1 MG/ML (amlodipine besylate)	4	PA
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.)
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	3	
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	3	
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	2	
METHYLDOPA ORAL TABLET 250 MG, 500 MG	4	PA; ST
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	

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
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	2	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	3	
gemfibrozil oral tablet 600 mg	1	
LOPID ORAL TABLET 600 MG (gemfibrozil)	4	
HMG-COA REDUCTASE INHIBITORS - Drugs for Cholesterol		
ATORVALIQ ORAL SUSPENSION 20 MG/5ML (atorvastatin calcium)	4	PA
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	PA
FLOLIPID ORAL SUSPENSION 20 MG/5ML, 40 MG/5ML	4	PA
fluvastatin sodium oral capsule 20 mg, 40 mg	1	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	H
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	2	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H
simvastatin oral tablet 80 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
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	4	
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	
torseamide 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	PA
eplerenone oral tablet 25 mg, 50 mg	2	
spironolactone oral suspension 25 mg/5ml	3	PA
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	PA
eplerenone oral tablet 25 mg, 50 mg	2	
spironolactone oral suspension 25 mg/5ml	3	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
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	

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
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
CORGARD ORAL TABLET 20 MG, 40 MG (nadolol)	4	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	2	
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, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 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 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	
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	2	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication. 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
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	PA
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	2	
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	
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	
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	2	
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.)

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
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		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	3	
cilostazol oral tablet 100 mg, 50 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
sildenafil citrate oral suspension reconstituted 10 mg/ml	4	PA; SL (186 ml per month.); SMCS; SP
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	SL (0.5 tablet per day.)
sildenafil citrate oral tablet 20 mg	1	SL (0.5 tablet per day.); SMCS
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (avanafil)	4	PA; SL (3 tablets per month.)
tadalafil (pah) oral tablet 20 mg	3	PA; SL (2 tablets per day); SMCS; SP
tadalafil oral tablet 10 mg, 20 mg	2	SL (0.5 tablet per day.)
tadalafil oral tablet 2.5 mg, 5 mg	2	SL (1 tablet per day.)
TADLIQ ORAL SUSPENSION 20 MG/5ML (tadalafil (pah))	4	PA; SL (10 ml per day.); SMCS; SP
vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	3	SL (3 tablets per month.)
vardenafil hcl oral tablet dispersible 10 mg	3	SL (3 tablets per month.)
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for the Heart		
cilostazol oral tablet 100 mg, 50 mg	1	
sildenafil citrate oral suspension reconstituted 10 mg/ml	4	PA; SL (186 ml per month.); SMCS; SP
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	SL (0.5 tablet per day.)
sildenafil citrate oral tablet 20 mg	1	SL (0.5 tablet per day.); SMCS
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (avanafil)	4	PA; SL (3 tablets per month.)
tadalafil (pah) oral tablet 20 mg	3	PA; SL (2 tablets per day); SMCS; SP
tadalafil oral tablet 10 mg, 20 mg	2	SL (0.5 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
tadalafil oral tablet 2.5 mg, 5 mg	2	SL (1 tablet per day.)
TADLIQ ORAL SUSPENSION 20 MG/5ML (tadalafil (pah))	4	PA; SL (10 ml per day.); SMCS; SP
vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	3	SL (3 tablets per month.)
vardenafil hcl oral tablet dispersible 10 mg	3	SL (3 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	PA
eplerenone oral tablet 25 mg, 50 mg	2	
spironolactone oral suspension 25 mg/5ml	3	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
triamterene oral capsule 100 mg, 50 mg	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	PA
eplerenone oral tablet 25 mg, 50 mg	2	
spironolactone oral suspension 25 mg/5ml	3	PA
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
VASODILATING AGENTS, MISCELLANEOUS - Drugs for High Blood Pressure & Angina		
phenoxybenzamine hcl oral capsule 10 mg	2	
VECAMYL ORAL TABLET 2.5 MG (mecamylamine hcl)	4	PA
VASODILATING AGENTS, MISCELLANEOUS - Drugs for the Heart		
ambrisentan oral tablet 10 mg, 5 mg	3	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	3	PA; SL (2 tablets per day.); SMCS; SP
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	
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	2	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
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	3	PA; SL (2 tablets per day.)
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
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	PA
NYMALIZE ORAL SOLUTION 6 MG/ML (nimodipine)	2	
OPSUMIT ORAL TABLET 10 MG (macitentan)	3	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, 0.25 MG, 1 MG, 2.5 MG, 5 MG (treprostinil diolamine)	4	PA; SL (6 tablets per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
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)	3	PA; SL (2 tablets per day.); SMCS; SP
TRACLEER ORAL TABLET SOLUBLE 32 MG (bosentan)	3	PA; SL (4 tablets per day.); SMCS; SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (treprostinil)	3	PA; SL (112 cartridges per 23 days.); SMCS; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (treprostinil)	3	PA; SL (112 cartridges per 23 days.); SMCS; SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (treprostinil)	3	PA; SL (252 cartridges per 365 days.); SMCS; SP
TYVASO INHALATION SOLUTION 0.6 MG/ML (treprostinil)	3	PA; SMCS
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (treprostinil)	3	PA; SMCS
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (treprostinil)	3	PA; SMCS
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (iloprost)	3	PA; SMCS; SP
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 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
CENTRAL NERVOUS SYSTEM AGENTS		
AMYOTROPHIC LATERAL SCLEROSIS(ALS) AGENT		
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (edaravone)	4	PA; SL (50 ml per month.); SMCS; SP
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (edaravone)	4	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)	4	PA; SMCS; SP
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	
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		
amphetamine sulfate oral tablet 10 mg, 5 mg	2	
amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	2	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
benzphetamine hcl oral tablet 50 mg	1	PA
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	2	SL (5 capsules per day.)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	3	SL (4 capsules per day.)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	2	SL (10 capsules per day.)
dextroamphetamine sulfate oral solution 5 mg/5ml	1	
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg	3	SL (2 capsules per day.)
lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg	3	SL (1 capsule per day)
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg	3	SL (2 tablets per day.)
lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg	3	SL (1 tablet per day.)
methamphetamine hcl oral tablet 5 mg	1	
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (dextroamphetamine)	4	PA; 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
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 50-325-40-30 mg	1	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	NTT
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	NTT
NEURAPTINE EXTERNAL CREAM 10 % (gabapentin)	3	PA
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	NTT
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	3	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	SL (40 tablets per prescription.); NTT
URELLE ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	4	
uretron d/s oral tablet 81.6 mg	4	
urin ds oral tablet 81.6 mg	4	
VILEVEV MB ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	4	
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 2.5 MG/0.5ML, 5 MG/0.5ML (tirzepatide-weight management)	3	PA; M
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (tirzepatide-weight management)	3	PA; M; 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	2	
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	
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	3	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (divalproex sodium)	4	PA
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (divalproex sodium)	4	PA
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (divalproex sodium)	4	PA
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	2	
divalproex sodium oral capsule delayed release sprinkle 125 mg	2	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (cannabidiol)	4	PA; SMCS; SP
epitol oral tablet 200 mg	1	
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	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (perampanel)	4	PA
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	2	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	2	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG (lamotrigine)	4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 42 x 50 mg & 14x100 mg	3	PA
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	1	
lamotrigine starter kit-blue oral kit 35 x 25 mg	1	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	2	
levetiracetam oral solution 100 mg/ml, 500 mg/5ml	1	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	1	
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	3	PA
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (lacosamide)	4	PA
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	2	
pregabalin oral solution 20 mg/ml	3	
roweepra oral tablet 500 mg	1	
rufinamide oral suspension 40 mg/ml	3	
rufinamide oral tablet 200 mg, 400 mg	3	PA
SABRIL ORAL TABLET 500 MG (vigabatrin)	4	PA; SL (6 tablets per day.); SMCS; SP
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	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
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	
vigabatrin oral packet 500 mg	3	PA; SL (6 packets per day.); SMCS
vigabatrin oral tablet 500 mg	3	PA; SL (6 tablets per day.); SMCS; SP
vigadrone oral packet 500 mg	3	PA; SL (6 packets per day.); SMCS
vigadrone oral tablet 500 mg	3	PA; SL (6 tablets per day.); SMCS; SP
vigpoder oral packet 500 mg	3	PA; SL (6 packets per day.); SMCS
VIMPAT ORAL SOLUTION 10 MG/ML (lacosamide)	4	PA
ZONISADE ORAL SUSPENSION 100 MG/5ML (zonisamide)	4	PA
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ZTALMY ORAL SUSPENSION 50 MG/ML (ganaxolone)	4	PA; SMCS; SP
ANTIDEPRESSANTS, MISCELLANEOUS - Drugs for Depression & Psychosis		
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 oral tablet 100 mg, 75 mg	1	
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)	3	PA; SL (28 capsules per year.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZURZUVAE ORAL CAPSULE 30 MG (zuranolone)	3	PA; SL (14 capsules per year.); SMCS; SP
ANTIMANIC AGENTS - Drugs for Personality Disorder		
aripiprazole oral solution 1 mg/ml	4	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	2	
asenapine maleate sublingual tablet sublingual 10 mg, 5 mg	3	SL (2 tablets per day)
asenapine maleate sublingual tablet sublingual 2.5 mg	3	SL (2 tablets per day.)
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	2	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	3	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (divalproex sodium)	4	PA
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (divalproex sodium)	4	PA
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (divalproex sodium)	4	PA
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	2	
divalproex sodium oral capsule delayed release sprinkle 125 mg	2	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
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, 42 X 50 MG & 14X100 MG (lamotrigine)	4	PA
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 42 x 50 mg & 14x100 mg	3	PA

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	2	
ANTIMIGRAINE AGENTS, MISCELLANEOUS - Migraine Treatment		
aspirin 81 oral tablet delayed release 81 mg	E	H
aspirin adult low dose oral tablet delayed release 81 mg	E	H
aspirin adult low strength oral tablet delayed release 81 mg	E	H
aspirin childrens oral tablet chewable 81 mg	E	H
aspirin ec adult low dose oral tablet delayed release 81 mg	E	H
aspirin ec low dose oral tablet delayed release 81 mg	E	H
aspirin ec low strength oral tablet delayed release 81 mg	E	H
aspirin low dose oral tablet chewable 81 mg	E	H
aspirin low dose oral tablet delayed release 81 mg	E	H
aspirin oral tablet chewable 81 mg	E	H
aspirin oral tablet delayed release 81 mg	E	H
aspirin regimen oral tablet delayed release 81 mg	E	H
butorphanol tartrate nasal solution 10 mg/ml	2	SL (7.5 ml (3 bottles) per prescription.)
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (divalproex sodium)	4	PA
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (divalproex sodium)	4	PA
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (divalproex sodium)	4	PA
dihydroergotamine mesylate injection solution 1 mg/ml	1	M
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	2	
divalproex sodium oral capsule delayed release sprinkle 125 mg	2	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG (naproxen)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG (naproxen)	4	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1	
ergotamine-caffeine oral tablet 1-100 mg	3	SL (10 tablets per prescription.)
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
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
KIPROFEN ORAL CAPSULE 25 MG (ketoprofen)	4	ST; SL (4 capsules per day.)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine-caffeine)	3	
mm aspirin oral tablet delayed release 81 mg	E	H
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 oral tablet 275 mg, 550 mg	2	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	2	
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	
topiramate oral capsule sprinkle 15 mg, 25 mg	1	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	3	
pimozide oral tablet 1 mg, 2 mg	2	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC - Drugs for Anxiety & Sleep Disorder		
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	2	
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	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
ramelteon oral tablet 8 mg	4	ST; SL (1 tablet per day)
tasimelteon oral capsule 20 mg	4	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	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
zolpidem tartrate oral tablet 10 mg, 5 mg	1	
ATYPICAL ANTIPSYCHOTICS - Drugs for Depression & Psychosis		
aripiprazole oral solution 1 mg/ml	4	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	2	
asenapine maleate sublingual tablet sublingual 10 mg, 5 mg	3	SL (2 tablets per day)
asenapine maleate sublingual tablet sublingual 2.5 mg	3	SL (2 tablets per day.)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (lumateperone tosylate)	4	PA; ST; 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	
lurasidone hcl oral tablet 120 mg, 20 mg, 60 mg	2	SL (1 tablet per day.)
lurasidone hcl oral tablet 40 mg	2	SL (1 tablet per day)
lurasidone hcl oral tablet 80 mg	2	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	2	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	2	SL (1 capsule per day)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	2	
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (olanzapine-fluoxetine hcl)	4	SL (1 capsule per day)
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	2	
BARBITURATES (ANTICONVULSANTS) - Drugs for Seizures		
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety & Sleep Disorder		
ascomp-codeine oral capsule 50-325-40-30 mg	1	
bac 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 50-325-40-30 mg	1	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	3	
BENZODIAZEPINES (ANTICONSULSANTS) - Drugs for Seizures		
clobazam oral suspension 2.5 mg/ml	3	PA
clobazam oral tablet 10 mg, 20 mg	2	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	SL (1 box (2 doses/box) per prescription)
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (diazepam)	4	PA; SL (2 doses per prescription.)
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	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (midazolam (anticonvulsant))	3	PA; SL (1 box per prescription.)
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; SL (2 devices per prescription.)
VALTOCO NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 7.5 MG/0.1ML (diazepam)	3	PA; SL (2 devices per prescription.)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
alprazolam intensol oral concentrate 1 mg/ml	1	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
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	
clobazam oral suspension 2.5 mg/ml	3	PA
clobazam oral tablet 10 mg, 20 mg	2	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	SL (1 box (2 doses/box) per prescription)
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	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (diazepam)	4	PA; SL (2 doses per prescription.)
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	
midazolam hcl oral syrup 2 mg/ml	1	
MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (midazolam)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (midazolam (anticonvulsant))	3	PA; SL (1 box per prescription.)
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	
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)	3	PA; ST; M; SL (1 ml per 21 days.)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (erenumab-aooe)	3	PA; ST; M
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (galcanezumab-gnlm)	3	PA; ST; M; SL (0.04 ml per day.)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (galcanezumab-gnlm)	3	PA; ST; M; SL (0.1 mL per day.)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (galcanezumab-gnlm)	3	PA; ST; M; SL (0.04 ml per day.)
NURTEC ORAL TABLET DISPERSIBLE 75 MG (rimegepant sulfate)	3	PA; ST; SL (0.27 tablets per day.)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (atogepant)	3	PA; ST; SL (1 tablet per day.)
UBRELVY ORAL TABLET 100 MG, 50 MG (ubrogepant)	3	PA; ST; SL (0.27 tablets per day.)
ZAVZPRET NASAL SOLUTION 10 MG/ACT (zavegepant hcl)	4	PA; ST; SL (6 mg per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	PA; SL (1 tablet per day.)
atomoxetine hcl oral capsule 10 mg, 25 mg	4	SL (3 capsules per day.)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	4	SL (1 capsule per day)
atomoxetine hcl oral capsule 18 mg	4	SL (5 capsules per day.)
atomoxetine hcl oral capsule 40 mg	4	SL (2 capsules per day)
DAYBUE ORAL SOLUTION 200 MG/ML (trofinetide)	3	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	2	
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	3	
memantine hcl oral solution 2 mg/ml	4	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	1	
NUDEXTA ORAL CAPSULE 20-10 MG (dextromethorphan-quinidine)	2	PA; SL (2 capsules per day.)
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (edaravone)	4	PA; SL (50 ml per month.); SMCS; SP
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (edaravone)	4	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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; SL (18 ml per day.); SMCS; SP
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (riluzole)	4	PA; SMCS; SP
VEOZAH ORAL TABLET 45 MG (fezolinetant)	4	PA; SL (1 tablet per day.)
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (bremelanotide acetate)	4	PA; M; SL (4 autoinjector pens (1.2mls) per month.)
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	3	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	2	SL (2 capsules per day)
celecoxib oral capsule 400 mg	2	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	3	
DIPHENYLBUTYLPERIDINES - Drugs for Depression & Psychosis		
pimozide oral tablet 1 mg, 2 mg	2	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CREXONT ORAL CAPSULE EXTENDED RELEASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG (carbidopa-levodopa)	4	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (carbidopa-levodopa)	4	PA
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	
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	2	
FIBROMYALGIA AGENTS - Drugs for Nerve Pain		
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	3	PA
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	2	
pregabalin oral solution 20 mg/ml	3	
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	PA
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (divalproex sodium)	4	PA
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	2	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 SOLUTION 20 MG/ML (pregabalin)	3	PA
NEURAPTINE EXTERNAL CREAM 10 % (gabapentin)	3	PA
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	2	
pregabalin oral solution 20 mg/ml	3	
SABRIL ORAL TABLET 500 MG (vigabatrin)	4	PA; SL (6 tablets per day.); SMCS; SP
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	3	PA; SL (6 packets per day.); SMCS
vigabatrin oral tablet 500 mg	3	PA; SL (6 tablets per day.); SMCS; SP
vigadrone oral packet 500 mg	3	PA; SL (6 packets per day.); SMCS
vigadrone oral tablet 500 mg	3	PA; SL (6 tablets per day.); SMCS; SP
VIGAFYDE ORAL SOLUTION 100 MG/ML (vigabatrin)	4	PA
vigpoder oral packet 500 mg	3	PA; SL (6 packets per day.); SMCS
ZTALMY ORAL SUSPENSION 50 MG/ML (ganaxolone)	4	PA; 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	1	
phenytek oral capsule 300 mg	4	
phenytoin infatabs oral tablet chewable 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
ION CHANNEL INHIBITION AGENTS - Drugs for Seizures		
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	2	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	2	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (lacosamide)	4	PA
oxcarbazepine oral suspension 300 mg/5ml	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
rufinamide oral suspension 40 mg/ml	3	
rufinamide oral tablet 200 mg, 400 mg	3	PA
VIMPAT ORAL SOLUTION 10 MG/ML (lacosamide)	4	PA
ZONISADE ORAL SUSPENSION 100 MG/5ML (zonisamide)	4	PA
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
ramelteon oral tablet 8 mg	4	ST; SL (1 tablet per day)
tasimelteon oral capsule 20 mg	4	PA; SL (1 capsule per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MONOAMINE OXIDASE B INHIBITORS - Drugs for Parkinson		
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
MONOAMINE OXIDASE INHIBITORS - Drugs for Depression & Psychosis		
NARDIL ORAL TABLET 15 MG (phenelzine sulfate)	4	
PARNATE ORAL TABLET 10 MG (tranylcypromine sulfate)	4	
phenelzine sulfate oral tablet 15 mg	1	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
tranylcypromine sulfate oral tablet 10 mg	1	
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
NON-BENZODIAZEPINE ANXIOLYTICS - Drugs for Anxiety & Sleep Disorder		
bupirone 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		
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	2	
zaleplon oral capsule 10 mg, 5 mg	1	
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	2	
zolpidem tartrate oral tablet 10 mg, 5 mg	1	
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - Drugs for Parkinson		
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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
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 50-325-40-30 mg	1	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	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 10-325 mg/15ml	1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	NTT
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 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
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	3	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	SL (40 tablets per prescription.); NTT
NONSTEROIDAL ANTI-INFLAMM. AGENTS, MISC - Drugs for Pain		
DAYPRO ORAL TABLET 600 MG (oxaprozin)	4	
diclofenac potassium oral tablet 50 mg	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diclofenac sodium er oral tablet extended release 24 hour 100 mg	3	
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	3	
diflunisal oral tablet 500 mg	3	
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	3	
etodolac oral capsule 200 mg, 300 mg	2	
etodolac oral tablet 400 mg, 500 mg	2	
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 RECTAL SUPPOSITORY 50 MG (indomethacin)	4	PA
indomethacin er oral capsule extended release 75 mg	2	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin rectal suppository 50 mg	3	PA
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	
KIPROFEN ORAL CAPSULE 25 MG (ketoprofen)	4	ST; SL (4 capsules per day.)
meclofenamate sodium oral capsule 100 mg, 50 mg	1	
mefenamic acid oral capsule 250 mg	3	
MELOXICAM ORAL SUSPENSION 7.5 MG/5ML	4	PA
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet 600 mg	2	
piroxicam oral capsule 10 mg, 20 mg	2	
sulindac oral tablet 150 mg, 200 mg	1	
TOLECTIN 600 ORAL TABLET 600 MG (tolmetin sodium)	4	
tolmetin sodium oral capsule 400 mg	2	
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
ascomp-codeine oral capsule 50-325-40-30 mg	1	
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	NTT
butalbital-apap-caff-cod oral capsule 50-325-40-30 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
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	2	PA; SL (4 lozenges per day)
fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA; SL (0.34 patches per day.)
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr	2	PA; SL (15 patches per 31 days.)
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	3	PA; SL (2 capsules per day.)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg	3	PA; SL (0 tablets per 100 days, diagnosis review required.)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	3	PA; SL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	NTT
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 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	3	PA; SL (2 tablets per day.)
hydromorphone hcl er oral tablet extended release 24 hour 16 mg, 8 mg	3	PA; SL (1 tablet per day.)
hydromorphone hcl er oral tablet extended release 24 hour 32 mg	3	PA; SL (0 tablet per 100 days, diagnosis review required.)
hydromorphone hcl oral liquid 1 mg/ml	1	NTT
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	1	NTT
hydromorphone hcl rectal suppository 3 mg	1	NTT
meperidine hcl oral solution 50 mg/5ml	1	NTT
meperidine hcl oral tablet 50 mg	1	NTT
methadone hcl intensol oral concentrate 10 mg/ml	1	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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
morphine sulfate er beads oral capsule extended release 24 hour 120 mg	3	PA; SL (0 capsule per 100 days, diagnosis review required.)
morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	3	PA; SL (1 capsule per day.)
morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg	3	PA; SL (62 capsules per 31 days.)
morphine sulfate er oral capsule extended release 24 hour 100 mg	3	PA; SL (0 capsule per 100 days, diagnosis review required.)
morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg	3	PA; SL (1 capsule per day.)
morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg	1	PA; SL (0 capsules per 100 days, diagnosis review required.)
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 capsules per 100 days, diagnosis review required.)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (tapentadol hcl)	4	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-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	NTT

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg	3	PA; SL (2 tablets per day.)
oxymorphone hcl er oral tablet extended release 12 hour 20 mg, 30 mg, 40 mg	3	PA; SL (0 tablet per 100 days.)
oxymorphone hcl oral tablet 10 mg, 5 mg	2	SL (6 tablets per day.); NTT
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED 10 MG/ML (tramadol hcl)	3	PA; NTT
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	2	SL (1 tablet per day)
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	2	SL (1 tablet per day)
tramadol hcl oral tablet 50 mg	1	NTT
tramadol-acetaminophen oral tablet 37.5-325 mg	1	SL (40 tablets per prescription.); 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 capsules per 100 days, diagnosis review required.)
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, 4-1 mg	1	SL (1 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, 8-2 mg	1	SL (3 tablets per day.)
KLOXXADO NASAL LIQUID 8 MG/0.1ML (naloxone hcl)	1	SL (2 devices per prescription.)
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	SL (2 auto-injectors per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
naltrexone hcl oral tablet 50 mg	1	
NARCAN NASAL LIQUID 4 MG/0.1ML (naloxone hcl)	1	SL (2 auto-injectors per prescription.)
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (nalmefene hcl)	1	SL (2 spray bottles per prescription.)
pentazocine-naloxone hcl oral tablet 50-0.5 mg	1	NTT
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (methylnaltrexone bromide)	4	PA; M; SL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (methylnaltrexone bromide)	4	PA; M; SL (0.4 ml per day.)
REXTOVY NASAL LIQUID 4 MG/0.25ML (naloxone hcl)	1	SL (one package (2 devices) per prescription.)
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, 4-1 MG (buprenorphine hcl-naloxone hcl)	4	PA; ST; SL (1 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	SL (1 ml per prescription.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 2.9-0.71 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.)
OPIOID PARTIAL AGONISTS - Drugs for Pain		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 900 MCG (buprenorphine hcl)	3	PA; SL (2 Films per day.)
BELBUCA BUCCAL FILM 750 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.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg	1	SL (1 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, 8-2 mg	1	SL (3 tablets per day.)
buprenorphine transdermal patch weekly 10 mcg/hr, 20 mcg/hr, 5 mcg/hr	3	PA; SL (4 patches per 28 days.)
buprenorphine transdermal patch weekly 15 mcg/hr, 7.5 mcg/hr	3	PA; SL (4 patches per month.)
butorphanol tartrate nasal solution 10 mg/ml	2	SL (7.5 ml (3 bottles) per prescription.)
pentazocine-naloxone hcl oral tablet 50-0.5 mg	1	NTT
SUBOXONE SUBLINGUAL FILM 12-3 MG (buprenorphine hcl-naloxone hcl)	4	PA; ST; SL (2 films per day.)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG (buprenorphine hcl-naloxone hcl)	4	PA; ST; SL (1 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, 2.9-0.71 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.)
PHENOTHIAZINES - Drugs for Depression & Psychosis		
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.)
chlorpromazine hcl oral tablet 200 mg	1	SL (2 tablets per day.)
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
RESPIRATORY AND CNS STIMULANTS - Drugs for the Nervous System		
ascomp-codeine oral capsule 50-325-40-30 mg	1	
atomoxetine hcl oral capsule 10 mg, 25 mg	4	SL (3 capsules per day.)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	4	SL (1 capsule per day)
atomoxetine hcl oral capsule 18 mg	4	SL (5 capsules per day.)
atomoxetine hcl oral capsule 40 mg	4	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)	3	ST; SL (1 capsule per day.)
bac oral tablet 50-325-40 mg	1	SL (6 tablets per day)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	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	
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	1	
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 5 mg	2	SL (2 capsules per day.)
dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 35 mg, 40 mg	2	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	3	SL (10 tablets per prescription.)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-apap-caffeine)	4	SL (6 capsules per day.)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (methylphenidate hcl)	3	ST; SL (1 capsule per day.)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg	2	SL (2 tablets per day.)
methylphenidate hcl er (cd) oral capsule extended release 60 mg	2	SL (31 capsules per 31 days.)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg	2	SL (5 capsules per day.)
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg	2	SL (5capsules per day.)
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	2	SL (3 capsules per day.)
methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg	2	SL (2 capsules per day.)
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	SL (2 tablets per day.)
methylphenidate hcl er oral tablet extended release 10 mg	2	SL (10 tablets per day.)
methylphenidate hcl er oral tablet extended release 20 mg	2	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	3	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine-caffeine)	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	

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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	
REVERSIBLE COX-1/COX-2 INHIBITORS - Drugs for Pain		
DAYPRO ORAL TABLET 600 MG (oxaprozin)	4	
diflunisal oral tablet 500 mg	3	
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	3	
etodolac oral capsule 200 mg, 300 mg	2	
etodolac oral tablet 400 mg, 500 mg	2	
flurbiprofen oral tablet 100 mg, 50 mg	1	
flurbiprofen sodium ophthalmic solution 0.03 %	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 RECTAL SUPPOSITORY 50 MG (indomethacin)	4	PA
indomethacin er oral capsule extended release 75 mg	2	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin rectal suppository 50 mg	3	PA
ketorolac tromethamine oral tablet 10 mg	1	
meclofenamate sodium oral capsule 100 mg, 50 mg	1	
mefenamic acid oral capsule 250 mg	3	
MELOXICAM ORAL SUSPENSION 7.5 MG/5ML	4	PA
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	1	
naproxen dr oral tablet delayed release 500 mg	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg, 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet 600 mg	2	
piroxicam oral capsule 10 mg, 20 mg	2	
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	3	
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR - Drugs for Depression & Psychosis		
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 50 mg	3	SL (1 tablet per day)
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg	3	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, 60 mg	2	
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 hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	1	
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	4	SL (4 tablets per prescription)
eletriptan hydrobromide oral tablet 20 mg, 40 mg	3	SL (4 tablets per prescription)
frovatriptan succinate oral tablet 2.5 mg	3	SL (4 tablets per prescription)
naratriptan hcl oral tablet 1 mg, 2.5 mg	1	SL (10 per prescription.)
rizatriptan benzoate oral tablet 10 mg	1	SL (10 tablets per prescription.)
rizatriptan benzoate oral tablet 5 mg	1	
rizatriptan benzoate oral tablet dispersible 10 mg	1	SL (10 per prescription.)
rizatriptan benzoate oral tablet dispersible 5 mg	1	
sumatriptan nasal solution 20 mg/act, 5 mg/act	2	SL (6 spray bottles per prescription)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	
PAXIL ORAL SUSPENSION 10 MG/5ML (paroxetine hcl)	4	
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)
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	
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	3	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	2	
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	3	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin hcl oral concentrate 10 mg/ml	1	
ENOVARX-AMITRIPTYLINE EXTERNAL KIT 2 %	3	PA
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (desipramine hcl)	4	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline hcl oral solution 10 mg/5ml	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
protriptyline hcl oral tablet 10 mg, 5 mg	1	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	4	
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 9 MG (deutetrabenazine)	3	PA; SL (4 tablets per day.); SMCS; SP
AUSTEDO ORAL TABLET 6 MG (deutetrabenazine)	3	PA; SL (2 tablets per day.); SMCS; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 6 MG (deutetrabenazine)	3	PA; SL (2 tablets per day.); SMCS; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG (deutetrabenazine)	3	PA; SL (1 tablet per day.); SMCS; SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG (deutetrabenazine)	3	PA; SL (1 kit (28 tablets) per 365 days.); SMCS; SP
INGREZZA ORAL CAPSULE 40 MG, 80 MG (valbenazine tosylate)	3	PA; SL (1 capsule per day.); SMCS; SP
INGREZZA ORAL CAPSULE 60 MG (valbenazine tosylate)	3	PA; SL (1 capsule per day.); SMCS
INGREZZA ORAL CAPSULE SPRINKLE 40 MG (valbenazine tosylate)	3	PA; SL (30 tablets per month.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG (valbenazine tosylate)	3	PA; SL (30 capsules per month.); SMCS; SP
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (valbenazine tosylate)	3	PA; SL (1 kit (28 tablets) per year.); SMCS; SP
tetrabenazine oral tablet 12.5 mg	3	PA; SMCS
tetrabenazine oral tablet 25 mg	3	PA; SMCS; SP
WAKEFULNESS-PROMOTING AGENTS - Drugs for the Nervous System		
armodafinil oral tablet 150 mg, 250 mg	2	SL (1 tablet per day)
armodafinil oral tablet 200 mg	2	SL (1 tablet per day.)
armodafinil oral tablet 50 mg	2	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	2	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		
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	
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	
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	4	
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	
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 enamel 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 gel 1.1 %	1	
sodium fluoride 5000 ppm dental paste 1.1 %	1	
sodium fluoride 5000 sensitive dental gel 1.1-5 %	1	
sodium fluoride dental cream 1.1 %	1	
sodium fluoride dental gel 1.1 %	1	
sodium fluoride mouth/throat solution 0.2 %	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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
AEROCHAMBER HOLDING CHAMBER DEVICE (spacer/aero-holding chambers)	3	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE (spacer/aero-holding chambers)	3	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE (spacer/aero-holding chambers)	3	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE (spacer/aero-holding chambers)	3	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE (spacer/aero-holding chambers)	3	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE (spacer/aero-holding chambers)	3	
ALCOHOL PREP PADS SHEET 70 %	3	
AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	SL (10 syringes per day.)
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM	2	SL (10 pen needles per day.)
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM (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	2	SL (10 pen needles per day.)
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	SL (10 pen needles per day.)
AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	SL (10 pen needles per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	SL (1 device per prescription.)
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 29G X 1/2" 0.3 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (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	3	
BREATHE COMFORT CHAMBER/CHILD DEVICE	3	
CAREPOINT POLY HUB NEEDLE 18G X 1" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 21G X 1-1/2"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT POLY HUB NEEDLE 27G X 1/2"	2	
CAREPOINT SAFETY 1ST NEEDLE 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	2	
CARESENS CONTROL SOLUTION A/B IN VITRO SOLUTION (blood glucose calibration)	2	
CARESENS LANCETS 30G (lancets)	3	
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID (blood glucose calibration)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARETOUCH HYPODERMIC NEEDLE 22G X 1" , 27G X 1-1/2" (needle (disp))	2	
CARETOUCH LANCING/EJECTOR (lancet devices)	3	SL (1 device per prescription.)
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	SL (1 device per prescription.)
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.)
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.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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)	3	
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)	3	
FORA TEST N' GO ADVANCE DEVICE (blood glucose/ketone monitor)	3	M
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.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML (OTC)	2	SL (10 syringes per day.)
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML (RX)	2	SL (10 syringes per day.)
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML (OTC)	2	SL (10 syringes per day.)
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML (RX)	2	SL (10 syringes per day.)
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML (OTC)	2	SL (10 syringes per day.)
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML (RX)	2	SL (10 syringes per day.)
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML (insulin syringe-needle u-100)	2	SL (10 syringes per day.)
INSULIN SYRINGES 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 1/2" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML	2	SL (10 syringes per day.)
LANCETS (lancets)	1	
LANCETS (lancets)	3	
LANCETS SUPER THIN (lancets)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MICROLET NEXT LANCING DEVICE (lancet devices)	3	SL (1 device per prescription.)
NORDIPEN 5 INJECTION DEVICE (injection device)	3	
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 DEXG7G6 INTRO GEN 5 KIT (insulin disposable pump)	2	PA; SL (1 kit per 180 days.)
OMNIPOD 5 DEXG7G6 PODS GEN 5 (insulin disposable pump)	2	PA; SL (10 pods per prescription.)
OMNIPOD 5 LIBRE2 PLUS G6 KIT (insulin disposable pump)	2	PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS (insulin disposable pump)	2	PA
ONETOUCH DELICA PLUS LANCING (lancet devices)	1	SL (1 device per prescription.)
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	
PEN NEEDLES 31G X 8 MM (OTC)	2	SL (10 pen needles per day.)
PEN NEEDLES 31G X 8 MM (RX)	2	SL (10 pen needles per day.)
PEN NEEDLES 32G X 4 MM (OTC)	2	SL (10 pen needles per day.)
PEN NEEDLES 32G X 4 MM (RX)	2	SL (10 pen needles per day.)
PERFECT POINT SAFETY LANCETS (lancets)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PERFECT POINT SAFETY NEEDLE 25G X 1" (needle (disp))	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	
SURE COMFORT PEN NEEDLES 32G X 4 MM (OTC)	2	SL (10 pen needles per day.)
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VIVAGUARD INO CONTROL SOLUTION IN VITRO LIQUID (blood glucose calibration)	3	
VIVAGUARD LANCETS 30G (lancets)	3	
VIVAGUARD LANCING DEVICE (lancet devices)	3	SL (1 device per prescription.)
VIVAGUARD SAFETY LANCETS 28G (lancets)	3	
VORTEX VALVED HOLDING CHAMBER DEVICE (spacer/aero-holding chambers)	2	
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML (corticotropin)	4	PA; ST; SMCS; SP
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.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KETONE TEST IN VITRO STRIP	2	
KETOSTIX IN VITRO STRIP (acetone (urine) test)	2	
PHEOCHROMOCYTOMA		
DEMSEER ORAL CAPSULE 250 MG (metyrosine)	4	PA
metyrosine oral capsule 250 mg	3	PA
PITUITARY FUNCTION		
METOPIRONE ORAL CAPSULE 250 MG (metyrapone)	3	
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
AMMONIA DETOXICANTS		
carglumic acid oral tablet soluble 200 mg	3	PA; SMCS; SP
constulose oral solution 10 gm/15ml	1	
enulose oral solution 10 gm/15ml	1	
generlac oral solution 10 gm/15ml	1	
KRISTALOSE ORAL PACKET 10 GM (lactulose)	4	
KRISTALOSE ORAL PACKET 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	4	PA; SMCS
CALORIC AGENTS - Drugs for Nutrition		
CAMINO PRO COMPLETE/GLYTACTIN ORAL BAR (nutritional supplements)	3	M
DOJOLVI ORAL LIQUID 100 % (triheptanoin)	4	PA; SMCS; SP
EAA SUPPLEMENT ORAL PACKET (nutritional supplements)	3	
ENSURE PLUS ORAL LIQUID (nutritional supplements)	3	
GLYTACTIN BETTERMILK 15 ORAL PACKET (nutritional supplements)	3	M
GLYTACTIN BETTERMILK DE-LITE ORAL PACKET (nutritional supplements)	3	M

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GLYTACTIN BUILD 10PE ORAL PACKET (nutritional supplements)	3	M
GLYTACTIN BUILD 20/20 ORAL PACKET (nutritional supplements)	3	M
GLYTACTIN BUILD 20/20 PKU ORAL PACKET (nutritional supplements)	3	M
GLYTACTIN BURST ORAL PACKET (nutritional supplements)	3	M
GLYTACTIN COMPLETE 10PE ORAL BAR (nutritional supplements)	3	M
GLYTACTIN RESTORE 10 ORAL LIQUID (nutritional supplements)	3	M
GLYTACTIN RESTORE 5 ORAL PACKET (nutritional supplements)	3	M
GLYTACTIN RESTORE LITE 10 ORAL LIQUID (nutritional supplements)	3	M
GLYTACTIN RESTORE LITE 10PE ORAL PACKET (nutritional supplements)	3	M
GLYTACTIN RTD 10 ORAL LIQUID (nutritional supplements)	3	M
GLYTACTIN RTD 15 ORAL LIQUID (nutritional supplements)	3	M
GLYTACTIN RTD LITE 15 ORAL LIQUID (nutritional supplements)	3	M
GLYTACTIN SWIRL 15 ORAL PACKET (nutritional supplements)	3	
GLYTACTIN SWIRL 15PE ORAL PACKET (nutritional supplements)	3	M
L-ISOLEUCINE POWDER	3	PA
NEOCATE SYNEO JUNIOR ORAL POWDER (nutritional supplements)	3	
PEPTICATE ORAL POWDER (infant foods)	3	
PKU EASY MICROTABS ORAL TABLET DELAYED RELEASE (nutritional supplements)	3	
PKU EASY SHAKE & GO ORAL POWDER (nutritional supplements)	3	
PREKUNIL ORAL TABLET (nutritional supplements)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRO-STAT/FIBER ORAL LIQUID (amino acids-protein hydrolys)	3	
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	4	
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	
torseamide 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FOSRENOL ORAL PACKET 1000 MG, 750 MG (lanthanum carbonate)	3	ST
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	3	ST
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	2	PA
sevelamer carbonate oral tablet 800 mg	2	
VELPHORO ORAL TABLET CHEWABLE 500 MG (sucroferric oxyhydroxide)	4	ST
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	PA; SL (1 packet per day.)
LOKELMA ORAL PACKET 5 GM (sodium zirconium cyclosilicate)	3	PA; SL (3 packets per day.)
sodium polystyrene sulfonate oral powder	1	
SPS ORAL SUSPENSION 15 GM/60ML (sodium polystyrene sulfonate)	3	
VELTASSA ORAL PACKET 1 GM (patiomer sorbitex calcium)	3	PA
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (patiomer sorbitex calcium)	3	PA; SL (1 Packet per day.)
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	PA
eplerenone oral tablet 25 mg, 50 mg	2	
spironolactone oral suspension 25 mg/5ml	3	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
triamterene oral capsule 100 mg, 50 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (prenat-fecbn-feasp-meth-fa-dha)	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (prenat mv-min-methylfolate-fa)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION 22-4 MEQ/L (bicarb-dextrose-k (crrt))	3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	3	
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	2	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	2	
spironolactone-hctz oral tablet 25-25 mg	1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	2	
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	
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)	3	PA; SL (2 tablets per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (tolvaptan)	3	PA; SL (2 tablets per day.); SMCS; SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG (tolvaptan)	3	PA; SL (2 tablets per day.); SMCS
tolvaptan oral tablet 15 mg	3	PA; SMCS; SP
tolvaptan oral tablet 30 mg	3	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
sapropterin dihydrochloride oral packet 100 mg	3	PA; SL (16 packets per day.); SMCS; SP
sapropterin dihydrochloride oral packet 500 mg	3	PA; SL (4 packets per day.); SMCS; SP
sapropterin dihydrochloride oral tablet 100 mg	3	PA; SL (16 tablets per day); SMCS; SP
ENZYME INHIBITORS		
CERDELGA ORAL CAPSULE 84 MG (eliglustat tartrate)	3	PA; SMCS; SP
miglustat oral capsule 100 mg	4	SMCS
OPFOLDA ORAL CAPSULE 65 MG (miglustat (gaa deficiency))	3	PA; SL (8 capsules per 21 days.); SMCS; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	3	PA; SMCS; SP
ORFADIN ORAL SUSPENSION 4 MG/ML (nitisinone)	3	PA; SMCS; SP
ZOKINVY ORAL CAPSULE 50 MG (lonafarnib)	3	PA; SL (5 capsules per day.); SMCS; SP
ZOKINVY ORAL CAPSULE 75 MG (lonafarnib)	3	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
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)	3	PA; SL (5 ml per day.); SMCS; SP
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (collagenase)	4	SL (90 grams per prescription.)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML (asfotase alfa)	3	PA; M; SL (5.4 ml per month.); SMCS; SP
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML (asfotase alfa)	3	PA; M; SL (8.4 ml per month.); SMCS; SP
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML (asfotase alfa)	3	PA; M; SL (12 ml tablets per month.); SMCS; SP
STRENSIQ SUBCUTANEOUS SOLUTION 80 MG/0.8ML (asfotase alfa)	3	PA; M; SL (9.6 ml (12 vials) per month.); SMCS; SP
SUCRAID ORAL SOLUTION 8500 UNIT/ML (sacrosidase)	3	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, 60000-189600 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)	2	SL (10 ml per prescription)
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (brimonidine tartrate)	4	SL (10 ml per prescription)
apraclonidine hcl ophthalmic solution 0.5 %	1	
brimonidine tartrate external gel 0.33 %	3	PA; SL (30 grams per prescription.)
brimonidine tartrate ophthalmic solution 0.15 %	2	SL (10 ml per prescription)
brimonidine tartrate ophthalmic solution 0.2 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (brimonidine tartrate-timolol)	2	SL (5 ml per prescription)
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
IOPIDINE OPHTHALMIC SOLUTION 1 % (apraclonidine hcl)	3	
MIRVASO EXTERNAL GEL 0.33 % (brimonidine tartrate)	3	PA; SL (30 grams per prescription.)
ANTIALLERGIC AGENTS - Drugs for Allergy		
ALOCRILOPHTHALMIC SOLUTION 2 % (nedocromil sodium)	3	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (Iodoxamide tromethamine)	3	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	
azelastine hcl ophthalmic solution 0.05 %	1	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	1	
cromolyn sodium ophthalmic solution 4 %	1	
epinastine hcl ophthalmic solution 0.05 %	4	SL (5 ml per prescription)
olopatadine hcl nasal solution 0.6 %	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	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (besifloxacin hcl)	3	
CETRAXAL OTIC SOLUTION 0.2 % (ciprofloxacin hcl)	3	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (ciprofloxacin hcl)	3	
ciprofloxacin hcl ophthalmic solution 0.3 %	1	
ciprofloxacin hcl otic solution 0.2 %	1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	4	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (neomycin-colist-hc-thonzonium)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DOUBLE PM OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5 %	3	PA
ery external pad 2 %	1	
ERYGEL EXTERNAL GEL 2 % (erythromycin)	3	
erythromycin external gel 2 %	1	
erythromycin external solution 2 %	1	
erythromycin ophthalmic ointment 5 mg/gm	1	H
gatifloxacin ophthalmic solution 0.5 %	3	
gentamicin sulfate ophthalmic solution 0.3 %	1	SL (15 ml per prescription.)
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 %	3	
moxifloxacin hcl ophthalmic solution 0.5 %	3	
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ofloxacin ophthalmic solution 0.3 %	1	
ofloxacin otic solution 0.3 %	2	
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	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	3	
tobramycin inhalation nebulization solution 300 mg/4ml	3	PA; SL (224 ml per 56 days.); SMCS; SP
tobramycin ophthalmic solution 0.3 %	1	SL (5 ml per prescription.)
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	2	
TOBEX OPHTHALMIC OINTMENT 0.3 % (tobramycin)	3	SL (3.5 grams per prescription.)
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	PA
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	PA
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (loteprednol-tobramycin)	3	
ANTIFUNGALS (EENT) - Drugs for Infections		
NATACYN OPHTHALMIC SUSPENSION 5 % (natamycin)	4	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
periogard mouth/throat solution 0.12 %	1	
PRAMOTIC OTIC LIQUID 1-0.1 % (pramoxine-chloroxylenol)	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 OPHTHALMIC EMULSION 0.05 % (cyclosporine)	4	PA; SL (60 vials per prescription.)
VERKAZIA OPHTHALMIC EMULSION 0.1 % (cyclosporine)	4	PA; SL (4 vials per day.)
XIIDRA OPHTHALMIC SOLUTION 5 % (lifitegrast)	4	PA; SL (60 vials per prescription.)
ANTIVIRALS (EENT) - Drugs for Infections		
trifluridine ophthalmic solution 1 %	1	
ZIRGAN OPHTHALMIC GEL 0.15 % (ganciclovir)	4	
ASTRINGENTS (52:04) - Drugs for Infections		
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (chlorhexidine gluconate)	4	
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 % (timolol hemihydrate)	2	SL (5 ml per prescription)
BETIMOL OPHTHALMIC SOLUTION 0.5 % (timolol hemihydrate)	2	SL (5 ml per prescription.)
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (betaxolol hcl)	3	
carteolol hcl ophthalmic solution 1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (brimonidine tartrate-timolol)	2	SL (5 ml per prescription)
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (dorzolamide hcl-timolol mal)	4	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	2	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (timolol maleate)	4	
levobunolol hcl ophthalmic solution 0.5 %	1	
timolol maleate (once-daily) ophthalmic solution 0.5 %	3	
timolol maleate ocudose ophthalmic solution 0.5 %	2	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (timolol maleate)	4	
CARBONIC ANHYDRASE INHIBITORS (EENT) - Drugs for the Eye		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
brinzolamide ophthalmic suspension 1 %	2	SL (10 ml per prescription)
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (dorzolamide hcl-timolol mal)	4	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	2	
methazolamide oral tablet 25 mg, 50 mg	1	
CORTICOSTEROIDS (EENT) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (albuterol-budesonide)	3	SL (10.7 grams per prescription.)
ALREX OPHTHALMIC SUSPENSION 0.2 % (loteprednol etabonate)	4	SL (5 ml per prescription)
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLOBETASOL PROPIONATE OPHTHALMIC SUSPENSION 0.05 %	4	
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 %	3	
DOUBLE PM OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5 %	3	PA
DUREZOL OPHTHALMIC EMULSION 0.05 % (difluprednate)	4	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (loteprednol etabonate)	4	SL (8.3 mL per prescription)
flac otic oil 0.01 %	1	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (fluorometholone acetate)	2	
flunisolide nasal solution 25 mcg/act (0.025%)	3	
fluocinolone acetonide otic oil 0.01 %	1	
fluorometholone ophthalmic suspension 0.1 %	1	
fluticasone propionate nasal suspension 50 mcg/act	2	SL (16 grams (1 bottle) per prescription)
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (fluorometholone)	3	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (fluorometholone)	4	
hydrocortisone-acetic acid otic solution 1-2 %	1	
INVELTYS OPHTHALMIC SUSPENSION 1 % (loteprednol etabonate)	3	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (loteprednol etabonate)	3	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (loteprednol etabonate)	3	SL (5 grams per prescription.)
loteprednol etabonate ophthalmic suspension 0.2 %	3	SL (5 ml per prescription)
loteprednol etabonate ophthalmic suspension 0.5 %	3	SL (5 ml per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	3	SL (17 grams (1 bottle) per prescription)
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	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (prednisolone acetate)	3	
prednisolone acetate ophthalmic suspension 1 %	1	
prednisolone sodium phosphate ophthalmic solution 1 %	1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	3	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	2	
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	PA
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	PA
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (loteprednol-tobramycin)	3	

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
EENT ANTI-INFLAMMATORY AGENTS, MISC. - Drugs for Inflammation		
RESTASIS OPHTHALMIC EMULSION 0.05 % (cyclosporine)	4	PA; SL (60 vials per prescription.)
VERKAZIA OPHTHALMIC EMULSION 0.1 % (cyclosporine)	4	PA; SL (4 vials per day.)
XIIDRA OPHTHALMIC SOLUTION 5 % (lifitegrast)	4	PA; SL (60 vials per prescription.)
EENT DRUGS, MISCELLANEOUS		
acetic acid otic solution 2 %	1	
apraclonidine hcl ophthalmic solution 0.5 %	1	
AQUORAL MOUTH/THROAT SOLUTION (artificial saliva)	3	
CAPHOSOL MOUTH/THROAT SOLUTION (artificial saliva)	3	
cromolyn sodium ophthalmic solution 4 %	1	
cromolyn sodium oral concentrate 100 mg/5ml	1	
CYSTDROPS OPHTHALMIC SOLUTION 0.37 % (cysteamine hcl)	4	PA; SL (20 mL per 21 days); SMCS
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (cysteamine hcl)	3	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	
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
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	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diclofenac sodium ophthalmic solution 0.1 %	1	
flurbiprofen sodium ophthalmic solution 0.03 %	1	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	1	
ketorolac tromethamine oral tablet 10 mg	1	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (nepafenac)	4	
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	PA
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	PA
LOCAL ANESTHETICS (EENT) - Drugs for Numbing		
AKTEN OPHTHALMIC GEL 3.5 % (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-chloroxylenol)	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)	3	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 % (cyclopentolate hcl)	4	
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 %	2	SL (2.5 ml per prescription.)
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	SL (2.5 mL per prescription.)
tafluprost (pf) ophthalmic solution 0.0015 %	3	ST; SL (30 unit of use droppers per prescription.)
travoprost (bak free) ophthalmic solution 0.004 %	3	SL (2.5 ml per prescription)
XELPROS OPHTHALMIC EMULSION 0.005 % (latanoprost)	3	SL (2.5 ml per prescription.)
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (tafluprost)	3	ST; SL (30 unit of use droppers per prescription.)
RHO KINASE INHIBITORS - Drugs for the Eye		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (netarsudil dimesylate)	3	SL (2.5 ml per prescription.)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (netarsudil-latanoprost)	3	SL (2.5 mL per prescription.)
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	

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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		
lubiprostone oral capsule 24 mcg, 8 mcg	2	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.)
IMMUNOMODULATORY AGENTS (56:44)		
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML (vedolizumab)	3	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; M; SL (2 prefilled syringe per month.); SMCS; SP
OPIOID ANTAGONISTS (56:18)		
alvimopan oral capsule 12 mg	3	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (methylnaltrexone bromide)	4	PA; M; SL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (methylnaltrexone bromide)	4	PA; 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	SL (1 capsule per prescription.)
ANZEMET ORAL TABLET 50 MG (dolasetron mesylate)	4	SL (6 tablets per prescription.)
granisetron hcl oral tablet 1 mg	2	
ondansetron hcl oral solution 4 mg/5ml	1	
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	1	
ondansetron odt oral tablet dispersible 16 mg	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
ANTIDIARRHEA AGENTS - Drugs for Diarrhea		
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	
opium oral tincture 10 mg/ml (1%)	1	
VIBERZI ORAL TABLET 100 MG, 75 MG (eluxadoline)	4	PA; SL (2 tablets per day.)
XERMELO ORAL TABLET 250 MG (telotristat etiprate)	4	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 10 MG, 2.5 MG, 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	3	
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	4	PA; SL (4 ml per day.)
ANTIFLATULENTS - Drugs for Gas		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (dph-lido-alhydr-mghydr-simeth)	3	PA
ANTIHISTAMINES (GI DRUGS) - Drugs for Vomiting and Nausea		
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		
alosecron hcl oral tablet 0.5 mg, 1 mg	2	PA; SL (2 tablets per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (mesalamine)	1	
balsalazide disodium oral capsule 750 mg	1	
mesalamine oral capsule delayed release 400 mg	2	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine rectal enema 4 gm	1	
mesalamine rectal suppository 1000 mg	2	SL (1 suppository per day.)
mesalamine-cleanser rectal kit 4 gm	1	SL (4 kits per month.)
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
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	2	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
clarithromycin oral tablet 250 mg, 500 mg	1	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (metronidazole benzoate)	3	PA
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	3	
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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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)	3	SL (350 ml per prescription.)
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
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	SL (4000 mL per prescription.); H
gavilyte-n with flavor pack oral solution reconstituted 420 gm	1	SL (4000 ml per prescription.); 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	SL (4000 mL per prescription.)
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)	4	SL (1 kit per prescription.)
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	3	SL (354 ml per prescription.)
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	1	SL (4000 ml per prescription.); H
peg-3350/electrolytes oral solution reconstituted 236 gm	1	SL (4000 mL per prescription.); H
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	3	SL (1 kit per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	3	SL (1 kit per prescription.)
PEG-PREP ORAL KIT 5-210 MG-GM (bisacodyl-peg-kcl-nabicar-nacl)	4	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (peg-kcl-nacl-nasulf-na asc-c)	3	SL (3 cartons per prescription.)
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	SL (2 doses (1 box) per prescription.)
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (na sulfate-k sulfate-mg sulf)	3	SL (354 ml per prescription.)
SUTAB ORAL TABLET 1479-225-188 MG (sodium sulfate-mag sulfate-kcl)	3	H
CHOLELITHOLYTIC AGENTS - Drugs for the Stomach		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (cholic acid)	3	PA; SL (4 capsules per day.); SMCS; SP
IQIRVO ORAL TABLET 80 MG (elafibranor)	4	PA; SMCS; SP
LIVDELZI ORAL CAPSULE 10 MG (seladelpar lysine)	4	PA; SMCS; SP
OICALIVA 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))	3	PA; M; SL (1 vial per day.); SMCS; SP
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, 60000-189600 UNIT (pancrelipase (lip-prot-amyl))	2	
GI DRUGS, MISCELLANEOUS - Drugs for the Stomach		
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	3	PA; M; SL (0.03 ml per day.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA; M; SL (0.03 ml per day.); SMCS; SP
alvimopan oral capsule 12 mg	3	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (adalimumab-atto)	3	PA; M; SL (2 auto-injectors (1 carton) per month.); SMCS; SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (adalimumab-atto)	3	PA; M; SL (2 syringes per month per month.); SMCS; SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML (adalimumab-atto)	3	PA; M; SMCS; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (cholic acid)	3	PA; SL (4 capsules per day.); SMCS; SP
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (certolizumab pegol)	3	PA; M; SL (1 kit per 21 days.); SMCS; SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (certolizumab pegol)	3	PA; M; SL (6 mL per 365 days.); SMCS; SP
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML (adalimumab-adbm)	3	PA; M; SL (0.08 syringe per day.); SMCS; SP
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML (vedolizumab)	3	PA; M; SL (0.05 ml per day.); SMCS; SP
GATTEX SUBCUTANEOUS KIT 5 MG (teduglutide (rdna))	3	PA; M; SL (1 vial per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (adalimumab)	3	PA; M; SL (2 pens per month.); SMCS; SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (adalimumab)	3	PA; M; SL (3 pens per year.); SMCS; SP
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (adalimumab)	3	PA; M; SL (2 pens per month.); SMCS; SP
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)	3	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (adalimumab)	3	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (adalimumab)	3	PA; M; SL (2 syringes per month.); SMCS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (adalimumab)	3	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)	3	PA; M; SL (3 pens per year.); SMCS; SP
IQIRVO ORAL TABLET 80 MG (elafibranor)	4	PA; SMCS; SP
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (linaclotide)	2	PA; SL (1 capsule per day.)
Iubiprostone oral capsule 24 mcg, 8 mcg	2	PA; SL (2 capsules per day.)
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (dronabinol)	4	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (prucalopride succinate)	3	PA; SL (1 tablet per day.)
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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (methylnaltrexone bromide)	4	PA; M; SL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (methylnaltrexone bromide)	4	PA; M; SL (0.4 ml per day.)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (golimumab)	3	PA; M; SL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (golimumab)	3	PA; M; SL (0.5 ml (1 syringe) per month); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (golimumab)	3	PA; M; SL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (golimumab)	3	PA; M; SL (0.5 ml (1 syringe) per month); SMCS; SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (risankizumab-rzaa)	3	PA; M; SL (1.2 ml per 42 days.); SMCS; SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (risankizumab-rzaa)	3	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	PA; SL (4 ml per day.)
VIBERZI ORAL TABLET 100 MG, 75 MG (eluxadoline)	4	PA; 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
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	3	
NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO ORAL CAPSULE 300-0.5 MG (netupitant-palonosetron)	4	SL (1 capsule per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aprepitant oral 80 & 125 mg	2	SL (3 capsules per prescription)
aprepitant oral capsule 125 mg, 40 mg	2	SL (1 capsule per prescription)
aprepitant oral capsule 80 & 125 mg	2	SL (3 capsules per prescription)
aprepitant oral capsule 80 mg	2	SL (2 capsules per prescription)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (aprepitant)	2	SL (3 pouches per prescription.)
POTASSIUM-COMPETITIVE ACID BLOCKERS - Drugs for Ulcers and Stomach Acid		
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (amoxicillin-vonoprazan)	4	ST; 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	ST; 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	
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	SM
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	3	
misoprostol oral tablet 100 mcg, 200 mcg	1	SM
PROTECTANTS - Drugs for Ulcers and Stomach Acid		
sucralfate oral suspension 1 gm/10ml	3	
sucralfate oral tablet 1 gm	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROTON-PUMP INHIBITORS - Drugs for Ulcers and Stomach Acid		
esomeprazole magnesium oral packet 10 mg, 20 mg	4	PA; ST; SL (1 packet per day.)
esomeprazole magnesium oral packet 40 mg	4	PA; ST; 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	3	PA; ST; SL (1 tablet per day.)
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 5 MG (esomeprazole magnesium)	4	PA; ST; SL (1 packet per day.)
NEXIUM ORAL PACKET 40 MG (esomeprazole magnesium)	4	PA; ST; SL (1 packet per day)
OMECLAMOX-PAK ORAL 500-500-20 MG (amoxicillin-clarithromycin)	4	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 tablet delayed release 20 mg, 40 mg	1	
rabeprazole sodium oral tablet delayed release 20 mg	2	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.)
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
CHEMET ORAL CAPSULE 100 MG (succimer)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	3	PA; SMCS; SP
deferasirox oral packet 180 mg, 360 mg, 90 mg	3	PA; SMCS; SP
deferasirox oral tablet 180 mg, 360 mg, 90 mg	3	PA; SMCS; SP
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	3	PA; SMCS; SP
deferiprone oral tablet 1000 mg	4	PA; SMCS
DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	3	SMCS; SP
penicillamine oral tablet 250 mg	3	SMCS; SP
trientine hcl oral capsule 500 mg	4	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	PA; M; SL (4 autoinjector pens (1.2mls) per month.)
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones		
ADRENALS - Hormones		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (fluticasone-salmeterol)	3	SL (0.4 grams per day.)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (albuterol-budesonide)	3	SL (10.7 grams per prescription.)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (fluticasone furoate)	2	SL (1 blister per day.)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (fluticasone furoate)	2	SL (1 packet per day.)
betamethasone dipropionate aug external cream 0.05 %	1	
betamethasone dipropionate aug external gel 0.05 %	1	
betamethasone dipropionate aug external lotion 0.05 %	3	
betamethasone dipropionate aug external ointment 0.05 %	3	
betamethasone dipropionate external cream 0.05 %	2	
betamethasone dipropionate external lotion 0.05 %	1	
betamethasone dipropionate external ointment 0.05 %	2	
betamethasone valerate external cream 0.1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
betamethasone valerate external lotion 0.1 %	1	
betamethasone valerate external ointment 0.1 %	1	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 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	2	SL (120 ml (2 boxes) per 30 days.)
budesonide inhalation suspension 1 mg/2ml	2	SL (60 ml (1 box) per 30 days.)
budesonide oral capsule delayed release particles 3 mg	2	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (hydrocortisone)	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)	3	
DIPROLENE EXTERNAL OINTMENT 0.05 % (betamethasone dipropionate aug)	4	
fludrocortisone acetate oral tablet 0.1 mg	1	
flunisolide nasal solution 25 mcg/act (0.025%)	3	
fluticasone propionate external cream 0.05 %	1	
fluticasone propionate external ointment 0.005 %	1	
fluticasone propionate nasal suspension 50 mcg/act	2	SL (16 grams (1 bottle) per prescription)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	SL (2 blisters per day.)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	SL (0.04 mcg per day.)
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	3	SL (17 grams (1 bottle) per prescription)
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	3	
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	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (beclomethasone diprop hfa)	2	SL (10.6 grams per month.)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (beclomethasone diprop hfa)	2	SL (42.4 grams per month.)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (budesonide-formoterol fumarate)	3	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, 1.5 MG (21) (dexamethasone)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (dexamethasone)	3	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 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	3	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	2	
ANDROGENS - Hormones		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (testosterone)	2	PA; 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
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	PA; SL (2 capsules per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KYZATREX ORAL CAPSULE 150 MG, 200 MG (testosterone undecanoate)	4	PA; SL (4 capsules per day.)
METHITEST ORAL TABLET 10 MG	2	
methyltestosterone oral capsule 10 mg	2	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (testosterone)	2	PA; 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 20.25 mg/act (1.62%) transdermal	2	PA; SL (150 grams (2 pumps) per month.)
testosterone transdermal gel 1.62 %	2	PA; SL (150 grams (2 pumps) per month.)
ANTIDIABETIC AGENTS, MISCELLANEOUS - Drugs for Diabetes		
colesevelam hcl oral packet 3.75 gm	2	
colesevelam hcl oral tablet 625 mg	2	
mifepristone oral tablet 300 mg	4	PA; SL (4 tablets per day.); SMCS; SP
ANTIESTROGENS - Drugs for Women		
anastrozole oral tablet 1 mg	1	H
exemestane oral tablet 25 mg	2	H
letrozole oral tablet 2.5 mg	1	H
ANTIGONADTROPINS - Hormones		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (degarelix acetate)	4	M; SMCS; SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (degarelix acetate)	4	M; SMCS; SP
MYFEMBREE ORAL TABLET 40-1-0.5 MG (relugolix-estradiol-norethind)	2	PA; SL (1 tablet day.)
ORGOVYX ORAL TABLET 120 MG (relugolix)	4	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.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORLISSA ORAL TABLET 150 MG (elagolix sodium)	2	PA; SL (1 tablet per day.)
ORLISSA ORAL TABLET 200 MG (elagolix sodium)	2	PA; SL (2 tablets per day.)
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS - Hormones		
diazoxide oral suspension 50 mg/ml	3	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (diazoxide)	4	
ANTIPARATHYROID AGENTS - Drugs for Bones		
calcitonin (salmon) injection solution 200 unit/ml	3	M
calcitonin (salmon) nasal solution 200 unit/act	2	
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	3	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	
propylthiouracil oral tablet 50 mg	1	
BIGUANIDES - Drugs for Diabetes		
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	2	
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	3	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	2	SL (3 tablets per day)
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg	2	SL (62 tablets per month.)
saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg	2	SL (31 tablets per month.)
SITAGLIPTIN BASE-METFORMIN HCL ORAL TABLET 50-1000 MG, 50-500 MG	4	ST
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.)
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	3	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	3	H
aubra eq oral tablet 0.1-20 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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)	2	H
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (levonorgest-eth estrad-fe bisg)	4	ST; H
balziva oral tablet 0.4-35 mg-mcg	1	H
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	3	H
camrese oral tablet 0.15-0.03 & 0.01 mg	3	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	3	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.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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)	2	H
dolishale oral tablet 90-20 mcg	3	H
drosipren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	4	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
emzahn 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)	4	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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	2	H
incassia oral tablet 0.35 mg	1	H
introvale oral tablet 0.15-0.03 mg	2	H
isibloom oral tablet 0.15-30 mg-mcg	1	H
jaimiess oral tablet 0.15-0.03 & 0.01 mg	3	H
jencycla oral tablet 0.35 mg	1	H
jolessa oral tablet 0.15-0.03 mg	2	H
joyeaux oral tablet 0.1-20 mg-mcg(21)	4	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	4	H
kalliga oral tablet 0.15-30 mg-mcg	1	H
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	2	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	4	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

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
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	3	H
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	4	H
levonorgestrel oral tablet 1.5 mg	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	3	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)	4	H
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	3	H
low-ogestrel oral tablet 0.3-30 mg-mcg	1	H
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)	4	H
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin 1/20 oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	H
mili oral tablet 0.25-35 mg-mcg	1	H
mono-linyah oral tablet 0.25-35 mg-mcg	1	H
my choice oral tablet 1.5 mg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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
nora-be oral tablet 0.35 mg	1	H
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	3	H
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	4	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	H
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethindrone 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	1	H
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg	4	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc oral tablet 0.35 mg	1	H
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	H
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	H
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nylia 1/35 oral tablet 1-35 mg-mcg	1	H
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
opcicon one-step oral tablet 1.5 mg	1	H
OPILL ORAL TABLET 0.075 MG (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)	2	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
rivelsa oral tablet 42-21-21-7 days	1	H
setlakin oral tablet 0.15-0.03 mg	2	H
sharobel oral tablet 0.35 mg	1	H
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	2	H
simpesse oral tablet 0.15-0.03 & 0.01 mg	3	H
SLYND ORAL TABLET 4 MG (drospirenone)	4	H
sprintec 28 oral tablet 0.25-35 mg-mcg	1	H
sronyx oral tablet 0.1-20 mg-mcg	1	H
take action oral tablet 1.5 mg	1	H
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	H
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	H
taysofy oral capsule 1-20 mg-mcg(24)	4	H
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
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	2	H
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tri-mili 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	2	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	4	H
velivet oral tablet 0.1/0.125/0.15 -0.025 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)	2	H
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	2	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	3	H
YASMIN 28 ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	2	H
YAZ ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	2	H
zafemy transdermal patch weekly 150-35 mcg/24hr	3	H
zovia 1/35 (28) oral tablet 1-35 mg-mcg	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.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	2	SL (1 tablet per day)
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg	2	SL (62 tablets per month.)
saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg	2	SL (31 tablets per month.)
SITAGLIPTIN BASE-METFORMIN HCL ORAL TABLET 50-1000 MG, 50-500 MG	4	ST
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-basedoxifene)	4	SL (1 tablet per day.)
OSPHENA ORAL TABLET 60 MG (ospemifene)	3	PA; SL (1 tablet per day.)
raloxifene hcl oral tablet 60 mg	2	H
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H
toremifene citrate oral tablet 60 mg	3	CM
ESTROGENS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	3	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	3	H
abra 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)	2	H
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (levonorgest-eth estrad-fe bisg)	4	ST; H
balziva oral tablet 0.4-35 mg-mcg	1	H
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (estradiol-progesterone)	3	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	1	H
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
blisovi fe 1/20 oral tablet 1-20 mg-mcg	1	H
briellyn oral tablet 0.4-35 mg-mcg	1	H
camrese lo oral tablet 0.1-0.02 & 0.01 mg	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
camrese oral tablet 0.15-0.03 &0.01 mg	3	H
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
chateal eq oral tablet 0.15-30 mg-mcg	1	H
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (estradiol-levonorgestrel)	3	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)	3	SL (8 patches per 28 days.)
COVARYX HS ORAL TABLET 0.625-1.25 MG (est estrogens-methyltest)	3	
COVARYX ORAL TABLET 1.25-2.5 MG (est estrogens-methyltest)	2	
cryselle-28 oral tablet 0.3-30 mg-mcg	1	H
cyred eq oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35 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	3	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)	2	H
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (estradiol)	3	
dolishale oral tablet 90-20 mcg	3	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	2	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	4	H
DUAVEE ORAL TABLET 0.45-20 MG (conj estrogens-bazedoxifene)	4	SL (1 tablet per day.)
EC-RX ESTRADIOL TRANSDERMAL CREAM 0.4 %, 0.6 %	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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
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	2	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	2	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	2	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	2	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	2	SL (8 patches (1 box) per 28 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	3	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	SL (50 grams (1 box) per month.)
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	4	
estradiol vaginal tablet 10 mcg	2	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	M
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
estratest f.s. oral tablet 1.25-2.5 mg	1	
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)	4	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	3	
gemmily oral capsule 1-20 mg-mcg(24)	4	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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
haloette vaginal ring 0.12-0.015 mg/24hr	1	H
iclevia oral tablet 0.15-0.03 mg	2	H
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG (estradiol)	2	SL (0.29 vaginal insert per day.)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 4 MCG (estradiol)	2	SL (0.29 insert per day.)
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (estradiol)	2	SL (18 inserts per year.)
introvale oral tablet 0.15-0.03 mg	2	H
isibloom oral tablet 0.15-30 mg-mcg	1	H
jaimiess oral tablet 0.15-0.03 & 0.01 mg	3	H
jinteli oral tablet 1-5 mg-mcg	3	
jolessa oral tablet 0.15-0.03 mg	2	H
joyeaux oral tablet 0.1-20 mg-mcg(21)	4	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	4	H
kalliga oral tablet 0.15-30 mg-mcg	1	H
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	2	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	4	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	3	H
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	4	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	3	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)	4	H
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	3	H
low-ogestrel oral tablet 0.3-30 mg-mcg	1	H
lutra oral tablet 0.1-20 mg-mcg	1	H
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	2	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)	4	H
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin 1/20 oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	H
mili oral tablet 0.25-35 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
mimvey oral tablet 1-0.5 mg	2	
mono-lynyah oral tablet 0.25-35 mg-mcg	1	H
MYFEMBREE ORAL TABLET 40-1-0.5 MG (relugolix-estradiol-norethind)	2	PA; 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
NEXTSTELLIS ORAL TABLET 3-14.2 MG (drospirenone-estetrol)	4	H
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	3	H
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	4	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	H
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	2	
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	1	H
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg	4	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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
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)	2	H
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)	4	
PREMARIN VAGINAL CREAM 0.625 MG/GM (estrogens, conjugated)	3	
PREMPHASE ORAL TABLET 0.625-5 MG (conj estrog-medroxyprogest ace)	3	
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)	4	
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	2	H
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	2	H
simpesse oral tablet 0.15-0.03 & 0.01 mg	3	H
sprintec 28 oral tablet 0.25-35 mg-mcg	1	H
sronyx oral tablet 0.1-20 mg-mcg	1	H
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	H
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	H
taysofy oral capsule 1-20 mg-mcg(24)	4	H
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
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	2	H
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tri-mili 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	2	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	4	H
velivet oral tablet 0.1/0.125/0.15 -0.025 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)	2	H
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	2	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	3	H
YASMIN 28 ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	2	H
YAZ ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	2	H
yuvaferm vaginal tablet 10 mcg	2	
zafemy transdermal patch weekly 150-35 mcg/24hr	3	H
zovia 1/35 (28) oral tablet 1-35 mg-mcg	1	H
GLYCOGENOLYTIC AGENTS - Hormones		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (glucagon)	2	SL (2 intranasal devices per prescription.)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (glucagon)	2	SL (2 intranasal devices per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
glucagon emergency kit injection kit 1 mg	2	SL (2 boxes per prescription.)
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	SL (2 boxes per prescription.)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML (glucagon)	2	M; SL (0.2 ml per prescription.)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML (glucagon)	2	M; SL (0.4 ml per prescription.)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML (glucagon)	2	M; SL (0.2 ml per prescription.)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML (glucagon)	2	M; SL (0.4 ml per prescription.)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (glucagon)	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (glucagon)	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (dasiglucagon hcl)	2	SL (1.2 ml per prescription.)
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (dasiglucagon hcl)	2	SL (1.2 ml per prescription.)
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)	3	PA; SL (3.4 ml per month.)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (exenatide)	3	PA; SL (2.4 ml (one pen) per month.)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (exenatide)	3	PA; SL (1.2 ml (one pen) per month.)

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LIRAGLUTIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	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)	3	PA; SL (0.08 ml per day.)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (semaglutide)	3	PA; SL (6 ml per month.)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML (semaglutide)	3	PA; SL (3 ml per month.)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (semaglutide)	3	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)	3	PA; SL (2 ml per month.)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML (dulaglutide)	3	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 2.5 MG/0.5ML, 5 MG/0.5ML (tirzepatide-weight management)	3	PA; M
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (tirzepatide-weight management)	3	PA; M; 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	SL (75 ml per prescription.)
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (insulin nph isophane & regular)	2	SL (70 ml per prescription.)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (insulin nph human (isophane))	2	SL (75 ml per prescription.)
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (insulin nph human (isophane))	2	SL (70 ml per prescription.)
LEPTINS - Hormones		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (metreleptin)	4	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)	2	SL (75 ml per prescription.)
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine)	2	SL (70 ml per prescription.)
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)	3	SL (75 ml per prescription.)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (insulin glargine)	3	SL (37.5 ml per prescription.)
MEGLITINIDES - Drugs for Diabetes		
nateglinide oral tablet 120 mg, 60 mg	2	SL (3 tablets per day)
repaglinide oral tablet 0.5 mg, 1 mg	2	SL (4 tablets per day)
repaglinide oral tablet 2 mg	2	SL (8 tablets per day)
PARATHYROID AGENTS - Drugs for Bones		
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	4	PA; M; SMCS; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (abaloparatide)	4	PA; M; SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML (palopegteriparatide)	4	PA; SMCS; SP
PITUITARY - Hormones		
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML (corticotropin)	4	PA; ST; SMCS; SP
desmopressin ace spray refrig nasal solution 0.01 %	1	
desmopressin acetate injection solution 4 mcg/ml	1	M
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 (somatrogon-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	PA; SL (1 tablet per day.)
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML (somatropin)	3	PA; M; SL (13.5 mL per month.); SMCS
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML, 30 MG/3ML (somatropin)	3	PA; M; SL (9 mL per month.); SMCS; SP
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/1.5ML (somatropin)	3	PA; M; SL (27 mL per month.); SMCS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML (somatropin)	3	PA; M; SL (13.5 mL per month.); SMCS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML (somatropin)	3	PA; M; SL (27 mL per month.); SMCS
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (somatropin)	3	PA; M; SL (16 vials per month.); SMCS; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	3	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	3	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)	2	H
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (levonorgest-eth estrad-fe bisg)	4	ST; H
balziva oral tablet 0.4-35 mg-mcg	1	H
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (estradiol-progesterone)	3	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	1	H
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
blisovi fe 1/20 oral tablet 1-20 mg-mcg	1	H
briellyn oral tablet 0.4-35 mg-mcg	1	H
camila oral tablet 0.35 mg	1	H
camrese lo oral tablet 0.1-0.02 & 0.01 mg	3	H
camrese oral tablet 0.15-0.03 & 0.01 mg	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
chateal eq oral tablet 0.15-30 mg-mcg	1	H
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (estradiol-levonorgestrel)	3	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)	3	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	3	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)	2	H
dolishale oral tablet 90-20 mcg	3	H
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	4	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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	2	
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	3	
gallifrey oral tablet 5 mg	1	
gemmily oral capsule 1-20 mg-mcg(24)	4	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	2	H
incassia oral tablet 0.35 mg	1	H
introvale oral tablet 0.15-0.03 mg	2	H
isibloom oral tablet 0.15-30 mg-mcg	1	H
jaimiess oral tablet 0.15-0.03 & 0.01 mg	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
jencycla oral tablet 0.35 mg	1	H
jinteli oral tablet 1-5 mg-mcg	3	
jolessa oral tablet 0.15-0.03 mg	2	H
joyeaux oral tablet 0.1-20 mg-mcg(21)	4	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	4	H
kalliga oral tablet 0.15-30 mg-mcg	1	H
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	2	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	4	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	3	H
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	4	H
levonorgestrel oral tablet 1.5 mg	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	1	H
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	3	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)	4	H
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	3	H
low-ogestrel oral tablet 0.3-30 mg-mcg	1	H
lutra oral tablet 0.1-20 mg-mcg	1	H
lyleq oral tablet 0.35 mg	1	H
lyza oral tablet 0.35 mg	1	H
marlissa oral tablet 0.15-30 mg-mcg	1	H
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	1	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	1	
megestrol acetate oral suspension 625 mg/5ml	3	
megestrol acetate oral tablet 20 mg, 40 mg	1	
merzee oral capsule 1-20 mg-mcg(24)	4	H
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin 1/20 oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	H
mili oral tablet 0.25-35 mg-mcg	1	H
mimvey oral tablet 1-0.5 mg	2	
mono-linyah oral tablet 0.25-35 mg-mcg	1	H
my choice oral tablet 1.5 mg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
my way oral tablet 1.5 mg	1	H
MYFEMBREE ORAL TABLET 40-1-0.5 MG (relugolix-estradiol-norethind)	2	PA; 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
nora-be oral tablet 0.35 mg	1	H
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	3	H
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	4	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	H
norethindrone 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
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	2	
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	1	H
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg	4	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc oral tablet 0.35 mg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	H
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	H
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nylia 1/35 oral tablet 1-35 mg-mcg	1	H
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
opcicon one-step oral tablet 1.5 mg	1	H
OPILL ORAL TABLET 0.075 MG (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)	2	H
PLAN B ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	1	H
portia-28 oral tablet 0.15-30 mg-mcg	1	H
PREMPHASE ORAL TABLET 0.625-5 MG (conj estrogen-medroxyprogesterone)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (conj estrogen-medroxyprogesterone)	4	
progesterone intramuscular oil 50 mg/ml	1	M
PROGESTERONE MICRONIZED TRANSDERMAL CREAM 10 %	3	PA
progesterone oral capsule 100 mg, 200 mg	2	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (medroxyprogesterone acetate)	4	
react oral tablet 1.5 mg	1	H
reclipsen oral tablet 0.15-30 mg-mcg	1	H
rivelisa oral tablet 42-21-21-7 days	1	H
setlakin oral tablet 0.15-0.03 mg	2	H
sharobel oral tablet 0.35 mg	1	H
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	2	H
simpesse oral tablet 0.15-0.03 & 0.01 mg	3	H
SLYND ORAL TABLET 4 MG (drospirenone)	4	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sprintec 28 oral tablet 0.25-35 mg-mcg	1	H
sronyx oral tablet 0.1-20 mg-mcg	1	H
take action oral tablet 1.5 mg	1	H
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	H
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	H
taysofy oral capsule 1-20 mg-mcg(24)	4	H
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
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	2	H
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
tri-mili 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	2	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	4	H
velivet oral tablet 0.1/0.125/0.15 -0.025 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)	2	H
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	2	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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
wymzya fe oral tablet chewable 0.4-35 mg-mcg	1	H
xulane transdermal patch weekly 150-35 mcg/24hr	3	H
YASMIN 28 ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	2	H
YAZ ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	2	H
zafemy transdermal patch weekly 150-35 mcg/24hr	3	H
zovia 1/35 (28) oral tablet 1-35 mg-mcg	1	H
RAPID-ACTING INSULINS - Drugs for Diabetes		
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (insulin lispro)	2	SL (75 ml per prescription.)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (insulin lispro)	2	SL (75 ml (25 pens) per prescription.)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (insulin lispro prot & lispro)	2	SL (75 ml per prescription.)
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (insulin lispro prot & lispro)	2	SL (70 ml per prescription.)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (insulin lispro prot & lispro)	2	SL (75 ml per prescription.)
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (insulin lispro prot & lispro)	2	SL (70 ml per prescription.)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (insulin lispro)	2	SL (75 ml per prescription.)
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (insulin lispro)	2	SL (75 ml per prescription.)
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	SL (75 ml per prescription.)
INSULIN LISPRO INJECTION SOLUTION 100 UNIT/ML	2	SL (70 ml per prescription.)
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	SL (75 ml per prescription.)
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	2	SL (75 ml per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (insulin lispro-aabc)	2	SL (75 ml per prescription.)
LYUMJEV VIAL INJECTION SOLUTION 100 UNIT/ML (insulin lispro-aabc)	2	SL (70 ml per prescription.)
SHORT-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (insulin nph isophane & regular)	2	SL (75 ml per prescription.)
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (insulin nph isophane & regular)	2	SL (70 ml per prescription.)
HUMULIN R SOLUTION 100 UNIT/ML INJECTION (insulin regular human)	1	SL (70 ml per prescription.)
HUMULIN R SOLUTION 100 UNIT/ML INJECTION (insulin regular human)	2	SL (70 ml per prescription.)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (insulin regular human)	2	SL (75 mL per prescription.)
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML (insulin regular human)	2	SL (80 ml per prescription.)
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.)

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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)	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)	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
SOMATOTROPIN AGONISTS - Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (mecasermin)	3	PA; M; SL (52 vials per month.); SMCS; SP
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML (somatropin)	3	PA; M; SL (13.5 mL per month.); SMCS
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML, 30 MG/3ML (somatropin)	3	PA; M; SL (9 mL per month.); SMCS; SP
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/1.5ML (somatropin)	3	PA; M; SL (27 mL per month.); SMCS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML (somatropin)	3	PA; M; SL (13.5 mL per month.); SMCS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML (somatropin)	3	PA; M; SL (27 mL per month.); SMCS
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (somatropin)	3	PA; M; SL (16 vials per month.); 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	
glimepiride oral tablet 3 mg	4	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide oral tablet 10 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	2	
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		
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	2	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)	3	
ERMEZA ORAL SOLUTION 150 MCG/5ML (levothyroxine sodium)	3	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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	2	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	2	
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (resmetirom)	4	PA; SL (1 Tablet per day.); SMCS; SP
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
IMMUNOMODULATORY AGENTS (90:00)		
AMINO ACID POLYMERS		
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	3	PA; M; SL (30 ml per month.); SMCS
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	3	PA; M; SL (12 ml per 21 days.); SMCS
glatopa subcutaneous solution prefilled syringe 20 mg/ml	3	PA; M; SL (30 ml per month.); SMCS
glatopa subcutaneous solution prefilled syringe 40 mg/ml	3	PA; M; SL (12 ml per 21 days.); SMCS
ANTIMETABOLITES		
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (cladribine)	4	PA; ST; SL (40 tablets per 720 days.); SMCS
teriflunomide oral tablet 14 mg	3	PA; SL (1 tablet per day.); SMCS
teriflunomide oral tablet 7 mg	3	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, 75 mg	3	
azathioprine oral tablet 50 mg	1	
mycophenolate mofetil oral capsule 250 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 OPTHALMIC EMULSION 0.05 % (cyclosporine)	4	PA; SL (60 vials per prescription.)
VERKAZIA OPTHALMIC EMULSION 0.1 % (cyclosporine)	4	PA; SL (4 vials per day.)
COMPLEMENT INHIBITOR AGENTS (90:20)		
FABHALTA ORAL CAPSULE 200 MG (iptacopan hcl)	3	PA; SL (2 capsules per day.); SMCS; SP
COMPLEMENT INHIBITORS (90:08)		
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML (zilucoplan sodium)	4	PA; SL (0.416 ml per day.); SMCS; SP
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML (zilucoplan sodium)	4	PA; SL (0.574 ml per day.); SMCS; SP
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML (zilucoplan sodium)	4	PA; SL (0.81 ml per day.); SMCS; SP
DISEASE-MODIFYING ANTIRHEUMAT DRUGS MISC		
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML (vedolizumab)	3	PA; M; SL (0.05 ml per day.); SMCS; SP
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (abatacept)	4	PA; ST; M; SL (4 auto-injectors per month.); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (abatacept)	4	PA; ST; M; SL (4 syringes per month); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (abatacept)	4	PA; ST; M; SL (0.06 ml per day.); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (abatacept)	4	PA; ST; M; SL (0.1 ml per day.); SMCS; SP
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS		
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (certolizumab pegol)	3	PA; M; SL (1 kit per 21 days.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (certolizumab pegol)	3	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.)
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (guselkumab)	3	PA; M; SL (1 mL (1 device) every 8 weeks); SMCS; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (guselkumab)	3	PA; M; SL (1 mL (1 syringe) every 8 weeks.); 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	PA; SL (4 ml per day.); CM
FUMARATES		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (monomethyl fumarate)	3	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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IGG1 MONOCLONAL ANTIBODIES		
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (belimumab)	3	PA; M; SL (4 ml per month.); SMCS; SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (belimumab)	3	PA; M; SL (4 ml per month.); SMCS; SP
IMMUNOMODULATORY AGENTS (90:00)		
cyclophosphamide oral capsule 25 mg, 50 mg	3	CM
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	3	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)	3	PA; M; SL (4 pens (1 box) per month.); SMCS; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (interferon beta-1a)	3	PA; M; SL (4 syringes (1 box) per month.); SMCS; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG (interferon beta-1b)	3	PA; M; SL (14 vials per month.); SMCS
INTERLEUKIN INHIBITOR AGENTS, MISC		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (omalizumab)	3	PA; M; SL (0.08 ml per day.); SMCS; SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (omalizumab)	3	PA; M; SL (0.15 ml per day.); SMCS; SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (omalizumab)	3	PA; M; SL (0.04 ml per day.); SMCS; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (omalizumab)	3	PA; M; SL (0.08 ml per day.); SMCS; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (omalizumab)	3	PA; M; SL (0.15 ml per day.); SMCS; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (omalizumab)	3	PA; M; SL (0.04 ml per day.); SMCS; SP
INTERLEUKIN-MEDIATED AGENTS, MISC		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (tocilizumab)	4	PA; ST; M; SL (3.6 ml per 21 days.); SMCS; SP

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RINVOQ LQ ORAL SOLUTION 1 MG/ML (upadacitinib)	3	PA; SL (360 mL (2 bottles) per month.); SMCS; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (upadacitinib)	3	PA; SL (1 tablet per day.); SMCS; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (upadacitinib)	3	PA; SL (84 tablets per 365 days.); SMCS; SP
XELJANZ ORAL SOLUTION 1 MG/ML (tofacitinib citrate)	3	PA; SL (8 mL per day.); SMCS; SP
XELJANZ ORAL TABLET 10 MG, 5 MG (tofacitinib citrate)	3	PA; SL (2 tablets per day.); SMCS; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (tofacitinib citrate)	3	PA; SL (1 tablet per day.); SMCS; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (tofacitinib citrate)	3	PA; SL (1 tablet per day.); SMCS
MONOCARBOXYLIC ACID AMIDE AGENTS		
leflunomide oral tablet 10 mg, 20 mg	1	
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	3	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	
PHOSPHODIESTERASE-4 INHIBITORS, MISC		
OTEZLA ORAL TABLET 20 MG (apremilast)	3	PA; SL (60 tablets per month.); SMCS
OTEZLA ORAL TABLET 30 MG (apremilast)	3	PA; SL (2 tablets per day.); SMCS; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (apremilast)	3	PA; SL (55 tablets (one starter pack) per year.); SMCS; SP
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (apremilast)	3	PA; SL (1 starter pack per year.); SMCS
SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS		
fingolimod hcl oral capsule 0.5 mg	1	PA; SL (1 capsule per day.); SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAYZENT ORAL TABLET 0.25 MG (siponimod fumarate)	4	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)	4	PA; SL (1 tablet per day.); SMCS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (siponimod fumarate)	4	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
TUMOR NECROSIS FACTOR INHIBITORS, MISC		
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	3	PA; M; SL (0.03 ml per day.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA; M; SL (0.03 ml per day.); SMCS; SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (adalimumab-atto)	3	PA; M; SL (2 auto-injectors (1 carton) per month.); SMCS; SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (adalimumab-atto)	3	PA; M; SL (2 syringes per month per month.); SMCS; SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML (adalimumab-atto)	3	PA; M; SMCS; SP
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (certolizumab pegol)	3	PA; M; SL (1 kit per 21 days.); SMCS; SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (certolizumab pegol)	3	PA; M; SL (6 mL per 365 days.); SMCS; SP
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML (adalimumab-adbm)	3	PA; M; SL (0.08 syringe per day.); SMCS; SP
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (etanercept)	3	PA; M; SL (0.15 ml per day.); SMCS; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (etanercept)	3	PA; M; SL (0.15 ml per day.); SMCS; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (etanercept)	3	PA; M; SL (0.15 ml per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (etanercept)	3	PA; M; SL (0.15 ml per day.); SMCS; SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (adalimumab)	3	PA; M; SL (2 pens per month.); SMCS; SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (adalimumab)	3	PA; M; SL (3 pens per year.); SMCS; SP
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (adalimumab)	3	PA; M; SL (2 pens per month.); SMCS; SP
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)	3	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (adalimumab)	3	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (adalimumab)	3	PA; M; SL (2 syringes per month.); SMCS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (adalimumab)	3	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)	3	PA; M; SL (3 pens per year.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (golimumab)	3	PA; M; SL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (golimumab)	3	PA; M; SL (0.5 ml (1 syringe) per month); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (golimumab)	3	PA; M; SL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (golimumab)	3	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.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
dutasteride oral capsule 0.5 mg	2	
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	2	
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	SL (2 intranasal devices per prescription.)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (glucagon)	2	SL (2 intranasal devices per prescription.)
CHEMET ORAL CAPSULE 100 MG (succimer)	2	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (lanthanum carbonate)	3	ST
glucagon emergency kit injection kit 1 mg	2	SL (2 boxes per prescription.)
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	SL (2 boxes per prescription.)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML (glucagon)	2	M; SL (0.2 ml per prescription.)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML (glucagon)	2	M; SL (0.4 ml per prescription.)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML (glucagon)	2	M; SL (0.2 ml per prescription.)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML (glucagon)	2	M; SL (0.4 ml per prescription.)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (glucagon)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (glucagon)	2	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	3	ST
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	3	SL (5 tablets per prescription.)
RADIOGARDASE ORAL CAPSULE 0.5 GM (prussian blue insoluble)	3	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	2	PA
sevelamer carbonate oral tablet 800 mg	2	
sodium polystyrene sulfonate oral powder	1	
SPS ORAL SUSPENSION 15 GM/60ML (sodium polystyrene sulfonate)	3	
VISTOGARD ORAL PACKET 10 GM (uridine triacetate)	3	SL (20 packets per prescription.)
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (dasiglucagon hcl)	2	SL (1.2 ml per prescription.)
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (dasiglucagon hcl)	2	SL (1.2 ml per prescription.)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (naloxone hcl)	2	SL (1 ml per prescription.)
ANTIGOUT AGENTS - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral capsule 0.6 mg	2	
colchicine oral tablet 0.6 mg	2	
colchicine-probenecid oral tablet 0.5-500 mg	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG (naproxen)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG (naproxen)	4	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1	
febuxostat oral tablet 40 mg, 80 mg	3	
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (colchicine)	4	PA
INDOCIN RECTAL SUPPOSITORY 50 MG (indomethacin)	4	PA
indomethacin er oral capsule extended release 75 mg	2	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin rectal suppository 50 mg	3	PA
MITIGARE ORAL CAPSULE 0.6 MG (colchicine)	2	
naproxen dr oral tablet delayed release 500 mg	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg, 500 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	2	
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)	3	PA; M; SL (0.22 ml per day.); SMCS; SP
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML (eplontersen sodium)	3	PA; M; SL (0.029 ml per day.); SMCS; SP
BONE ANABOLIC AGENTS		
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	4	PA; M; SMCS; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (abaloparatide)	4	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol)	3	SL (8 patches (1 box) per 28 days.)
calcitonin (salmon) injection solution 200 unit/ml	3	M
calcitonin (salmon) nasal solution 200 unit/act	2	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML (estradiol valerate)	4	M
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)	3	M
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (estradiol)	3	
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	2	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	2	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	2	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	2	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	2	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	2	SL (8 patches (1 box) per 28 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	3	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	SL (50 grams (1 box) per month.)
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	4	
estradiol vaginal tablet 10 mcg	2	
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)	4	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	2	
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	2	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)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREMARIN VAGINAL CREAM 0.625 MG/GM (estrogens, conjugated)	3	
raloxifene hcl oral tablet 60 mg	2	H
risedronate sodium oral tablet 150 mg	4	SL (1 tablet per month)
risedronate sodium oral tablet 30 mg, 5 mg	4	
risedronate sodium oral tablet 35 mg	4	SL (4 tablets per 28 days.)
yuvafem vaginal tablet 10 mcg	2	
BRADYKININ RECEPTOR ANTAGONISTS		
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	3	PA; M; SL (0.6 ml per day.); SMCS; SP
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
dichlorphenamide oral tablet 50 mg	3	PA; SL (4 tablets per day.); SMCS; SP
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	4	PA; SL (4 tablets per day.); SMCS; SP
ORMALVI ORAL TABLET 50 MG (dichlorphenamide)	4	PA; SL (4 tablets per day.); SMCS; SP
CARIOSTATIC AGENTS - Vitamins and Fluoride		
CLINPRO 5000 DENTAL PASTE 1.1 % (sodium fluoride)	3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (sodium fluoride)	4	
DENTA 5000 PLUS SENSITIVE DENTAL 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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	4	
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-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	
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 enamel 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 gel 1.1 %	1	
sodium fluoride 5000 ppm dental paste 1.1 %	1	
sodium fluoride 5000 sensitive dental gel 1.1-5 %	1	
sodium fluoride dental cream 1.1 %	1	
sodium fluoride dental gel 1.1 %	1	
sodium fluoride mouth/throat solution 0.2 %	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	
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)	3	PA; M; SL (5.8 ml per day. 2,100 ml per 360 days.); SMCS; SP
FABHALTA ORAL CAPSULE 200 MG (iptacopan hcl)	3	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 (c1 esterase inhibitor (human))	3	PA; M; SL (24 vials per month.); SMCS; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT (c1 esterase inhibitor (human))	3	PA; M; SL (16 vials per month.); SMCS; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (c1 esterase inhibitor (recomb))	4	PA; M; SL (0.27 vials per day.); SMCS; SP
VOYDEYA ORAL TABLET 100 MG (danicopan)	3	PA; SL (6 tablets per day.); SMCS; SP
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG (danicopan)	3	PA; SMCS; SP
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML (zilucoplan sodium)	4	PA; SL (0.416 ml per day.); SMCS; SP
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML (zilucoplan sodium)	4	PA; SL (0.574 ml per day.); SMCS; SP
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML (zilucoplan sodium)	4	PA; SL (0.81 ml 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)	3	PA; M; SL (5.8 ml per day. 2,100 ml per 360 days.); SMCS; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT (c1 esterase inhibitor (human))	3	PA; M; SL (24 vials per month.); SMCS; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT (c1 esterase inhibitor (human))	3	PA; M; SL (16 vials per month.); SMCS; SP
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	3	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)	3	PA; M; SL (0.072 ml per day.); SMCS; SP
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - Drugs for Arthritis		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (tocilizumab)	4	PA; ST; M; SL (3.6 ml per 21 days.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (tocilizumab)	4	PA; ST; M; SL (4 syringes (3.6 ml) per month.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	3	PA; M; SL (0.03 ml per day.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA; M; SL (0.03 ml per day.); SMCS; SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (adalimumab-atto)	3	PA; M; SL (2 auto-injectors (1 carton) per month.); SMCS; SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (adalimumab-atto)	3	PA; M; SL (2 syringes per month per month.); SMCS; SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML (adalimumab-atto)	3	PA; M; SMCS; SP
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	4	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (abrocitinib)	3	PA; SL (1 tablet per day.); SMCS; SP; CM
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (certolizumab pegol)	3	PA; M; SL (1 kit per 21 days.); SMCS; SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (certolizumab pegol)	3	PA; M; SL (6 mL per 365 days.); SMCS; SP
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (secukinumab)	3	PA; M; SL (0.072 ml per day.); SMCS; SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (secukinumab)	3	PA; M; SL (0.036 ml per day.); SMCS; SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (secukinumab)	3	PA; M; SL (0.018 ml per day.)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	3	PA; M; SL (0.072 ml per day.); SMCS; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	3	PA; M; SL (0.036 ml per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (secukinumab)	3	PA; 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	
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML (adalimumab-adbm)	3	PA; M; SL (0.08 syringe per day.); SMCS; SP
DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	3	SMCS; SP
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (etanercept)	3	PA; M; SL (0.15 ml per day.); SMCS; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (etanercept)	3	PA; M; SL (0.15 ml per day.); SMCS; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (etanercept)	3	PA; M; SL (0.15 ml per day.); SMCS; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (etanercept)	3	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	
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (adalimumab)	3	PA; M; SL (2 pens per month.); SMCS; SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (adalimumab)	3	PA; M; SL (3 pens per year.); SMCS; SP
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (adalimumab)	3	PA; M; SL (2 pens per month.); SMCS; SP
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)	3	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (adalimumab)	3	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (adalimumab)	3	PA; M; SL (2 syringes per month.); SMCS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (adalimumab)	3	PA; M; SL (4 pens per 365 days.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (adalimumab)	3	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
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (anakinra)	4	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)	4	PA; ST; SL (1 tablet per day.); SMCS
OLUMIANT ORAL TABLET 2 MG (baricitinib)	4	PA; ST; SL (1 tablet per day.); SMCS; SP
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (abatacept)	4	PA; ST; M; SL (4 auto-injectors per month.); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (abatacept)	4	PA; ST; M; SL (4 syringes per month.); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (abatacept)	4	PA; ST; M; SL (0.06 ml per day.); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (abatacept)	4	PA; ST; M; SL (0.1 ml per day.); SMCS; SP
OTEZLA ORAL TABLET 30 MG (apremilast)	3	PA; SL (2 tablets per day.); SMCS; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (apremilast)	3	PA; SL (55 tablets (one starter pack) per year.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
penicillamine oral tablet 250 mg	3	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.)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (upadacitinib)	3	PA; SL (1 tablet per day.); SMCS; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (upadacitinib)	3	PA; SL (84 tablets per 365 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (golimumab)	3	PA; M; SL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (golimumab)	3	PA; M; SL (0.5 ml (1 syringe) per month); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (golimumab)	3	PA; M; SL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (golimumab)	3	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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	4	PA; SL (4 ml per day.); CM
XELJANZ ORAL SOLUTION 1 MG/ML (tofacitinib citrate)	3	PA; SL (8 mL per day.); SMCS; SP
XELJANZ ORAL TABLET 10 MG, 5 MG (tofacitinib citrate)	3	PA; SL (2 tablets per day.); SMCS; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (tofacitinib citrate)	3	PA; SL (1 tablet per day.); SMCS; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (tofacitinib citrate)	3	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)	4	PA; ST; M; SL (3.6 ml per 21 days.); SMCS; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (tocilizumab)	4	PA; ST; M; SL (4 syringes (3.6 ml) per month.); SMCS; SP
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (interferon gamma-1b)	3	PA; M; SL (8.5 mls per month.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	3	PA; M; SL (0.03 ml per day.); SMCS; SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA; M; SL (0.03 ml per day.); SMCS; SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (adalimumab-atto)	3	PA; M; SL (2 auto-injectors (1 carton) per month.); SMCS; SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (adalimumab-atto)	3	PA; M; SL (2 syringes per month per month.); SMCS; SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML (adalimumab-atto)	3	PA; M; SMCS; SP
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (interferon beta-1a)	3	PA; M; SL (4 pens (1 box) per month.); SMCS; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (interferon beta-1a)	3	PA; M; SL (4 syringes (1 box) per month.); SMCS; SP
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, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (monomethyl fumarate)	3	PA; SL (4 capsules per day.); SMCS; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG (interferon beta-1b)	3	PA; M; SL (14 vials per month.); SMCS
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (certolizumab pegol)	3	PA; M; SL (1 kit per 21 days.); SMCS; SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (certolizumab pegol)	3	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	
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML (adalimumab-adbm)	3	PA; M; SL (0.08 syringe 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
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (etanercept)	3	PA; M; SL (0.15 ml per day.); SMCS; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (etanercept)	3	PA; M; SL (0.15 ml per day.); SMCS; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (etanercept)	3	PA; M; SL (0.15 ml per day.); SMCS; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (etanercept)	3	PA; M; SL (0.15 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	3	PA; M; SL (30 ml per month.); SMCS
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	3	PA; M; SL (12 ml per 21 days.); SMCS
glatopa subcutaneous solution prefilled syringe 20 mg/ml	3	PA; M; SL (30 ml per month.); SMCS
glatopa subcutaneous solution prefilled syringe 40 mg/ml	3	PA; M; SL (12 ml per 21 days.); SMCS
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (adalimumab)	3	PA; M; SL (2 pens per month.); SMCS; SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (adalimumab)	3	PA; M; SL (3 pens per year.); SMCS; SP
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (adalimumab)	3	PA; M; SL (2 pens per month.); SMCS; SP
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)	3	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (adalimumab)	3	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (adalimumab)	3	PA; M; SL (2 syringes per month.); SMCS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (adalimumab)	3	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)	3	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)	3	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)	3	PA; M; SL (0.02 ml per day.); SMCS; SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (anakinra)	4	PA; ST; M; SL (0.67 ml (1 syringe) per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
leflunomide oral tablet 10 mg, 20 mg	1	
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg	3	PA; SL (28 capsules per 21 days.); SMCS; SP; CM
lenalidomide oral capsule 20 mg, 25 mg	3	PA; SL (21 capsules per 21 days.); SMCS; SP; CM
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (cladribine)	4	PA; ST; SL (40 tablets per 720 days.); SMCS
MAYZENT ORAL TABLET 0.25 MG (siponimod fumarate)	4	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)	4	PA; SL (1 tablet per day.); SMCS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (siponimod fumarate)	4	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)	4	PA; ST; M; SL (4 auto-injectors per month.); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (abatacept)	4	PA; ST; M; SL (4 syringes per month); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (abatacept)	4	PA; ST; M; SL (0.06 ml per day.); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (abatacept)	4	PA; ST; M; SL (0.1 ml per day.); SMCS; SP
OTEZLA ORAL TABLET 20 MG (apremilast)	3	PA; SL (60 tablets per month.); SMCS
OTEZLA ORAL TABLET 30 MG (apremilast)	3	PA; SL (2 tablets per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (apremilast)	3	PA; SL (55 tablets (one starter pack) per year.); SMCS; SP
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (apremilast)	3	PA; SL (1 starter pack per year.); SMCS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (peginterferon alfa-2a)	3	M; SMCS; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (peginterferon alfa-2a)	3	M; SMCS; SP
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (peginterferon beta-1a)	4	PA; SL (1 ml per month.); SMCS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (peginterferon beta-1a)	4	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)	4	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)	4	PA; M; SL (1 ml per month.); SMCS; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (peginterferon beta-1a)	4	PA; M; SL (1 ml per month.); SMCS; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	4	PA; SL (21 capsules per 21 days.); SMCS; SP; CM
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (lenalidomide)	3	PA; SL (28 capsules per 21 days.); SMCS; SP; CM
REVLIMID ORAL CAPSULE 20 MG, 25 MG (lenalidomide)	3	PA; SL (21 capsules per 21 days.); SMCS; SP; CM
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (golimumab)	3	PA; M; SL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (golimumab)	3	PA; M; SL (0.5 ml (1 syringe) per month); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (golimumab)	3	PA; M; SL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (golimumab)	3	PA; M; SL (0.5 ml (1 syringe) per month); SMCS; SP
sulfasalazine oral tablet 500 mg	1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
leflunomide oral tablet 10 mg, 20 mg	1	
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (cladribine)	4	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	3	
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	3	
MYHIBBIN ORAL SUSPENSION 200 MG/ML (mycophenolate mofetil)	4	
NUJO EXTERNAL SOLUTION 0.1 %	3	
pimecrolimus external cream 1 %	3	SL (30 grams per prescription.)
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)	4	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (tacrolimus)	4	PA
PURIXAN ORAL SUSPENSION 2000 MG/100ML (mercaptopurine)	4	SMCS; SP; CM
RAPAMUNE ORAL SOLUTION 1 MG/ML (sirolimus)	4	
sirolimus oral solution 1 mg/ml	3	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	
tacrolimus external ointment 0.03 %, 0.1 %	2	SL (30 grams per prescription.)
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	4	PA; SL (4 ml per day.); CM
KALLIKREIN INHIBITORS		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (lanadelumab-flyo)	3	PA; M; SL (0.072 ml per day.); SMCS; SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (lanadelumab-flyo)	3	PA; SL (0.0375 ml per day.); SMCS; SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (lanadelumab-flyo)	3	PA; SL (0.072 ml per day.); SMCS; SP
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (rilonacept)	3	PA; M; SL (4 vials per 21 days.); SMCS; SP
betaine oral powder	3	SMCS; SP
CERDELGA ORAL CAPSULE 84 MG (eliglustat tartrate)	3	PA; SMCS; SP
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (prenat-fecb-fefum-fa-dha w/o a)	3	
CYSTADANE ORAL POWDER (betaine)	4	SMCS; SP
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (cysteamine bitartrate)	3	SMCS; SP
dalfampridine er oral tablet extended release 12 hour 10 mg	3	PA; SL (2 tablets per day); SMCS
DEMSEER ORAL CAPSULE 250 MG (metyrosine)	4	PA
DUVYZAT ORAL SUSPENSION 8.86 MG/ML (givinostat hcl)	4	PA; SL (420 mL per month.); SMCS; SP
EC-RX DHEA EXTERNAL CREAM 10 %, 4 % (prasterone (dhea))	3	
ENBRACE HR ORAL CAPSULE (prenat vit-fe gly cys-fa-omega)	3	
ENDARI ORAL PACKET 5 GM (glutamine (sickle cell))	4	PA; SL (6 packets per day.)
EVOTAZ ORAL TABLET 300-150 MG (atazanavir-cobicistat)	2	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (risdiplam)	3	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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIRDAPSE ORAL TABLET 10 MG (amifampridine phosphate)	3	PA; SL (300 tablets per month.); SMCS; SP
GALAFOLD ORAL CAPSULE 123 MG (migalastat hcl)	4	PA; SL (14 capsules per 21 days.); SMCS; SP
levocarnitine oral solution 1 gm/10ml	1	
levocarnitine oral tablet 330 mg	1	
levocarnitine sf oral solution 1 gm/10ml	1	
l-glutamine oral packet 5 gm	3	PA; 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	3	PA
miglustat oral capsule 100 mg	4	SMCS
NESTABS ONE ORAL CAPSULE 38-1-225 MG (prenat-fe-methylfol-dha w/o a)	3	
OPFOLDA ORAL CAPSULE 65 MG (miglustat (gaa deficiency))	3	PA; SL (8 capsules per 21 days.); SMCS; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	3	PA; SMCS; SP
ORFADIN ORAL SUSPENSION 4 MG/ML (nitisinone)	3	PA; SMCS; SP
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	1	
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-fecfn-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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 PACKET 300 MG, 75 MG (cysteamine bitartrate)	4	SMCS; SP
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
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	3	PA; SL (16 packets per day.); SMCS; SP
sapropterin dihydrochloride oral packet 500 mg	3	PA; SL (4 packets per day.); SMCS; SP
sapropterin dihydrochloride oral tablet 100 mg	3	PA; SL (16 tablets per day); SMCS; SP
SKYCLARYS ORAL CAPSULE 50 MG (omaveloxolone)	3	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	4	SMCS; SP
tiopronin oral tablet delayed release 100 mg, 300 mg	4	SMCS; SP
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYBOST ORAL TABLET 150 MG (cobicistat)	2	
URELLE ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	4	
uretron d/s oral tablet 81.6 mg	4	
urin ds oral tablet 81.6 mg	4	
UROGESIC-BLUE ORAL TABLET 81.6 MG (methen-hyosc-meth blue-na phos)	2	
VIJOICE ORAL PACKET 50 MG (alpelisib)	4	PA; SL (28 packets (1 carton) per month.); SMCS; SP
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG (alpelisib)	4	PA; SL (28 tablets (1 blister pack) per month.); SMCS; SP
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG (alpelisib)	4	PA; SL (56 tablets (2 blister packs) per month.); SMCS; SP
VILEVEV MB ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	4	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (prenatal mv-min-fe fum-fa-dha)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (prenat w/o a-fe-methfol-fa-dha)	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (prenat-fefum-fered-fa-dha w/oa)	3	
VOWST ORAL CAPSULE (fecal microb spores, live-brpk)	4	PA; 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)	3	PA; SL (1 capsule per day.); SMCS; SP
VYNDAQEL ORAL CAPSULE 20 MG (tafamidis meglumine (cardiac))	3	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
XURIDEN ORAL PACKET 2 GM (uridine triacetate)	3	PA; SL (30 packets per prescription.); SMCS; SP
ZOKINVY ORAL CAPSULE 50 MG (lonafarnib)	3	PA; SL (5 capsules per day.); SMCS; SP
ZOKINVY ORAL CAPSULE 75 MG (lonafarnib)	3	PA; SL (1 tablet per day.); SMCS; SP
PROTECTIVE AGENTS		
adapalene-benzoyl peroxide external gel 0.1-2.5 %	3	SL (45 grams per prescription)
dalfampridine er oral tablet extended release 12 hour 10 mg	3	PA; SL (2 tablets per day); SMCS
MESNEX ORAL TABLET 400 MG (mesna)	4	SMCS; SP; CM
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
CAYA VAGINAL DIAPHRAGM (diaphragm arc-spring)	3	H
CONDOMS	3	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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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
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	SM
mifepristone oral tablet 200 mg	1	SM
PREPIDIL VAGINAL GEL 0.5 MG/3GM (dinoprostone)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
VERSAPENN (AL) ANHYD LIPID TRANSDERMAL GEL (transdermal base)	3	
RESPIRATORY TRACT AGENTS		
DUAL PHOSPHODIESTERASE INHIBITOR (48:34)		
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML (ensifentrine)	4	PA
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 (epinephrine)	2	SL (2 pens per prescription.)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML (epinephrine)	2	SL (2 injections per prescription.)
epinephrine hcl (nasal) nasal solution 0.1 %	1	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml	1	SL (2 injections per prescription.)
epinephrine injection solution auto-injector 0.15 mg/0.3ml	1	SL (4 injections per prescription.)
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)	3	SL (0.87 grams per day.)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (ipratropium-albuterol)	4	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	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (tiotropium bromide monohydrate)	2	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		
pirfenidone oral capsule 267 mg	2	PA; SL (9 capsules per day.); SMCS; SP
pirfenidone oral tablet 267 mg	3	PA; SL (9 tablets per day.); SMCS; SP
pirfenidone oral tablet 534 mg	3	PA; SL (3 tablets per day.); SMCS
pirfenidone oral tablet 801 mg	3	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, 200 mg	1	
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	3	PA; SL (360 ml per month.)
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	1	PA; SL (120 mL per prescription and 360 ml per month.)
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydromet oral solution 5-1.5 mg/5ml	1	PA; SL (120 mL per prescription and 360 ml per month.)
maxi-tuss ac oral solution 100-10 mg/5ml	1	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (phenylephrine-chlorphen-dm)	3	
promethazine-codeine oral solution 6.25-10 mg/5ml	1	PA; SL (360 ml per month.)
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (chlorpheniramine-codeine)	3	PA; SL (10 tablets per prescription and 30 tablets per month.)
CORTICOSTEROIDS (RESPIRATORY TRACT) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (albuterol-budesonide)	3	SL (10.7 grams per prescription.)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (fluticasone furoate)	2	SL (1 blister per day.)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (fluticasone furoate)	2	SL (1 packet per day.)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	2	SL (120 ml (2 boxes) per 30 days.)
budesonide inhalation suspension 1 mg/2ml	2	SL (60 ml (1 box) per 30 days.)
flunisolide nasal solution 25 mcg/act (0.025%)	3	
fluticasone propionate nasal suspension 50 mcg/act	2	SL (16 grams (1 bottle) per prescription)
mometasone furoate nasal suspension 50 mcg/act	3	SL (17 grams (1 bottle) per prescription)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (beclomethasone diprop hfa)	2	SL (10.6 grams per month.)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (beclomethasone diprop hfa)	2	SL (42.4 grams per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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
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)	3	PA; SL (1456 tablets per 356 days.); SMCS; SP
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG (tezacaftor-ivacaftor)	3	PA; SL (56 tablets per month. 728 tablets per 365 days.); SMCS; SP
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG (tezacaftor-ivacaftor)	3	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)	3	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)	3	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)	3	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)	3	PA; SL (2 packets per day. 728 packets per 356 days.); SMCS
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (ivacaftor)	3	PA; SL (728 packets per 356 days.); SMCS; SP
KALYDECO ORAL PACKET 5.8 MG (ivacaftor)	3	PA; SL (2 packets per day and 728 packets per 365 days.); SMCS
KALYDECO ORAL TABLET 150 MG (ivacaftor)	3	PA; SL (780 tablets per 356 days.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (lumacaftor-ivacaftor)	3	PA; SL (1456 tablets per 356 days.); SMCS; SP
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG (tezacaftor-ivacaftor)	3	PA; SL (56 tablets per month. 728 tablets per 365 days.); SMCS; SP
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG (tezacaftor-ivacaftor)	3	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)	3	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)	3	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)	3	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	3	PA; SL (1 tablet per day.); SMCS; SP
bosentan oral tablet 125 mg, 62.5 mg	3	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)	3	PA; SL (1 tablet per day.); SMCS; SP
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (macitentan-tadalafil)	4	PA; SL (1 tablet per day.); SMCS; SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	3	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)	3	PA; SL (4 tablets per day.); SMCS; SP
TRYVIO ORAL TABLET 12.5 MG (aprocitentan)	4	PA; SL (1 tablet per day.)
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	
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 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	
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)	3	PA; M; SL (4 vials per 21 days.); SMCS; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (dupilumab)	3	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

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
LEUKOTRIENE MODIFIERS - Drugs for Inflammation		
ACCOLATE ORAL TABLET 10 MG, 20 MG (zafirlukast)	4	
montelukast sodium oral packet 4 mg	2	
montelukast sodium oral tablet 10 mg	1	
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	
MAST-CELL STABILIZERS - Drugs for Inflammation		
ALOCRILOPHthalmic 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 % (sodium chloride)	3	
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 % (sodium chloride)	2	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (dornase alfa)	3	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%)	3	
fluticasone propionate nasal suspension 50 mcg/act	2	SL (16 grams (1 bottle) per prescription)
mometasone furoate nasal suspension 50 mcg/act	3	SL (17 grams (1 bottle) per prescription)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (albuterol-budesonide)	3	SL (10.7 grams per prescription.)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (fluticasone furoate)	2	SL (1 blister per day.)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (fluticasone furoate)	2	SL (1 packet per day.)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	2	SL (120 ml (2 boxes) per 30 days.)
budesonide inhalation suspension 1 mg/2ml	2	SL (60 ml (1 box) per 30 days.)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (beclomethasone diprop hfa)	2	SL (10.6 grams per month.)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (beclomethasone diprop hfa)	2	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	2	PA; SL (31 tablets per year.)
roflumilast oral tablet 500 mcg	2	PA; SL (1 tablet per day)
ZORYVE EXTERNAL CREAM 0.15 % (roflumilast (dermatologic))	4	
ZORYVE EXTERNAL CREAM 0.3 % (roflumilast)	4	PA; SL (60 grams per 30 days.)
ZORYVE EXTERNAL FOAM 0.3 % (roflumilast (antiseborrheic))	4	PA; SL (60 grams per prescription.)
PHOSPHODIESTERASE-5 INHIBITORS (RESPIR) - Drugs for the Lungs		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (macitentan-tadalafil)	4	PA; SL (1 tablet per day.); SMCS; SP
sildenafil citrate oral suspension reconstituted 10 mg/ml	4	PA; SL (186 ml per month.); SMCS; SP

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; 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
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	SL (0.5 tablet per day.)
sildenafil citrate oral tablet 20 mg	1	SL (0.5 tablet per day.); SMCS
tadalafil (pah) oral tablet 20 mg	3	PA; SL (2 tablets per day); SMCS; SP
tadalafil oral tablet 10 mg, 20 mg	2	SL (0.5 tablet per day.)
tadalafil oral tablet 2.5 mg, 5 mg	2	SL (1 tablet per day.)
TADLIQ ORAL SUSPENSION 20 MG/5ML (tadalafil (pah))	4	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, 0.25 MG, 1 MG, 2.5 MG, 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)	3	PA; SL (112 cartridges per 23 days.); SMCS; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (treprostinil)	3	PA; SL (112 cartridges per 23 days.); SMCS; SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (treprostinil)	3	PA; SL (252 cartridges per 365 days.); SMCS; SP
TYVASO INHALATION SOLUTION 0.6 MG/ML (treprostinil)	3	PA; SMCS
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (treprostinil)	3	PA; SMCS
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (treprostinil)	3	PA; SMCS
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (iloprost)	3	PA; SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RESPIRATORY TRACT AGENTS, MISCELLANEOUS - Drugs for the Lungs		
pirfenidone oral capsule 267 mg	2	PA; SL (9 capsules per day.); SMCS; SP
pirfenidone oral tablet 267 mg	3	PA; SL (9 tablets per day.); SMCS; SP
pirfenidone oral tablet 534 mg	3	PA; SL (3 tablets per day.); SMCS
pirfenidone oral tablet 801 mg	3	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
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (omalizumab)	3	PA; M; SL (0.08 ml per day.); SMCS; SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (omalizumab)	3	PA; M; SL (0.15 ml per day.); SMCS; SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (omalizumab)	3	PA; M; SL (0.04 ml per day.); SMCS; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (omalizumab)	3	PA; M; SL (0.08 ml per day.); SMCS; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (omalizumab)	3	PA; M; SL (0.15 ml per day.); SMCS; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (omalizumab)	3	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	2	
azelastine hcl ophthalmic solution 0.05 %	1	
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - Drugs for Asthma/COPD		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (albuterol-budesonide)	3	SL (10.7 grams per prescription.)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	SL (1 inhaler per prescription.)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	SL (6.7 grams per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	SL (8.5 grams per prescription.)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate oral syrup 2 mg/5ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	3	PA
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	3	SL (90 ml per prescription.)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	3	SL (30 vials per prescription)
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	SL (15 grams per prescription.)
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	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (levalbuterol tartrate)	3	SL (15 grams per prescription.)
VASODILATING AGENTS (RESPIRATORY TRACT) - Drugs for the Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (riociguat)	3	PA; SL (3 tablets per day.); SMCS; SP
ambrisentan oral tablet 10 mg, 5 mg	3	PA; SL (1 tablet per day.); SMCS; SP
bosentan oral tablet 125 mg, 62.5 mg	3	PA; SL (2 tablets per day.); SMCS; SP
OPSUMIT ORAL TABLET 10 MG (macitentan)	3	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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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)	3	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)	3	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
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 %	4	SL (60 grams per prescription.); SMCS; SP
bexarotene oral capsule 75 mg	3	SMCS; CM
EFUDEX EXTERNAL CREAM 5 % (fluorouracil)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
imiquimod external cream 5 %	1	
KLISYRI EXTERNAL OINTMENT 1 % (tirbanibulin)	4	ST; SL (5 units per prescription)
PANRETIN EXTERNAL GEL 0.1 % (alitretinoin)	3	
VALCHLOR EXTERNAL GEL 0.016 % (mechlorethamine hcl (topical))	3	PA; SL (120 grams per prescription.); SMCS; SP
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin		
ADRENERGIC AGONISTS - Drugs for the Skin		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (brimonidine tartrate)	2	SL (10 ml per prescription)
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (brimonidine tartrate)	4	SL (10 ml per prescription)
brimonidine tartrate external gel 0.33 %	3	PA; SL (30 grams per prescription.)
brimonidine tartrate ophthalmic solution 0.15 %	2	SL (10 ml per prescription)
brimonidine tartrate ophthalmic solution 0.2 %	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (brimonidine tartrate-timolol)	2	SL (5 ml per prescription)
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
MIRVASO EXTERNAL GEL 0.33 % (brimonidine tartrate)	3	PA; SL (30 grams per prescription.)
ANTIBACTERIALS (84:04) - Drugs for the Skin		
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (sulfacetamide sodium-sulfur)	4	
AVEIDA EXTERNAL GEL 1-1 %	3	
avidoxy oral tablet 100 mg	1	
azelaic acid external gel 15 %	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
benzoyl peroxide-erythromycin external gel 5-3 %	1	SL (23.3 grams per prescription.)
CLEOCIN ORAL CAPSULE 150 MG, 300 MG (clindamycin hcl)	4	
CLEOCIN ORAL CAPSULE 75 MG (clindamycin hcl)	2	
CLEOCIN VAGINAL CREAM 2 % (clindamycin phosphate)	4	
clindacin etz external swab 1 %	1	
clindacin external foam 1 %	3	
clindacin-p external swab 1 %	1	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	SL (1 bottle (45 grams) per month.)
clindamycin phosphate external foam 1 %	3	
clindamycin phosphate external gel 1 %	2	SL (75 grams per prescription.)
clindamycin phosphate external lotion 1 %	3	
clindamycin phosphate external solution 1 %	1	
clindamycin phosphate external swab 1 %	1	
clindamycin phosphate vaginal cream 2 %	2	
CLINDESSE VAGINAL CREAM 2 % (clindamycin phosphate (1 dose))	2	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (clindamycin-tretinoin-cholesty)	3	PA
dapsone oral tablet 100 mg, 25 mg	2	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
doxycycline hyclate oral capsule 100 mg, 50 mg	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	3	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	

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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)	4	
gentamicin sulfate external cream 0.1 %	1	SL (30 grams per prescription.)
gentamicin sulfate external ointment 0.1 %	1	SL (30 grams per prescription.)
IDARAN EXTERNAL OINTMENT 1-2 %	3	
KLARON EXTERNAL LOTION 10 % (sulfacetamide sodium (acne))	4	
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
mafenide acetate external packet 5 %	3	
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	
metronidazole external lotion 0.75 %	1	
metronidazole vaginal gel 0.75 %	2	
mondoxyne nl oral capsule 100 mg	1	
moxifloxacin hcl oral tablet 400 mg	3	
mupirocin calcium external cream 2 %	3	SL (15 grams per prescription)
mupirocin external ointment 2 %	1	SL (22 grams per prescription.)
NANRAN EXTERNAL OINTMENT 2-2 %	3	
neomycin sulfate oral tablet 500 mg	1	
neo-polycin hc ophthalmic ointment 1 %	1	
neuac external gel 1.2-5 %	3	SL (1 bottle (45 grams) per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OVACE PLUS EXTERNAL CREAM 10 % (sulfacetamide sodium)	3	
OVACE PLUS EXTERNAL SHAMPOO 10 % (sulfacetamide sodium)	3	
OVACE PLUS WASH EXTERNAL GEL 10 % (sulfacetamide sodium)	3	
OVACE PLUS WASH EXTERNAL LIQUID 10 % (sulfacetamide sodium)	4	
OVACE WASH EXTERNAL LIQUID 10 % (sulfacetamide sodium)	4	
polycin ophthalmic ointment 500-10000 unit/gm	1	
sodium sulfacetamide external shampoo 10 %	1	
sodium sulfacetamide wash external liquid 10 %	1	
sss 10-5 external cream 10-5 %	1	
SSS 10-5 EXTERNAL FOAM 10-5 %	4	
sulfacetamide sodium (acne) external lotion 10 %	1	
sulfacetamide sodium (cleans) external gel 10 %	1	
sulfacetamide sodium external liquid 10 %	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
sulfacetamide-sulfur in urea external emulsion 10-5 %	1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (mafenide acetate)	3	
VANDAZOLE VAGINAL GEL 0.75 % (metronidazole)	4	
VIBRAMYCIN ORAL CAPSULE 100 MG (doxycycline hyclate)	4	
XACIATO VAGINAL GEL 2 % (clindamycin phosphate)	2	SL (5 grams per prescription.)
ANTIFULGALS (SKIN, MUCOUS MEMBRANE),MISC - Drugs for the Skin		
EXODERM EXTERNAL LOTION 25-1 % (sod thiosulfate-salicylic acid)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTI-INFLAMMATORY AGENTS, MISC (SKIN) - Drugs for the Skin		
EUCRISA EXTERNAL OINTMENT 2 % (crisaborole)	3	ST; SL (60 grams per prescription.)
VTAMA EXTERNAL CREAM 1 % (tapinarof)	4	PA; SL (60 grams per prescription.)
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 %	4	PA; SL (45 grams per prescription.)
DYCLOPRO EXTERNAL SOLUTION 0.5 %	4	
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
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 %	2	SL (1.19 grams per day.)
lidocaine external patch 5 %	3	PA; SL (3 patches per day)
lidocaine hcl external solution 4 %	1	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lidocaine-prilocaine external cream 2.5-2.5 %	1	
LIDTOPIC MAX EXTERNAL CREAM 10 % (lidocaine)	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 %	2	SL (1.19 grams per day.)
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (hydrocortisone ace-pramoxine)	2	
PYRIDIUM 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
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
acyclovir external ointment 5 %	3	SL (15 grams per prescription.)
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)	4	
glycopyrrolate oral solution 1 mg/5ml	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
ASTRINGENTS, ANTI-INFECTIVE - Drugs for the Skin		
benzalkonium chloride external solution	2	
benzalkonium chloride external solution 50 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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 %	2	
EXELDERM EXTERNAL CREAM 1 % (sulconazole nitrate)	3	
EXELDERM EXTERNAL SOLUTION 1 % (sulconazole nitrate)	3	
GYNAZOLE-1 VAGINAL CREAM 2 % (butoconazole nitrate (1 dose))	3	
ketoconazole external cream 2 %	1	SL (30 grams per prescription.)
ketoconazole external foam 2 %	3	ST
ketoconazole external shampoo 2 %	1	
ketodan external foam 2 %	3	ST
miconazole 3 vaginal suppository 200 mg	1	
ORAVIG BUCCAL TABLET 50 MG (miconazole)	4	
PHEDRAX EXTERNAL SHAMPOO 2-2 %	3	
PHEOXIA EXTERNAL CREAM 2-4 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
terconazole vaginal suppository 80 mg	1	
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 %	2	SL (60 grams per prescription)
calcipotriene external ointment 0.005 %	2	
calcipotriene external solution 0.005 %	1	SL (60 mL per prescription)
CALCITRENE EXTERNAL OINTMENT 0.005 % (calcipotriene)	3	
DIOOXIA EXTERNAL CREAM 0.005-4 %	3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (calcipotriene-betameth diprop)	4	SL (60 grams per prescription.)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (collagenase)	4	SL (90 grams per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML (fibrin sealant component)	3	
VTAMA EXTERNAL CREAM 1 % (tapinarof)	4	PA; SL (60 grams per prescription.)
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		
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (clindamycin-tretinoin-cholesty)	3	PA
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	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	3	SL (20 grams per prescription.)
tretinoin oral capsule 10 mg	3	SL (279 capsules per prescription.); SMCS; SP; CM
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 %	3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
anucort-hc rectal suppository 25 mg	2	
ANUSOL-HC EXTERNAL CREAM 2.5 % (hydrocortisone)	4	
APEXICON E EXTERNAL CREAM 0.05 % (diflorasone diacet emoll base)	2	SL (30 grams per prescription.)
betamethasone dipropionate aug external cream 0.05 %	1	
betamethasone dipropionate aug external gel 0.05 %	1	
betamethasone dipropionate aug external lotion 0.05 %	3	
betamethasone dipropionate aug external ointment 0.05 %	3	
betamethasone dipropionate external cream 0.05 %	2	
betamethasone dipropionate external lotion 0.05 %	1	
betamethasone dipropionate external ointment 0.05 %	2	
betamethasone valerate external cream 0.1 %	1	
betamethasone valerate external lotion 0.1 %	1	
betamethasone valerate external ointment 0.1 %	1	
budesonide rectal foam 2 mg, 2 mg/act	2	
clobetasol propionate e external cream 0.05 %	2	SL (30 grams per prescription.)
clobetasol propionate external cream 0.05 %	2	SL (30 grams per prescription.)
clobetasol propionate external gel 0.05 %	2	SL (30 grams per prescription.)
clobetasol propionate external liquid 0.05 %	1	SL (59 ml per prescription)
clobetasol propionate external ointment 0.05 %	2	SL (30 grams per prescription.)
clobetasol propionate external solution 0.05 %	1	SL (25 ml per prescription.)
CLOBETAVIX EXTERNAL KIT 0.05 %	3	
clocortolone pivalate external cream 0.1 %	3	ST; SL (75 grams per prescription.)
clotrimazole-betamethasone external cream 1-0.05 %	1	
clotrimazole-betamethasone external lotion 1-0.05 %	1	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (flurandrenolide)	3	SL (1 packet per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	SL (118.28 ml per prescription.)
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (fluocinolone acetonide)	4	
desonide external cream 0.05 %	2	SL (15 grams per prescription.)
desonide external lotion 0.05 %	3	SL (60 ml per prescription.)
desonide external ointment 0.05 %	2	SL (15 grams per prescription.)
DESOWEN EXTERNAL CREAM 0.05 % (desonide)	3	SL (15 grams per prescription.)
desoximetasone external cream 0.05 %	1	SL (60 gm per prescription.)
desoximetasone external cream 0.25 %	1	SL (15 grams per prescription.)
desoximetasone external gel 0.05 %	3	SL (15 grams per prescription.)
desoximetasone external ointment 0.05 %	3	SL (60 grams per prescription.)
desoximetasone external ointment 0.25 %	3	SL (15 grams per prescription.)
diflorasone diacetate external cream 0.05 %	3	SL (30 grams per prescription.)
DIPROLENE EXTERNAL OINTMENT 0.05 % (betamethasone dipropionate aug)	4	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (calcipotriene-betameth diprop)	4	SL (60 grams per prescription.)
EPIFOAM EXTERNAL FOAM 1-1 % (pramoxine-hc)	2	
fluocinolone acetonide body external oil 0.01 %	3	SL (118.28 ml per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fluocinolone acetonide external cream 0.01 %, 0.025 %	3	SL (15 grams per prescription.)
fluocinolone acetonide external ointment 0.025 %	2	SL (15 grams per prescription.)
fluocinolone acetonide external solution 0.01 %	3	SL (60 ml per prescription.)
fluocinolone acetonide scalp external oil 0.01 %	3	
fluocinonide emulsified base external cream 0.05 %	1	
fluocinonide external cream 0.05 %	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 %	3	ST; SL (120 ml per prescription.)
flurandrenolide external lotion 0.05 %	3	ST; SL (120 ml per prescription.)
fluticasone propionate external cream 0.05 %	1	
fluticasone propionate external ointment 0.005 %	1	
halobetasol propionate external cream 0.05 %	2	SL (15 grams per prescription.)
halobetasol propionate external ointment 0.05 %	2	SL (15 grams per prescription.)
HALOG EXTERNAL OINTMENT 0.1 % (halcinonide)	3	ST; SL (30 grams per prescription.)
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	3	
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	2	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocortisone external lotion 2 %	4	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone rectal enema 100 mg/60ml	1	
hydrocortisone valerate external cream 0.2 %	2	SL (15 grams per prescription.)
hydrocortisone valerate external ointment 0.2 %	3	SL (15 grams per prescription.)
hydrocortisone-iodoquinol external cream 1-1 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
kourzeq mouth/throat paste 0.1 %	1	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
NUCORT EXTERNAL LOTION 2 % (hydrocortisone acetate)	3	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	2	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	2	
oralone mouth/throat paste 0.1 %	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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SCALACORT DK EXTERNAL KIT 2 & 2-2 % (hc & sal acid-sulfur & shampoo)	3	
TEXACORT EXTERNAL SOLUTION 2.5 % (hydrocortisone)	2	
TOPICORT EXTERNAL CREAM 0.05 % (desoximetasone)	4	SL (60 gm per prescription.)
TOPICORT EXTERNAL CREAM 0.25 % (desoximetasone)	4	SL (15 grams per prescription.)
TOPICORT EXTERNAL GEL 0.05 % (desoximetasone)	4	SL (15 grams per prescription.)
TOPICORT EXTERNAL OINTMENT 0.05 % (desoximetasone)	4	SL (60 grams per prescription.)
TOPICORT EXTERNAL OINTMENT 0.25 % (desoximetasone)	4	SL (15 grams per prescription.)
triamcinolone acetonide external aerosol solution 0.147 mg/gm	2	SL (63 grams per prescription.)
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	SL (15 grams per prescription.)
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	SL (15 grams per prescription.)
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)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SCARTRATE EXTERNAL CREAM 5-2.25 % (dimethicone-allantoin)	3	
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ciclodan external solution 8 %	1	
ciclopirox external gel 0.77 %	1	
ciclopirox external shampoo 1 %	2	
ciclopirox external solution 8 %	1	
ciclopirox olamine external cream 0.77 %	1	
ciclopirox olamine external suspension 0.77 %	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)	3	PA; M; SL (0.15 ml per day.); SMCS; SP
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (bimekizumab-bkzx)	4	PA; ST; M; SL (0.036 ml per day.); SMCS; SP
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (bimekizumab-bkzx)	4	PA; ST; M; SL (0.036 ml per day.); SMCS; SP
HYFTOR EXTERNAL GEL 0.2 % (sirolimus)	4	PA; SL (10 g per 23 days.)
NUJO EXTERNAL SOLUTION 0.1 %	3	
pimecrolimus external cream 1 %	3	SL (30 grams per prescription.)
RAPAMUNE ORAL SOLUTION 1 MG/ML (sirolimus)	4	
sirolimus oral solution 1 mg/ml	3	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (risankizumab-rzaa)	3	PA; M; SL (1 ml per 63 days.); SMCS; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (risankizumab-rzaa)	3	PA; M; SL (1 ml per 63 days.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 %	2	SL (30 grams per prescription.)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (guselkumab)	3	PA; M; SL (1 mL (1 device) every 8 weeks); SMCS; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (guselkumab)	3	PA; M; SL (1 mL (1 syringe) every 8 weeks.); SMCS; SP
JANUS KINASE INHIBITORS (84:06) - Drugs for the Skin		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (abrocitinib)	3	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)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (ruxolitinib phosphate)	3	PA; SL (2 tablets per day.); SMCS; SP; CM
LITFULO ORAL CAPSULE 50 MG (ritlecitinib tosylate)	4	PA; SL (1 capsule per day.); SMCS; SP
roflumilast oral tablet 250 mcg	2	PA; SL (31 tablets per year.)
roflumilast oral tablet 500 mcg	2	PA; SL (1 tablet per day)
SOTYKTU ORAL TABLET 6 MG (deucravacitinib)	3	PA; SL (1 tablet per day.); SMCS; SP
ZORYVE EXTERNAL CREAM 0.15 % (roflumilast (dermatologic))	4	
ZORYVE EXTERNAL CREAM 0.3 % (roflumilast)	4	PA; SL (60 grams per 30 days.)
ZORYVE EXTERNAL FOAM 0.3 % (roflumilast (antiseborrheic))	4	PA; SL (60 grams per prescription.)
KERATOLYTIC AGENTS - Drugs for the Skin		
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	3	SL (45 grams per prescription)
AKLIEF EXTERNAL CREAM 0.005 % (trifarotene)	4	PA; SL (45 grams per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amnestem oral capsule 10 mg, 20 mg, 40 mg	2	
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (sulfacetamide sodium-sulfur)	4	
AVIDOXY DK COMBINATION KIT 100 MG (doxycycline-sunscreen-sal acid)	3	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
CONDYLOX EXTERNAL GEL 0.5 % (podofilox)	4	
EXODERM EXTERNAL LOTION 25-1 % (sod thiosulfate-salicylic acid)	3	
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	2	
PHEDRAX EXTERNAL SHAMPOO 2-2 %	3	
PODIATROLE EXTERNAL THERAPY PACK 2 & 20 % (ketoconazole-urea)	3	
PODOCON-25 EXTERNAL SOLUTION 25 % (podophyllum resin)	3	
podofilox external gel 0.5 %	3	
podofilox external solution 0.5 %	1	
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	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 % (salicylic acid-urea in lactac)	3	
SCALACORT DK EXTERNAL KIT 2 & 2-2 % (hc & sal acid-sulfur & shampoo)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sss 10-5 external cream 10-5 %	1	
SSS 10-5 EXTERNAL FOAM 10-5 %	4	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
sulfacetamide-sulfur in urea external emulsion 10-5 %	1	
tazarotene external cream 0.05 %	1	PA; SL (30 grams per prescription.)
tazarotene external cream 0.1 %	3	PA; SL (30 grams per prescription.)
tazarotene external gel 0.05 %, 0.1 %	3	PA; SL (30 grams per prescription.)
urea external cream 20 %, 40 %, 45 %	1	
urea external lotion 40 %	1	
urea nail external gel 45 %	1	
UREMEZ-40 EXTERNAL CREAM 40 %	3	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
KERATOPLASTIC AGENTS - Drugs for the Skin		
coal tar external solution 20 %	1	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS - Drugs for the Skin		
adapalene-benzoyl peroxide external gel 0.1-2.5 %	3	SL (45 grams per prescription)
benzalkonium chloride external solution	2	
benzalkonium chloride external solution 50 %	1	
benzoyl peroxide-erythromycin external gel 5-3 %	1	SL (23.3 grams per prescription.)
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	SL (1 bottle (45 grams) per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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)	4	
iodine tincture external tincture 2 %	1	
LUGOLS STRONG IODINE EXTERNAL SOLUTION 5-10 %	3	
mafenide acetate external packet 5 %	3	
neuac external gel 1.2-5 %	3	SL (1 bottle (45 grams) per month.)
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	
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 % (benzoyl peroxide-hyaluronate)	3	
ZACLIR CLEANSING EXTERNAL LOTION 8 %	3	
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin		
diclofenac sodium external gel 3 %	2	PA; SL (100 grams per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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
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; SL (60 grams per prescription.)
roflumilast oral tablet 250 mcg	2	PA; SL (31 tablets per year.)
roflumilast oral tablet 500 mcg	2	PA; SL (1 tablet per day)
ZORYVE EXTERNAL CREAM 0.15 % (roflumilast (dermatologic))	4	
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	SL (120 grams per prescription.)
nyamyc external powder 100000 unit/gm	1	SL (120 grams per prescription.)
nystatin external cream 100000 unit/gm	1	SL (90 grams per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nystatin external ointment 100000 unit/gm	1	SL (90 grams per prescription.)
nystatin external powder 100000 unit/gm	1	SL (120 grams per prescription.)
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	2	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	2	
nystop external powder 100000 unit/gm	1	SL (120 grams per prescription.)
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)	4	SL (45 grams per prescription.)
spinosad external suspension 0.9 %	3	
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
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	3	SL (45 grams per prescription)
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (tralokinumab-ldrm)	3	PA; M; SL (0.15 ml per day.); SMCS; SP
AKLIEF EXTERNAL CREAM 0.005 % (trifarotene)	4	PA; SL (45 grams per prescription.)
ALEVAMAX EXTERNAL CREAM	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMELUZ EXTERNAL GEL 10 % (aminolevulinic acid hcl)	3	
amnestem oral capsule 10 mg, 20 mg, 40 mg	2	
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 %	3	
B & C EXTERNAL OINTMENT	3	
balsam peru-castor oil external ointment	1	
bexarotene external gel 1 %	4	SL (60 grams per prescription.); SMCS; SP
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (bimekizumab-bkzx)	4	PA; ST; M; SL (0.036 ml per day.); SMCS; SP
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (bimekizumab-bkzx)	4	PA; ST; M; SL (0.036 ml per day.); SMCS; SP
brimonidine tartrate external gel 0.33 %	3	PA; SL (30 grams per prescription.)
calcipotriene external cream 0.005 %	2	SL (60 grams per prescription)
calcipotriene external ointment 0.005 %	2	
calcipotriene external solution 0.005 %	1	SL (60 mL per prescription)
CALCITRENE EXTERNAL OINTMENT 0.005 % (calcipotriene)	3	
calcitriol external ointment 3 mcg/gm	1	SL (100 grams per prescription)
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (abrocitinib)	3	PA; SL (1 tablet per day.); SMCS; SP; CM
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (clindamycin-tretinoin-cholesty)	3	PA
CONDYLOX EXTERNAL GEL 0.5 % (podofilox)	4	
COPASIL EXTERNAL GEL (scar treatment products)	3	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (secukinumab)	3	PA; M; SL (0.072 ml per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (secukinumab)	3	PA; M; SL (0.036 ml per day.); SMCS; SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (secukinumab)	3	PA; M; SL (0.018 ml per day.)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	3	PA; M; SL (0.072 ml per day.); SMCS; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	3	PA; M; SL (0.036 ml per day.); SMCS; SP
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (secukinumab)	3	PA; SL (0.072 ml per day.); SMCS; SP
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
DERMASO PLUS 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)	3	PA; M; SL (0.09 ml per day.); SMCS; SP
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML (dupilumab)	3	PA; M; SL (0.15 ml per day.); SMCS; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (dupilumab)	3	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	PA; SL (6 packets per day.)
ENOVARX-TRAMADOL EXTERNAL CREAM 5 %	3	PA
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (calcipotriene-betameth diprop)	4	SL (60 grams per prescription.)
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)	4	
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLUOXIA EXTERNAL CREAM 0.05-4 %	3	
HALUCORT EXTERNAL GEL (dermatological products, misc.)	3	PA
HYFTOR EXTERNAL GEL 0.2 % (sirolimus)	4	PA; SL (10 g per 23 days.)
imiquimod external cream 5 %	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (ketoprofen-baclofen-gabap-lido)	3	PA
KLISYRI EXTERNAL OINTMENT 1 % (tirbanibulin)	4	ST; SL (5 units per prescription)
l-glutamine oral packet 5 gm	3	PA; SL (6 packets per day.)
LITFULO ORAL CAPSULE 50 MG (ritlecitinib tosylate)	4	PA; SL (1 capsule per day.); SMCS; SP
MEDERMA SPF 30 EXTERNAL CREAM (scar treatment products)	3	PA
MIRVASO EXTERNAL GEL 0.33 % (brimonidine tartrate)	3	PA; SL (30 grams per prescription.)
NEOSALUS EXTERNAL CREAM (dermatological products, misc.)	3	
NUJO EXTERNAL SOLUTION 0.1 %	3	
OTEZLA ORAL TABLET 20 MG (apremilast)	3	PA; SL (60 tablets per month.); SMCS
OTEZLA ORAL TABLET 30 MG (apremilast)	3	PA; SL (2 tablets per day.); SMCS; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (apremilast)	3	PA; SL (55 tablets (one starter pack) per year.); SMCS; SP
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (apremilast)	3	PA; SL (1 starter pack per year.); SMCS
PANRETIN EXTERNAL GEL 0.1 % (alitretinoin)	3	
PHEOXIA EXTERNAL CREAM 2-4 %	3	
pimecrolimus external cream 1 %	3	SL (30 grams per prescription.)
PODOCON-25 EXTERNAL SOLUTION 25 % (podophyllum resin)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
podofilox external gel 0.5 %	3	
podofilox external solution 0.5 %	1	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
REGRANEX EXTERNAL GEL 0.01 % (becaplermin)	2	PA; SL (30 grams per prescription.)
REMIGEN EXTERNAL CREAM	3	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (collagenase)	4	SL (90 grams per prescription.)
SCARCIN EXTERNAL CREAM	3	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (risankizumab-rzaa)	3	PA; M; SL (1 ml per 63 days.); SMCS; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (risankizumab-rzaa)	3	PA; M; SL (1 ml per 63 days.); SMCS; SP
SOTYKTU ORAL TABLET 6 MG (deucravacitinib)	3	PA; SL (1 tablet per day.); SMCS; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (ustekinumab)	3	PA; M; SL (0.006 ml per day.); SMCS; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (ustekinumab)	3	PA; M; SL (0.012 ml per day.); SMCS; SP
tacrolimus external ointment 0.03 %, 0.1 %	2	SL (30 grams per prescription.)
tazarotene external cream 0.05 %	1	PA; SL (30 grams per prescription.)
tazarotene external cream 0.1 %	3	PA; SL (30 grams per prescription.)
tazarotene external gel 0.05 %, 0.1 %	3	PA; SL (30 grams per prescription.)
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML (fibrin sealant component)	3	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (guselkumab)	3	PA; M; SL (1 mL (1 device) every 8 weeks); SMCS; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (guselkumab)	3	PA; M; SL (1 mL (1 syringe) every 8 weeks.); SMCS; SP
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VALCHLOR EXTERNAL GEL 0.016 % (mechlorethamine hcl (topical))	3	PA; SL (120 grams per prescription.); SMCS; SP
VENELEX EXTERNAL OINTMENT (balsam peru-castor oil)	3	
VP FC KIT EXTERNAL CREAM	3	PA
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	PA
VTAMA EXTERNAL CREAM 1 % (tapinarof)	4	PA; SL (60 grams per prescription.)
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
ZORYVE EXTERNAL CREAM 0.3 % (roflumilast)	4	PA; SL (60 grams per 30 days.)
ZORYVE EXTERNAL FOAM 0.3 % (roflumilast (antiseborrheic))	4	PA; SL (60 grams per prescription.)
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	
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles		
ANTIMUSCARINICS - Drugs for the Urinary System		
flavoxate hcl oral tablet 100 mg	1	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	2	
oxybutynin chloride oral solution 5 mg/5ml	1	
oxybutynin chloride oral tablet 2.5 mg	4	
oxybutynin chloride oral tablet 5 mg	1	
solifenacin succinate oral tablet 10 mg, 5 mg	2	
tolterodine tartrate oral tablet 1 mg, 2 mg	3	ST
tropium chloride oral tablet 20 mg	3	
RESPIRATORY SMOOTH MUSCLE RELAXANTS - Drugs for Lungs		
elixophyllin oral elixir 80 mg/15ml	3	
sildenafil citrate oral suspension reconstituted 10 mg/ml	4	PA; SL (186 ml per month.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
SELECTIVE BETA-3-ADRENERGIC AGONISTS - Drugs for the Urinary System		
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	3	ST
VITAMINS		
MULTIVITAMIN PREPARATIONS		
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	
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	
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 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	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	1	
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	
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	

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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	
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	
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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		
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 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
cyanocobalamin nasal solution 500 mcg/0.1ml	3	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	4	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
ft folic acid oral tablet 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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)	4	M
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 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	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	1	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	4	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	

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
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		
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (peg-kcl-nacl-nasulf-na asc-c)	4	SL (1 kit per prescription.)
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	3	SL (1 kit per prescription.)
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	3	SL (1 kit per prescription.)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (peg-kcl-nacl-nasulf-na asc-c)	3	SL (3 cartons per prescription.)
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		
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	

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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	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (paricalcitol)	4	
VITAMIN E		
wheat germ oil oral oil	1	
VITAMIN K ACTIVITY		
phytonadione oral tablet 5 mg	3	SL (5 tablets per prescription.)

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Index of Drugs

A.A.G.C. KIT IN TERODERM	300	ADIPEX-P	110	ALPHAGAN P	172, 280
abacavir sulfate	33	ADRENALIN	59, 182, 267	ALPHANATE	74
abacavir sulfate-lamivudine	33	ADVAIR HFA	67, 193	ALPHANINE SD	74
abiraterone acetate	43	ADVATE	74	alprazolam	125
ABRYSVO	55	ADYNOVATE	74	alprazolam er	124
acamprosate calcium	16, 127	AEROCHAMBER HOLDING CHAMBER	152	alprazolam intensol	125
acarbose	196	AEROCHAMBER PLS FLOVU MTHPIECE	152	alprazolam xr	125
ACCOLATE	273	AEROCHAMBER PLUS FLOVU INTERM	152	ALPROLIX	75
ACCU-CHEK AVIVA	151	AEROCHAMBER PLUS FLOVU LARGE	152	ALREX	177
ACCU-CHEK FASTCLIX LANCET KIT	151	AEROCHAMBER PLUS FLOVU MEDIUM	152	ALTACAINE	181
ACCU-CHEK GUIDE	152, 160	AEROCHAMBER PLUS FLOVU SMALL	152	altafrin	181, 182
ACCU-CHEK GUIDE CONTROL	152	afirmelle	199, 208, 220	altavera	199, 208, 221
ACCU-CHEK GUIDE ME	152	AFLURIA	55	ALTUVIIIO	75
ACCU-CHEK SMARTVIEW CONTROL	152	AFLURIA PRESERVATIVE FREE	55	ALUNBRIG	43
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	152	AFSTYLA	74	ALVAIZ	72
ACCURETIC	86, 169	aftera	199, 220	alvimopan	183, 188
accutane	295, 300	AIMOVIQ	126	alyacen 1/35	199, 208, 221
ACD-A NOCLOT-50	70	AIRSUPRA	67, 177, 193, 269, 274, 276	alyacen 7/7/7	199, 208, 221
acebutolol hcl	69, 88, 94, 96, 102	AKLIEF	295, 300	amantadine hcl	21, 110
acetaminophen-codeine	111, 133, 135	AKTEN	181	ambrisentan	107, 271, 277
acetazolamide	83, 93, 113, 165, 177	AKYNZEO	183, 190	amcinonide	288
acetazolamide er	83, 93, 113, 165, 177	ALA SCALP	288	AMELUZ	279, 301
acetic acid	180	albendazole	23	amethyst	199, 208, 221
acetylcysteine	16, 241, 273	albuterol sulfate	67, 277	amiloride hcl	83, 106, 166
acitretin	295, 300	ALBUTEROL SULFATE	67, 277	amiloride-hydrochlorothiazide	166, 169
ACTEMRA	237, 250, 254	albuterol sulfate hfa	67, 276, 277	aminocaproic acid	75
ACTEMRA ACTPEN	236, 249, 254	ALCAINE	181	amiodarone hcl	97
ACTHAR GEL	160, 220	alclometasone dipropionate	288	amitriptyline hcl	147
ACTHIB	55	ALCOHOL PREP PADS	152	AMJEVITA	188, 239, 250, 254
ACTIMMUNE	254	ALECENSA	43	AMJEVITA-PED 15KG TO <30KG	188, 239, 250, 254
ACTIVELLA	207, 220	alendronate sodium	243	AMLODIPINE	
ACULAR	180	ALEVAMAX	300	BES+SYRSPEND SF	99, 107
ACULAR LS	180	alfuzosin hcl er	67	amlodipine besylate	99, 107
acyclovir	37, 285	allopurinol	242	amlodipine besylate-benazepril hcl	86, 99
ADACEL	54, 55	almotriptan malate	145	amlodipine besylate-valsartan	85, 99
ADALIMUMAB-ADAZ	188, 239, 250, 254	ALOCRIQ	173, 273	amnesteam	296, 301
adapalene-benzoyl peroxide	265, 295, 297, 300	ALOGLIPTIN BENZOATE	206	amoxapine	147
ADASUVE	121, 128	ALOGLIPTIN-METFORMIN HCL	198, 206	amoxicillin	22, 23, 185
ADBRY	294, 300	ALOGLIPTIN-PIOGLITAZONE	207, 232	amoxicillin-potassium clavulanate	23
ADDYI	127	ALOMIDE	20, 173	amphetamine sulfate	110
adefovir dipivoxil	37	ALORA	208, 244	amphetamine-dextroamphetamine	110
ADEMPAS	277, 279	alosetron hcl	184	amphetamine-dextroamphetamine er	110

ANALPRAM-HC.....	284, 288	aspirin ec low strength	81, 82, 119, 144	AVONEX PREFILLED....	236, 254
ANASPAZ.....	16, 60	.....	81, 82, 119, 144	ayuna	200, 208, 221
anastrozole	43, 197	aspirin low dose	81, 82, 119, 144	AYVAKIT.....	43
ANCOBON.....	40	aspirin regimen	81, 82, 119, 144	AZASAN.....	233, 250, 254, 259
ANDRODERM.....	196	aspirin-dipyridamole er	81, 105, 144	AZASITE.....	173
ANGELIQ.....	208, 221	.....	81, 105, 144	azathioprine ...	233, 250, 255, 259
ANNOVERA.....	199, 208, 221	ASPRUZYO SPRINKLE.....	93	azelaic acid	280, 301
ANORO ELLIPTA.....	60, 67	ASSURE ID DUO PRO PEN		azelastine hcl	173, 276
ANTICOAGULANT SODIUM		NEEDLES.....	152	azithromycin	38, 39
CITRATE.....	71	ASSURE ID PRO PEN		AZSTARYS.....	141
anucort-hc	289	NEEDLES.....	152	azurette	200, 208, 221
ANUSOL-HC.....	289	ASTRINGYN.....	75	B & C.....	301
ANZEMET.....	183	ATABEX OB.....	78, 306, 309	bac	111, 123, 133, 141
APEXICON E.....	289	atazanavir sulfate	35	bacitracin	173, 280
apraclonidine hcl	172, 180	atenolol	69, 88, 94, 96, 102	bacitracin-polymyxin b	173, 280
aprepitant	191	ATENOLOL+SYRSPEND SF		bacitra-neomycin-	
apri	199, 208, 221	.....	69, 88, 94, 96, 102	polymyxin-hc	173, 177, 280
APRISO.....	185	atenolol-chlorthalidone		BACLOFEN.....	64
APTIVUS.....	35	.....	88, 94, 170	baclofen	64
AQ INSULIN SYRINGE.....	152	atomoxetine hcl	127, 141	BACTRIM.....	25, 41, 42
AQINJECT PEN NEEDLE.....	152	ATORVALIQ.....	101	BACTRIM DS.....	25, 41, 42
AQUORAL.....	180	atorvastatin calcium	101	BAFIERTAM.....	235, 255
ARAKODA.....	24	atovaquone	25	BALCOLTRA.....	200, 208, 221
aranelle	199, 208, 221	atovaquone-proguanil hcl	24	balsalazide disodium	185
ARANESP (ALBUMIN FREE)		atropine sulfate	16, 60, 181, 267	balsam peru-castor oil	301
.....	69, 70, 72, 73	ATROVENT HFA.....	61, 267	balziva	200, 208, 221
ARCALYST.....	261, 272	abra eq	199, 208, 221	BAQSIMI ONE PACK	16, 216, 241
AREXVY.....	55	AUGTYRO.....	43	BAQSIMI TWO PACK	
arformoterol tartrate	68	AUM INSULIN SAFETY PEN		.....	16, 216, 241
ARIKAYCE.....	22	NEEDLE.....	152	BARACLUDGE.....	37
aripiprazole	117, 122	AUM MINI INSULIN PEN		BAXDELA.....	40
armodafinil	149	NEEDLE.....	152	BD AUTOSHIELD DUO PEN	
ARMOUR THYROID.....	232	AUM PEN NEEDLE.....	152	NEEDLES.....	153
ARNUITY ELLIPTA.....	193, 269, 274	AUM READYGARD DUO PEN		BD ECLIPSE LUER-LOK	
ARTISS.....	287, 301	NEEDLE.....	153	NEEDLE.....	153
ARZOL SILVER NIT		AUM SAFETY PEN NEEDLE.....	153	BD ECLIPSE NEEDLE.....	153
APPLICATORS.....	175	aurovela 1.5/30	200, 208, 221	BD SHARPS COLLECTOR....	153
ascomp-codeine		aurovela 1/20	200, 208, 221	BD ULTRA-FINE INSULIN	
.....	123, 135, 141, 144	aurovela 24 fe	200, 208, 221	SYRINGES.....	153
asenapine maleate	117, 122	aurovela fe 1.5/30	200, 208, 221	BD ULTRA-FINE PEN	
ashlyna	199, 208, 221	aurovela fe 1/20	200, 208, 221	NEEDLES.....	153
aspirin	81, 82, 119, 144	AUSTEDO.....	148	BELBUCA.....	139
aspirin 81	81, 82, 119, 144	AUSTEDO XR.....	148	benazepril hcl	86
aspirin adult low dose		AUSTEDO XR PATIENT		benazepril-	
.....	81, 82, 119, 144	TITRATION.....	148	hydrochlorothiazide	86, 169
aspirin adult low strength		AUTOLET LANCING DEVICE	153	BENEFIX.....	75
.....	81, 82, 119, 144	AUVI-Q.....	60, 267	BENLYSTA.....	236, 259
aspirin childrens	81, 82, 119, 144	AVAR CLEANSER.....	280, 296	benzalkonium chloride	285, 297
aspirin ec adult low dose		AVEIDA.....	280, 300	BENZHYDROCODONE-	
.....	81, 82, 119, 144	aviane	200, 208, 221	ACETAMINOPHEN.....	111, 133, 135
aspirin ec low dose		avidoxy	24, 41, 280	BENZNIDAZOLE.....	25, 37
.....	81, 82, 119, 144	AVIDOXY DK.....	41, 296, 305	benzoin	288
		AVONEX PEN.....	236, 254	benzoin compound	288

benzonatate	268	BRENZAVVY	230	CALQUENCE	44
benzoyl peroxide-erythromycin	281, 297	BREO ELLIPTA	68, 194	camila	200, 221
benzphetamine hcl	111	BREZTRI AEROSPHERE	61, 68, 194	CAMINO PRO	
benztropine mesylate	63, 113	brilintyn	200, 208, 221	COMPLETE/GLYTACTIN	163
BERINERT	248, 249	BRILINTA	81	camrese	200, 209, 221
BESIVANCE	173	brimonidine tartrate	172, 280, 301	camrese lo	200, 208, 221
BETADINE OPHTHALMIC PREP	175	brinzolamide	177	CAMZYOS	93
betaine	261	bromfenac sodium (once-daily)	180	candesartan cilexetil	85
betamethasone dipropionate	193, 289	bromocriptine mesylate	129	candesartan cilexetil-hctz	85, 169
betamethasone dipropionate aug	193, 289	BRUKINSA	43	capecitabine	44
betamethasone valerate	193, 194, 289	budesonide ...	194, 269, 274, 289	CAPHOSOL	180
BETAPACE AF	65, 88, 94, 96, 97, 102	bumetanide	83, 102, 165	CAPLYTA	122
BETASERON	236, 255	BUMEX	83, 102, 165	CAPRELSA	44
betaxolol hcl	69, 88, 94, 96, 102, 176	buprenorphine	140	captropril	86, 87
bethanechol chloride	66	buprenorphine hcl	139	captropril-hydrochlorothiazide	87, 169
BETIMOL	176	buprenorphine hcl-naloxone hcl	138, 139, 140	CAPVAXIVE	56
BETOPTIC-S	176	bupropion hcl	116	carbamazepine	114, 117
BEVESPI AEROSPHERE	61, 68, 285	bupropion hcl er (smoking det)	58, 116	carbamazepine er ..	113, 114, 117
bexarotene	43, 279, 301	bupropion hcl er (sr)	116	carbidopa	128
BEXSERO	55	bupropion hcl er (xl)	116	carbidopa-levodopa	128
BEYFORTUS	36	bupirone hcl	121, 132	carbidopa-levodopa er	128
bicalutamide	43	butalbital-acetaminophen	111, 123, 133	carbidopa-levodopa-entacapone	127, 128
BIJUVA	208, 221	butalbital-apap-caff-cod	111, 123, 133, 135, 141	carbinoxamine maleate	18, 19, 272
BIKTARVY	32, 33, 34	butalbital-apap-caffeine	111, 123, 133, 141	CARDURA	65, 84, 88
BILTRICIDE	23	butalbital-asa-caff-codeine	123, 135, 141, 144	CARDURA XL	66, 84, 88
bimatoprost	182	butalbital-aspirin-caffeine	123, 141, 144	CAREPOINT POLY HUB NEEDLE	153
BIMZELX	294, 301	butorphanol tartrate	119, 140	CAREPOINT SAFETY 1ST NEEDLE	153
BINAXNOW COVID-19 AG HOME TEST	161	BYDUREON BCISE AUTOINJECTOR	217	CARESENS CONTROL SOLUTION A/B	153
bisacodyl	185	BYETTA 10 MCG PEN	217	CARESENS LANCETS 30G ...	153
bisacodyl ec	185	BYETTA 5 MCG PEN	217	CARESTART COVID-19 HOME TEST	161
bisoprolol fumarate	69, 88, 94, 96, 103	cabergoline	129	CARETOUCH CONTROL SOL LEVEL 2	153
bisoprolol-hydrochlorothiazide ..	88, 94, 169	CABLIVI	71, 82	CARETOUCH HYPODERMIC NEEDLE	154
blisovi 24 fe	200, 208, 221	CABOMETRYX	44	CARETOUCH LANCING/EJECTOR	154
blisovi fe 1.5/30	200, 208, 221	caffeine citrate	119, 141	carglumic acid	163
blisovi fe 1/20	200, 208, 221	CALCIFOL	167, 309, 312	carisoprodol	64
BOOSTRIX	54, 55	calcipotriene	287, 301	CAROSPIR	83, 102, 106, 166
bosentan	107, 271, 277	calcitonin (salmon)	198, 244	carteolol hcl	176
BOSULIF	43	CALCITRENE	287, 301	cartia xt	90, 91, 92, 98, 107
BREATHE COMFORT CHAMBER/ADULT	153	calcitriol	301, 312	carvedilol	65, 67, 84, 88, 94, 96, 103
BREATHE COMFORT CHAMBER/CHILD	153	calcium acetate	165, 167	CASODEX	44
		calcium acetate (phos binder)	165, 167	CAVERJECT	100, 107

CAVERJECT IMPULSE .. 100, 107	CIMZIA STARTER KIT	clotrimazole-betamethasone
CAYA..... 265	..... 188, 235, 239, 250, 255	..... 286, 289
cefaclor 21	cinacalcet hcl 198	clozapine 122
cefaclor er 21	CIPRO..... 26, 40	CLOZARIL..... 122
cefadroxil 21	ciprofloxacin hcl 26, 40, 173	COAGADEX..... 75
cefdinir 21	ciprofloxacin-	coal tar 297
cefixime 21	dexamethasone 173, 177	COARTEM..... 24
cefepodoxime proxetil 21	cialtopram hydrobromide 146	codeine sulfate 135, 268
cefprozil 21	CITRANATAL MEDLEY	colchicine 242
cefuroxime axetil 21	..... 78, 261, 306, 309	colchicine-probenecid .. 170, 242
celecoxib 128	citroma 186	colesevelam hcl 89, 197
CELONTIN..... 147	claravis 296, 301	COLESTID..... 89, 90
cephalexin 21	clarithromycin 26, 38, 39, 185	colestipol hcl 90
CEQR SIMPLICITY 2U..... 154	clarithromycin er 26, 38, 39, 185	colistimethate sodium (cba) .. 40
CERDELGA..... 171, 261	CLEARDETECT COVID-19	COLY-MYCIN M..... 40
CERVIDIL..... 266	AG HOME..... 161	COMBIGAN..... 173, 177, 280
CETRAXAL..... 173	clearlax 186	COMBIPATCH..... 209, 222
cevimeline hcl 66	clemastine fumarate . 18, 19, 272	COMBIVENT RESPIMAT
charlotte 24 fe 200, 209, 222	CLENPIQ..... 186	..... 61, 68, 267
chateal eq 200, 209, 222	CLEOCIN..... 36, 281	COMETRIQ..... 44
CHEMET..... 16, 192, 241	CLEVER CHOICE COMFORT	COMFORT EZ PRO PEN
CHEMSTRIP BG LOG BOOK..... 154	EZ..... 154	NEEDLES..... 154
CHEMSTRIP K..... 161	CLIMARA PRO..... 209, 222	COMFORT TOUCH TWIST
CHEMSTRIP UGK..... 162	clindacin 281	LANCET 30G..... 154
chlordiazepoxide hcl 125	clindacin etz 281	COMIRNATY..... 56
chlordiazepoxide-	clindacin-p 281	COMPLERA..... 33, 34, 37
amitriptyline 125, 147	clindamycin hcl 36, 281	CONDOMS..... 265
chlorhexidine gluconate	clindamycin palmitate hcl 36	CONDYLOX..... 296, 301
..... 22, 175, 176, 286, 297	clindamycin phos-benzoyl	constulose 163
chloroquine phosphate 24	perox 281, 297	CONTOUR CONTROL..... 154
chlorpromazine hcl 140	clindamycin phosphate 281	CONTOUR NEXT CONTROL..... 154
chlorthalidone 84, 107, 170	CLINDESSE..... 281	CONTOUR NEXT MONITOR..... 154
chlorzoxazone 64	CLINITEST RAPID COVID-19	CONTOUR NEXT ONE..... 154
CHOLBAM..... 187, 188	TEST..... 161	CONTOUR NEXT TEST..... 160
cholestyramine 89	CLINOIN..... 89, 281, 288, 301	CONTRACE..... 112, 113
cholestyramine light 89	CLINPRO 5000..... 149, 246	COPASIL..... 301
CHOSEN LANCETS 30G..... 154	clobazam 124, 125	COPIKTRA..... 44
CHOSEN LANCING DEVICE..... 154	CLOBETASOL PROPIONATE..... 178	CORDRAN..... 289
CHOSEN SAFETY LANCETS	clobetasol propionate 289	CORGARD
28G..... 154	clobetasol propionate e 289	..... 65, 69, 84, 88, 94, 96, 103
CIBINQO..... 237, 250, 295, 301	CLOBETAVIX..... 289	CORIFACT..... 75
ciclodan 294	clocortolone pivalate 289	CORLANOR..... 93, 94, 107
ciclopirox 294	clomipramine hcl 147	CORTANE-B..... 284, 290, 298
ciclopirox olamine 294	clonazepam 124, 125	CORTEF..... 194
cilostazol 81, 105	clonidine 60, 94, 100	CORTENEMA..... 290
CILOXAN..... 173	clonidine hcl 60, 94, 100	CORTIFOAM..... 290
CIMDUO..... 34	clonidine hcl er 60, 100	CORTISPORIN-TC..... 173, 178
cimetidine 19, 190	clopidogrel bisulfate 81	CORTROSYN..... 160
cimetidine hcl 19, 190	clorazepate dipotassium	COSENTYX (300 MG DOSE)
CIMZIA (2 SYRINGE)	..... 124, 125	..... 237, 250, 301
..... 188, 234, 239, 250, 255	clotrimazole 286	COSENTYX 150 MG/ML
		..... 237, 250, 302

COSENTYX SENSOREADY (300 MG).....	237, 250, 302	dantrolene sodium	64	desmopressin acetate spray	75, 220
COSENTYX SENSOREADY PEN.....	237, 250, 302	dapsone	24, 25, 281	desogestrel-ethinyl estradiol	201, 209, 222
COSENTYX UNOREADY	237, 251, 302	DAPTACEL.....	54, 56	desonide	290
COSOPT.....	177	DARAPRIM.....	24	DESOWEN.....	290
cosyntropin	160	darunavir	35	desoximetasone	290
COTELIC.....	44	dasatinib	44	desvenlafaxine succinate er	145
COVARYX.....	196, 209	dasetta 1/35	200, 209, 222	dexamethasone	194
COVARYX HS.....	196, 209	dasetta 7/7/7	200, 209, 222	dexamethasone intensol	194
COVID-19 AT HOME ANTIGEN TEST	161	DAURISMO.....	44	dexamethasone sodium phosphate	178
COVID-19 AT-HOME TEST ...	161	DAYBUE.....	127	DEXCOM G6 RECEIVER.....	154
CREON.....	171, 187	DAYPRO.....	133, 143	DEXCOM G6 SENSOR.....	154
CRESEMBA.....	27	daysee	200, 209, 222	DEXCOM G6 TRANSMITTER	154
CREXONT.....	129	DAZAVEIDAOXIA	173, 280, 281, 300, 302	DEXCOM G7 RECEIVER.....	154
CRINONE.....	222	DEBACTEROL.....	180, 298	DEXCOM G7 SENSOR.....	155
cromolyn sodium ..	173, 180, 273	deblitane	200, 222	dexmethylphenidate hcl	141
CROTAN.....	300	deferasirox	193	dexmethylphenidate hcl er ...	141
cryselle-28	200, 209, 222	deferasirox granules	193	dextroamphetamine sulfate .	111
curae	200, 222	deferiprone	193	dextroamphetamine sulfate er	111
CUVPOSA.....	61, 285	DELESTROGEN.....	209, 244	DIASTIX REAGENT	162
CVS KETONE CARE	162	DELSTRIGO.....	33, 34	DIATRUST COVID-19 HOME TEST	161
cyanocobalamin	80, 81, 309	delyla	200, 209, 222	diazepam	124, 125
CYANOCOBALAMIN	80, 309	demeclocycline hcl	41	diazepam intensol	124, 125
cyclobenzaprine hcl	64	DEM SER.....	162, 261	diazoxide	198
CYCLOGYL.....	182	DENG VAXIA.....	56	dichlorphenamide	83, 246
CYCLOMYDRIL.....	182	DENTA 5000 PLUS.....	149, 246	diclofenac potassium	133
cyclopentolate hcl	182	DENTA 5000 PLUS SENSITIVE.....	149, 246	diclofenac sodium	134, 149, 181, 298
cyclophosphamide .	44, 236, 259	DENTAGEL.....	149, 246	diclofenac sodium er	134
CYCLOPHOSPHAMIDE	44, 236, 259	DEPAKOTE ...	114, 117, 119, 129	diclofenac-misoprostol	134, 191
cycloserine	26	DEPAKOTE ER	114, 117, 119, 129	dicloxacillin sodium	40
cyclosporine ..	234, 251, 255, 259	DEPAKOTE SPRINKLES	114, 117, 119	DICOPANOL FUSEPAQ	18, 19, 63, 113, 121, 268, 272
cyclosporine modified	234, 251, 255, 259	DEPEN TITRATABS .	16, 193, 251	dicyclomine hcl	61
CYLTEZO (2 SYRINGE)	188, 239, 251, 255	DEPO-ESTRADIOL.....	209, 244	diethylpropion hcl	110
cyproheptadine hcl ...	18, 19, 272	DEPO-PROVERA...	200, 201, 222	diethylpropion hcl er	110
cyred eq	200, 209, 222	DEPO-SUBQ PROVERA	104	DIFICID.....	38, 39
CYSTADANE	261	.....	201, 222	diflorasone diacetate	290
CYSTADROPS.....	180, 181	DEPO-TESTOSTERONE	196	diflunisal	134, 143
CYSTAGON.....	261	DERMA-SMOOTH/FS BODY	290	difluprednate	178
CYSTARAN.....	180, 181	DERMA-SMOOTH/FS SCALP	290	digoxin	87, 94
CYTOTEC.....	191	DERMASO PLUS.....	302	dihydroergotamine mesylate	66, 119
cytra k crystals	162	DERMOTIC.....	178	DILANTIN	96, 130
dabigatran etexilate mesylate	72	DESCOVY.....	34, 37	DILANTIN INFATABS	95, 130
dalfampridine er	261, 265	desipramine hcl	147	DILANTIN-125.....	96, 130
DALIRESP.....	274, 295, 299	desmopressin ace spray refrig	75, 220	diltiazem hcl ..	90, 91, 92, 98, 108
danazol	196	desmopressin acetate	75, 220		
DANTRIUM.....	64	desmopressin acetate pf	75, 220		

diltiazem hcl er 90, 91, 92, 98, 107, 108	DRYSOL..... 285	ELIQUIS DVT/PE STARTER PACK..... 72
diltiazem hcl er beads 90, 91, 92, 98, 107	DUAL COMPLEX FORMULA 1 KIT..... 64, 299, 302	ELITE-OB.....79, 306, 309
diltiazem hcl er coated beads.....90, 91, 92, 98, 107	DUAVEE..... 207, 209	elixophyllin 100, 141, 165, 279, 305
dilt-xr 90, 91, 92, 98, 108	DUETACT.....231, 232	ELLA..... 201, 222
dimethyl fumarate 235, 255	duloxetine hcl 129, 145	ELLUME COVID-19 HOME TEST..... 161
dimethyl fumarate starter pack.....235, 255	DUOPA..... 129	eluryng 201, 210, 223
DIOOXIA.....287, 302	DUPIXENT.....272, 302	EMBRACE PEN NEEDLES ... 155
diphenhydramine hcl 18, 19, 63, 113, 121, 268, 272	DUREX EXTRA SENSITIVE THIN.....265	EMCYT..... 45
diphenoxylate-atropine .. 61, 184	DUREX TROPICAL..... 265	EMEND..... 191
DIPROLENE..... 194, 290	DUREZOL..... 178	EMGALITY..... 126
dipyridamole....81, 105, 108, 160	dutasteride.....241	EMPAVELI.....248, 249
disopyramide phosphate 95	DUVYZAT..... 261	emtricitabine.....34
disulfiram 16, 241	DYCLOPRO.....284	emtricitabine-tenofovir df .34, 37
DIURIL..... 84, 106, 169	E.E.S. GRANULES..... 28	EMTRIVA..... 34
divalproex sodium 114, 117, 119, 129	EAA SUPPLEMENT..... 163	EMVERM..... 23
divalproex sodium er 114, 117, 119, 129	EASIVENT..... 155	emzahn.....201, 223
DIVIGEL.....209, 244	EASY COMFORT SHARPS CONTAINER..... 155	enalapril maleate 86, 87
DODEX..... 81, 309	easygel 149, 246	enalapril- hydrochlorothiazide .....87, 169
dofetilide 97	EASYMAX 15 LEVEL 2-3 CONTROL..... 155	ENBRACE HR.. 79, 261, 306, 309
DOJOLVI.....163	EASYMAX CONTROL..... 155	ENBREL.....239, 251, 255
dolishale 201, 209, 222	EASYMAX CONTROL NORMAL/HIGH..... 155	ENBREL MINI..... 239, 251, 255
donepezil hcl 66	EC-NAPROSYN 119, 120, 134, 143, 242, 243	ENBREL SURECLICK 240, 251, 255
DOPTELET..... 73	ec-naproxen ...120, 134, 143, 243	ENCARE..... 265
DORZOLAMIDE HCL..... 177	econazole nitrate.....286	ENDARI..... 261, 302
dorzolamide hcl.....177	econtra one-step 201, 222	endocet 111, 133, 135
dorzolamide hcl-timolol mal 177	EC-RX DHEA.....261	ENDOMETRIN..... 223
dotti 209, 244	EC-RX ESTRADIOL..... 209, 244	ENGERIX-B..... 56
DOUBLE PM..... 174, 178	EC-RX PROGESTERONE..... 222	enilloring.....201, 210, 223
DOVATO..... 32, 34	EC-RX TESTOSTERONE..... 196	ENLITE GLUCOSE SENSOR.155
doxazosin mesylate 66, 84, 85, 88	EDEX..... 100, 108	ENOVARX-AMITRIPTYLINE .. 148
doxepin hcl 148, 284	EDURANT.....33	ENOVARX-BACLOFEN.....65
doxercalciferol 312	EEMT..... 196, 210	ENOVARX- CYCLOBENZAPRINE HCL..... 64
doxycycline hyclate .. 24, 41, 281	EEMT HS..... 196, 210	ENOVARX-IBUPROFEN..... 299
doxycycline monohydrate 24, 41, 42, 281	efavirenz 33	ENOVARX-LIDOCAINE HCL..284
DRISDOL.....312	efavirenz-emtricitab-tenofo df.....33, 34	ENOVARX-NAPROXEN..... 299
DRIZALMA SPRINKLE..... 145	efavirenz-lamivudine- tenofovir.....33, 34	ENOVARX-TRAMADOL..... 302
dronabinol 184, 188	EFFER-K.....167	enoxaparin sodium 77, 78
DROPLET MICRON..... 155	effe-k 167	enpresse-28 201, 210, 223
DROPSAFE SAFETY SYRINGE/NEEDLE..... 155	EFUDEX..... 44, 279, 302	enskyce.....201, 210, 223
DROPSAFE SICURA.....155	EGATEN..... 23	ENSTILAR..... 287, 290, 302
drospiren-eth estrad- levomefol 201, 209, 222, 309	ELESTRIN..... 210, 244	ENSURE PLUS..... 163
DROXIA.....44	eletriptan hydrobromide 145	entacapone 127
	elinest.....201, 210, 222	entecavir 38
	ELIQUIS..... 72	ENTRESTO..... 85, 106
		ENTYVIO..... 183, 188, 234
		enulose 163
		EPANED..... 86, 87

EPCLUSA.....	29, 30, 31	etonogestrel-ethinyl		FIRST-METRONIDAZOLE	
EPIDIOLEX.....	114	estradiol	201, 211, 223	.....	22, 25, 185
EPIFOAM.....	284, 290	etoposide	45	FIRST-MOUTHWASH BLM	
epinastine hcl	20, 173	etravirine	33	....	18, 19, 181, 183, 184, 186, 284
epinephrine	60, 267	EUCRISA.....	284, 299	FIRST-OMEPRAZOLE.....	192
epinephrine hcl (nasal)		euthyrox	232	FIRST-PROGESTERONE	
.....	60, 182, 267	EVAMIST.....	211, 245	VGS.....	223
epitol	114, 117	everolimus	45	FIRVANQ.....	29
eplerenone	84, 102, 106, 166	EVOTAZ.....	35, 261	flac	178
EQUETRO.....	114, 117	EVRYSDI.....	261	FLAREX.....	178
ergocalciferol	312	EXELDERM.....	286	flavoxate hcl	305
ergoloid mesylates	66	exemestane	45, 197	flecainide acetate	96
ergotamine-caffeine	66, 120, 141	EXODERM.....	18, 283, 296	FLEQSUVY.....	65
ERIVEDGE.....	45	EYSUVIS.....	178	FLEXICHAMBER.....	155
ERLEADA.....	45	EZALLOR SPRINKLE.....	101	FLEXICHAMBER ADULT	
erlotinib hcl	45	ezetimibe	95	MASK/SMALL.....	155
ERMEZA.....	232	FABHALTA.....	234, 248	FLEXICHAMBER CHILD	
errin	201, 223	falmina	201, 211, 223	MASK/LARGE.....	155
ery	28, 174, 282	famciclovir	38	FLEXICHAMBER CHILD	
ERYGEL.....	28, 174, 282	famotidine	19, 190	MASK/SMALL.....	155
ERYPED 200.....	28	FANATREX FUSEPAQ... 112, 114		FLOLIPID.....	101
ERYPED 400.....	28	FASENRA PEN.....	272	FLORIVA.....	149, 246, 312
ERY-TAB.....	29	FASTEP COVID-19 ANTIGEN		FLOWFLEX COVID-19 AG	
erythromycin	29, 174, 282	TEST.....	161	HOME TEST.....	161
erythromycin base	29	FBL KIT.....	65, 284, 299, 302	FLUAD.....	56
erythromycin ethylsuccinate	29	FC2 FEMALE CONDOM.....	265	FLUARIX.....	56
escitalopram oxalate	146	febuxostat	243	FLUCELVAX.....	56
ESGIC.....	112, 123, 133, 141	FEIBA.....	75	fluconazole	27
esomeprazole magnesium ...	192	felbamate	114	flucytosine	40
est estrogens-methyltest		FELBATOL.....	114	fludrocortisone acetate	194
.....	196, 210	felodipine er	99	FLULAVAL.....	56
est estrogens-methyltest ds		FEM PH.....	298, 302	FLUMIST.....	56
.....	196, 210	FEMCAP.....	265	flunisolide	178, 194, 269, 273
est estrogens-methyltest hs		FEMRING.....	211, 245	fluocinolone acetonide .	178, 291
.....	196, 210	fenofibrate	101	fluocinolone acetonide body	290
estarylla	201, 210, 223	fenofibrate micronized	101	fluocinolone acetonide scalp	
estazolam	125	fenofibric acid	101	.....	291
estradiol	210, 211, 244, 245	fentanyl	135	fluocinonide	291
estradiol valerate	211, 245	fentanyl citrate	135	fluocinonide emulsified base	
estradiol-norethindrone acet		FILSPARI.....	261, 271	.....	291
.....	211, 223	FILSUVEZ.....	302	FLUORIDEX.....	149, 246
estratest f.s.	196, 211	FINACEA.....	282, 302	fluoridex daily renewal .	149, 246
ESTRING.....	211, 245	finasteride	241, 288	FLUORIDEX ENHANCED	
ESTROGEL.....	211, 245	finngolimod hcl	238, 255	WHITENING.....	149, 246
eszopiclone	121, 132	finzala	201, 211, 223	FLUORIDEX SENSITIVITY	
ethacrynic acid	83, 102, 165	FIORICET.....	112, 123, 133, 142	RELIEF.....	150, 246
ethambutol hcl	26	FIRDAPSE.....	66, 262	FLUORIMAX 5000.....	150, 246
ethosuximide	147	FIRMAGON.....	45, 197	FLUORIMAX 5000 SENSITIVE	
ethynodiol diac-eth estradiol		FIRMAGON (240 MG DOSE)		.....	150, 246
.....	201, 211, 223	.....	45, 197	fluorometholone	178
etodolac	134, 143	FIRST PANTOPRAZOLE.....	192	fluorouracil	45, 280, 302
etodolac er	134, 143	FIRST-LANSOPRAZOLE.....	192	fluoxetine hcl	146
				FLUOXIA.....	291, 303

fluphenazine hcl	140	ft aspirin low dose	81, 82, 120, 144	glyburide	232
flurandrenolide	291	ft clearlax	186	glyburide micronized	232
flurazepam hcl	125	ft folic acid	309	glyburide-metformin	198, 232
flurbiprofen	134, 143	ft laxative	186	glycolax	186
flurbiprofen sodium	143, 181	ft magnesium citrate	186	glycopyrrolate	61, 285
fluticasone propionate	178, 194, 269, 273, 291	ft nicotine	59, 63	glydo	284
fluticasone-salmeterol	68, 194	ft nicotine mini	59, 63	GLYTACTIN BETTERMILK 15	163
FLUTICASONE-		furosemide	83, 102, 165	GLYTACTIN BETTERMILK	
SALMETEROL	68, 194	FUZEON	32	DE-LITE	163
fluvastatin sodium	101	fyavolv	211, 223	GLYTACTIN BUILD 10PE	164
fluvoxamine maleate	146	FYCOMPA	114	GLYTACTIN BUILD 20/20	164
fluvoxamine maleate er	146	gabapentin	112, 114, 130	GLYTACTIN BUILD 20/20	
FLUZONE	56	GALAFOLD	171, 262	PKU	164
FLUZONE HIGH-DOSE	56	galantamine hydrobromide	66	GLYTACTIN BURST	164
FML FORTE	178	galantamine hydrobromide		GLYTACTIN COMPLETE	
FML LIQUIFILM	178	er	66	10PE	164
folic acid	309	gallifrey	223	GLYTACTIN RESTORE 10	164
fondaparinux sodium	71, 78	GALZIN	167	GLYTACTIN RESTORE 5	164
FORA TEST N' GO ADVANCE		GARDASIL 9	56	GLYTACTIN RESTORE LITE	
.....	155	gatifloxacin	174	10	164
FORA TEST N'GO ADV-		GATTEX	187, 188	GLYTACTIN RESTORE LITE	
VOICE-6 CON	160	gavilax	186	10PE	164
FORANE	131	gavilyte-c	186	GLYTACTIN RTD 10	164
formaldehyde	162	gavilyte-g	186	GLYTACTIN RTD 15	164
FOSAMAX	245	gavilyte-n with flavor pack	186	GLYTACTIN RTD LITE 15	164
FOSAMAX PLUS D	245, 312	GAVRETO	45	GLYTACTIN SWIRL 15	164
fosamprenavir calcium	35	gefitinib	45	GLYTACTIN SWIRL 15PE	164
fosfomycin tromethamine	42	GELFILM	75	GLYXAMBI	207, 230
fosinopril sodium	86, 87	gemfibrozil	101	GOLYTELY	186
fosinopril sodium-hctz	87, 169	gemmily	201, 211, 223	goodsense aspirin low dose	
FOSRENOL	166, 241	generlac	163	.....	81, 82, 120, 144
FRAICHE 5000 DENTAL	150, 247	gengraf	234, 251, 255, 259	goodsense nicotine	59, 63
FREESTYLE LIBRE 14 DAY		gentamicin sulfate	174, 282	GORDOFILM	287, 296
READER	155	gentle laxative	186	granisetron hcl	183
FREESTYLE LIBRE 14 DAY		gentlelax	186	GRASTEK	53
SENSOR	155	GENVOYA	32, 34	griseofulvin microsize	23
FREESTYLE LIBRE 2		GILOTRIF	46	griseofulvin ultramicrosize	23
READER	155	glatiramer acetate	233, 256	guaifenesin-codeine	268, 272
FREESTYLE LIBRE 2		glatopa	233, 256	guanfacine hcl	94, 100, 127
SENSOR	156	GLEOSTINE	46	guanfacine hcl er	127
FREESTYLE LIBRE 3 PLUS		glimepiride	231	GUARDIAN 4 GLUCOSE	
SENSOR	156	glipizide	231	SENSOR	156
FREESTYLE LIBRE 3		glipizide er	231	GUARDIAN 4 TRANSMITTER	156
READER	156	glipizide xl	232	GUARDIAN CONNECT	
FREESTYLE LIBRE 3		glipizide-metformin hcl	198, 232	TRANSMITTER	156
SENSOR	156	GLOPERBA	243	GUARDIAN LINK 3	
FREESTYLE LIBRE READER	156	glucagon emergency kit		TRANSMITTER	156
FROTEK	299	.....	16, 217, 241	GUARDIAN SENSOR (3)	156
frovatriptan succinate	145	GLUCAGON EMERGENCY		GUARDIAN SENSOR 3	156
FRUZAQLA	45	KIT	16, 217, 241	GVOKE HYPOPEN 1-PACK	
ft aspirin	81, 82, 120, 144	GLUCOTROL XL	232	.....	16, 217, 241
		glutaraldehyde	162		

GVOKE HYPOPEN 2-PACK		HUMIRA (2 PEN)	189, 240, 251, 256	hyoscyamine sulfate er	17, 61
.....	16, 217, 241	HUMIRA (2 SYRINGE)	189, 240, 251, 256	hyosyne	17, 61
GVOKE KIT	16, 217, 241	.....	189, 240, 251, 256	HYPERSAL	273
GVOKE PFS	16, 217, 242	HUMIRA-CD/UC/HS		ibandronate sodium	245
GYNAZOLE-1	286	STARTER	189, 240, 251, 256	IBRANCE	46
habitrol	59, 63	HUMIRA-PSORIASIS/UVEIT		ibuprofen	120, 134, 143
HAEGARDA	249	STARTER	189, 240, 252, 256	icatibant acetate	83, 246, 249
hailey 1.5/30	201, 211, 223	HUMULIN 70/30 KWIKPEN		iclevia	202, 212, 223
hailey 24 fe	201, 211, 223	.....	219, 230	ICLUSIG	46
hailey fe 1.5/30	201, 211, 223	HUMULIN 70/30 VIAL	219, 230	IDARAN	282
hailey fe 1/20	201, 211, 223	HUMULIN N KWIKPEN	219	IDELVION	76
HALCION	125	HUMULIN N VIAL	219	IDHIFA	46
halobetasol propionate	291	HUMULIN R U-500 KWIKPEN	230	IHEALTH COVID-19 RAPID	
haloette	201, 212, 223	HUMULIN R U-500 VIAL	230	TEST	161
HALOG	291	HUMULIN R VIAL	230	imatinib mesylate	46
haloperidol	126	HYCANTIN	46	IMBRUVICA	46, 47
haloperidol lactate	126	hydralazine hcl	100	IMCIVREE	113, 193
HALUCORT	303	HYDREA	46	imipramine hcl	148
HARVONI	30, 31	HYDRO 40	296	imipramine pamoate	148
HAVRIX	56	hydrochlorothiazide 84, 106, 170		imiquimod	280, 303
heather	202, 223	hydrocod poli-chlorphe poli		IMPAVIDO	25, 37
hematinic/folic acid	79, 309	er	19, 20, 268	IMVEXXY MAINTENANCE	
HEMLIBRA	75	hydrocodone bitartrate er	135	PACK	212
HEMMOREX-HC	291	hydrocodone bit-homatrop		IMVEXXY STARTER PACK...	212
HEMOPIL M	75	mbr	61, 268	INBRIJA	129
heparin na (pork) lock flsh pf .78		hydrocodone-		incassia	202, 223
heparin sod (pork) lock flush .78		acetaminophen	112, 133, 136	INCRELEX	231
heparin sodium (porcine)	78	hydrocodone-ibuprofen		indapamide	84, 107, 170
heparin sodium (porcine) pf .. 78		.....	134, 136, 143	INDICAID COVID-19 RAPID	
HEPLISAV-B	56	hydrocortisone	194, 291, 292	TEST	161
HEPZATO W/50MM		hydrocortisone (perianal)	291	INDOCIN	134, 143, 243
CATHETER	46	hydrocortisone ace-		indomethacin	134, 143, 243
HEPZATO W/62MM		pramoxine	284, 291	indomethacin er	134, 143, 243
CATHETER	46	hydrocortisone acetate	291	INFANRIX	54, 55, 57
her style	202, 223	hydrocortisone butyrate	291	INGREZZA	148, 149
HETLIOZ	121, 131	hydrocortisone valerate	292	INLYTA	47
HETLIOZ LQ	121, 131	hydrocortisone-acetic acid		INOVA	293, 298
HEXIOUNYL	27, 294, 296	.....	178, 180	INOVA 4/1 ACNE CONTROL	
HIBERIX	56	hydrocortisone-iodoquinol		THERAPY	293, 296, 298
HIPREX	42	.....	22, 286, 292, 298	INOVA 8/2 ACNE CONTROL	
HUMALOG	229	hydrocort-pramoxine		THERAPY	293, 296, 298
HUMALOG KWIKPEN	229	(perianal)	284, 292	INPEN 100-BLUE-LILLY-	
HUMALOG MIX 50/50		hydromet	61, 269	HUMALOG	156
KWIKPEN	229	hydromorphone hcl	136	INPEN 100-BLUE-NOVOLOG-	
HUMALOG MIX 50/50 VIAL	229	hydromorphone hcl er	136	FIASP	156
HUMALOG MIX 75/25		hydroxychloroquine sulfate		INPEN 100-GREY-LILLY-	
KWIKPEN	229	.....	24, 235, 252, 256	HUMALOG	156
HUMALOG MIX 75/25 VIAL	229	hydroxyurea	46	INPEN 100-GREY-	
HUMALOG U-100 JUNIOR		hydroxyzine hcl	19, 20, 121	NOVOLOG-FIASP	156, 157
KWIKPEN	229	hydroxyzine pamoate 19, 20, 121		INPEN 100-PINK-LILLY-	
HUMATE-P	76	HYFTOR	238, 259, 294, 303	HUMALOG	157
HUMATIN	22	hyoscyamine sulfate	17, 61	INPEN 100-PINK-NOVOLOG-	
				FIASP	157

INQOVI.....	47	jencycla	202, 224	KLOXXADO.....	138
INSPIREASE RESERVOIR		JENTADUETO.....	198, 207	KOATE.....	76
BAGS.....	157	JENTADUETO XR.....	198, 207	KOATE-DVI.....	76
INSULIN LISPRO.....	229	JESDUVROQ.....	70, 73	KOGENATE FS.....	76
INSULIN LISPRO (1 UNIT		jinteli	212, 224	KOSELUGO.....	47
DIAL).....	229	JIVI.....	76	kourzeq	292
INSULIN LISPRO JUNIOR		JOENJA.....	256	KOVALTRY.....	76
KWIKPEN.....	229	jolessa	202, 212, 224	K-PHOS.....	167
INSULIN LISPRO PROT &		JORNAY PM.....	142	K-PHOS NO 2.....	162
LISPRO.....	229	joyeaux	202, 212, 224	K-PHOS-NEUTRAL.....	167
INSULIN PEN NEEDLES		juleber	202, 212, 224	k-prime	167
.....	157, 158, 159	JULUCA.....	32, 33	KRAZATI.....	47
INSULIN SYRINGES.....	157	junel 1.5/30	202, 212, 224	KRINTAFEL.....	24
INTELENCE.....	33	junel 1/20	202, 212, 224	KRISTALOSE.....	163
INTELISWAB COVID-19		junel fe 1.5/30	202, 212, 224	K-TAB.....	167
RAPID TEST.....	161	junel fe 1/20	202, 212, 224	kurvelo	202, 212, 224
introvale	202, 212, 223	junel fe 24	202, 212, 224	KUTAR.....	288, 293
INVELTYS.....	178	JUST RIGHT 5000.....	150, 247	KUTARVIA.....	288, 293
iodine strong		JYLAMVO. 47, 235, 252, 256, 259		KYZATREX.....	196, 197
.....	17, 23, 198, 272, 286	JYNARQUE.....	170, 171	labetalol hcl	
iodine tincture	286, 298	K.B.G.L IN TERODERM		.....	65, 67, 85, 88, 94, 96, 103
IOPIDINE.....	173, 180	.....	65, 134, 284, 299, 303	lacosamide	114, 131
IPOL.....	57	kaitlib fe	202, 212, 224	lactulose	163
ipratropium bromide	61, 267	KALETRA.....	35	lactulose encephalopathy ...	163
ipratropium-albuterol	62, 68, 267	kalliga	202, 212, 224	LAGEVRIO.....	38
IQIRVO.....	187, 189	KALYDECO.....	270	LAMICTAL ODT.....	114, 117
irbesartan	85	KAPSPARGO SPRINKLE		lamivudine	34
irbesartan-		.....	69, 88, 94, 96, 103	lamivudine-zidovudine	34
hydrochlorothiazide	85, 170	kariva	202, 212, 224	lamotrigine	115, 117, 118
IRESSA.....	47	kelnor 1/35	202, 212, 224	lamotrigine starter kit-blue	
ISENTRESS.....	32	kelnor 1/50	202, 212, 224	.....	115, 118
ISENTRESS HD.....	32	KESIMPTA.....	256	lamotrigine starter kit-green	
isibloom	202, 212, 223	ketoconazole	27, 286	.....	115, 118
isoflurane	131	ketodan	286	lamotrigine starter kit-	
isoniazid	26	KETO-DIASTIX.....	162	orange	115, 118
isosorb dinitrate-hydralazine		KETONE TEST.....	162	LAMPIT.....	25
.....	100, 103, 104	ketorolac tromethamine		LANCETS.....	157
isosorbide dinitrate	103, 104	.....	134, 143, 181	LANCETS SUPER THIN.....	157
isosorbide mononitrate	103, 104	KETOSTIX.....	162	LANOXIN.....	87, 88, 94
isosorbide mononitrate er		KEVARTIA.....	288, 293	lansoprazole	192
.....	103, 104	KEVEYIS.....	83, 246	lanthanum carbonate ...	166, 242
isotretinoin	296, 303	KEVZARA.....	237, 252	LANTUS SOLOSTAR.....	219
isradipine	99	KINERET.....	237, 252, 256	LANTUS U-100 VIAL.....	219
ISTALOL.....	177	KIPROFEN.....	120, 134	lapatinib ditosylate	47
itraconazole	27	KLARON.....	282	larin 1.5/30	202, 212, 224
ivabradine hcl	93, 94, 108	klayesta	299	larin 1/20	202, 212, 224
ivermectin	23	KLISYRI.....	280, 303	larin 24 fe	202, 212, 224
IWILFIN.....	47	klor-con	167	larin fe 1.5/30	202, 212, 224
jaimiess	202, 212, 223	klor-con 10	167	larin fe 1/20	202, 212, 224
JAKAFI.....	47, 295	klor-con m10	167	LASIX.....	83, 102, 165
jantoven	71	klor-con m15	167	LATANOPROST.....	182
JARDIANCE.....	230	klor-con m20	167	latanoprost	182
JAYPIRCA.....	47	klor-con/ef	167	layolis fe	202, 212, 224

LEDIPASVIR-SOFOSBUVIR	30, 31	LINZESS	183, 189	LYTGOBI (12 MG DAILY DOSE).....	48
leena	202, 213, 224	liothyronine sodium	233	LYTGOBI (16 MG DAILY DOSE).....	48
leflunomide	238, 252, 257, 260	LIQUICAL PLUS.....	167	LYTGOBI (20 MG DAILY DOSE).....	48
lenalidomide	47, 257	LIRAGLUTIDE	218	LYUMJEV KWIKPEN.....	230
LENVIMA	47, 48	lisdexamfetamine dimesylate	111	LYUMJEV VIAL.....	230
lessina	202, 213, 224	lisinopril	86, 87	lyza	203, 225
letrozole	48, 197	lisinopril- hydrochlorothiazide	87, 170	MACROBID	42
LETS	60, 240	L-ISOLEUCINE.....	164	MACRODANTIN	42
leucovorin calcium .	18, 242, 309	LITFULO	295, 303	mafenide acetate	282, 298
LEUKERAN.....	48	lithium	118	magnesium citrate	186
LEUKINE.....	73	lithium carbonate	118	MALARONE	24
leuprolide acetate	48, 217	lithium carbonate er	118	malathion	300
levabuterol hcl	68, 277	LITHOBID	118	maraviroc	32
LEVALBUTEROL HFA	68, 277	LITHOSTAT	163	MARINOL.....	184, 189
LEVBID.....	17, 62	LIVDELZI	187	marlissa	203, 213, 225
levetiracetam	115	LIVTENCITY	27	MATULANE	48
levetiracetam er	115	LO LOESTRIN FE ...	203, 213, 225	matzim la	90, 91, 92, 98, 108
levobunolol hcl	177	LODOCO	71, 262	MAVENCLAD ...	48, 233, 257, 260
levocarnitine	262	lojaimiess	203, 213, 225	MAVYRET	30, 31
levocarnitine sf	262	LOKELMA	166	MAXIDEX.....	179
levocetirizine dihydrochloride	20	LOMAIRA.....	110	MAXITROL.....	174, 179
levofloxacin	26, 40, 174, 282	LOMOTIL	62, 184	maxi-tuss ac	269, 272
levonest	202, 213, 224	LOPID.....	101	MAYZENT	239, 257
levonorgest-eth est & eth est	203, 213, 224	lopinavir-ritonavir	35	MAYZENT STARTER PACK	239, 257
levonorgest-eth estrad 91- day	203, 213, 224	LOPRESSOR..	69, 89, 94, 97, 103	me/naphos/mb/hyo1 .	42, 62, 262
levonorgest-eth estradiol- iron	203, 213, 224	lorazepam	124, 125	meclofenamate sodium 134, 143	
levonorgestrel	203, 224	lorazepam intensol	124, 125	MEDERMA SPF 30.....	303
levonorgestrel-ethinyl estrad	203, 213, 225	LORBRENA	48	MEDROL	195
levonorg-eth estrad triphasic	203, 213, 225	losartan potassium	85	medroxyprogesterone acetate	203, 225
levora 0.15/30 (28) .	203, 213, 225	losartan potassium-hctz .	85, 170	mefenamic acid	134, 143
levo-t	232	LOTEMAX	178	mefloquine hcl	24
levothyroxine sodium	232	LOTEMAX SM	178	megestrol acetate	48, 225
levoxyl	233	LOTENSIN	86, 87	MEKINIST.....	48
LEVSIN.....	17, 62	LOTENSIN HCT	87, 170	MELOXICAM.....	134, 143
LEVSIN/SL.....	17, 62	loteprednol etabonate	178	meloxicam	134, 143
l-glutamine	262, 303	lovastatin	101	memantine hcl	127
LIBERVANT	124, 125	low-ogestrel	203, 213, 225	memantine hcl er	127
lidocaine	284	loxapine succinate	121, 128	MENEST	213, 245
lidocaine hcl	181, 284	lubiprostone	183, 189	MENOSTAR	213, 245
lidocaine hcl urethral/mucosal	284	LUGOLS STRONG IODINE	286, 298	MENQUADFI.....	57
lidocaine viscous hcl	181	LUMAKRAS	48	MENVEO	57
lidocaine-prilocaine	285	LUMIGAN.....	182	meperidine hcl	136
LIDTOPIC MAX.....	285	LUMRYZ.....	127, 149, 243	meprobamate	121, 132
LIKMEZ	22, 25, 37, 185	lurasidone hcl	122	mercaptopurine	49, 236, 260
linezolid	40	lutra	203, 213, 225	merzee	203, 213, 225
		lyleq	203, 225	mesalamine	185
		lyllana	213, 245	mesalamine-cleanser	185
		LYNPARZA	48	MESNEX.....	265
		LYRICA.....	115, 129, 130		
		LYSODREN.....	48		

MESTINON	66	mibelas 24 fe	203, 213, 225	MOUNJARO	218
metaxalone	64	miconazole 3	286	MOVIPREP	186, 312
metformin hcl	198	microgestin 1.5/30	203, 213, 225	moxifloxacin hcl	26, 40, 174, 282
metformin hcl er	198	microgestin 1/20	203, 213, 225	moxifloxacin hcl (2x day)	40, 174
methadone hcl	136	microgestin fe 1.5/30		MOZOBIL	73
methadone hcl intensol	136	.....	203, 213, 225	MUCOSITISRX	180
METHADOSE	136	microgestin fe 1/20	203, 213, 225	MULPLETA	73
methadose	136	MICROLET NEXT LANCING		multivitamin w/fluoride	
METHADOSE SUGAR-FREE	136	DEVICE	158	.....	150, 247, 306
methamphetamine hcl	111	midazolam hcl	125	multivitamin/fluoride	
methazolamide	83, 93, 177	MIDAZOLAM+SYRSPEND SF		.....	150, 247, 306, 310
methenamine hippurate	42	.....	125	MULTIVITAMIN/FLUORIDE	
methenamine mandelate	42	midodrine hcl	60	.....	150, 247, 306, 307, 310
methergine	266	MIEBO	176, 180	multi-vitamin/fluoride	
methimazole	198	MIFEPREX	266	.....	150, 247, 306
METHITEST	197	mifepristone	197, 266	multi-vitamin/fluoride/iron	
methocarbamol	33, 64	MIGERGOT	66, 120, 142	.....	79, 247, 307
methotrexate sodium		miglitol	196	mupirocin	282
.....	49, 235, 252, 257, 260	miglustat	171, 262	mupirocin calcium	282
methotrexate sodium (pf)		mili	203, 213, 225	my choice	203, 225
.....	49, 235, 252, 257, 260	mimvey	214, 225	my way	204, 226
methoxsalen rapid	299	mineral oil heavy	186	MYALEPT	219
methscopolamine bromide	62	minocycline hcl	24, 42	MYCOBUTIN	27, 41
methsuximide	147	minoxidil	100, 288	mycophenolate mofetil	233, 260
methyl salicylate	287	mirabegron er	306	mycophenolate sodium	260
METHYLDOPA	60, 94, 100	mirtazapine	116, 147	mycophenolic acid	260
methylergonovine maleate	266	MIRVASO	173, 280, 303	MYCOZYL AL	305
methylphenidate hcl	142	misoprostol	191	MYFEMBREE	197, 214, 226
methylphenidate hcl er	142	MITIGARE	243	MYHIBBIN	260
methylphenidate hcl er (cd)	142	MITOSOL	174	MYLERAN	49
methylphenidate hcl er (la)	142	mm aspirin	81, 82, 120, 144	MYXREDLIN	167, 230
methylphenidate hcl er		mm clearlax	186	na sulfate-k sulfate-mg sulf	186
(osm)	142	M-M-R II	57	nabumetone	134, 143
methylprednisolone	195	M-NATAL PLUS	79, 306, 310	nadolol	65, 69, 84, 89, 95, 97, 103
methyltestosterone	197	modafinil	149	naloxone hcl	17, 138, 242
metoclopramide hcl	191	MODERNA COVID-19 VAC		naltrexone hcl	
metolazone	84, 107, 170	6M-11Y	57	.....	16, 17, 59, 139, 241, 242
METOPIRONE	162	moexipril hcl	86, 87	NANRAN	282, 285
metoprolol succinate er		molindone hcl	121, 128	naproxen	120, 135, 143, 243
.....	69, 89, 94, 95, 97, 103	mometasone furoate		naproxen dr	120, 135, 143, 243
metoprolol tartrate		.....	179, 195, 269, 273, 292	naproxen sodium	
.....	69, 89, 95, 97, 103	mondoxyne nl	24, 42, 282	.....	120, 135, 144, 243
metoprolol-		mono-lynyah	203, 214, 225	naratriptan hcl	145
hydrochlorothiazide	89, 95, 170	MONSELS FERRIC		NARCAN	139
METROCREAM	282	SUBSULFATE	76	NARDIL	132
METROLOTION	282	montelukast sodium	273	NASCOBAL	81, 310
metronidazole		morphine sulfate	137	NATACYN	175
.....	22, 25, 37, 185, 282	morphine sulfate		NATAL PNV	79, 307, 310
METRONIDAZOLE		(concentrate)	136	NATAZIA	204, 214, 226
BENZO+SYRSPEND	22, 25, 185	morphine sulfate er	137	nateglinide	219
metyrosine	162, 262	morphine sulfate er beads	137	NAYZILAM	124, 126
mexiletine hcl	96	MOTEGRITY	189	nebivolol hcl	65, 89, 95, 97
MIACALCIN	198, 245	MOTPOLY XR	115, 131	NEBUSAL	273

necon 0.5/35 (28) ... 204, 214, 226	nifedipine er osmotic release 99, 100, 108	NOVOFINE PLUS PEN
nefazodone hcl 147	nimodipine 99, 100, 108	NEEDLE 158
NEFFY 60	NINLARO 49	NOVOPEN ECHO 158
NEOCATE SYNEO JUNIOR... 164	nisoldipine er 99, 100	NOVOSEVEN RT 76
neomycin sulfate 22, 174, 282	nitazoxanide 25	NOXAFIL 28
neomycin-bacitracin zn- polymyx 174	NITRO-BID 103, 104	np thyroid 233
neomycin-polymyxin- dexameth 174, 179	NITRO-DUR 103, 104	NUBEQA 49
neomycin-polymyxin- gramicidin 174	nitrofurantoin 42	NUCALA 268
neomycin-polymyxin-hc 174, 179	nitrofurantoin macrocrystal ... 42	NUCORT 292
NEONATAL COMPLETE 79, 307, 310	nitrofurantoin monohydrate macrocrystals 42	NUCYNTA 137
NEONATAL PLUS ... 79, 307, 310	nitroglycerin 103, 104	NUCYNTA ER 137
neo-polycin 174	NITROSTAT 103, 104	NUDEXTA 127
neo-polycin hc 174, 179, 282	NITRO-TIME 103, 104	NUJO 260, 294, 303
NEOSALUS 303	NIVA THYROID 233	NULEV 17, 62
NEOTUSS PLUS.. 19, 20, 60, 269	NOCDURNA 76, 220	NUPLAZID 122
NERLYNX 49	nora-be 204, 226	NURTEC 126
NESTABS 79, 307, 310	NORDIPEN 5 INJECTION DEVICE 158	NUWIQ 76, 77
NESTABS ONE 79, 262, 307, 310	NORDITROPIN FLEXPRO 220, 231	NUZYRA 22
neuac 282, 298	norelgestromin-eth estradiol 204, 214, 226	nyamyc 299
NEULASTA 73	norethin ace-eth estrad-fe 204, 214, 226	nylia 1/35 205, 215, 227
NEURAPTINE 112, 130	norethindrone 204, 226	nylia 7/7/7 205, 215, 227
NEVANAC 181	norethindrone acetate 226	NYMALIZE 99, 100, 108
nevirapine 33	norethindrone acet-ethinyl est 204, 214, 226	nystatin 40, 299, 300
nevirapine er 33	norethindrone-eth estradiol 214, 226	nystatin-triamcinolone . 292, 300
new day 204, 226	norethindron-ethinyl estrad- fe 204, 214, 226	nystop 300
NEXIUM 192	norethin-eth estradiol-fe 204, 214, 226	OBIZUR 77
NEXLETOL 84, 88	norgestimate-eth estradiol 204, 214, 226	OCALIVA 187, 189
NEXLIZET 84, 88, 95	norgestimate-ethinyl estradiol triphasic . 204, 214, 226	octreotide acetate 189, 231
NEXTSTELLIS 204, 214, 226	NORLIQVA 99, 100, 108	OCUFLOX 41, 174
NGENLA 220	norlyroc 204, 226	ODACTRA 53
niacin er (antihyperlipidemic) 88	NORPACE 95	ODEFSEY 33, 34, 38
nicardipine hcl 99, 108	NORPACE CR 95	ODOMZO 49
NICORETTE 59, 63	NORPRAMIN 148	ofloxacin 41, 175
NICORETTE MINI 59, 63	nortrel 0.5/35 (28) .. 204, 214, 227	OGSIVEO 49
nicotine 59, 63	nortrel 1/35 (21) 204, 214, 227	OHTUVAYRE 267
nicotine mini 59, 63	nortrel 1/35 (28) 204, 214, 227	OJEMDA 49
nicotine polacrilex 59, 63	nortrel 7/7/7 204, 214, 227	OJJAARA 49
nicotine polacrilex mini ... 59, 63	nortriptyline hcl 148	olanzapine 118, 122
nicotine step 1 59, 63	NORVIR 35	olanzapine-fluoxetine hcl 122, 146
nicotine step 2 59, 63	NOVOEIGHT 76	olmesartan medoxomil 85
nicotine step 3 59, 63	NOVOFINE PEN NEEDLE 158	olmesartan medoxomil-hctz 85, 170
NICOTROL 59, 63		olopatadine hcl 20, 173
NICOTROL NS 59, 63		OLUMIANT 237, 252
nifedipine 99, 100, 108		OMECLAMOX-PAK... 23, 39, 192
nifedipine er 99, 100, 108		omega-3-acid ethyl esters 88, 104
		omeprazole 192
		OMEPRAZOLE+SYRSPEND SF ALKA 192
		OMNIFLEX DIAPHRAGM 265

OMNIPOD 5 DEXG7G6		PEDIAPRED.....	195
INTRO GEN 5	158	PEDIARIX.....	55, 57
OMNIPOD 5 DEXG7G6 PODS		PEDVAX HIB.....	57
GEN 5.....	158	peg 3350-kcl-na bicarb-nacl .	186
OMNIPOD 5 LIBRE2 PLUS G6		peg-3350/electrolytes	186
.....	158	peg-	
OMNIPOD 5 LIBRE2 PLUS G6		3350/electrolytes/ascorbat	
PODS.....	158	.....	186, 312
OMNITROPE	220, 231	PEGASYS.....	36, 50, 258
OMVOH.....	183, 189	peg-kcl-nacl-nasulf-na asc-c	
ON/GO COVID-19 ANTIGEN		.....	187, 312
TEST	161	PEG-PREP	187
ON/GO ONE COVID-19		PEMAZYRE.....	50
HOME TEST	161	PENBRAYA.....	57
ondansetron hcl	183	penicillamine	17, 193, 253
ondansetron odt	183, 184	penicillin v potassium	36
ONE VITE WOMENS PLUS		PENTACEL	55, 57
.....	79, 307, 310	pentamidine isethionate	26
ONETOUCH DELICA PLUS		pentazocine-naloxone hcl	
LANCING	158	.....	139, 140
ONETOUCH DELICA SAFETY		pentoxifylline er	74
LANCING	158	PEPTICATE	164
ONETOUCH ULTRA	158, 160	PERFECT POINT SAFETY	
ONETOUCH ULTRA 2	158	LANCETS	158
ONETOUCH ULTRA TEST ...	160	PERFECT POINT SAFETY	
ONETOUCH VERIO.....	158, 160	NEEDLE	159
ONETOUCH VERIO FLEX		PERIDEX..	22, 175, 176, 286, 298
SYSTEM.....	158	perindopril erbumine	86, 87
ONETOUCH VERIO		periogard	22, 176, 286, 298
REFLECT	158	permethrin	300
ONFI.....	124, 126	perphenazine	140
ONUREG	49	perphenazine-amitriptyline	
opicon one-step	205, 227	.....	140, 148
OPFOLDA.....	171, 262	PERTZYE	172, 187
OPILL.....	205, 227	PFIZER COVID-19 VAC-TRIS	
opium	184	5-11Y.....	57
OPSUMIT.....	108, 271, 277	PFIZER COVID-19 VAC-TRIS	
OPSYNVI.....	271, 274	6M-4Y	57
option 2	205, 227	PHEDRAX	286, 296
OPTIONS GYNOL II		phenazo	285
CONTRACEPTIVE	265	phenazopyridine hcl	285
OPVEE.....	139	phendimetrazine tartrate	110
ORACIT	162	phendimetrazine tartrate er ..	110
ORAL CITRATE	162	phenelzine sulfate	132
ORALAIR.....	54	phenobarbital	123
ORALAIR ADULT STARTER		phenoxybenzamine hcl ..	66, 107
PACK.....	53	phentermine hcl	110
ORALAIR CHILDRENS		phenylephrine hcl	182
STARTER PACK.....	54	phenytek	96, 130
oralone	292	phenytoin	96, 131
ORAPRED ODT.....	195	phenytoin infatabs	96, 130
ORAVIG.....	286		
ORENCIA.....	234, 252, 257		
ORENCIA CLICKJECT			
.....	234, 252, 257		
ORENITRAM	108, 275, 278		
ORENITRAM MONTH 1			
.....	108, 275, 277		
ORENITRAM MONTH 2			
.....	108, 275, 278		
ORENITRAM MONTH 3			
.....	108, 275, 278		
ORFADIN.....	171, 262		
ORGOVYX.....	49, 197		
ORIAHNN.....	197, 215, 227		
ORLISSA.....	198		
ORKAMBI.....	270, 271		
ORLISTAT	189		
ORMALVI.....	83, 246		
orphenadrine citrate er			
.....	65, 69, 113		
ORSERDU.....	49		
OSCIMIN.....	17, 62		
oseltamivir phosphate	36		
OSPHENA.....	207		
OTEZLA ..	238, 252, 257, 258, 303		
OVACE PLUS.....	283		
OVACE PLUS WASH.....	283		
OVACE WASH.....	283		
OVIDE.....	300		
oxaprozin	135, 144		
oxazepam	126		
oxcarbazepine	115, 131		
OXERVATE	176, 180		
oxybutynin chloride	305		
oxybutynin chloride er	305		
oxycodone hcl	137		
oxycodone-acetaminophen			
.....	112, 133, 137		
oxymorphone hcl	138		
oxymorphone hcl er	138		
OZEMPIC.....	218		
OZOBAX DS.....	65		
PACERONE.....	97		
PALFORZIA.....	54		
PANDEL.....	292		
PANRETIN.....	280, 303		
pantoprazole sodium	192		
PARI VORTEX ADULT MASK			
158			
paricalcitol	312		
PARNATE	132		
paroxetine hcl	146, 147		
paroxetine hcl er	146		
PAXIL.....	147		
PAXLOVID (150/100).....	27		
PAXLOVID (300/100).....	27		

phenytoin sodium extended 96, 131
 PHEOXIA.....286, 303
 PHEXXI.....266
philith..... 205, 215, 227
 PHOSPHA 250 NEUTRAL.....167
 PHOSPHOLINE IODIDE.....181
phosphorous 167
phospho-trin 250 neutral 168
 PHOXILLUM B22K4/0..... 168
 PHOXILLUM BK4/2.5..... 168
phytonadione 17, 242, 313
 PIFELTRO..... 33
pilocarpine hcl.....66, 181
 PILOT COVID-19 AT-HOME
 TEST..... 161
pimecrolimus260, 294, 303
pimozide 121, 128
pimtreea 205, 215, 227
pindolol 65, 89, 95, 97, 103
pioglitazone hcl232
pioglitazone hcl-glimepiride 232
pioglitazone hcl-metformin
hcl.....199, 232
 PIP GLUCOSE CONTROL
 SOLUTION.....159
 PIQRAY..... 50
pirfenidone 268, 276
piroxicam 135, 144
 PKU EASY MICROTABS.....164
 PKU EASY SHAKE & GO.....164
 PLAN B ONE-STEP205, 227
 PLEGRIDY.....258
 PLEGRIDY STARTER PACK.258
 PLENVU.....187, 312
plerixafor73
 PNEUMOVAX 23.....57
pnv prenatal plus
multivit+dha79, 262, 307, 310
 PODIATROLE.....287, 296
 PODOCON-25..... 296, 303
podofilox296, 304
polycin 175, 283
polyethylene glycol 3350187
polymyxin b-trimethoprim175
 POLY-VI-FLOR/IRON
 79, 247, 307
 POMALYST..... 50, 258
portia-28.....205, 215, 227
posaconazole 28
potassium chloride 168
potassium chloride crys er .. 168
potassium chloride er168
potassium citrate er 162
potassium citrate-citric acid 163
potassium iodide 272
 PRADAXA.....72
pramipexole dihydrochloride
 132
 PRAMOSONE285, 292
 PRAMOTIC..... 176, 181
prasugrel hcl 81
pravastatin sodium 101
praziquantel23
prazosin hcl 66, 84, 85, 89
 PRED MILD..... 179
prednisolone 195
prednisolone acetate 179
prednisolone sodium
phosphate179, 195
prednisone195
prednisone intensol195
pregabalin115, 129, 130
 PREHEVBRIO..... 57
 PREKUNIL..... 164
 PREMARIN..... 215, 245, 246
 PREMESISRX 168, 262, 307, 310
premium lidocaine 285
 PREMPHASE..... 215, 227
 PREMPRO.....215, 227
 PRENAISSANCE
 79, 187, 262, 307, 310
prenatal79, 307, 310
prenatal plus vitamin/mineral
 79, 307, 310
 PRENATE 168, 307, 311
 PRENATE DHA
 79, 168, 262, 307, 310
 PRENATE ELITE 79, 307, 310
 PRENATE ENHANCE
 79, 168, 262, 307, 310
 PRENATE ESSENTIAL
 79, 168, 262, 307, 311
 PRENATE MINI
 79, 168, 262, 307, 311
 PRENATE PIXIE
 80, 168, 262, 308, 311
 PRENATE RESTORE
 80, 168, 263, 308, 311
 PREPIDIL.....266
 PRETOMANID 27
prevalite 90
 PREVIDENT... 150, 151, 247, 248
 PREVIDENT 5000 BOOSTER
 PLUS.....150, 247
 PREVIDENT 5000 DRY
 MOUTH..... 150, 247
 PREVIDENT 5000 ENAMEL
 PROTECT..... 150, 247
 PREVIDENT 5000 KIDS. 150, 247
 PREVIDENT 5000 ORTHO
 DEFENSE..... 150, 247
 PREVIDENT 5000 PLUS 150, 247
 PREVIDENT 5000 SENSITIVE
 150, 247
 PREVNRAR 20.....57
 PREVYMIS..... 27
 PREZCOBIX..... 35, 263
 PREZISTA..... 35, 36
 PRIFTIN.....27, 41
 PRIMACARE80, 263, 308, 311
primaquine phosphate 24
primidone123
 PRIORIX..... 57
 PRISMASOL B22GK 4/0..... 168
 PRISMASOL BGK 0/2.5..... 168
 PRISMASOL BGK 2/0..... 168
 PRISMASOL BGK 2/3.5..... 169
 PRISMASOL BGK 4/0/1.2..... 169
 PRISMASOL BGK 4/2.5..... 169
 PRISMASOL BK 0/0/1.2..... 169
probenecid170, 243
prochlorperazine 141, 184
prochlorperazine maleate
 141, 184
 PROCTOFOAM HC285, 292
procto-med hc 292
proctosol hc 292
proctozone-hc 292
 PROCYSBI..... 263
 PROFILNINE 77
progesterone227
 PROGESTERONE
 MICRONIZED..... 227
 PROGLYCEM..... 198
 PROGRAF..... 260
 PROMACTA73
promethazine hcl
 18, 19, 20, 121, 184, 272
promethazine vc19, 20, 60
promethazine-codeine
 19, 20, 269
promethazine-dm 19, 20, 269
promethazine-phenylephrine
 19, 20, 60
promethegan
 19, 20, 121, 184, 272
 PRONAL..... 287, 296

propafenone hcl	96	raloxifene hcl	207, 246	RIVIVE.....	139
propafenone hcl er	96	ramelteon	121, 131	RIXUBIS.....	77
proparacaine hcl	181	ramipril	86, 87	rizatriptan benzoate	145
propranolol hcl		ranolazine er	93	ROCKLATAN.....	182
.....	65, 89, 95, 97, 104, 120	RAPAMUNE.....	238, 260, 294	roflumilast	274, 295, 299
propranolol hcl er		RASUVO.....	235, 253	ropinirole hcl	132
.....	65, 89, 95, 97, 103, 120	RAVICTI.....	163	rosuvastatin calcium	101
propylthiouracil	198	RAYA SURE PEN NEEDLE ...	159	ROTARIX.....	58
PROQUAD.....	58	RAYASAL.....	296	ROTATEQ.....	58
PRO-STAT/FIBER.....	165	react	205, 227	roweeptra	115
protriptyline hcl	148	reclipsen	205, 215, 227	ROZLYTREK.....	50
PROVERA.....	227	RECOMBINATE.....	77	RUCONEST.....	249
pseudoephedrine-		RECOMBIVAX HB.....	58	rufinamide	115, 131
bromphen-dm	19, 20, 60, 269	RECOTHROM.....	77	RUKOBIA.....	32
PULMOSAL.....	273	RECOTHROM SPRAY KIT.....	77	RYBELSUS.....	218
PULMOZYME.....	172, 273	REGLAN.....	191	RYDAPT.....	50
PURE COMFORT SAFETY		REGRANEX.....	304	SABRIL.....	115, 130
PEN NEEDLE.....	159	RELENZA DISKHALER.....	37	SAFETY PEN NEEDLES.....	159
PURIXAN.....	50, 236, 260	RELISTOR.....	139, 183, 190	SALAGEN.....	67
pyrazinamide	27	RELNATE DHA .80, 263, 308, 311		SALICATE.....	296
PYRIDIDIUM.....	285	RELYVRIO.....	110, 127	salicylic acid	296
pyridostigmine bromide	66	REMIGEN.....	304	salsalate	144
pyridostigmine bromide er	66	repaglinide	219	SALVAX DUO PLUS.....	287, 296
pyrimethamine	24	REPATHA.....	104	SANTYL.....	172, 287, 304
PYROGALLIC ACID.....	267, 296, 304	REPATHA PUSHTRONEX		sapropterin dihydrochloride	
PYRUKYND.....	71	SYSTEM.....	104	.....	171, 263
PYRUKYND TAPER PACK.....	71	REPATHA SURECLICK.....	105	SAVELLA.....	129, 145
QBRELIS.....	87	RESTASIS.....	176, 180, 234	SAVELLA TITRATION PACK	
QSYMIA.....	112, 113	RESTORIL.....	126	.....	129, 145
QUADRACEL.....	55, 58	RETACRIT.....	70, 73, 74	saxagliptin hcl	207
QUALAQUIN.....	24	RETEVMO.....	50	saxagliptin-metformin er	
QUESTRAN.....	90	RETROVIR.....	34	.....	199, 207
QUESTRAN LIGHT.....	90	REVLIMID.....	50, 258	SAXENDA.....	218
quetiapine fumarate	118, 122	REXTOVY.....	139	SCALACORT DK.....	293, 296
quetiapine fumarate er	118, 122	REYATAZ.....	36	SCARCIN.....	304
QUFLORA PEDIATRIC		REZDIFFRA.....	233	SCARTRATE.....	294
.....	151, 248, 308	REZLIDHIA.....	50	scopolamine	62, 184, 190
QUICKVUE AT-HOME		RHOPRESSA.....	182	SELECT-OB.....	80, 308, 311
COVID-19 TEST.....	161	ribavirin	38	selegiline hcl	132
quinapril hcl	86, 87	rifabutin	27, 41	selenium sulfide	286, 298
quinapril-		rifampin	27, 41	SELZENTRY.....	32
hydrochlorothiazide	87, 170	RIFAMPIN+SYRSPEND SF.....	27, 41	SEREVENT DISKUS.....	68, 277
quinidine gluconate er	24, 95	riluzole	110, 127	sertraline hcl	147
quinidine sulfate	24, 95	rimantadine hcl	22	setlakin	205, 215, 227
quinine sulfate	25	RINVOQ.....	238, 253	sevelamer carbonate	
QULIPTA.....	126	RINVOQ LQ.....	238	.....	17, 166, 242
QVAR REDIHALER.....	195, 269, 274	risedronate sodium	246	sevoflurane	131
rabeprazole sodium	192	risperidone	118, 122, 123	sf	151, 248
RADICAVA ORS.....	110, 127	ritonavir	36	sf 5000 plus	151, 248
RADICAVA ORS STARTER		rivastigmine	67	sharobel	205, 227
KIT.....	110, 127	rivastigmine tartrate	67	SHARPS COLLECTOR.....	159
RADIOGARDASE.....	17, 165, 242	rivelsa	205, 215, 227	SHARPS CONTAINER.....	159
RAGWITEK.....	54	RIVFLOZA.....	263	SHINGRIX.....	58

sildenafil citrate		SPEEDY SWAB COVID-19		sulfacetamide sodium-sulfur	
.....	105, 274, 275, 278, 305, 306	ANTIGEN.....	161	.....	283, 297
silodosin	67	SPEVIGO.....	295	sulfacetamide sod-sulfur	
SILVADENE.....	286, 298	SPIKEVAX.....	58	wash	283, 297
silver nitrate	176	spinosad	300	sulfacetamide-prednisolone	
silver sulfadiazine	286, 298	SPIRIVA HANDIHALER....	62, 268	.....	175, 179
simliya	205, 215, 227	SPIRIVA RESPIMAT.....	62, 268	sulfacetamide-sulfur in urea	
simpesse	205, 215, 227	spironolactone 84, 102, 106, 166		.....	283, 297
SIMPONI.....	190, 240, 253, 258	spironolactone-hctz		sulfadiazine	41
simvastatin	101	.....	102, 106, 170	sulfamethoxazole-	
SINEMET.....	129	SPORANOX.....	28	trimethoprim	26, 41, 42
SINGULAIR.....	273	SPRAVATO (56 MG DOSE)		SULFAMYLON.....	283, 298
sirolimus	238, 260, 294	.....	116, 132	sulfasalazine	
SIRTURO.....	27	SPRAVATO (84 MG DOSE)		.....	41, 185, 235, 253, 258, 259
SITAGLIPTIN BASE-		.....	116, 132	sulfatrim pediatric	26, 41, 42
METFORMIN HCL.....	199, 207	sprintec 28	205, 215, 228	sulfurated lime	300
SKYCLARYS.....	263	SPRYCEL.....	50	sulindac	135, 144
SKYRIZI.....	190, 294, 304	SPS.....	18, 166, 242	sumatriptan	145
SKYRIZI PEN.....	294, 304	sronyx	205, 215, 228	sumatriptan succinate	146
SKYTROFA.....	220	ssd	286, 298	sumatriptan succinate refill	
SLYND.....	205, 227	SSKI.....	272	subcutaneous solution	
sod citrate-citric acid	163	sss 10-5	283, 297	cartridge	146
sod fluoride-potassium		SSS 10-5.....	283, 297	sunitinib malate	51
nitrate	151, 248	ST JOSEPH LOW DOSE		SUNLENCA.....	26, 31, 32
sodium chloride	273	.....	81, 82, 120, 144	SUNOSI.....	149
sodium fluoride	151, 248	STELARA.....	237, 304	SUPREP BOWEL PREP KIT..	187
sodium fluoride 5000 enamel		STENDRA.....	105	SUTAB.....	187
.....	151, 248	STIOLTO RESPIMAT.....	62, 68	SYMBICORT.....	68, 195
sodium fluoride 5000 plus		STIVARGA.....	51	SYMBYAX.....	123, 147
.....	151, 248	STRENSIQ.....	172	SYMDEKO.....	270, 271
sodium fluoride 5000 ppm		STRIBILD.....	32, 34, 263	SYMFI.....	33, 35
.....	151, 248	STRIVERDI RESPIMAT..	68, 277	SYMFI LO.....	33, 34
sodium fluoride 5000		STROMECTOL.....	23	SYMPAZAN.....	124, 126
sensitive	151, 248	SUBOXONE.....	139, 140	SYMPROIC.....	183, 190
SODIUM OXYBATE 128, 149, 243		subvenite	115, 118	SYMTUZA.....	35, 36, 263
sodium phenylbutyrate	163	subvenite starter kit-blue		SYNAPRYN FUSEPAQ.....	138
sodium polystyrene		.....	115, 118	SYNAREL.....	217
sulfonate	17, 166, 242	subvenite starter kit-green		SYNDROS.....	184, 190
sodium sulfacetamide	283	.....	115, 118	SYNJARDY.....	199, 230
sodium sulfacetamide wash 283		subvenite starter kit-orange		SYNJARDY XR.....	199, 230
SOFOSBUVIR-VELPATASVIR		.....	115, 118	TABLOID.....	51
.....	30, 31	SUCRAID.....	172	TABRADOL FUSEPAQ.....	64
SOHONOS.....	263	sucralfate	191	TABRECTA.....	51
solifenacin succinate	305	SUFLAVE.....	187	tacrolimus	260, 295, 304
SOLIQUA.....	218, 219	SULAR.....	99, 100	tadalafil	105, 106, 275
SOOLANTRA.....	300	SULCONAZOLE NITRATE....	287	tadalafil (pah)	105, 275, 278
sorafenib tosylate	50	sulfacetamide sodium ..	175, 283	TADLIQ.....	105, 106, 275, 278
sotalol hcl	65, 89, 95, 97, 104	sulfacetamide sodium (acne)		TAFINLAR.....	51
sotalol hcl (af) 65, 89, 95, 97, 104		.....	283	tafluprost (pf)	182
SOTYKTU.....	295, 304	sulfacetamide sodium		TAGRISO.....	51
SOTYLIZE.....	65, 89, 95, 97, 104	(cleans)	283	take action	205, 228
SOVALDI.....	30			TAKHZYRO.....	83, 249, 261
				tamoxifen citrate	51, 207

tamsulosin hcl	67	THROMBOGEN	77	tretinoin	51, 288
TANLOR.....	64	thyroid	233	TRETTEN.....	77
TAPERDEX 12-DAY.....	195	tiadylt er	90, 91, 92, 98, 109	TREXALL..	51, 235, 253, 259, 261
TAPERDEX 6-DAY.....	195	tiagabine hcl	115, 130	triamcinolone acetonide	293
TAPERDEX 7-DAY.....	196	TIAZAC.....	90, 91, 92, 98, 109	triamterene	84, 106, 166
tarina 24 fe	205, 215, 228	TIBSOVO.....	51	triamterene-hctz	167, 170
tarina fe 1/20 eq	205, 215, 228	TIKOSYN.....	97	triazolam	126
TASIGNA.....	51	tilia fe	205, 215, 228	TRICITRASOL.....	71
tasimelton	121, 131	timolol maleate	65, 89, 95, 97, 104, 120, 177	tricitrates	163
TAVALISSE.....	71	timolol maleate (once-daily)	177	triderm	293
taysofy	205, 215, 228	timolol maleate ocudose	177	trientine hcl	193
tazarotene	297, 304	timolol maleate pf	177	tri-estarylla	205, 215, 228
TAZVERIK.....	51	TIMOPTIC OCUDOSE	177	trifluoperazine hcl	141
TDVAX.....	55	tinidazole	26	trifluridine	176
TECHLITE LANCETS 26G.....	159	tiopronin	263	trihexyphenidyl hcl	63, 113
TEGLUTIK.....	110, 128	TISSEEL.....	288, 304	TRIJARDY XR.....	199, 207, 231
TEGSEDI.....	243	TIVICAY.....	32	TRIKAFTA.....	270, 271
telmisartan	85	TIVICAY PD.....	32	tri-legest fe	205, 215, 228
telmisartan-hctz	86, 170	tizanidine hcl	64	tri-linyah	205, 215, 228
temazepam	126	TOBRADEX.....	175, 179	tri-lo-estarylla	205, 215, 228
TEMBEXA.....	38	tobramycin	22, 175	tri-lo-marzia	205, 215, 228
temozolomide	51	tobramycin-dexamethasone	175, 179	tri-lo-mili	205, 215, 228
TENCON.....	112, 124, 133	TOBREX.....	175	tri-lo-sprintec	205, 215, 228
TENIVAC.....	55	TOLECTIN 600.....	135	trimethobenzamide hcl	184
tenofovir disoproxil fumarate	35	tolmetin sodium	135	trimethoprim	42
terazosin hcl	66, 84, 85, 89	tolterodine tartrate	305	tri-mili	206, 216, 228
terbinafine hcl	22	tolvaptan	171	trimipramine maleate	148
terbutaline sulfate	68, 277	TOPICORT.....	293	TRINATE.....	80, 308, 311
terconazole	287	topiramate	115, 116, 120	TRIPLE COMPLEX FORMULA 3 KIT.....	285, 299, 304
teriflunomide	233, 259	toremifene citrate	51, 207	TRIPLE PMB.....	175, 179, 181
TERIPARATIDE.....	219, 243	torpenz	51	TRIPLE PMK.....	175, 179, 181
terrell	131	torsemide	83, 102, 165	tri-sprintec	206, 216, 228
TESTIM.....	197	TOUJEO MAX SOLOSTAR.....	219	TRISTART DHA	80, 169, 263, 308, 311
testosterone	197	TOUJEO SOLOSTAR.....	219	TRIUMEQ.....	32, 35
testosterone cypionate	197	TRACLEER.....	109, 271, 272, 278	TRIUMEQ PD.....	32, 35
testosterone enanthate	197	TRADJENTA.....	207	TRI-VI-FLOR 151, 248, 308, 309, 311, 312, 313	
tetrabenazine	149	tramadol hcl	138	TRI-VI-FLORO 151, 248, 308, 309, 311, 312, 313	
tetracaine hcl	181	tramadol hcl (er biphasic)	138	tri-vite/fluoride	151, 248, 308, 309, 312, 313
tetracycline hcl	25, 42, 185	tramadol hcl er	138	trivora (28)	206, 216, 228
TEXACORT.....	293	tramadol-acetaminophen	112, 133, 138	tri-vylibra	206, 216, 228
TEZSPIRE.....	272, 276	trandolapril	86, 87	tri-vylibra lo	206, 216, 228
THALOMID.....	259	trandolapril-verapamil hcl er	87, 93	tropium chloride	305
THEO-24.....	101, 142, 165, 279, 306	tranexamic acid	77	TRUE COVER.....	266
theophylline	101, 143, 165, 279, 306	tranylcypromine sulfate	132	TRUE FOLIC ACID.....	311
theophylline er	101, 142, 165, 279, 306	travoprost (bak free)	182	TRUE METRIX LEVEL 1.....	159
THIOLA.....	263	trazodone hcl	147	TRUE METRIX LEVEL 2.....	159
THIOLA EC.....	263	TRECTOR.....	27	TRUE METRIX LEVEL 3.....	159
thioridazine hcl	141	TRELEGY ELLIPTA.....	62, 68, 196	TRULICITY.....	218
thiothixene	147	TREMFYA.....	235, 295, 304		
THROMBIN-JMI.....	77				
THROMBIN-JMI EPISTAXIS.....	77				

TRUMENBA.....	58	valsartan	85, 86	VERIFINE SHARPS	
TRUQAP.....	52	valsartan-		CONTAINER.....	159
TRUVADA.....	35, 38	hydrochlorothiazide	86, 170	VERKAZIA.....	176, 180, 234
TRYVIO.....	272	VALTOCO.....	124	VERSAPENN (AL) ANHYD	
TUKYSA.....	52	VANCOCCIN.....	29	LIPID.....	267
TURALIO.....	52	vancomycin hcl	29	VERZENIO.....	52
turpentine	287	VANCOMYCIN+SYRSPEND		VFEND.....	28
turqoz	206, 216, 228	SF.....	29	VIBERZI.....	184, 190
TUXARIN ER.....	19, 20, 269	VANDAZOLE.....	22, 283	VIBRAMYCIN.....	25, 42, 283
TWINRIX.....	58	VANFLYTA.....	52	vienna	206, 216, 228
TWIRLA.....	206, 216, 228	VAQTA.....	58	vigabatrin	116, 130
TYBLUME.....	206, 216, 228	ildenafil hcl	105, 106	vigadron	116, 130
TYBOST.....	264	varenicline tartrate	59, 64	VIGAFYDE.....	130
tydemy	206, 216, 228, 311	varenicline tartrate (starter)		vigpoder	116, 130
TYENNE.....	237	.....	59, 64	VIJOICE.....	264
TYMLOS.....	219, 243	varenicline tartrate(continue)		vilazodone hcl	147
TYVASO.....	109, 275, 278	.....	59, 64	VILEVEV MB.....	43, 62, 112, 264
TYVASO DPI INSTITUTIONAL		VARIVAX.....	58	VIMPAT.....	116, 131
KIT.....	109, 275, 278	VAXELIS.....	55, 58	VINATE ONE.....	80, 308, 311
TYVASO DPI MAINTENANCE		VAXNEUVANCE.....	58	VIOKACE.....	172, 188
KIT.....	109, 275, 278	VCF VAGINAL		viorele	206, 216, 228
TYVASO DPI TITRATION KIT		CONTRACEPTIVE.....	266	VIRACEPT.....	36
.....	109, 275, 278	VECAMYL.....	107	VIRAZOLE.....	38
TYVASO REFILL KIT		velivet	206, 216, 228	VIREAD.....	35
.....	109, 275, 278	VELPHORO.....	166	VISTARIL.....	19, 20, 121
TYVASO STARTER KIT		VELTASSA.....	166	VISTOGARD.....	18, 242
.....	109, 275, 278	VENCLEXTA.....	52	VITAFOL FE+	
UBRELVY.....	126	VENCLEXTA STARTING		.....	80, 169, 264, 308, 311
UDENYCA.....	74	PACK.....	52	VITAFOL STRIPS.....	308
ULTANE.....	131	VENELEX.....	305	VITAFOL-NANO.....	80, 308, 311
UNIFINE PROTECT PEN		venlafaxine hcl	145	VITAFOL-OB+DHA	
NEEDLE.....	159	venlafaxine hcl er	145	.....	80, 169, 264, 308, 311
UNISTRIP CONTROL.....	159	VENTAVIS.....	109, 275, 279	VITAMEDMD ONE	
unithroid	233	VEOZAH.....	128	RX/QUATREFOLIC	
UPTRAVI.....	278, 279	verapamil hcl	91, 92, 93, 98, 109	.....	80, 169, 264, 308, 311
UPTRAVI TITRATION.....	279	verapamil hcl er		VITAMIN C BRIGHTENING	
urea	297	.....	91, 92, 93, 98, 109	SERUM.....	287
urea nail	297	VERELAN.....	91, 92, 93, 98, 109	vitamin d (ergocalciferol)	313
URELLE.....	43, 62, 112, 264	VERELAN PM.....	91, 92, 93, 98, 109	VITAPEARL.....	80, 264, 308, 311
UREMEZ-40.....	297	VERIFINE INSULIN PEN		VITATHELY WITH GINGER	
uretron d/s	43, 62, 112, 264	NEEDLE.....	159	.....	80, 308, 312
urin ds	43, 62, 112, 264	VERIFINE INSULIN SYRINGE		VITRAKVI.....	52
UROCIT-K 10.....	163	.....	159	VIVAGUARD INO CONTROL	
UROCIT-K 15.....	163	VERIFINE PLUS PEN		SOLUTION.....	160
UROGESIC-BLUE.....	43, 62, 264	NEEDLE.....	159	VIVAGUARD LANCETS 30G.....	160
ursodiol	187	VERIFINE SAFE LANCET		VIVAGUARD LANCING	
URSODIOL+SYRSPEND SF..	187	MINI 21G.....	159	DEVICE.....	160
VAFSEO.....	74	VERIFINE SAFE LANCET		VIVAGUARD SAFETY	
valacyclovir hcl	38	MINI 23G.....	159	LANCETS 28G.....	160
VALCHLOR.....	280, 305	VERIFINE SAFE LANCET		VIVJOA.....	28
valganciclovir hcl	38	MINI 28G.....	159	VIZIMPRO.....	52
valproic acid ..	116, 118, 120, 130	VERIFINE SAFE LANCET		volnea	206, 216, 228
VALSARTAN.....	85, 86	MINI 30G.....	159	VONJO.....	52

VONVENDI.....	77	XDEMVI	176	ZENPEP	172, 188
VOQUEZNA.....	191, 192	XELJANZ.....	238, 254	ZEPATIER.....	30, 31
VOQUEZNA DUAL PAK... 23, 191		XELJANZ XR.....	238, 254	ZEPBOUND.....	113, 218
VOQUEZNA TRIPLE PAK		XELPROS.....	182	ZEPOSIA.....	259
.....	23, 39, 191	XELSTRYM.....	111	ZEPOSIA 7-DAY STARTER	
voriconazole	28	XENICAL.....	190	PACK.....	259
VORTEX VALVED HOLDING		XERMELO.....	184	ZEPOSIA STARTER KIT.....	259
CHAMBER.....	160	XIIDRA.....	176, 180	ZESTRIL.....	86, 87
VOSEVI.....	30, 31	XOFLUZA (40 MG DOSE)..	27, 28	zidovudine	35
VOWST.....	190, 264	XOFLUZA (80 MG DOSE)..	27, 28	ZILBRYSQ.....	234, 249
VOXZOGO.....	264	XOLAIR.....	236, 276	ZIMHI.....	18, 139, 242
VOYDEYA.....	249	XOLREMDI.....	74	ZIOPTAN.....	182
VP FC KIT.....	64, 299, 305	XOPENEX HFA.....	69, 277	ziprasidone hcl	119, 123
VP GKL KIT.....	285, 299, 305	XOSPATA.....	52	ZIRGAN.....	176
VRAYLAR.....	123	XPHOZAH.....	166, 190	ZITHROMAX.....	39
VTAMA.....	284, 288, 305	XPOVIO (100 MG ONCE		ZITHROMAX TRI-PAK.....	39
vyfemla	206, 216, 228	WEEKLY).....	52	ZITHROMAX Z-PAK.....	39, 40
VYLEESI.....	128, 193	XPOVIO (40 MG ONCE		ZOKINVY.....	171, 265
vylibra	206, 216, 228	WEEKLY).....	53	ZOLINZA.....	53
VYNDAMAX.....	93, 128, 264	XPOVIO (40 MG TWICE		zolmitriptan	146
VYNDAQEL.....	93, 264	WEEKLY).....	53	zolpidem tartrate	122, 132
WAINUA.....	243	XPOVIO (60 MG ONCE		zolpidem tartrate er	121, 132
WAKIX.....	149	WEEKLY).....	53	ZOMIG.....	146
warfarin sodium	71	XPOVIO (60 MG TWICE		ZONISADE.....	116, 131
WEGOVI.....	218	WEEKLY).....	53	zonisamide	116, 131
WELIREG.....	52	XPOVIO (80 MG ONCE		ZONTIVITY.....	82
wera	206, 216, 228	WEEKLY).....	53	ZORYVE.....	274, 295, 299, 305
WESCAP-C DHA		XPOVIO (80 MG TWICE		zovia 1/35 (28)	206, 216, 229
.....	80, 264, 309, 312	WEEKLY).....	53	ZTALMY.....	116, 130
WESCAP-PN DHA		XTAMPZA ER.....	138	ZTLIDO.....	240
.....	80, 169, 264, 309, 312	XTANDI.....	53	ZUBSOLV.....	139, 140
WESNATAL DHA COMPLETE		xulane	206, 216, 229	ZURZUVAE.....	116, 117
.....	80, 169, 265, 309, 312	XURIDEN.....	265	ZYDELIG.....	53
WESNATE DHA 80, 265, 309, 312		XYWAV.....	128	ZYLET.....	175, 179
wes-phos 250 neutral	169	YASMIN 28.....	206, 216, 229	ZYVOX.....	40
WESTGEL DHA		YAZ.....	206, 216, 229		
.....	80, 169, 265, 309, 312	YORVIPATH.....	220		
wheat germ oil	313	YUPELRI.....	62		
WIDE-SEAL DIAPHRAGM 60	266	yuvaferm	216, 246		
WIDE-SEAL DIAPHRAGM 65	266	ZACARE.....	287, 298		
WIDE-SEAL DIAPHRAGM 70	266	ZACLIR CLEANSING.....	298		
WIDE-SEAL DIAPHRAGM 75	266	zafemy	206, 216, 229		
WIDE-SEAL DIAPHRAGM 80	266	zafirlukast	273		
WIDE-SEAL DIAPHRAGM 85	266	zaleplon	121, 132		
WIDE-SEAL DIAPHRAGM 90	266	ZANAFLEX.....	64		
WIDE-SEAL DIAPHRAGM 95	266	ZARONTIN.....	147		
WILATE.....	77	ZARXIO.....	74		
wixela inhub	69, 196	ZAVZPRET.....	126		
wymzya fe	206, 216, 229	ZEGALOGUE.....	18, 217, 242		
XACIATO.....	283	ZEJULA.....	53		
XARELTO.....	72	ZELBORAF.....	53		
XARELTO STARTER PACK.....	72	ZEMPLAR.....	313		
XATMEP... 52, 235, 254, 259, 261		zenatane	297, 305		