2025 Illinois Access Large Group 3 and 4-Tier Prescription Drug List

Please note: This Prescription Drug List (PDL) is accurate as of Oct. 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 All previous versions of this PDL are no longer in effect.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.

The current PDL can also be accessed online at **uhc.com/member-resources/pharmacy-benefits/prescription-drug-lists**. Scroll down to Illinois section. An example of a plan coverage document may be accessed online at **2025-IL-LrgGrp-SBC**.

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

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

- Charter
- Choice
- Choice Plus
- Core
- Options PPO
- Navigate
- NexusACO R
- NexusACO OAP
- Non-Differential PPO

Updated 10/1/2025

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Contents

Understand your medication options....3

How do I use my PDL?....5

What are tiers?....6

When does the PDL change?....6

Additional programs and details....7

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

Requesting a prior authorization or step therapy exception....9

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

Prescription delivery options....9

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

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

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

Nondiscrimination notice and access to communication services....12

Prescription drug list....16

Understand your medication options

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

Allowed Amount is the maximum amount on which the health insurance issuer bases its payment for a covered health care service. This may be called "eligible expense", "payment allowance", or "negotiated rate". If your health care provider charges more than the allowed amount and is not part of the provider network, you may have to pay the difference.

Brand-name drug is a drug that is marketed under a proprietary, trademark protected name. The brand name drug must be listed in all capital letters.

Coinsurance is a percentage of the cost of a covered health care service, which you are responsible to pay. The cost of the covered health care service is generally deemed to be the allowed amount, which may differ from the retail price that you would pay for the same service without using insurance. Typically, a coinsurance does not apply until after you have met the deductible, unless the health insurance issuer has waived or lowered the deductible for the health care service in question.

Copayment is a fixed dollar amount that you pay for a covered health care service. Typically, a copayment does not apply until after you have met the deductible, unless the health insurance issuer has waived or lowered the deductible for the health care service in question.

Covered Individual is an individual enrolled in, subscribed to, or insured under a health product, whether directly or as a dependent or beneficiary.

Deductible is the amount you pay for covered health care services before your health product begins payment for all or part of the cost of the health care service under the terms of coverage. If your health product has a deductible, it may have either one deductible or separate deductibles for medical benefits and drug benefits. For some health care services, such as preventive services, the health insurance issuer might waive or lower the deductible to pay for costs of the health care service from the first dollar of coverage, but this tends not to happen for most other covered services.

Drug Tier is a group of drugs that corresponds to a specified cost sharing tier in the health product's drug coverage. The tier in which a drug is placed determines your portion of the cost for the drug.

Exception request is a request for coverage of i) a nonformulary drug, ii) a drug being removed from the formulary, iii) a quantity of a drug above a quantity limit, or iv) a drug that is subject to a step therapy requirement. If you, your designee, or your attending or prescribing provider submits an exception request for coverage of a drug, the health insurance issuer must cover the drug when the drug is determined to be medically necessary to treat your condition.

Exigent circumstances are when you are suffering from a health 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 nonformulary drug.

Formulary or Prescription Drug List (PDL) is the complete list of drugs preferred for use and eligible for coverage under a health product, and includes all drugs covered under the outpatient or pharmacy drug benefit of the health product. Formulary is also known as a drug list or prescription drug list.

Generic drug is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in ***bold and italicized lowercase*** letters.

Non-formulary drug is a drug that is not listed on the health product's formulary as a covered drug, but may become eligible for coverage under an "exception request".

Out-of-pocket cost is copayments, coinsurance, and the applicable deductible, plus all costs for health care services that the health product does not cover.

Prescribing provider is a health care provider authorized to write a prescription to treat your health condition.

Prescription is an oral, written, or electronic order by a prescribing provider for you that contains the name of the drug, the quantity of the drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by you, the health condition or purpose for which the drug is being prescribed.

Prescription Drug Product is a drug that is prescribed by your prescribing provider and requires a prescription under applicable law.

Prior authorization is a health product's requirement that you or your prescribing provider obtain the health insurance issuer's authorization for a drug before the health product will cover the drug. The health insurance issuer must grant a prior authorization when it is medically necessary for you to obtain the drug.

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

Step therapy is a process specifying the sequence in which different prescription drugs for a given health condition are medically appropriate for you. The health insurance issuer may require you to try one or more drugs to treat your health condition before the health insurance issuer will cover a particular drug for the condition pursuant to a step therapy request. If your attending or prescribing provider submits a request for step therapy exception, the health insurance issuer must make exceptions to step therapy when the criteria are met.

How do I use my PDL?

When choosing a medication, you and your provider should consult the Prescription Drug List (PDL). It will help you and your provider choose the most cost-effective prescription drugs. This guide tells you if special programs apply. Bring this list with you when you see your provider. 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 or, if only the generic equivalent is covered under the plan, then just by its generic name, 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 bold and italicized lowercase letters;
3. If a generic equivalent for a brand name drug is available, and both the brand name and generic equivalents are covered, the generic drug will be listed separately from the brand name drug in all bold and italicized lowercase letters; and
4. In the event 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 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)***	3/4	
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. If you have a plan with 3 Tiers, Tier 3/4 drugs will be placed on Tier 3. If you have a plan with 4 Tiers, Tier 3/4 drugs will be placed on Tier 4.

Drug Tier 1	Your lowest cost medications
Drug Tier 2	Your mid-range cost medications
Drug Tier 3	Your mid-range to high-cost medications
Drug Tier 3/4	Your highest cost medications
PA	Prior authorization required
QL	Quantity limit
ST	Step therapy
H	Part of health care reform

H-N	Part of health care reform preventive with confirmation of age and/or condition appropriate preventive use
SP	Specialty Medication
CM	Orally administered anti-cancer medication
E	Excluded from coverage unless covered as part of health care reform preventive
SM	Cost-share cap by state mandate applies when condition appropriate

What are tiers?

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

For orally administered anti-cancer medications, there are no separate cost-sharing requirements or treatment limitations that do not also apply to intravenously injected or administered cancer medications covered under your medical benefit.

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

$	Drug tier	Includes	Helpful tips
$	**Tier 1** **Your lowest cost**	Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
$$	**Tier 2** **Your mid-range cost**	Medications that provide good overall value. Mainly preferred brand-name drugs.	Use Tier 2 drugs instead of Tier 3 or 3/4 to help reduce your out-of-pocket costs.
$$$	**Tier 3 and 3/4** **Your highest cost**	Medications that provide the lowest overall value. Mainly non-preferred brand-name drugs.	Many Tier 3 and 3/4 drugs have lower-cost options in Tier 1 or 2. Ask your provider 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. Your cost-share will not exceed the lesser of the cost-sharing amount or the retail price of the medication without the drug coverage. Refer to your enrollment and plan materials on **myuhc.com,** or call the toll-free number on your member ID card for more information about your benefit plan.

When does the PDL change?

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

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

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

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

Additional programs and details

Based on your benefit, the following may apply.

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

- Abortion*
- Gender Dysphoria*
- Human Immunodeficiency Virus (HIV) Prevention
- Naloxone

This medication is mandated to have the cost-share capped:

- Insulin $35 max per one month supply
- Epinephrine injectors $60 max per twin-pack

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

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

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

Your right to request access to a non-formulary drug

This plan must cover all medically necessary Prescription Drug Products.

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

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

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

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

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

Requesting a prior authorization or step therapy exception

Before certain Prescription Drug Products are dispensed to you, your prescribing provider or your pharmacist is required to obtain prior authorization or step therapy exception from us. Your prescribing provider can submit a request by phone to Optum Rx® or electronically by contacting us at **uhcprovider.com.** Most authorizations are completed within 24 hours. The most common reason for delay in the authorization process is insufficient information. Your prescribing provider 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.

Approvals for maintenance medications used to treat a chronic or long-term condition will be valid for at least 12 months. All other approvals, except for benzodiazepines and Schedule II narcotic drugs, will be valid for the lesser of six months, the length of treatment determined by your prescribing provider, or the renewal of your plan.

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** > *Find a pharmacy* for an up-to-date list.

Prescription delivery options

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

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

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

You can start a new prescription or refill an existing one in several ways:

- **E-prescribe:** Ask your provider to send prescriptions directly to Optum Home Delivery Pharmacy (usually up to a 90-day supply).
- **Online:** Visit **myuhc.com** > *Pharmacies & Prescriptions* > *Rx Account* to set up an account. Then choose which medication you want moved to home delivery.
- **Phone:** Call Optum Rx at **1-888-658-0539** / TTY **711,** any day, any time.

Most prescriptions arrive within about 5 business days once Optum 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 Specialty Pharmacy will be listed below the drug price quoted.
- **Call** the number on your member ID card.

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.

You will receive sixty days notice if one of the following changes impacts you:

- A medication is moved to a higher tier*
- A medication becomes non-formulary*
- A medication becomes subject to new or revised utilization management procedures

***Please note:** You may be able to continue coverage of the medication at the same cost-share if your prescriber provides notice of medical necessity.

Sign 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**.

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. (TTY 711).

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لحطه في: ادلسسحدب**ةيبرعلاةغللا**)، Arabic) سسوبل لحدم اب لصاوتلا مقر ىلع ،ةيناجم ةدعاسملا تامدخ كل رفوتت ،كب ةصاخلا ةيوهلا ةقاطب وأ ،كلمعل ةيمسرلا ةيوهلا ةقاطب ىلع

.ةطلسعبرعلا فصو حالصل

দেখুন: আপফ যফ বাংলায় (Bengali-Bangala) কথা র্ব : , তাহ্ব ক্ষ: ার্ম্ব´ ভাষা সহায়তা পক্ষ্যেবা এবং বড় মুদ্র্ব ফ্রমতো অ:´ া:´ ফর্ম্ম া্ব যোগাযোগগুফ্র আপ: াফ্রজ:´ ক্ষ: ার্ম্ব´ উপ ব্ধা আপ: াফ্রস: র্সে ফ্রপক্ষ্যেয়প্র্ব ফ্রকার্ডেফ্র্ব´া -ক্ষ্য : স্বফ্রের্ক করু:

ចំណាំ៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (Cambodian-Mon-Khmer)
សេវាជំនួយភាសាឥតគិតថ្លៃ និងការទំនាក់ទំនងឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត
ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។
ទូរស័ព្ទមកលេខឥតគិតថ្លៃនៅលើបណ្ណសម្គាល់សមាជិករបស់អ្នក។

請注意：如果您說中文 (Chinese - Traditional)，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION : Si vous parlez français (French), des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale Kreyòl Ayisyen (Haitian Creole), gen sèvis lang gratis ak kominikasyon nan lòt fòma lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά (Greek), υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε τον αριθμό χωρίς χρέωση στην κάρτα μέλους σας.

ધ્યાન આપો: જો તમે **ગુજરાતી (Gujarati)** બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી વિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કૉલ કરો.

ध्यान दें: यदि आप **ि◌दी (Hindi)** बोलते हैं, तो आपके ल्मए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे व्क्क र्ब` प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais **lus Hmoob (Hmong)**, muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

ATENSION: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイアルにお電話ください。

알림 사항: **한국어(Korean)**를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

ໝາຍເຫດ: ຖ້າຫາກທ່ານເວົ້າ**ພາສາລາວ (Lao)**, ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆຟຣີ, ເຊັ່ນ: ກ ານພິມຕ ວອ ກ ສ ອນ ຂ ະ ຫ ນ າ ດ ໃ ຫ ຍ່.
ໂທຫາເບີໂທຟຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

ध्यान दिनु होस्: यदि तपाईंले **नेपाली (Nepali)** बोल्नुहुन्छ भने, न्म:शुल्क भाषा सहायता सेवाहरू र अन्य ढाँचाहरूमा न्म:शुल्क संचारहरू, जस्तै ठूलो छाप, तपाईंका लाग्ग उपलब्ध छन्।. आफ्नो सदस्य पहिचान कार्डमा रहेको टोल फ्री नम्बरमा कल गर्नुहोस्।

توجه: اگر به زبان فارسی (Persian-Farsi) صحبت می‌کنید، خدمات زبانی رایگان و مناسب برای شما فراهم است. همچنین اطلاعات به فرمت‌های دیگر مانند چاپ درشت برای بیماران در دسترس است. لطفاً با شماره‌ای که روی کارت شناسایی بیماران درج شده است تماس بگیرید.

UWAGA: Dla osób mówiących po polsku (Polish) dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala português (Portuguese), tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ਧਿਆਨ ਦਿਓ ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ (Punjabi) ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪ੍ਰਿੰਟ, ਵਿੱਚ ਮੁਫ਼ਤ ਸੰਚਾਰ ਉਪਲਬਧ ਹਨ। ਆਪਣੇ ਮੈਂਬਰ ਪਛਾਣ ਕਾਰਡ 'ਤੇ ਟੋਲ-ਫ੍ਰੀ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ।

ВНИМАНИЕ! Если вы говорите на русском языке (Russian), вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro. (TTY 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้
คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่นๆ ฟรี เช่น
การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรฟรีสำหรับสมาชิกตามบัตรประจำตัวของคุณ

ЗВЕРНІТЬ УВАГУ! Якщо ви розмовляєте українською (Ukrainian), ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як от набрані великим шрифтом. Телефонуйте на безкоштовний номер телефону, зазначений на вашій ідентифікаційній картці учасника.

اردو (Urdu): اگر آپ کو اردو میں معاونت خدمات یا دستاویزات درکار ہوں تو آپ کو مفت میں زبان سے متعلق مدد فراہم کی جائے گی۔ براہ کرم اپنے رکن کارڈ پر درج نمبر پر کال کریں۔

LƯU Ý: Nếu quý vị nói Tiếng Việt (Vietnamese), quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

State of Illinois

Table of Contents of Prescription Drug List

INFORMATIONAL SECTION 1
ANTIDOTE THERAPEUTICS 16
ANTIHISTAMINE DRUGS - Drugs for Allergy 18
ANTI-INFECTIVE AGENTS - Drugs for Infections 21
ANTINEOPLASTIC AGENTS - Drugs for Cancer 4
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES - DRUGS FOR THE IMMUNE SYSTEM 59
AUTONOMIC DRUGS 65
AUTONOMIC DRUGS - Drugs for the Nervous System 66
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood .....
CARDIOVASCULAR DRUGS 89
CARDIOVASCULAR DRUGS - Drugs for the Heart 91
CENTRAL NERVOUS SYSTEM AGENTS 119
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System 119
DENTAL AGENTS 165
DENTAL AGENTS - Oral Care 166
DEVICES - Medical Supplies and Durable Medical Equipment 169
DIAGNOSTIC AGENTS 1 9
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants 181
ELECTROLYTIC, CALORIC, AND WATER BALANCE 181
ENZYMES 189
EYE, EAR, NOSE AND THROAT (EENT) PREPS. 191
GASTROINTESTINAL DRUGS 206
GASTROINTESTINAL DRUGS - Drugs for the Stomach 20
GOLD COMPOUNDS 21
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron 21
HORMONES AND SYNTHETIC SUBSTITUTES 218
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones 218
IMMUNOMODULATORY AGENTS (90:00) 265
LOCAL ANESTHETICS - Drugs for Numbing 2 3
MISCELLANEOUS THERAPEUTIC AGENTS 2 4
NONHORMONAL CONTRACEPTIVES - Drugs for Women 299
OXYTOCICS - Drugs for Women 300
PHARMACEUTICAL AIDS 300
RESPIRATORY TRACT AGENTS 300
RESPIRATORY TRACT AGENTS - Drugs for the Lungs 301
SKIN AND MUCOUS MEMBRANE AGENTS 315
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin 316
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles 344
VITAMINS 345

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		
atropine sulfate ophthalmic solution 1 %	1	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	2	
CHEMET ORAL CAPSULE 100 MG (*succimer*)	2	
DEPEN TITRATABS ORAL TABLET 250 MG (*penicillamine*)	2	SP SMCS
ft naloxone hcl nasal liquid 4 mg/0.1ml	1	SM
glucagon emergency kit injection solution reconstituted 1 mg	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	2	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (*glucagon*)	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (*glucagon*)	2	
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	1	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	1	
hyoscyamine sulfate oral solution 0.125 mg/ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	1	

Drug Tier 1: Your lowest cost medications Drug Tier 2: Your mid-range cost medications Drug Tier 3: Your mid-range cost medications Drug Tier 3/4: Your highest cost medications PA: Prior authorization required QL: Quantity Limit ST: Step Therapy H-N: Part of Health Care Reform with confirmation of age and/or condition appropriate preventive use. SP: Specialty medication CM: Orally administered anticancer medication SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to in ectables covered under the medical benefit) E: Excluded from coverage unless covered as part of health care reform preventive SM: State Mandated Benefit Program NTT: If you are new to opioid therapy, you will be limited to a -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 sl sublingual tablet sublingual 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	
KLOXXADO NASAL LIQUID 8 MG/0.1ML (*naloxone hcl*)	1	SM
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.3 5 MG (*hyoscyamine sulfate*)	3/4	
LEVSIN ORAL TABLET 0.125 MG (*hyoscyamine sulfate*)	3/4	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG (*hyoscyamine sulfate*)	3/4	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	SM
naloxone hcl injection solution cartridge 0.4 mg/ml	1	SM
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml	1	SM
naloxone hcl nasal liquid 4 mg/0.1ml	1	SM
NARCAN NASAL LIQUID 4 MG/0.1ML (*naloxone hcl*)	1	SM
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (*hyoscyamine sulfate*)	3/4	
OSCIMIN ORAL TABLET 0.125 MG	3/4	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	3/4	
penicillamine oral tablet 250 mg	1	SP SMCS
phytonadione oral tablet 5 mg	1	
REXTOVY NASAL LIQUID 4 MG/0.25ML (*naloxone hcl*)	1	SM
RIVIVE NASAL LIQUID 3 MG/0.1ML (*naloxone hcl*)	1	SM
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (*naloxone hcl*)	1	SM
ANTIDOTES (91:04)		
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	SM
naloxone hcl injection solution cartridge 0.4 mg/ml	1	SM
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml	1	SM
naltrexone hcl oral tablet 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RADIOGARDASE ORAL CAPSULE 0.5 GM (*prussian blue insoluble*)	3	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	1	
sevelamer carbonate oral tablet 800 mg	1	
sodium polystyrene sulfonate oral powder	1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML (*sodium polystyrene sulfonate*)	3	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (*sodium polystyrene sulfonate*)	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (*dasiglucagon hcl*)	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (*dasiglucagon hcl*)	2	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (*naloxone hcl*)	1	SM
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 acd*)	3	
FLUOROPYRIMIDINE ANTIDOTE		
VISTOGARD ORAL PACKET 10 GM (*uridine triacetate*)	2	PA
XURIDEN ORAL PACKET 2 GM (*uridine triacetate*)	2	PA QL (30 packets per month.) SP SMCS
ANTIHISTAMINE DRUGS - Drugs for Allergy		
ANTIHISTAMINE DRUGS - Drugs for Allergy		
promethazine hcl oral tablet 25 mg	1	
ETHANOLAMINE DERIVATIVES - Drugs for Allergy		
CARBINOXAMINE MALEATE ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	3/4	
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
CARBZAH ORAL SOLUTION 4 MG/5ML	2	
clemastine fumarate oral tablet 2.68 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLEMSZA ORAL TABLET 2.68 MG (*clemastine fumarate*)	3	
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (*carbinoxamine maleate*)	3/4	
FIRST GEN. ANTIHIST. DERIVATIVES, MISC. - Drugs for Allergy		
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
FIRST GENERATION ANTIHISTAMINES - Drugs for Allergy		
CARBINOXAMINE MALEATE ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	3/4	
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
CARBZAH ORAL SOLUTION 4 MG/5ML	2	
clemastine fumarate oral tablet 2.68 mg	1	
CLEMSZA ORAL TABLET 2.68 MG (*clemastine fumarate*)	3	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	1	PA
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (*carbinoxamine maleate*)	3/4	
NEOTUSS PLUS ORAL LIQUID .5-4-30 MG/5ML (*phenylephrine-chlorphen-dm*)	3	
promethazine hcl oral solution 12.5 mg/10ml, 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-codeine oral solution 6.25-10 mg/5ml	1	PA
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (*promethazine hcl*)	3	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
RYCLORA ORAL SOLUTION 2 MG/5ML (*dexchlorpheniramine maleate*)	3/4	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (*chlorpheniramine-codeine*)	3	
OTHER ANTIHISTAMINES - Drugs for Allergy		
bepotastine besilate ophthalmic solution 1.5 %	1	
cimetidine hcl oral solution 300 mg/5ml	1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	
famotidine oral suspension reconstituted 40 mg/5ml	1	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
nizatidine oral capsule 150 mg, 300 mg	1	
olopatadine hcl nasal solution 0.6 %	1	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (*olopatadine-mometasone*)	3/4	
PHENOTHIAZINE DERIVATIVES - Drugs for Allergy		
promethazine hcl oral solution 12.5 mg/10ml, 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-codeine oral solution 6.25-10 mg/5ml	1	PA
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 (*promethazine hcl*)	3	
PROPYLAMINE DERIVATIVES - Drugs for Allergy		
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	1	PA
NEOTUSS PLUS ORAL LIQUID .5-4-30 MG/5ML (*phenylephrine-chlorphen-dm*)	3	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RYCLORA ORAL SOLUTION 2 MG/5ML (*dexchlorpheniramine maleate*)	3/4	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (*chlorpheniramine-codeine*)	3	
SECOND GENERATION ANTIHISTAMINES - Drugs for Allergy		
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (*desloratadine-pseudoephedrine*)	3	
desloratadine oral tablet 5 mg	1	
desloratadine oral tablet dispersible 5 mg	1	
epinastine hcl ophthalmic solution 0.05 %	1	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	1	
levocetirizine dihydrochloride oral tablet 5 mg	1	
ANTI-INFECTIVE AGENTS - Drugs for Infections		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	1	
cefadroxil oral tablet 1 gm	1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cephalexin oral tablet 250 mg, 500 mg	1	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefaclor er oral tablet extended release 12 hour 500 mg	1	
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension reconstituted 250 mg/5ml	1	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	1	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	1	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	1	
ADAMANTANE ANTIVIRALS - Drugs for Viral Infections		
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral solution 50 mg/5ml	1	
amantadine hcl oral tablet 100 mg	1	
rimantadine hcl oral tablet 100 mg	1	
ALLYLAMINE ANTIFUNGALS - Drugs for Fungus		
terbinafine hcl oral tablet 250 mg	1	
AMEBICIDES - Drugs for the Mouth and Throat		
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
HUMATIN ORAL CAPSULE 250 MG (*paromomycin sulfate*)	2	
hydrocortisone-iodoquinol external cream 1-1 %	1	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (*metronidazole*)	3/4	
METROCREAM EXTERNAL CREAM 0. 5 (*metronidazole*)	3/4	
metronidazole external cream 0.75 %	1	
metronidazole external gel 0.75 %, 1 %	1	
metronidazole external lotion 0.75 %	1	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal gel 0.75 %	1	
NUVESSA VAGINAL GEL 1.3 (*metronidazole*)	3/4	
PERIDEX MOUTH/THROAT SOLUTION 0.12 (*chlorhexidine gluconate*)	3/4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
periogard mouth/throat solution 0.12 %	1	
VANDAZOLE VAGINAL GEL 0. 5 (*metronidazole*)	3/4	
AMINOGLYCOSIDE ANTIBIOTICS - Antibiotics		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (*amikacin sulfate liposome*)	3/4	PA QL (8.4 ml per day.) SP SMCS
gentamicin sulfate external cream 0.1 %	1	
gentamicin sulfate external ointment 0.1 %	1	
gentamicin sulfate ophthalmic solution 0.3 %	1	
HUMATIN ORAL CAPSULE 250 MG (*paromomycin sulfate*)	2	
neomycin sulfate oral tablet 500 mg	1	
TOBI NEBULIZER INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	3/4	PA QL (280 ml (1 carton) per 56 days.) SP SMCS
TOBI PODHALER INHALATION CAPSULE 28 MG (*tobramycin*)	3	PA QL (224 capsules per 56 days.) SP SMCS
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 (*tobramycin-dexamethasone*)	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 (*tobramycin-dexamethasone*)	3/4	
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA QL (224 ml per 56 days.) SP SMCS
tobramycin ophthalmic solution 0.3 %	1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
TOBREX OPHTHALMIC OINTMENT 0.3 (*tobramycin*)	3	
AMINOMETHYLCYCLINES - Antibiotics		
NUZYRA ORAL TABLET 150 MG (*omadacycline tosylate*)	3/4	
AMINOPENICILLIN ANTIBIOTICS - Antibiotics		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	1	QL (112 capsules and tablets (1 Package) per 180 days.)
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amoxicillin-potassium clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
ampicillin oral capsule 500 mg	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (*amoxicillin-pot clavulanate*)	3/4	
OMECLAMOX-PAK ORAL 500-500-20 MG (*amoxicill-clarithro-omeprazole*)	3	QL (1 carton (10 administrative cards, 80 tablets) per 6 months.)
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (*amoxicillin-vonoprazan*)	3/4	QL (112 tablets per 180 days.)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (*amoxicill-clarithro-vonoprazan*)	3/4	QL (112 tablets per 180 days.)
ANTHELMINTICS - Drugs for Parasites		
albendazole oral tablet 200 mg	1	QL (124 tablets per month.)
BILTRICIDE ORAL TABLET 600 MG (*praziquantel*)	3/4	
EGATEN ORAL TABLET 250 MG (*triclabendazole*)	3	
EMVERM ORAL TABLET CHEWABLE 100 MG (*mebendazole*)	3/4	QL (6 tablets per 3 days.)
ivermectin oral tablet 3 mg	1	PA QL (20 tablets per 3 months.)
ivermectin oral tablet 6 mg	1	PA
praziquantel oral tablet 600 mg	1	
STROMECTOL ORAL TABLET 3 MG (*ivermectin*)	3/4	PA QL (20 tablets per 3 months.)
ANTIFUNGALS, MISCELLANEOUS - Drugs for Fungus		
BREXAFEMME ORAL TABLET 150 MG (*ibrexafungerp citrate*)	3/4	PA
griseofulvin microsize oral suspension 125 mg/5ml	1	
griseofulvin microsize oral tablet 500 mg	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
iodine strong oral solution 5 %	1	
ANTI-INFECTIVES (SYSTEMIC), MISC. - Drugs for Infections		
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	QL (120 capsules per 180 days.)
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	QL (120 capsules per 180 days.)
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	3/4	QL (120 capsules per 180 days.)
ANTILEPROSY AGENTS - Antibiotics		
dapsone external gel 5 %, 7.5 %	1	
dapsone oral tablet 100 mg, 25 mg	1	
ANTIMALARIALS - Drugs for the Mouth and Throat		
AMZEEQ EXTERNAL FOAM 4 (*minocycline hcl micronized*)	3/4	
ARAKODA ORAL TABLET 100 MG (*tafenoquine succinate*)	3/4	QL (16 tablets per month.)
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	1	
AVIDOXY ORAL TABLET 100 MG	3/4	
chloroquine phosphate oral tablet 250 mg, 500 mg	1	
COARTEM ORAL TABLET 20-120 MG (*artemether-lumefantrine*)	2	
DARAPRIM ORAL TABLET 25 MG (*pyrimethamine*)	3/4	PA SP SMCS
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3/4	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
KRINTAFEL ORAL TABLET 150 MG (*tafenoquine succinate*)	1	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (*atovaquone-proguanil hcl*)	3/4	
mefloquine hcl oral tablet 250 mg	1	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	1	
primaquine phosphate oral tablet 26.3 (15 base) mg	1	
pyrimethamine oral tablet 25 mg	1	PA SP SMCS
quinidine gluconate er oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
quinine sulfate oral capsule 324 mg	1	
tetracycline hcl oral capsule 250 mg, 500 mg	1	
ZILXI EXTERNAL FOAM 1.5 (*minocycline hcl micronized*)	3/4	PA ST
ANTIMYCOBACTERIALS, MISCELLANEOUS - Antibiotics		
dapsone oral tablet 100 mg, 25 mg	1	
ANTIPROTOZOALS, CRYPTOSPORIDIOSIS - Drugs for the Mouth and Throat		
nitazoxanide oral tablet 500 mg	1	
ANTIPROTOZOALS, MISCELLANEOUS - Drugs for the Mouth and Throat		
atovaquone oral suspension 750 mg/5ml	1	
BACTRIM DS ORAL TABLET 800-160 MG (*sulfamethoxazole-trimethoprim*)	3/4	
BACTRIM ORAL TABLET 400-80 MG (*sulfamethoxazole-trimethoprim*)	3/4	
BENZNIDAZOLE ORAL TABLET 100 MG	2	QL (248 tablets per 20 days)
BENZNIDAZOLE ORAL TABLET 12.5 MG	2	QL (20 tablets per 20 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	QL (120 capsules per 180 days.)
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	QL (120 capsules per 180 days.)
dapsone external gel 5 %, 7.5 %	1	
dapsone oral tablet 100 mg, 25 mg	1	
IMPAVIDO ORAL CAPSULE 50 MG (*miltefosine*)	2	QL (84 capsules per course of therapy.)
LAMPIT ORAL TABLET 120 MG (*nifurtimox*)	3/4	QL (.5 tablets per day.)
LAMPIT ORAL TABLET 30 MG (*nifurtimox*)	3/4	QL (9 tablets per day.)
LIKMEZ ORAL SUSPENSION 500 MG/5ML (*metronidazole*)	3/4	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (*pentamidine isethionate*)	3/4	
nitazoxanide oral tablet 500 mg	1	
pentamidine isethionate inhalation solution reconstituted 300 mg	1	
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	3/4	QL (120 capsules per 180 days.)
SOLOSEC ORAL PACKET 2 GM (*secnidazole*)	3/4	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	
tinidazole oral tablet 250 mg, 500 mg	1	
ANTIPROTOZOALS,NITROIMIDAZOLE-DERIVATIVE - Drugs for the Mouth and Throat		
tinidazole oral tablet 250 mg, 500 mg	1	
ANTIRETROVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG (*lenacapavir sodium*)	3/4	PA QL (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*)	3/4	PA QL (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*)	3/4	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
cycloserine oral capsule 250 mg	1	
ethambutol hcl oral tablet 100 mg, 400 mg	1	
isoniazid oral syrup 50 mg/5ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin hcl oral tablet 400 mg	1	
PRETOMANID ORAL TABLET 200 MG	3/4	
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	
SIRTURO ORAL TABLET 100 MG, 20 MG (*bedaquiline fumarate*)	2	
ANTIVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
LIVTENCITY ORAL TABLET 200 MG (*maribavir*)	3/4	PA QL (4 tablets per day.) SP SMCS
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (*nirmatrelvir-ritonavir*)	2	QL (40 tablets per 365 days. 20 tablets per prescription.)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG (*nirmatrelvir-ritonavir*)	2	QL (22 tablets per 365 days. 11 tablets per copay.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (*nirmatrelvir-ritonavir*)	2	QL (60 tablets per 365 days. 30 tablets per prescription.)
PREVYMIS ORAL PACKET 120 MG, 20 MG (*letermovir*)	2	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG (*letermovir*)	2	PA
TPOXX ORAL CAPSULE 200 MG (*tecovirimat*)	3/4	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (*baloxavir marboxil*)	3	QL (1 tablet per month.)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (*baloxavir marboxil*)	3	QL (1 tablet per month.)
AZOLE ANTIFUNGALS - Drugs for Fungus		
CRESEMBA ORAL CAPSULE 186 MG, 4.5 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	
itraconazole oral capsule 100 mg	1	QL (180 capsules per 365 days)
itraconazole oral solution 10 mg/ml	1	QL (1800 ml per 365 days)
ketoconazole external cream 2 %	1	
ketoconazole external foam 2 %	1	
ketoconazole external shampoo 2 %	1	
ketoconazole oral tablet 200 mg	1	
ketodan external foam 2 %	1	
NOXAFIL ORAL PACKET 300 MG (*posaconazole*)	2	
NOXAFIL ORAL SUSPENSION 40 MG/ML (*posaconazole*)	3/4	QL (20 ml per day.)
posaconazole oral suspension 40 mg/ml	1	QL (20 ml per day.)
posaconazole oral tablet delayed release 100 mg	1	
SPORANOX ORAL CAPSULE 100 MG (*itraconazole*)	3/4	QL (180 capsules per 365 days)
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (*voriconazole*)	3/4	
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (*oteseconazole*)	3	PA QL (18 capsules per 84 days.)
voriconazole oral suspension reconstituted 40 mg/ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
voriconazole oral tablet 200 mg, 50 mg	1	
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 (*ketoconazole-hydrocortisone*)	3	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 (*ketoconazole & pyrithione zinc*)	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 (*ketoconazole & pyrithione zinc*)	3	
BACITRACIN ANTIBIOTICS - Antibiotics		
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	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 (*bacitracin-polymyx-neo-hc*)	3	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM (*bacitracin-polymyxin b*)	3	
CORONAVIRUS (COVID-19) - Drugs for Viral Infections		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (*nirmatrelvir-ritonavir*)	2	QL (40 tablets per 365 days. 20 tablets per prescription.)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG (*nirmatrelvir-ritonavir*)	2	QL (22 tablets per 365 days. 11 tablets per copay.)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (*nirmatrelvir-ritonavir*)	2	QL (60 tablets per 365 days. 30 tablets per prescription.)
ENDONUCLEASE INHIBITORS - Drugs for Viral Infections		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (*baloxavir marboxil*)	3	QL (1 tablet per month.)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (*baloxavir marboxil*)	3	QL (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 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (*erythromycin ethylsuccinate*)	3/4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	1	
erythromycin external gel 2 %	1	
erythromycin external solution 2 %	1	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	1	
GLYCOPEPTIDE ANTIBIOTICS - Antibiotics		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (*vancomycin hcl*)	3/4	
VANCOCIN ORAL CAPSULE 125 MG, 250 MG (*vancomycin hcl*)	3/4	
vancomycin hcl oral capsule 125 mg, 250 mg	1	
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml	1	
HCV POLYMERASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-3 .5 MG (*sofosbuvir-velpatasvir*)	2	PA QL (2 packets per day and 84 packets per 20 days.) SP SMCS
EPCLUSA ORAL PACKET 200-50 MG (*sofosbuvir-velpatasvir*)	2	PA QL (1 packet per day and 84 packets per 20 days.) SP SMCS
EPCLUSA ORAL TABLET 200-50 MG (*sofosbuvir-velpatasvir*)	2	PA QL (1 tablet per day.) SP SMCS
EPCLUSA ORAL TABLET 400-100 MG (*sofosbuvir-velpatasvir*)	2	PA QL (84 tablets per 20 days.) SP SMCS
HARVONI ORAL PACKET 33. 5-150 MG, 45-200 MG (*ledipasvir-sofosbuvir*)	2	PA ST QL (1 pellet packet per day and 28 pellet packets per month.) SMCS
HARVONI ORAL TABLET 45-200 MG (*ledipasvir-sofosbuvir*)	2	PA ST QL (84 tablets per 20 days.) SP SMCS

Drug Tier 1: Your lowest cost medications Drug Tier 2: Your mid-range cost medications Drug Tier 3: Your mid-range cost medications Drug Tier 3/4: Your highest cost medications PA: Prior authorization required QL: Quantity Limit ST: Step Therapy H-N: Part of Health Care Reform with confirmation of age and/or condition appropriate preventive use. SP: Specialty medication CM: Orally administered anticancer medication SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to in ectables covered under the medical benefit) E: Excluded from coverage unless covered as part of health care reform preventive SM: State Mandated Benefit Program NTT: If you are new to opioid therapy, you will be limited to a -day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HARVONI ORAL TABLET 90-400 MG (*ledipasvir-sofosbuvir*)	2	PA ST QL (1 tablet per day and 28 tablets per month.) SP SMCS
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	2	PA ST QL (1 tablet per day and 28 tablets per month.) SP SMCS
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	2	PA QL (84 tablets per 20 days.) SP SMCS
SOVALDI ORAL PACKET 150 MG, 200 MG (*sofosbuvir*)	3/4	PA ST QL (1 packet of pellets per day and 84 packets of pellets per 20 days.) SP SMCS
SOVALDI ORAL TABLET 200 MG (*sofosbuvir*)	3/4	PA ST QL (84 tablets per 20 days.) SMCS
SOVALDI ORAL TABLET 400 MG (*sofosbuvir*)	3/4	PA ST QL (84 tablets per 20 days.) SP SMCS
VOSEVI ORAL TABLET 400-100-100 MG (*sofosbuv-velpatasv-voxilaprev*)	2	PA QL (84 tablets per 20 days) SP SMCS
HCV PROTEASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
MAVYRET ORAL PACKET 50-20 MG (*glecaprevir-pibrentasvir*)	2	PA QL (5 packets per day and 280 packets per 20 days.) SP SMCS
MAVYRET ORAL TABLET 100-40 MG (*glecaprevir-pibrentasvir*)	2	PA QL (168 tablets per 20 days) SP SMCS
VOSEVI ORAL TABLET 400-100-100 MG (*sofosbuv-velpatasv-voxilaprev*)	2	PA QL (84 tablets per 20 days) SP SMCS
ZEPATIER ORAL TABLET 50-100 MG (*elbasvir-grazoprevir*)	2	PA QL (84 tablets per 20 days (12 weeks).) SP SMCS
HCV REPLICATION COMPLEX INHIBITORS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-3 .5 MG (*sofosbuvir-velpatasvir*)	2	PA QL (2 packets per day and 84 packets per 20 days.) SP SMCS
EPCLUSA ORAL PACKET 200-50 MG (*sofosbuvir-velpatasvir*)	2	PA QL (1 packet per day and 84 packets per 20 days.) SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPCLUSA ORAL TABLET 200-50 MG (*sofosbuvir-velpatasvir*)	2	PA QL (1 tablet per day.) SP SMCS
EPCLUSA ORAL TABLET 400-100 MG (*sofosbuvir-velpatasvir*)	2	PA QL (84 tablets per 20 days.) SP SMCS
HARVONI ORAL PACKET 33. 5-150 MG, 45-200 MG (*ledipasvir-sofosbuvir*)	2	PA ST QL (1 pellet packet per day and 28 pellet packets per month.) SMCS
HARVONI ORAL TABLET 45-200 MG (*ledipasvir-sofosbuvir*)	2	PA ST QL (84 tablets per 20 days.) SP SMCS
HARVONI ORAL TABLET 90-400 MG (*ledipasvir-sofosbuvir*)	2	PA ST QL (1 tablet per day and 28 tablets per month.) SP SMCS
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	2	PA ST QL (1 tablet per day and 28 tablets per month.) SP SMCS
MAVYRET ORAL PACKET 50-20 MG (*glecaprevir-pibrentasvir*)	2	PA QL (5 packets per day and 280 packets per 20 days.) SP SMCS
MAVYRET ORAL TABLET 100-40 MG (*glecaprevir-pibrentasvir*)	2	PA QL (168 tablets per 20 days) SP SMCS
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	2	PA QL (84 tablets per 20 days.) SP SMCS
VOSEVI ORAL TABLET 400-100-100 MG (*sofosbuv-velpatasv-voxilaprev*)	2	PA QL (84 tablets per 20 days) SP SMCS
ZEPATIER ORAL TABLET 50-100 MG (*elbasvir-grazoprevir*)	2	PA QL (84 tablets per 20 days (12 weeks).) SP SMCS
HIV CAPSID INHIBITORS - Drugs for Viral Infections		
SUNLENCA ORAL TABLET 300 MG (*lenacapavir sodium*)	3/4	PA QL (24 tablets per year.)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG (*lenacapavir sodium*)	3/4	PA QL (4 tablets per 365 days.)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG (*lenacapavir sodium*)	3/4	PA QL (5 tablets per 365 days.)
YEZTUGO ORAL TABLET 300 MG (*lenacapavir sodium*)	3/4	SM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HIV ENTRY AND FUSION INHIBITORS - Drugs for Viral Infections		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (*enfuvirtide*)	3/4	SMCS
maraviroc oral tablet 150 mg, 300 mg	1	PA
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (*fostemsavir tromethamine*)	3/4	PA
SELZENTRY ORAL SOLUTION 20 MG/ML (*maraviroc*)	2	PA
SELZENTRY ORAL TABLET 150 MG, 300 MG (*maraviroc*)	3/4	PA
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (*bictegravir-emtricitab-tenofov*)	3/4	QL (1 tablet per day.)
DOVATO ORAL TABLET 50-300 MG (*dolutegravir-lamivudine*)	2	QL (1 tablet per day.)
GENVOYA ORAL TABLET 150-150-200-10 MG (*elviteg-cobic-emtricit-tenofaf*)	3/4	QL (1 tablet per day.)
ISENTRESS HD ORAL TABLET 600 MG (*raltegravir potassium*)	2	SM
ISENTRESS ORAL PACKET 100 MG (*raltegravir potassium*)	2	SM
ISENTRESS ORAL TABLET 400 MG (*raltegravir potassium*)	2	SM
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (*raltegravir potassium*)	2	SM
JULUCA ORAL TABLET 50-25 MG (*dolutegravir-rilpivirine*)	2	QL (1 tablet per day.)
STRIBILD ORAL TABLET 150-150-200-300 MG (*elviteg-cobic-emtricit-tenofdf*)	3/4	QL (1 tablet per day.) SM
TIVICAY ORAL TABLET 50 MG (*dolutegravir sodium*)	3	SM
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (*dolutegravir sodium*)	3	SM
TRIUMEQ ORAL TABLET 600-50-300 MG (*abacavir-dolutegravir-lamivud*)	2	QL (1 tablet per day.)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	2	QL (6 tablets per day.)
VOCABRIA ORAL TABLET 30 MG (*cabotegravir sodium*)	3/4	SM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HIV NONNUCLEOSIDE REV.TRANSCRIP. INHIB. - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (*bictegravir-emtricitab-tenofov*)	3/4	QL (1 tablet per day.)
COMPLERA ORAL TABLET 200-25-300 MG (*emtricitab-rilpivir-tenofovir*)	3/4	QL (1 tablet per day.) SM
DELSTRIGO ORAL TABLET 100-300-300 MG (*doravirin-lamivudin-tenofov df*)	2	QL (1 tablet per day.)
EDURANT ORAL TABLET 25 MG (*rilpivirine hcl*)	2	SM
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG (*rilpivirine hcl*)	2	SM
efavirenz oral tablet 600 mg	1	
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	1	QL (1 tablet per day.)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	1	QL (1 tablet per day.)
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	1	QL (1 tablet per day.) SM
etravirine oral tablet 100 mg, 200 mg	1	SM
INTELENCE ORAL TABLET 100 MG, 200 MG (*etravirine*)	3/4	SM
INTELENCE ORAL TABLET 25 MG (*etravirine*)	2	SM
JULUCA ORAL TABLET 50-25 MG (*dolutegravir-rilpivirine*)	2	QL (1 tablet per day.)
methocarbamol oral tablet 500 mg	1	
nevirapine er oral tablet extended release 24 hour 400 mg	1	
nevirapine oral suspension 50 mg/5ml	1	
nevirapine oral tablet 200 mg	1	
ODEFSEY ORAL TABLET 200-25-25 MG (*emtricitab-rilpivir-tenofov af*)	3/4	QL (1 tablet per day.)
PIFELTRO ORAL TABLET 100 MG (*doravirine*)	3	
SYMFI ORAL TABLET 600-300-300 MG (*efavirenz-lamivudine-tenofovir*)	2	QL (1 tablet per day.)
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS - Drugs for Viral Infections		
abacavir sulfate oral solution 20 mg/ml	1	
abacavir sulfate oral tablet 300 mg	1	
abacavir sulfate-lamivudine oral tablet 600-300 mg	1	QL (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-tenofov*)	3/4	QL (1 tablet per day.)
CIMDUO ORAL TABLET 300-300 MG (*lamivudine-tenofovir*)	2	QL (1 tablet per day.)
COMPLERA ORAL TABLET 200-25-300 MG (*emtricitab-rilpivir-tenofovir*)	3/4	QL (1 tablet per day.) SM
DELSTRIGO ORAL TABLET 100-300-300 MG (*doravirin-lamivudin-tenofov df*)	2	QL (1 tablet per day.)
DESCOVY ORAL TABLET 120-15 MG (*emtricitabine-tenofovir af*)	3/4	QL (1 tablet per day.) SM
DESCOVY ORAL TABLET 200-25 MG (*emtricitabine-tenofovir af*)	3/4	QL (1 tablet per day.) H SM
DOVATO ORAL TABLET 50-300 MG (*dolutegravir-lamivudine*)	2	QL (1 tablet per day.)
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	1	QL (1 tablet per day.)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	1	QL (1 tablet per day.)
emtricitabine oral capsule 200 mg	1	SM
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL (1 tablet per day.) SM
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL (1 tablet per day.) H SM
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	1	QL (1 tablet per day.) SM
EMTRIVA ORAL CAPSULE 200 MG (*emtricitabine*)	3/4	SM
EMTRIVA ORAL SOLUTION 10 MG/ML (*emtricitabine*)	2	SM
EPIVIR ORAL SOLUTION 10 MG/ML (*lamivudine*)	3/4	SM
EPIVIR ORAL TABLET 150 MG, 300 MG (*lamivudine*)	3/4	SM
GENVOYA ORAL TABLET 150-150-200-10 MG (*elviteg-cobic-emtricit-tenofaf*)	3/4	QL (1 tablet per day.)
lamivudine oral solution 10 mg/ml	1	SM
lamivudine oral tablet 100 mg	1	
lamivudine oral tablet 150 mg, 300 mg	1	SM
lamivudine-zidovudine oral tablet 150-300 mg	1	SM
ODEFSEY ORAL TABLET 200-25-25 MG (*emtricitab-rilpivir-tenofov af*)	3/4	QL (1 tablet per day.)
RETROVIR ORAL CAPSULE 100 MG (*zidovudine*)	3/4	SM
RETROVIR ORAL SYRUP 50 MG/5ML (*zidovudine*)	3	SM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STRIBILD ORAL TABLET 150-150-200-300 MG (*elviteg-cobic-emtricit-tenofdf*)	3/4	QL (1 tablet per day.) SM
SYMFI ORAL TABLET 600-300-300 MG (*efavirenz-lamivudine-tenofovir*)	2	QL (1 tablet per day.)
tenofovir disoproxil fumarate oral tablet 300 mg	1	H-N
TRIUMEQ ORAL TABLET 600-50-300 MG (*abacavir-dolutegravir-lamivud*)	2	QL (1 tablet per day.)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	2	QL (6 tablets per day.)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 16 -250 MG (*emtricitabine-tenofovir df*)	3/4	QL (1 tablet per day.) SM
VIREAD ORAL POWDER 40 MG/GM (*tenofovir disoproxil fumarate*)	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (*tenofovir disoproxil fumarate*)	2	
ZIAGEN ORAL SOLUTION 20 MG/ML (*abacavir sulfate*)	3/4	
zidovudine oral capsule 100 mg	1	SM
zidovudine oral syrup 50 mg/5ml	1	SM
zidovudine oral tablet 300 mg	1	SM
HIV PROTEASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (*tipranavir*)	2	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	1	SM
darunavir oral tablet 600 mg, 800 mg	1	SM
EVOTAZ ORAL TABLET 300-150 MG (*atazanavir-cobicistat*)	2	
fosamprenavir calcium oral tablet 700 mg	1	
KALETRA ORAL SOLUTION 400-100 MG/5ML (*lopinavir-ritonavir*)	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (*lopinavir-ritonavir*)	3/4	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	1	
NORVIR ORAL PACKET 100 MG (*ritonavir*)	2	SM
PREZCOBIX ORAL TABLET 6 5-150 MG, 800-150 MG (*darunavir-cobicistat*)	2	
PREZISTA ORAL SUSPENSION 100 MG/ML (*darunavir*)	2	SM
PREZISTA ORAL TABLET 150 MG, 5 MG (*darunavir*)	2	SM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REYATAZ ORAL PACKET 50 MG (*atazanavir sulfate*)	2	SM
ritonavir oral tablet 100 mg	1	SM
VIRACEPT ORAL TABLET 250 MG, 625 MG (*nelfinavir mesylate*)	2	
INTERFERON ANTIVIRALS - Drugs for Viral Infections		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (*ropeginterferon alfa-2b-njft*)	3/4	PA QL (0.08 ml per day.) SP CM SMCS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (*peginterferon alfa-2a*)	2	SP SMCS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (*peginterferon alfa-2a*)	2	SP SMCS
LINCOMYCIN ANTIBIOTICS - Antibiotics		
ACANYA EXTERNAL GEL 1.2-2.5 (*clindamycin phos-benzoyl perox*)	3/4	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG (*clindamycin hcl*)	3/4	
CLEOCIN ORAL CAPSULE 5 MG (*clindamycin hcl*)	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED 5 MG/5ML (*clindamycin palmitate hcl*)	3/4	
CLEOCIN VAGINAL CREAM 2 (*clindamycin phosphate*)	3/4	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (*clindamycin phosphate*)	2	
CLEOCIN-T EXTERNAL LOTION 1 (*clindamycin phosphate*)	3/4	
clindacin etz external swab 1 %	1	
clindacin external foam 1 %	1	
clindacin-p external swab 1 %	1	
CLINDAGEL EXTERNAL GEL 1 (*clindamycin phosphate*)	3/4	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	1	
clindamycin phos (once-daily) external gel 1 %	1	
clindamycin phos (twice-daily) external gel 1 %	1	
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL (1 bottle (45 grams) per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	1	
clindamycin phosphate external foam 1 %	1	
clindamycin phosphate external lotion 1 %	1	
clindamycin phosphate external solution 1 %	1	
clindamycin phosphate external swab 1 %	1	
clindamycin phosphate vaginal cream 2 %	1	
clindamycin-tretinoin external gel 1.2-0.025 %	1	
CLINDESSE VAGINAL CREAM 2 (*clindamycin phosphate (1 dose)*)	2	
neuac external gel 1.2-5 %	1	QL (1 bottle (45 grams) per month.)
ONEXTON EXTERNAL GEL 1.2-3. 5 (*clindamycin phos-benzoyl perox*)	3/4	
XACIATO VAGINAL GEL 2 (*clindamycin phosphate*)	2	
MONOBACTAM ANTIBIOTICS - Antibiotics		
CAYSTON INHALATION SOLUTION RECONSTITUTED 5 MG (*aztreonam lysine*)	3/4	PA ST QL (84 vials per 56 days.) SP SMCS
MONOCLONAL ANTIBODIES (08:18) - Drugs for Viral Infections		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*nirsevimab-alip*)	3	H
ENFLONSIA INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 105 MG/0. ML (*clesrovimab-cfor*)	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	1	
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	1	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (*zanamivir*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NITROIMIDAZOLE DERIVATIVE, ANTI-LEISHMAL - Drugs for the Mouth and Throat		
IMPAVIDO ORAL CAPSULE 50 MG (*miltefosine*)	2	QL (84 capsules per course of therapy.)
NITROIMIDAZOLE DERIVATIVE, TRYPANOCIDAL - Drugs for the Mouth and Throat		
BENZNIDAZOLE ORAL TABLET 100 MG	2	QL (248 tablets per 20 days)
BENZNIDAZOLE ORAL TABLET 12.5 MG	2	QL (20 tablets per 20 days.)
NITROIMIDAZOLE DERIVATIVES, MISC - Drugs for the Mouth and Throat		
LIKMEZ ORAL SUSPENSION 500 MG/5ML (*metronidazole*)	3/4	
METROCREAM EXTERNAL CREAM 0. 5 (*metronidazole*)	3/4	
metronidazole external cream 0.75 %	1	
metronidazole external gel 0.75 %, 1 %	1	
metronidazole external lotion 0.75 %	1	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal gel 0.75 %	1	
NUVESSA VAGINAL GEL 1.3 (*metronidazole*)	3/4	
VANDAZOLE VAGINAL GEL 0. 5 (*metronidazole*)	3/4	
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - Drugs for Viral Infections		
acyclovir external cream 5 %	1	
acyclovir external ointment 5 %	1	
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet 400 mg, 800 mg	1	
adefovir dipivoxil oral tablet 10 mg	1	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (*entecavir*)	2	
COMPLERA ORAL TABLET 200-25-300 MG (*emtricitab-rilpivir-tenofovir*)	3/4	QL (1 tablet per day.) SM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DESCOVY ORAL TABLET 120-15 MG (*emtricitabine-tenofovir af*)	3/4	QL (1 tablet per day.) SM
DESCOVY ORAL TABLET 200-25 MG (*emtricitabine-tenofovir af*)	3/4	QL (1 tablet per day.) H SM
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL (1 tablet per day.) SM
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL (1 tablet per day.) H SM
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	1	QL (1 tablet per day.) SM
entecavir oral tablet 0.5 mg, 1 mg	1	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	
LAGEVRIO ORAL CAPSULE 200 MG (*molnupiravir*)	2	QL (80 capsules per 365 days. 40 capsules per prescription.)
ODEFSEY ORAL TABLET 200-25-25 MG (*emtricitab-rilpivir-tenofov af*)	3/4	QL (1 tablet per day.)
ribavirin inhalation solution reconstituted 6 gm	1	
ribavirin oral capsule 200 mg	1	
ribavirin oral tablet 200 mg	1	
TEMBEXA ORAL SUSPENSION 10 MG/ML (*brincidofovir*)	3/4	
TEMBEXA ORAL TABLET 100 MG (*brincidofovir*)	3/4	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 16 -250 MG (*emtricitabine-tenofovir df*)	3/4	QL (1 tablet per day.) SM
valacyclovir hcl oral tablet 1 gm, 500 mg	1	
valganciclovir hcl oral solution reconstituted 50 mg/ml	1	
valganciclovir hcl oral tablet 450 mg	1	
ZIRGAN OPHTHALMIC GEL 0.15 (*ganciclovir*)	3	
ZOVIRAX EXTERNAL CREAM 5 (*acyclovir*)	3/4	
OTHER MACROLIDE ANTIBIOTICS - Antibiotics		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	1	QL (112 capsules and tablets (1 Package) per 180 days.)
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (*azithromycin*)	3/4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (*azithromycin*)	3/4	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (*azithromycin*)	3/4	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (*azithromycin*)	3/4	
OXAZOLIDINONE ANTIBIOTICS - Antibiotics		
linezolid oral suspension reconstituted 100 mg/5ml	1	
linezolid oral tablet 600 mg	1	
SIVEXTRO ORAL TABLET 200 MG (*tedizolid phosphate*)	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (*linezolid*)	3/4	
PENICILLINASE-RESISTANT PENICILLINS - Antibiotics		
dicloxacillin sodium oral capsule 250 mg, 500 mg	1	
POLYENE ANTIFUNGALS - Drugs for Fungus		
klayesta external powder 100000 unit/gm	1	
nyamyc external powder 100000 unit/gm	1	
nystatin external cream 100000 unit/gm	1	
nystatin external ointment 100000 unit/gm	1	
nystatin external powder 100000 unit/gm	1	
nystatin mouth/throat suspension 100000 unit/ml	1	
nystatin oral tablet 500000 unit	1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	1	
nystop external powder 100000 unit/gm	1	
POLYMYXIN ANTIBIOTICS - Antibiotics		
colistimethate sodium (cba) injection solution reconstituted 150 mg	1	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED 150 MG (*colistimethate sodium*)	3/4	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PYRIMIDINE ANTIFUNGALS - Drugs for Fungus		
ANCOBON ORAL CAPSULE 250 MG (*flucytosine*)	3/4	
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*)	3	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5), 500 MG/5ML (10) (*ciprofloxacin*)	3	
CIPRO ORAL TABLET 250 MG, 500 MG (*ciprofloxacin hcl*)	3/4	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
levofloxacin ophthalmic solution 0.5 %, 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 %	1	
moxifloxacin hcl ophthalmic solution 0.5 %	1	
moxifloxacin hcl oral tablet 400 mg	1	
OCUFLOX OPHTHALMIC SOLUTION 0.3 (*ofloxacin*)	3/4	
ofloxacin ophthalmic solution 0.3 %	1	
ofloxacin oral tablet 300 mg, 400 mg	1	
ofloxacin otic solution 0.3 %	1	
RIFAMYCIN ANTIBIOTICS - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (*rifapentine*)	2	
rifabutin oral capsule 150 mg	1	
rifampin oral capsule 150 mg, 300 mg	1	
XIFAXAN ORAL TABLET 200 MG (*rifaximin*)	3	
XIFAXAN ORAL TABLET 550 MG (*rifaximin*)	3	QL (62 tablets per month.)
SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - Antibiotics		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (*sulfasalazine*)	3/4	
AZULFIDINE ORAL TABLET 500 MG (*sulfasalazine*)	3/4	
BACTRIM DS ORAL TABLET 800-160 MG (*sulfamethoxazole-trimethoprim*)	3/4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BACTRIM ORAL TABLET 400-80 MG (*sulfamethoxazole-trimethoprim*)	3/4	
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		
AMZEEQ EXTERNAL FOAM 4 (*minocycline hcl micronized*)	3/4	
AVIDOXY DK COMBINATION KIT 100 MG (*doxycycline-suncreen-sal acid*)	3	
AVIDOXY ORAL TABLET 100 MG	3/4	
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	QL (120 capsules per 180 days.)
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	QL (120 capsules per 180 days.)
demeclocycline hcl oral tablet 150 mg, 300 mg	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3/4	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	1	
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	3/4	QL (120 capsules per 180 days.)
tetracycline hcl oral capsule 250 mg, 500 mg	1	
ZILXI EXTERNAL FOAM 1.5 (*minocycline hcl micronized*)	3/4	PA ST
URINARY ANTI-INFECTIVES - Drugs for the Urinary System		
BACTRIM DS ORAL TABLET 800-160 MG (*sulfamethoxazole-trimethoprim*)	3/4	
BACTRIM ORAL TABLET 400-80 MG (*sulfamethoxazole-trimethoprim*)	3/4	
fosfomycin tromethamine oral packet 3 gm	1	
HIPREX ORAL TABLET 1 GM (*methenamine hippurate*)	3/4	
MACROBID ORAL CAPSULE 100 MG (*nitrofurantoin monohyd macro*)	3/4	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (*nitrofurantoin macrocrystal*)	3/4	
me/naphos/mb/hyo1 oral tablet 81.6 mg	1	
methenamine hippurate oral tablet 1 gm	1	
methenamine mandelate oral tablet 0.5 gm, 1 gm	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1	
nitrofurantoin monohydrate macrocrystals oral capsule 100 mg	1	
nitrofurantoin oral suspension 25 mg/5ml	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	
trimethoprim oral tablet 100 mg	1	
URELLE ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
uretron d/s oral tablet 81.6 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
UROGESIC-BLUE ORAL TABLET 81.6 MG (*methen-hyosc-meth blue-na phos*)	2	
VILEVEV MB ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	1	QL (4 tablets per day.) SP CM SMCS
abirtega oral tablet 250 mg	1	QL (4 tablets per day.) SP CM SMCS
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (*niraparib-abiraterone acetate*)	3/4	PA ST QL (2 tablets per day.) SP CM SMCS
ALECENSA ORAL CAPSULE 150 MG (*alectinib hcl*)	2	PA QL (8 capsules per day.) CM SMCS
ALTRENO EXTERNAL LOTION 0.05 (*tretinoin*)	3/4	PA
ALUNBRIG ORAL TABLET 180 MG, 90 MG (*brigatinib*)	2	PA QL (1 tablet per day) SP CM SMCS
ALUNBRIG ORAL TABLET 30 MG (*brigatinib*)	2	PA QL (6 tablets per day) SP CM SMCS
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (*brigatinib*)	2	PA QL (30 packs per year) SP CM SMCS
anastrozole oral tablet 1 mg	1	H-N
AUGTYRO ORAL CAPSULE 160 MG (*repotrectinib*)	2	PA QL (60 capsules per month.) SP CM SMCS
AUGTYRO ORAL CAPSULE 40 MG (*repotrectinib*)	2	PA QL (8 capsules per day.) SP CM SMCS
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG (*avutometinib-defactinib*)	3/4	PA QL (66 capsules/tablets per month.) SP CM SMCS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (*avapritinib*)	3/4	PA QL (1 tablet per day.) SP CM SMCS
BALVERSA ORAL TABLET 3 MG (*erdafitinib*)	3/4	PA QL (3 tablets per day.) SP CM SMCS
BALVERSA ORAL TABLET 4 MG (*erdafitinib*)	3/4	PA QL (2 tablets per day.) SP CM SMCS
BALVERSA ORAL TABLET 5 MG (*erdafitinib*)	3/4	PA QL (1 tablet per day.) SP CM SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (*ropeginterferon alfa-2b-njft*)	3/4	PA QL (0.08 ml per day.) SP CM SMCS
bexarotene external gel 1 %	1	SP SMCS
bexarotene oral capsule 75 mg	1	SP CM SMCS
bicalutamide oral tablet 50 mg	1	CM
BOSULIF ORAL CAPSULE 100 MG (*bosutinib*)	2	PA ST QL (3 Capsules per day.) SP CM SMCS
BOSULIF ORAL CAPSULE 50 MG (*bosutinib*)	2	PA ST QL (1 Capsule per day.) SP CM SMCS
BOSULIF ORAL TABLET 100 MG (*bosutinib*)	2	PA ST QL (4 tablets per day.) SP CM SMCS
BOSULIF ORAL TABLET 400 MG, 500 MG (*bosutinib*)	2	PA ST QL (1 tablet per day.) SP CM SMCS
BRAFTOVI ORAL CAPSULE 5 MG (*encorafenib*)	3/4	PA ST QL (6 capsules per day) SP CM SMCS
BRUKINSA ORAL CAPSULE 80 MG (*zanubrutinib*)	3	PA ST SP CM SMCS
BRUKINSA ORAL TABLET 160 MG (*zanubrutinib*)	3	QL (60 capsules per month.) SP CM SMCS
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (*cabozantinib s-malate*)	2	PA QL (1 tablet per day.) SP CM SMCS
CALQUENCE ORAL TABLET 100 MG (*acalabrutinib maleate*)	2	PA QL (2 tablets per day.) SP CM SMCS
capecitabine oral tablet 150 mg, 500 mg	1	SP CM SMCS
CAPRELSA ORAL TABLET 100 MG (*vandetanib*)	2	PA QL (2 tablets per day.) SP CM SMCS
CAPRELSA ORAL TABLET 300 MG (*vandetanib*)	2	PA QL (1 tablet per day.) SP CM SMCS
COMETRIQ ORAL KIT 20 MG (*cabozantinib s-malate*)	2	PA QL (93 capsules per month.) SP CM SMCS
COMETRIQ ORAL KIT 3 X 20 MG & 80 MG (*cabozantinib s-malate*)	2	PA QL (124 capsules per month.) SP CM SMCS
COMETRIQ ORAL KIT 80 & 20 MG (*cabozantinib s-malate*)	2	PA QL (62 capsules per month.) SP CM SMCS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (*duvelisib*)	3/4	PA QL (2 capsules per day.) SP CM SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COTELLIC ORAL TABLET 20 MG (*cobimetinib fumarate*)	2	PA QL (63 tablets per 21 days) SP CM SMCS
cyclophosphamide oral capsule 25 mg, 50 mg	1	CM
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	2	CM
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	1	PA QL (1 tablet per day.) SP CM SMCS
dasatinib oral tablet 20 mg	1	PA QL (2 tablets per day.) SP CM SMCS
DAURISMO ORAL TABLET 100 MG, 25 MG (*glasdegib maleate*)	2	PA QL (2 tablets per day.) SP CM SMCS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (*hydroxyurea*)	1	CM
ERIVEDGE ORAL CAPSULE 150 MG (*vismodegib*)	2	PA QL (1 capsule per day.) SP CM SMCS
ERLEADA ORAL TABLET 240 MG (*apalutamide*)	2	PA QL (1 tablet per day.) SMCS
ERLEADA ORAL TABLET 60 MG (*apalutamide*)	2	PA QL (4 tablets per day.) SP CM SMCS
erlotinib hcl oral tablet 100 mg, 150 mg	1	PA QL (1 tablet per day.) SP CM SMCS
erlotinib hcl oral tablet 25 mg	1	PA QL (2 tablets per day.) SP CM SMCS
etoposide oral capsule 50 mg	1	SP CM SMCS
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
everolimus oral tablet 10 mg, 7.5 mg	1	PA QL (2 tablets per day.) SP CM SMCS
everolimus oral tablet 2.5 mg, 5 mg	1	PA QL (1 tablet per day.) SP CM SMCS
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	1	PA QL (1 tablet per day.) SP CM SMCS
exemestane oral tablet 25 mg	1	H-N
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (*degarelix acetate*)	3	SP SMCS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (*degarelix acetate*)	3	SP SMCS
fluorouracil external cream 5 %	1	

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fluorouracil external solution 2 %, 5 %	1	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (*tivozanib hcl*)	3/4	PA QL (0. 5 capsules per day.) SP CM SMCS
FRUZAQLA ORAL CAPSULE 1 MG (*fruquintinib*)	3/4	PA ST QL (84 capsules per 21 days.) SP CM SMCS
FRUZAQLA ORAL CAPSULE 5 MG (*fruquintinib*)	3/4	PA ST QL (21 capsules per 21 days.) SP CM SMCS
GAVRETO ORAL CAPSULE 100 MG (*pralsetinib*)	3/4	PA QL (4 capsules per day.) SP CM SMCS
gefitinib oral tablet 250 mg	1	PA QL (2 tablets per day.) SP CM SMCS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (*afatinib dimaleate*)	3	PA QL (1 tablet per day.) SP CM SMCS
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (*lomustine*)	2	SP CM SMCS
GOMEKLI ORAL CAPSULE 1 MG (*mirdametinib*)	3/4	PA QL (42 capsules per 4 weeks.) SP SMCS
GOMEKLI ORAL CAPSULE 2 MG (*mirdametinib*)	3/4	PA QL (84 capsules per 4 weeks.) SP SMCS
GOMEKLI ORAL TABLET SOLUBLE 1 MG (*mirdametinib*)	3/4	PA QL (168 tablets per 4 weeks.) SP SMCS
HEPZATO W/50MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED 50 MG (*melphalan hcl*)	3	
HEPZATO W/62MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED 50 MG (*melphalan hcl*)	3	
HYCAMTIN ORAL CAPSULE 0.25 MG (*topotecan hcl*)	2	PA QL (20 capsules per three weeks.) SP CM SMCS
HYCAMTIN ORAL CAPSULE 1 MG (*topotecan hcl*)	2	PA QL (305 capsules per 15 days.) SP CM SMCS
HYDREA ORAL CAPSULE 500 MG (*hydroxyurea*)	3/4	CM
hydroxyurea oral capsule 500 mg	1	CM
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 5 MG (*palbociclib*)	2	PA ST QL (21 capsules per month.) SP CM SMCS
IBRANCE ORAL TABLET 100 MG, 125 MG, 5 MG (*palbociclib*)	2	PA ST QL (0. 5 tablets per day.) SP CM SMCS

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ICLUSIG ORAL TABLET 15 MG, 45 MG (*ponatinib hcl*)	3	PA QL (1 tablet per day.) SP CM SMCS
IDHIFA ORAL TABLET 100 MG, 50 MG (*enasidenib mesylate*)	2	PA QL (1 tablet per day) SP CM SMCS
imatinib mesylate oral tablet 100 mg	1	QL (6 tablets per day.) SP CM SMCS
imatinib mesylate oral tablet 400 mg	1	QL (1 tablet per day.) SP CM SMCS
IMBRUVICA ORAL CAPSULE 140 MG (*ibrutinib*)	2	PA QL (4 capsules per day.) SP CM SMCS
IMBRUVICA ORAL CAPSULE 0 MG (*ibrutinib*)	2	PA QL (1 capsule per day.) SP CM SMCS
IMBRUVICA ORAL SUSPENSION 0 MG/ML (*ibrutinib*)	2	PA QL (.2 ml per day.) SP CM SMCS
IMBRUVICA ORAL TABLET 420 MG (*ibrutinib*)	2	PA QL (1 tablet per day.) SP CM SMCS
IMKELDI ORAL SOLUTION 80 MG/ML	3/4	PA QL (280 ml (2 bottles) per month.) SP CM SMCS
INLYTA ORAL TABLET 1 MG (*axitinib*)	3	PA QL (6 tablets per day.) SP CM SMCS
INLYTA ORAL TABLET 5 MG (*axitinib*)	3	PA QL (124 tablets per 30 days.) SP CM SMCS
INQOVI ORAL TABLET 35-100 MG (*decitabine-cedazuridine*)	3/4	PA QL (5 tablets per month.) SP CM SMCS
IRESSA ORAL TABLET 250 MG (*gefitinib*)	3/4	PA QL (2 tablets per day.) SP CM SMCS
ITOVEBI ORAL TABLET 3 MG (*inavolisib*)	2	PA QL (56 tablets per month.) SP CM SMCS
ITOVEBI ORAL TABLET 9 MG (*inavolisib*)	2	PA QL (28 tablets per month.) SP CM SMCS
IWILFIN ORAL TABLET 192 MG (*eflornithine hcl*)	2	PA QL (8 tablets per day.) SP CM SMCS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (*ruxolitinib phosphate*)	2	PA QL (2 tablets per day.) SP CM SMCS
JAYPIRCA ORAL TABLET 100 MG (*pirtobrutinib*)	3/4	PA QL (3 tablets per day.) SP CM SMCS

Drug Tier 1: Your lowest cost medications Drug Tier 2: Your mid-range cost medications Drug Tier 3: Your mid-range cost medications Drug Tier 3/4: Your highest cost medications PA: Prior authorization required QL: Quantity Limit ST: Step Therapy H-N: Part of Health Care Reform with confirmation of age and/or condition appropriate preventive use. SP: Specialty medication CM: Orally administered anticancer medication SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to in ectables covered under the medical benefit) E: Excluded from coverage unless covered as part of health care reform preventive SM: State Mandated Benefit Program NTT: If you are new to opioid therapy, you will be limited to a -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
JAYPIRCA ORAL TABLET 50 MG (*pirtobrutinib*)	3/4	PA QL (1 tablet per day.) SP CM SMCS
JYLAMVO ORAL SOLUTION 2 MG/ML (*methotrexate*)	3/4	PA CM
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	2	PA ST QL (21 tablets per month) SP CM SMCS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	2	PA ST QL (42 tablets per 21 days.) SP CM SMCS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	2	PA ST QL (42 tablets per month) SP CM SMCS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	2	PA ST QL (63 tablets per 21 days.) SP CM SMCS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	2	PA ST QL (63 tablets per month) SP CM SMCS
KOSELUGO ORAL CAPSULE 10 MG (*selumetinib sulfate*)	3	PA QL (8 capsules per day.) SP CM SMCS
KOSELUGO ORAL CAPSULE 25 MG (*selumetinib sulfate*)	3	PA QL (4 capsules per day.) SP CM SMCS
KRAZATI ORAL TABLET 200 MG (*adagrasib*)	3/4	PA QL (6 tablets per day.) SP CM SMCS
lapatinib ditosylate oral tablet 250 mg	1	PA SP CM SMCS
LAZCLUZE ORAL TABLET 240 MG (*lazertinib mesylate*)	3	PA QL (30 tablets per month.) SP CM SMCS
LAZCLUZE ORAL TABLET 80 MG (*lazertinib mesylate*)	3	PA QL (60 tablets per month.) SP CM SMCS
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg	1	PA QL (28 capsules per 21 days.) SP CM SMCS
lenalidomide oral capsule 20 mg, 25 mg	1	PA QL (21 capsules per 21 days.) SP CM SMCS
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 2 X 10 MG, 2 X 4 MG (*lenvatinib mesylate*)	3	PA QL (2 capsules per day.) SP CM SMCS
LENVIMA ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG, 2 X 10 MG & 4 MG, 3 X 4 MG (*lenvatinib mesylate*)	3	PA QL (3 capsules per day.) SP CM SMCS
LENVIMA ORAL CAPSULE THERAPY PACK 10 MG, 4 MG (*lenvatinib mesylate*)	3	PA QL (1 capsule per day.) SP CM SMCS
letrozole oral tablet 2.5 mg	1	H-N
LEUKERAN ORAL TABLET 2 MG (*chlorambucil*)	2	CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
leuprolide acetate injection kit 1 mg/0.2ml	1	PA SM SMCS
LONSURF ORAL TABLET 15-6.14 MG (*trifluridine-tipiracil*)	3/4	PA QL (100 tablets per month.) SP CM SMCS
LONSURF ORAL TABLET 20-8.19 MG (*trifluridine-tipiracil*)	3/4	PA QL (80 tablets per 21 days.) SP CM SMCS
LORBRENA ORAL TABLET 100 MG (*lorlatinib*)	3	PA ST QL (30 tablets per month.) SP CM SMCS
LORBRENA ORAL TABLET 25 MG (*lorlatinib*)	3	PA ST QL (90 tablets per month.) SP CM SMCS
LUMAKRAS ORAL TABLET 120 MG (*sotorasib*)	3/4	PA QL (240 tablets per month.) SP CM SMCS
LUMAKRAS ORAL TABLET 240 MG (*sotorasib*)	3/4	PA QL (120 tablets per month.) SP CM SMCS
LUMAKRAS ORAL TABLET 320 MG (*sotorasib*)	3/4	PA QL (3 tablets per day.) SP CM SMCS
LYNPARZA ORAL TABLET 100 MG, 150 MG (*olaparib*)	2	PA QL (4 tablets per day) SP CM SMCS
LYSODREN ORAL TABLET 500 MG (*mitotane*)	2	CM
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*)	3/4	PA QL (84 tablets per month.) SP CM SMCS
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*)	3/4	PA QL (112 tablets per month.) SP CM SMCS
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*)	3/4	PA QL (140 tablets per month.) SP CM SMCS
MATULANE ORAL CAPSULE 50 MG (*procarbazine hcl*)	2	SP CM SMCS
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	3	PA ST QL (40 tablets per 20 days.) SP SMCS
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml	1	
megestrol acetate oral tablet 20 mg, 40 mg	1	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (*trametinib dimethyl sulfoxide*)	3/4	ST QL (1 .4 ml per day.) SP CM SMCS
MEKINIST ORAL TABLET 0.5 MG (*trametinib dimethyl sulfoxide*)	3/4	PA ST QL (2 tablets per day.) SP CM SMCS
MEKINIST ORAL TABLET 2 MG (*trametinib dimethyl sulfoxide*)	3/4	PA ST QL (1 tablet per day.) SP CM SMCS

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MEKTOVI ORAL TABLET 15 MG (*binimetinib*)	3/4	PA ST QL (6 tablets per day) SP CM SMCS
mercaptopurine oral suspension 2000 mg/100ml	1	SP CM SMCS
mercaptopurine oral tablet 50 mg	1	CM
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted 1 gm	1	
methotrexate sodium oral tablet 2.5 mg	1	CM
MODEYSO ORAL CAPSULE 125 MG (*dordaviprone hcl*)	3/4	PA SP CM SMCS
MYLERAN ORAL TABLET 2 MG (*busulfan*)	2	CM
NERLYNX ORAL TABLET 40 MG (*neratinib maleate*)	2	PA QL (6 tablets per day.) SP CM SMCS
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	1	PA ST QL (4 capsules per day.) SP CM SMCS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (*ixazomib citrate*)	2	PA SP CM SMCS
NUBEQA ORAL TABLET 300 MG (*darolutamide*)	2	PA QL (4 tablets per day.) SP CM SMCS
ODOMZO ORAL CAPSULE 200 MG (*sonidegib phosphate*)	2	PA QL (1 capsule per day.) SP CM SMCS
OGSIVEO ORAL TABLET 100 MG, 150 MG (*nirogacestat hydrobromide*)	2	PA SP CM SMCS
OGSIVEO ORAL TABLET 50 MG (*nirogacestat hydrobromide*)	2	PA QL (6 tablets per day.) SP CM SMCS
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML (*tovorafenib*)	3/4	PA QL (96 ml per month.) SP CM SMCS
OJEMDA ORAL TABLET 100 MG (*tovorafenib*)	3/4	PA QL (24 tablets per month.) SP CM SMCS
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (*momelotinib dihydrochloride*)	3/4	PA QL (1 tablet per day.) SP CM SMCS
ONUREG ORAL TABLET 200 MG, 300 MG (*azacitidine*)	2	PA QL (14 tablets per 24 days.) SP CM SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OPZELURA EXTERNAL CREAM 1.5 (*ruxolitinib phosphate*)	3/4	PA QL (240 grams per prescription and 1200 grams per 365 days.) SP SMCS
ORGOVYX ORAL TABLET 120 MG (*relugolix*)	3	PA QL (1 tablet per day) SP CM SMCS
ORSERDU ORAL TABLET 86 MG (*elacestrant hydrochloride*)	2	PA QL (3 tablets per day.) SP CM SMCS
pazopanib hcl oral tablet 200 mg	1	PA QL (4 tablets per day.) SP CM SMCS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (*peginterferon alfa-2a*)	2	SP SMCS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (*peginterferon alfa-2a*)	2	SP SMCS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (*pemigatinib*)	3/4	PA QL (31 tablets per month.) SP CM SMCS
PHYRAGO ORAL TABLET 100 MG, 140 MG, 50 MG, 0 MG, 80 MG (*dasatinib*)	3/4	PA QL (1 tablet per day.) SP CM SMCS
PHYRAGO ORAL TABLET 20 MG (*dasatinib*)	3/4	PA QL (2 tablets per day.) SP CM SMCS
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG (*alpelisib*)	2	PA QL (2 tablets per day.) SP CM SMCS
PIQRAY ORAL TABLET THERAPY PACK 200 MG (*alpelisib*)	2	PA QL (1 tablet per day.) SP CM SMCS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (*pomalidomide*)	3	PA QL (21 capsules per 21 days.) SP CM SMCS
PURIXAN ORAL SUSPENSION 2000 MG/100ML (*mercaptopurine*)	3	SP CM SMCS
QINLOCK ORAL TABLET 50 MG (*ripretinib*)	3/4	PA QL (3 tablets per day.) SP CM SMCS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG (*selpercatinib*)	3/4	PA QL (60 tablets per month.) SP CM SMCS
RETEVMO ORAL TABLET 40 MG (*selpercatinib*)	3/4	PA QL (90 tablets per month.) SP CM SMCS
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 , 0.08 (*tretinoin microsphere*)	3/4	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (*lenalidomide*)	2	PA QL (28 capsules per 21 days.) SP CM SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REVLIMID ORAL CAPSULE 20 MG, 25 MG (*lenalidomide*)	2	PA QL (21 capsules per 21 days.) SP CM SMCS
REVUFORJ ORAL TABLET 110 MG (*revumenib citrate*)	3/4	PA QL (120 tablets per month.) SP CM SMCS
REVUFORJ ORAL TABLET 160 MG (*revumenib citrate*)	3/4	PA QL (60 tablets per month.) SP CM SMCS
REVUFORJ ORAL TABLET 25 MG (*revumenib citrate*)	3/4	PA QL (240 tablets per month.) SP CM SMCS
REZLIDHIA ORAL CAPSULE 150 MG (*olutasidenib*)	2	PA QL (2 capsules per day.) SP CM SMCS
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG (*vimseltinib*)	2	PA QL (8 capsules per 4 weeks.) SP CM SMCS
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (*entrectinib*)	2	PA QL (3 capsules per day.) SP CM SMCS
ROZLYTREK ORAL PACKET 50 MG (*entrectinib*)	2	PA QL (84 packets (2 boxes) per month.) SP CM SMCS
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (*rucaparib camsylate*)	3	PA ST QL (4 tablets per day.) SP CM SMCS
RYDAPT ORAL CAPSULE 25 MG (*midostaurin*)	2	PA QL (8 capsules per day) SP CM SMCS
SCEMBLIX ORAL TABLET 100 MG (*asciminib hcl*)	3/4	PA QL (120 tablets per month.) SP CM SMCS
SCEMBLIX ORAL TABLET 20 MG, 40 MG (*asciminib hcl*)	3/4	PA QL (2 tablets per day.) SP CM SMCS
sorafenib tosylate oral tablet 200 mg	1	PA QL (4 tablets per day.) SP CM SMCS
STIVARGA ORAL TABLET 40 MG (*regorafenib*)	2	PA QL (84 tablets per 21 days.) SP CM SMCS
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	PA QL (1 capsule per day.) SP CM SMCS
TABLOID ORAL TABLET 40 MG (*thioguanine*)	2	SP CM SMCS
TABRECTA ORAL TABLET 150 MG, 200 MG (*capmatinib hcl*)	3/4	PA QL (4 tablets per day.) SP CM SMCS
TAFINLAR ORAL CAPSULE 50 MG, 5 MG (*dabrafenib mesylate*)	3/4	PA ST QL (4 capsules per day.) SP CM SMCS

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TAFINLAR ORAL TABLET SOLUBLE 10 MG (*dabrafenib mesylate*)	3/4	ST QL (420 tablets per month.) SP CM SMCS
TAGRISSO ORAL TABLET 40 MG, 80 MG (*osimertinib mesylate*)	3	PA QL (1 tablet per day.) SP CM SMCS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0. 5 MG, 1 MG (*talazoparib tosylate*)	3/4	PA ST QL (1 capsule per day.) SP CM SMCS
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-N
TAZVERIK ORAL TABLET 200 MG (*tazemetostat hbr*)	3/4	PA QL (8 tablets per day.) SP CM SMCS
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	1	SP CM SMCS
TEPMETKO ORAL TABLET 225 MG (*tepotinib hcl*)	3/4	PA QL (2 tablets per day.) SP CM SMCS
THALOMID ORAL CAPSULE 100 MG, 50 MG (*thalidomide*)	2	PA SP CM SMCS
TIBSOVO ORAL TABLET 250 MG (*ivosidenib*)	2	PA QL (2 tablets per day.) SP CM SMCS
TOLAK EXTERNAL CREAM 4 (*fluorouracil*)	3/4	
toremifene citrate oral tablet 60 mg	1	CM
torpenz oral tablet 10 mg, 7.5 mg	1	PA QL (2 tablets per day.) SP CM SMCS
torpenz oral tablet 2.5 mg, 5 mg	1	PA QL (1 tablet per day.) SP CM SMCS
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	1	
tretinoin external gel 0.01 %, 0.025 %	1	
tretinoin external gel 0.05 %	1	PA
tretinoin microsphere external gel 0.04 %, 0.08 %, 0.1 %	1	PA
tretinoin microsphere pump external gel 0.04 %, 0.08 %, 0.1 %	1	PA
tretinoin oral capsule 10 mg	1	SP CM SMCS
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, .5 MG (*methotrexate sodium*)	2	CM
TRUQAP ORAL TABLET 200 MG (*capivasertib*)	2	PA QL (64 tablets per month.) SP

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TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG (*capivasertib*)	2	PA QL (64 tablets every month.) SP CM SMCS
TUKYSA ORAL TABLET 150 MG (*tucatinib*)	2	PA QL (4 tablets per day.) SP CM SMCS
TUKYSA ORAL TABLET 50 MG (*tucatinib*)	2	PA QL (10 tablets per day.) SP CM SMCS
TURALIO ORAL CAPSULE 125 MG (*pexidartinib hcl*)	2	PA QL (4 capsules per day.) SP CM SMCS
VANFLYTA ORAL TABLET 1 . MG, 26.5 MG (*quizartinib dihydrochloride*)	3/4	PA QL (2 tablets per day.) SP CM SMCS
VENCLEXTA ORAL TABLET 10 MG (*venetoclax*)	2	PA QL (14 tablets per month.) SP CM SMCS
VENCLEXTA ORAL TABLET 100 MG (*venetoclax*)	2	PA QL (4 tablets per day.) SP CM SMCS
VENCLEXTA ORAL TABLET 50 MG (*venetoclax*)	2	PA QL (1 tablet per day.) SP CM SMCS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (*venetoclax*)	2	PA QL (42 tablets per year.) SP CM SMCS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*abemaciclib*)	2	PA QL (2 tablets per day) SP CM SMCS
VITRAKVI ORAL CAPSULE 100 MG (*larotrectinib sulfate*)	2	PA QL (2 capsules per day.) SP CM SMCS
VITRAKVI ORAL CAPSULE 25 MG (*larotrectinib sulfate*)	2	PA QL (6 capsules per day.) SP CM SMCS
VITRAKVI ORAL SOLUTION 20 MG/ML (*larotrectinib sulfate*)	2	PA QL (10 mL per day.) SP CM SMCS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (*dacomitinib*)	3	PA QL (1 tablet per day.) SP CM SMCS
VORANIGO ORAL TABLET 10 MG (*vorasidenib*)	2	PA QL (62 tablets per month.) SP CM SMCS
VORANIGO ORAL TABLET 40 MG (*vorasidenib*)	2	PA QL (31 tablets per month.) SP CM SMCS
WELIREG ORAL TABLET 40 MG (*belzutifan*)	3/4	PA QL (3 tablets day.) SP CM SMCS
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	3/4	PA QL (4 ml per day) CM
XOSPATA ORAL TABLET 40 MG (*gilteritinib fumarate*)	3	PA QL (3 tablets per day.) SP CM SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (*selinexor*)	3/4	PA QL (0.26 tablet per day.) SP CM SMCS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG (*selinexor*)	3/4	PA QL (16 tablets per month.) SP CM SMCS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	3/4	PA QL (0.29 tablet per day.) SP CM SMCS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (*selinexor*)	3/4	PA QL (1 therapy pack per month.) SP CM SMCS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	3/4	PA QL (0.86 tablets per day.) SP CM SMCS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	3/4	PA QL (0.29 tablet per day.) SP CM SMCS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	3/4	PA QL (1.15 tablets per day.) SP CM SMCS
XROMI ORAL SOLUTION 100 MG/ML (*hydroxyurea*)	3/4	PA
XTANDI ORAL CAPSULE 40 MG (*enzalutamide*)	2	PA QL (4 capsules per day.) SP CM SMCS
ZELBORAF ORAL TABLET 240 MG (*vemurafenib*)	2	PA QL (8 tablets per day.) SP CM SMCS
ZOLINZA ORAL CAPSULE 100 MG (*vorinostat*)	2	PA QL (4 capsules per day.) SP CM SMCS
ZYDELIG ORAL TABLET 100 MG, 150 MG (*idelalisib*)	3/4	PA QL (60 tablets per month.) SP CM SMCS
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*)	3/4	PA QL (1 tablet per day.)
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (*dust mite mixed allergen ext*)	3/4	PA QL (1 tablet per day.)
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR (*grass mix pollens allergen ext*)	3/4	PA QL (1 tablet per day.)
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 100 IR (*grass mix pollens allergen ext*)	3/4	PA QL (3 tablets per year.)

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ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (*grass mix pollens allergen ext*)	3/4	PA QL (1 tablet per day.)
PALFORZIA (1 MG DAILY DOSE) ORAL 1 X 1 MG (*peanut powder-dnfp*)	3	PA
PALFORZIA INITIAL DOSE 1-3YRS ORAL 0.5 & 1 & 1.5 & 3 MG (*peanut powder-dnfp*)	3	PA QL (capsules (1 pack) per 365 days.)
PALFORZIA INITIAL DOSE 4-1 YRS ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (*peanut powder-dnfp*)	3	PA QL (13 capsules per year.)
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (*peanut powder-dnfp*)	3	PA QL (13 capsules per year.)
PALFORZIA ORAL 2 X 1 MG & 10 MG, 3 X 1 MG (*peanut powder-dnfp*)	3	PA QL (45 capsules per 13 days.)
PALFORZIA ORAL 2 X 100 MG, 2 X 20 MG, 20 MG & 100 MG (*peanut powder-dnfp*)	3	PA QL (30 capsules per 13 days.)
PALFORZIA ORAL 2 X 20 MG & 2 X 100 MG, 4 X 20 MG (*peanut powder-dnfp*)	3	PA QL (60 capsules per 13 days.)
PALFORZIA ORAL 20 MG (*peanut powder-dnfp*)	3	PA QL (15 capsules per 13 days.)
PALFORZIA ORAL 3 X 20 MG & 100 MG (*peanut powder-dnfp*)	3	PA QL (60 capsule per 13 days.)
PALFORZIA ORAL 6 X 1 MG (*peanut powder-dnfp*)	3	PA QL (90 capsules per 13 days.)
PALFORZIA ORAL PACKET 300 MG (*peanut powder-dnfp*)	3	PA QL (1 capsule per day.)
PALFORZIA ORAL PACKET 300 MG (*peanut powder-dnfp*)	3	PA QL (15 capsules per 13 days.)
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (*short ragweed pollen ext*)	3/4	PA QL (1 tablet per day.)
TOXOIDS - Vaccines		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (*tetanus-diphth-acell pertussis*)	3	H
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 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

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 3/4: Your highest cost medications PA: Prior authorization required QL: Quantity Limit ST: Step Therapy H-N: Part of Health Care Reform with confirmation of age and/or condition appropriate preventive use. SP: Specialty medication CM: Orally administered anticancer medication SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to in ectables covered under the medical benefit) E: Excluded from coverage unless covered as part of health care reform preventive SM: State Mandated Benefit Program NTT: If you are new to opioid therapy, you will be limited to a -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
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (*diphth-acell pertussis-tetanus*)	2	H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR (*diphth-acell pertussis-tetanus*)	2	H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR (*diphth-acell pertussis-tetanus*)	3	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
TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML (*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	H
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (*tetanus-diphth-acell pertussis*)	3	H
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*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
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (*pneumococcal 21-valent conjuga*)	3	H
COMIRNATY 5-11 YEARS INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML (*covid-19 mrna virus vaccine*)	3	H
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML (*covid-19 mrna virus vaccine*)	3	H
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (*diphth-acell pertussis-tetanus*)	2	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 0.5 ML (*hpv 9-valent recomb vaccine*)	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*hpv 9-valent recomb vaccine*)	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 20 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
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR (*diphth-acell pertussis-tetanus*)	2	H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR (*diphth-acell pertussis-tetanus*)	3	H
IPOL INJECTION SUSPENSION (*poliovirus vaccine inactivated*)	2	H
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML (*mening acy&w-135 tetanus conj*)	3	H
MENVEO INTRAMUSCULAR SOLUTION (*meningococcal a c y&w-135 olig*)	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
MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 10 MCG/0.2ML (*covid-19 mrna virus vaccine*)	3	H
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*dtap-hepatitis b recomb-ipv*)	3	H
PEDVAX HIB INTRAMUSCULAR SUSPENSION .5 MCG/0.5ML (*haemophilus b polysac conj vac*)	2	H
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (*mening acyw(tet conj)-b(rcmb)*)	3	H
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (*dtap-ipv-hib vaccine*)	3	H
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (*pneumococcal vac polyvalent*)	2	H
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*pneumococcal 20-val conj vacc*)	3	H
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (*measles, mumps & rubella vac*)	3	H

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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 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML (*covid-19 mrna virus vaccine*)	3	H
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (*covid-19 mrna virus vaccine*)	3	H
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*meningococcal b vac (recomb)*)	3	H
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 20-20 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
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML (*hepatitis a vaccine*)	2	H
VARIVAX INJECTION SUSPENSION RECONSTITUTED 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	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AUTONOMIC DRUGS		
SMOKING CESSATION AGENTS		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	1	H
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG (*varenicline tartrate*)	1	H
CHANTIX ORAL TABLET 0.5 MG, 1 MG (*varenicline tartrate*)	1	H
CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42 (*varenicline tartrate*)	1	H
ft nicotine mini mouth/throat lozenge 2 mg, 4 mg	1	H
ft nicotine mouth/throat gum 2 mg, 4 mg	1	H
ft nicotine mouth/throat lozenge 2 mg, 4 mg	1	H
ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H
goodsense nicotine mouth/throat gum 2 mg, 4 mg	1	H
goodsense nicotine mouth/throat lozenge 4 mg	1	H
goodsense nicotine policrilex mouth/throat gum 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*)	1	H
NICORETTE MOUTH/THROAT GUM 2 MG (*nicotine polacrilex*)	1	H
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (*nicotine polacrilex*)	1	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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NICOTROL NS NASAL SOLUTION 10 MG/ML (*nicotine*)	1	H
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (*varenicline tartrate*)	3/4	PA QL (0.28 ml per day.)
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	1	H
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	H
varenicline tartrate(continue) oral tablet 1 mg	1	H
AUTONOMIC DRUGS - Drugs for the Nervous System		
ALPHA- AND BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADRENALIN NASAL SOLUTION 0.1 (*epinephrine hcl (nasal)*)	2	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (*epinephrine*)	2	SM
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (*desloratadine-pseudoephedrine*)	3	
droxidopa oral capsule 100 mg	1	PA QL (90 tablets per month.) SP SMCS
droxidopa oral capsule 200 mg, 300 mg	1	PA QL (180 tablets per month.) SP SMCS
epinephrine hcl (nasal) nasal solution 0.1 %	1	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	SM
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	SM
NEFFY NASAL SOLUTION 1 MG/0.1ML, 2 MG/0.1ML (*epinephrine*)	3/4	
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	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	1	
lofexidine hcl oral tablet 0.18 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LUCEMYRA ORAL TABLET 0.18 MG (*lofexidine hcl*)	1	
methyldopa oral tablet 250 mg, 500 mg	1	PA
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	
NEOTUSS PLUS ORAL LIQUID .5-4-30 MG/5ML (*phenylephrine-chlorphen-dm*)	3	
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML (*clonidine hcl*)	3	QL (120 mL per month.)
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	1	
ANTIMUSCARINICS/ANTISPASMODICS - Drugs for Parkinson		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (*umeclidinium-vilanterol*)	3	
atropine sulfate ophthalmic solution 1 %	1	
ATROVENT HFA INHALATION AEROSOL SOLUTION 1 MCG/ACT (*ipratropium bromide hfa*)	2	QL (0.8 grams per day.)
belladonna alkaloids-opium rectal suppository 16.2-60 mg	1	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (*glycopyrrolate-formoterol*)	2	QL (0.36 grams per day.)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (*budeson-glycopyrrol-formoterol*)	3	QL (0.36 grams per day.)
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (*ipratropium-albuterol*)	2	QL (0.28 grams per day.)
CUVPOSA ORAL SOLUTION 1 MG/5ML (*glycopyrrolate*)	3/4	
dicyclomine hcl oral capsule 10 mg	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
glycopyrrolate oral solution 1 mg/5ml	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	1	PA
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydromet oral solution 5-1.5 mg/5ml	1	PA
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	1	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	1	
hyoscyamine sulfate oral solution 0.125 mg/ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	1	
hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg	1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	1	
hyosyne oral elixir 0.125 mg/5ml	1	
hyosyne oral solution 0.125 mg/ml	1	
ipratropium bromide inhalation solution 0.02 %	1	
ipratropium bromide nasal solution 0.03 %, 0.06 %	1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.3 5 MG (*hyoscyamine sulfate*)	3/4	
LEVSIN ORAL TABLET 0.125 MG (*hyoscyamine sulfate*)	3/4	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG (*hyoscyamine sulfate*)	3/4	
LOMOTIL ORAL TABLET 2.5-0.025 MG (*diphenoxylate-atropine*)	3/4	
me/naphos/mb/hyo1 oral tablet 81.6 mg	1	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	1	
MOTOFEN ORAL TABLET 1-0.025 MG (*difenoxin-atropine*)	3/4	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (*hyoscyamine sulfate*)	3/4	
OSCIMIN ORAL TABLET 0.125 MG	3/4	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	3/4	
scopolamine transdermal patch 72 hour 1 mg/3days	1	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (*tiotropium bromide*)	1	QL (1 capsule per day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT (*tiotropium bromide*)	2	QL (0.15 grams per day.)

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SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*tiotropium bromide*)	2	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (*tiotropium bromide-olodaterol*)	2	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	3	QL (2 blisters per day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	3	QL (2 blisters per day.)
URELLE ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
uretron d/s oral tablet 81.6 mg	1	
UROGESIC-BLUE ORAL TABLET 81.6 MG (*methen-hyosc-meth blue-na phos*)	2	
VILEVEV MB ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
YUPELRI INHALATION SOLUTION 1 5 MCG/3ML (*revefenacin*)	3/4	PA QL (3 ml per day.)
ANTIPARKINSONIAN AGENTS - Drugs for Parkinson		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
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		
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG (*varenicline tartrate*)	1	H
CHANTIX ORAL TABLET 0.5 MG, 1 MG (*varenicline tartrate*)	1	H
CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42 (*varenicline tartrate*)	1	H
ft nicotine mini mouth/throat lozenge 2 mg, 4 mg	1	H
ft nicotine mouth/throat gum 2 mg, 4 mg	1	H
ft nicotine mouth/throat lozenge 2 mg, 4 mg	1	H
ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
goodsense nicotine mouth/throat gum 2 mg, 4 mg	1	H
goodsense nicotine mouth/throat lozenge 4 mg	1	H
goodsense nicotine policrilex mouth/throat gum 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*)	1	H
NICORETTE MOUTH/THROAT GUM 2 MG (*nicotine polacrilex*)	1	H
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (*nicotine polacrilex*)	1	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 NS NASAL SOLUTION 10 MG/ML (*nicotine*)	1	H
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	1	H
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	H
varenicline tartrate(continue) oral tablet 1 mg	1	H
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT - Drugs for Relaxing Muscles		
carisoprodol oral tablet 250 mg, 350 mg	1	
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
metaxalone oral tablet 400 mg, 800 mg	1	
methocarbamol oral tablet 1000 mg, 500 mg, 750 mg	1	
TANLOR ORAL TABLET 1000 MG (*methocarbamol*)	3	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tizanidine hcl oral tablet 2 mg, 4 mg	1	
ZANAFLEX ORAL TABLET 4 MG (*tizanidine hcl*)	3/4	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS - Drugs for Relaxing Muscles		
DANTRIUM ORAL CAPSULE 25 MG (*dantrolene sodium*)	3/4	
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	1	
baclofen oral suspension 25 mg/5ml	1	
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg	1	
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (*baclofen*)	3/4	
OZOBAX DS ORAL SOLUTION 10 MG/5ML (*baclofen*)	3/4	
INDIRECT-ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	
NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	3/4	
BETIMOL OPHTHALMIC SOLUTION 0.5 (*timolol hemihydrate*)	3/4	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (*propranolol hcl*)	3	
ISTALOL OPHTHALMIC SOLUTION 0.5 (*timolol maleate*)	3/4	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	

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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*)	3/4	
timolol hemihydrate ophthalmic solution 0.5 %	1	
timolol maleate (once-daily) ophthalmic solution 0.5 %	1	
timolol maleate ocudose ophthalmic solution 0.5 %	1	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 , 0.5 (*timolol maleate*)	3/4	
NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS - Drugs for the Heart		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (*doxazosin mesylate*)	3/4	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*doxazosin mesylate*)	3	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
dihydroergotamine mesylate injection solution 1 mg/ml	1	
dihydroergotamine mesylate nasal solution 4 mg/ml	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (*ergotamine tartrate*)	3/4	
ergotamine-caffeine oral tablet 1-100 mg	1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (*ergotamine-caffeine*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
phenoxybenzamine hcl oral capsule 10 mg	1	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - Drugs for Bladder Incontinence		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY (*donepezil hcl*)	3/4	
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
cevimeline hcl oral capsule 30 mg	1	
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	1	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	1	
FIRDAPSE ORAL TABLET 10 MG (*amifampridine phosphate*)	2	PA QL (300 tablets per month.) SP SMCS
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	
memantine hcl-donepezil hcl oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg	1	
MESTINON ORAL SOLUTION 60 MG/5ML (*pyridostigmine bromide*)	3/4	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, -10 MG (*memantine hcl-donepezil hcl*)	3/4	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
pyridostigmine bromide er oral tablet extended release 180 mg	1	
PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG	3	
pyridostigmine bromide oral solution 60 mg/5ml	1	
pyridostigmine bromide oral tablet 60 mg	1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	1	
SALAGEN ORAL TABLET 5 MG, .5 MG (*pilocarpine hcl*)	3/4	

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SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT - Drugs for the Heart		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
silodosin oral capsule 4 mg, 8 mg	1	
tamsulosin hcl oral capsule 0.4 mg	1	
SELECTIVE BETA-2-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (*fluticasone-salmeterol*)	2	QL (0.4 grams per day.)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*)	3	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5 INHALATION	3	
albuterol sulfate oral syrup 2 mg/5ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	1	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (*umeclidinium-vilanterol*)	3	
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	1	QL (2 nebules per day)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (*glycopyrrolate-formoterol*)	2	QL (0.36 grams per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT (*fluticasone furoate-vilanterol*)	2	

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BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT (*fluticasone furoate-vilanterol*)	3	QL (2 blisters per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH (*fluticasone furoate-vilanterol*)	3	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (*budeson-glycopyrrol-formoterol*)	3	QL (0.36 grams per day.)
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (*arformoterol tartrate*)	3/4	QL (2 nebules per day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (*ipratropium-albuterol*)	2	QL (0.28 grams per day.)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT (*mometasone furo-formoterol fum*)	3/4	ST QL (0.44 grams per day.)
DULERA INHALATION AEROSOL 50-5 MCG/ACT (*mometasone furo-formoterol fum*)	3/4	ST QL (0.44 mcg per day.)
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT	3/4	
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT	3/4	QL (2 blisters per day.)
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3/4	QL (0.4 grams per day.)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL (2 blisters per day.)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL (0.04 mcg per day.)
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	1	QL (2 vials per day.)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (*formoterol fumarate*)	3/4	QL (2 vials per day.)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (*salmeterol xinafoate*)	2	QL (1 diskus (60 blisters) per month.)

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STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (*tiotropium bromide-olodaterol*)	2	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*olodaterol hcl*)	2	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT (*budesonide-formoterol fumarate*)	1	QL (0.35 grams per day.)
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT (*budesonide-formoterol fumarate*)	1	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	3	QL (2 blisters per day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	3	QL (2 blisters per day.)
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL (2 blisters per day.)
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (*levalbuterol tartrate*)	3	
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT - Drugs for the Heart		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
betaxolol hcl ophthalmic solution 0.5 %	1	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 (*betaxolol hcl*)	3	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg	1	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	3/4	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (*metoprolol tartrate*)	3/4	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - Drugs for Relaxing Muscles		
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood		
ANTIANEMIA DRUGS - Vitamins and Minerals		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML (*darbepoetin alfa*)	2	QL (2 syringes per month) SP SMCS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (*darbepoetin alfa*)	2	QL (4 syringes per month) SP SMCS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML (*darbepoetin alfa*)	2	QL (1.6 ml per month.) SP SMCS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML (*darbepoetin alfa*)	2	QL (1 prefill syringe per month) SP SMCS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 60 MCG/0.3ML (*darbepoetin alfa*)	2	QL (2 vials per month) SP SMCS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML (*darbepoetin alfa*)	2	QL (4 vials per month) SP SMCS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML (*darbepoetin alfa*)	2	QL (2 vials per prescription) SP SMCS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (*darbepoetin alfa*)	2	QL (2 syringes per month) SP SMCS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML (*epoetin alfa-epbx*)	2	QL (8 ml per 21 days) SP SMCS
RETACRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (*epoetin alfa-epbx*)	2	QL (12 ml per 21 days.) SP SMCS
RETACRIT INJECTION SOLUTION 20000 UNIT/ML (*epoetin alfa-epbx*)	2	SMCS
RETACRIT INJECTION SOLUTION 40000 UNIT/ML (*epoetin alfa-epbx*)	2	QL (4 ml per 21 days.) SP SMCS

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ANTICOAGULANTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
ACD-A NOCLOT-50 IN VITRO SOLUTION 0. 3-2.45-2.2 GM/100ML (*anticoagulant cit dext soln a*)	3	
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION 4 , 4 GM/100ML	3	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	1	
TRICITRASOL IN VITRO CONCENTRATE 46. (*anticoagulant sodium citrate*)	3	
ANTITHROMBOTIC AGENTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
CABLIVI INJECTION KIT 11 MG (*caplacizumab-yhdp*)	2	PA QL (1 vial per day and 58 vials per 120 days.) SP SMCS
LODOCO ORAL TABLET 0.5 MG (*colchicine*)	3/4	QL (1 tablet per day.)
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC. - Drugs to Prevent Bleeding		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (*mitapivat sulfate*)	3	PA QL (56 tablets per 28 days.) SP CM SMCS
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG (*mitapivat sulfate*)	3	PA QL (tablets per 365 days.) SP CM SMCS
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK X 20 MG & X 5 MG, X 50 MG & X 20 MG (*mitapivat sulfate*)	3	PA QL (14 tablets per 365 days.) SP CM SMCS
TAVALISSE ORAL TABLET 100 MG, 150 MG (*fostamatinib disodium*)	3/4	PA QL (2 tablets per day) SP SMCS
COUMARIN DERIVATIVES - Drugs to Prevent Blood Clots		
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
DIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (*apixaban*)	2	QL (2.5 tablets per day.)
ELIQUIS ORAL TABLET 2.5 MG (*apixaban*)	2	QL (2 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 3/4: Your highest cost medications PA: Prior authorization required QL: Quantity Limit ST: Step Therapy H-N: Part of Health Care Reform with confirmation of age and/or condition appropriate preventive use. SP: Specialty medication CM: Orally administered anticancer medication SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to in ectables covered under the medical benefit) E: Excluded from coverage unless covered as part of health care reform preventive SM: State Mandated Benefit Program NTT: If you are new to opioid therapy, you will be limited to a -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
ELIQUIS ORAL TABLET 5 MG (*apixaban*)	2	QL (2.5 tablets per day.)
rivaroxaban oral suspension reconstituted 1 mg/ml	1	QL (20 ml per day.)
rivaroxaban oral tablet 2.5 mg	1	QL (2 tablets per day.)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (*edoxaban tosylate*)	3/4	ST QL (1 tablet per day.)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (*rivaroxaban*)	2	QL (20 ml per day.)
XARELTO ORAL TABLET 10 MG (*rivaroxaban*)	2	QL (1 tablet per day.)
XARELTO ORAL TABLET 15 MG (*rivaroxaban*)	2	QL (52 tablets per month initial 1 tablet per day for maintenance.)
XARELTO ORAL TABLET 2.5 MG (*rivaroxaban*)	2	QL (2 tablets per day.)
XARELTO ORAL TABLET 20 MG (*rivaroxaban*)	2	QL (31 tablets per 31 days.)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (*rivaroxaban*)	2	QL (51 tablets per year.)
DIRECT THROMBIN INHIBITORS - Drugs to Prevent Blood Clots		
dabigatran etexilate mesylate oral capsule 110 mg	1	QL (2 tablets per day.)
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	1	QL (62 capsules per 31 days.)
PRADAXA ORAL PACKET 110 MG, 20 MG, 30 MG, 40 MG, 50 MG (*dabigatran etexilate mesylate*)	3/4	QL (4 packets per day.)
PRADAXA ORAL PACKET 150 MG (*dabigatran etexilate mesylate*)	3/4	QL (2 packets per day.)
HEMATOPOIETIC AGENTS - Drugs for Anemia		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (*eltrombopag choline*)	3/4	PA SP SMCS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML (*darbepoetin alfa*)	2	QL (2 syringes per month) SP SMCS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (*darbepoetin alfa*)	2	QL (4 syringes per month) SP SMCS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML (*darbepoetin alfa*)	2	QL (1.6 ml per month.) SP SMCS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML (*darbepoetin alfa*)	2	QL (1 prefill syringe per month) SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 60 MCG/0.3ML (*darbepoetin alfa*)	2	QL (2 vials per month) SP SMCS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML (*darbepoetin alfa*)	2	QL (4 vials per month) SP SMCS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML (*darbepoetin alfa*)	2	QL (2 vials per prescription) SP SMCS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (*darbepoetin alfa*)	2	QL (2 syringes per month) SP SMCS
DOPTELET ORAL TABLET 20 MG (*avatrombopag maleate*)	3/4	PA QL (60 tablets per month.) SP SMCS
eltrombopag olamine oral packet 12.5 mg	1	PA QL (6 packets per day.) SP SMCS
eltrombopag olamine oral packet 25 mg	1	PA QL (6 packets per day.) SMCS
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (*sargramostim*)	2	SMCS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML (*plerixafor*)	3/4	SP SMCS
MULPLETA ORAL TABLET 3 MG (*lusutrombopag*)	3/4	PA SP SMCS
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim*)	2	SMCS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim-aafi*)	2	SMCS
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-aafi*)	2	SMCS
plerixafor subcutaneous solution 24 mg/1.2ml	1	SP SMCS
PROMACTA ORAL PACKET 12.5 MG (*eltrombopag olamine*)	3/4	PA QL (6 packets per day.) SP SMCS
PROMACTA ORAL PACKET 25 MG (*eltrombopag olamine*)	3/4	PA QL (6 packets per day.) SMCS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML (*epoetin alfa-epbx*)	2	QL (8 ml per 21 days) SP SMCS
RETACRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (*epoetin alfa-epbx*)	2	QL (12 ml per 21 days.) SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RETACRIT INJECTION SOLUTION 20000 UNIT/ML (*epoetin alfa-epbx*)	2	SMCS
RETACRIT INJECTION SOLUTION 40000 UNIT/ML (*epoetin alfa-epbx*)	2	QL (4 ml per 21 days.) SP SMCS
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (*pegfilgrastim-cbqv*)	2	SMCS
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-cbqv*)	2	SMCS
VAFSEO ORAL TABLET 150 MG, 300 MG (*vadadustat*)	3/4	PA QL (31 tablets per month.)
XOLREMDI ORAL CAPSULE 100 MG (*mavorixafor*)	2	PA QL (120 capsules per month.) SP SMCS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-sndz*)	2	SMCS
HEMORRHEOLOGIC AGENTS - Drugs for Blood Flow		
pentoxifylline er oral tablet extended release 400 mg	1	
HEMOSTATICS - Drugs to Prevent Bleeding		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihemophil factor (rahf-pfm)*)	2	SP SMCS
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 50 UNIT	3/4	SP SMCS
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact single chain*)	3/4	SMCS
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT (*antihemophil fact single chain*)	3/4	SP SMCS
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/1.5ML (*concizumab-mtci*)	3/4	PA QL (4.5 mL (3 Pen-in ectors) per month.) SP SMCS
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/3ML (*concizumab-mtci*)	3/4	PA QL (9 mL (3 Pen-in ectors) per month.) SP SMCS
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 60 MG/1.5ML (*concizumab-mtci*)	3/4	PA QL (10.5 mL (Pen-in ectors) per month.) SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor-vwf*)	2	SP SMCS
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (*coagulation factor ix*)	2	SP SMCS
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*coagulation factor ix (rfixfc)*)	3	SP SMCS
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact fc-vwf-xten-ehtl*)	3/4	SP SMCS
aminocaproic acid oral solution 0.25 gm/ml	1	
aminocaproic acid oral tablet 1000 mg, 500 mg	1	
ASTRINGYN EXTERNAL SOLUTION 259 MG/GM (*ferric subsulfate*)	3	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*coagulation factor ix (recomb)*)	2	SP SMCS
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (*coagulation factor x (human)*)	2	SP SMCS
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (*factor xiii concentrate human*)	2	SP SMCS
CRENESSITY ORAL CAPSULE 100 MG, 50 MG (*crinecerfont*)	3/4	PA QL (62 capsules per month.) SP SMCS
CRENESSITY ORAL SOLUTION 50 MG/ML (*crinecerfont*)	3/4	PA QL (120 mL (4 bottles) per month.) SP SMCS
desmopressin ace spray refrig nasal solution 0.01 %	1	
desmopressin acetate injection solution 4 mcg/ml	1	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	3	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	1	
desmopressin acetate pf injection solution 4 mcg/ml	1	
desmopressin acetate spray nasal solution 0.01 %	1	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 50 UNIT (*antihem fact (bdd-rfviiifc)*)	3/4	SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (*antiinhibitor coagulant cmplx*)	2	SP SMCS
GELFILM OPHTHALMIC FILM (*gelatin adsorbable*)	2	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0. ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML (*emicizumab-kxwh*)	2	PA SP SMCS
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1 00 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor*)	2	SP SMCS
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (*antihemophilic factor-vwf*)	2	SP SMCS
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*marstacimab-hncq*)	2	PA QL (4 mL (4 Auto-in ectors) per month.) SP SMCS
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (*coagulation factor ix (rix-fp)*)	3	SP SMCS
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*ahf (bdd-rfviii peg-aucl)*)	3/4	SP SMCS
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor*)	2	SP SMCS
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (*antihemophilic factor*)	2	SP SMCS
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihem factor recomb (rfviii)*)	2	SP SMCS
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil factor (rahf-pfm)*)	2	SP SMCS
MONSELS FERRIC SUBSULFATE EXTERNAL SOLUTION	3	
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact bd truncated*)	2	SP SMCS
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (*coagulation factor viia recomb*)	2	SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,sim)*)	2	SP SMCS
NUWIQ INTRAVENOUS KIT 1500 UNIT (*antihem fact (bdd-rfviii,sim)*)	2	SMCS
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,sim)*)	2	SP SMCS
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT (*antihem fact (bdd-rfviii,sim)*)	2	SMCS
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	3	SP SMCS
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (*factor ix complex*)	2	SP SMCS
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2ML (*fitusiran sodium*)	3/4	PA ST QL (0.2 mL (1 vial) per month.) SP SMCS
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (*fitusiran sodium*)	3/4	PA ST QL (0.5 mL (1 pen) per month.) SP SMCS
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (*antihem factor recomb (rfviii)*)	2	SP SMCS
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT (*thrombin (recombinant)*)	3	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT (*thrombin (recombinant)*)	3	
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	2	SP SMCS
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG (*coagulation factor viia-jncw*)	3/4	SP 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tranexamic acid oral tablet 650 mg	1	QL (Benefit maximum quantity 1 per day.)
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT (*coagulation factor xiii a-sub*)	3	SP SMCS
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (*von willebrand factor (recomb)*)	2	SP SMCS
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (*antihemophilic factor-vwf*)	2	SMCS
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,mor)*)	3/4	PA ST SP SMCS
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,mor)*)	3/4	PA ST SP SMCS
HEPARINS - Drugs to Prevent Blood Clots		
enoxaparin sodium injection solution 300 mg/3ml	1	
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	1	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML (*dalteparin sodium*)	3/4	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0. 2ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 500 UNIT/0.3ML (*dalteparin sodium*)	3/4	
heparin na (pork) lock flsh pf intravenous solution 10 unit/ml, 100 unit/ml	1	
heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml	1	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	
heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml	1	
heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml, 5000 unit/ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INDIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	1	
IRON PREPARATIONS - Vitamins and Minerals		
ATABEX OB ORAL TABLET 29-1 MG (*prenatal vit w/ fe bisg-fa*)	3	
CITRANATAL MEDLEY ORAL CAPSULE 2 -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	
hematinic/folic acid oral tablet 324-1 mg	1	
M-NATAL PLUS ORAL TABLET 2 -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 2 -1 MG	3	
NEONATAL PLUS ORAL TABLET 2 -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 2 -1 MG	3	
pnv 27-ca/fe/fa oral tablet 60-1 mg	1	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25- MG/ML (*ped multivitamins-fl-iron*)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (*ped multivitamins-fl-iron*)	3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE RESTORE ORAL CAPSULE 2 -0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (*prenatal vit-fe psac cmplx-fa*)	3/4	
TRINATE ORAL TABLET (*prenatal vit-fe fumarate-fa*)	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	
VITATHELY WITH GINGER ORAL TABLET 2 -1 MG (*prenatal vit-fe fumarate-fa*)	3	
WESCAP-PN DHA ORAL CAPSULE 2 -0.6-0.4-300 MG	3/4	
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	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal solution 500 mcg/0.1ml	1	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (*cyanocobalamin*)	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 3/4: Your highest cost medications PA: Prior authorization required QL: Quantity Limit ST: Step Therapy H-N: Part of Health Care Reform with confirmation of age and/or condition appropriate preventive use. SP: Specialty medication CM: Orally administered anticancer medication SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to in ectables covered under the medical benefit) E: Excluded from coverage unless covered as part of health care reform preventive SM: State Mandated Benefit Program NTT: If you are new to opioid therapy, you will be limited to a -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
PLATELET-AGGREGATION INHIBITORS - Drugs to Prevent Blood Clots		
aspirin 81 oral tablet delayed release 81 mg	E	H
aspirin adult low dose oral tablet delayed release 81 mg	E	H
aspirin adult low strength oral tablet delayed release 81 mg	E	H
aspirin childrens oral tablet chewable 81 mg	E	H
aspirin ec adult low dose oral tablet delayed release 81 mg	E	H
aspirin ec low dose oral tablet delayed release 81 mg	E	H
aspirin ec low strength oral tablet delayed release 81 mg	E	H
aspirin low dose oral tablet chewable 81 mg	E	H
aspirin low dose oral tablet delayed release 81 mg	E	H
aspirin oral tablet chewable 81 mg	E	H
aspirin oral tablet delayed release 81 mg	E	H
aspirin regimen oral tablet delayed release 81 mg	E	H
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	1	
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	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
ticagrelor oral tablet 60 mg, 90 mg	1	QL (2 tablets per day.)
ZONTIVITY ORAL TABLET 2.08 MG (*vorapaxar sulfate*)	3/4	QL (1 tablet per day.)
PLATELET-REDUCING AGENTS - Drugs to Prevent Blood Clots		
anagrelide hcl oral capsule 0.5 mg, 1 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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*)	2	PA QL (1 vial per day and 58 vials per 120 days.) SP SMCS
CARDIOVASCULAR DRUGS		
BRADYKININ RECEPTORS ANTAGONISTS		
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	1	PA QL (0.6 ml per day.) SP SMCS
CARBONIC ANHYDRASE INHIBITORS (24:36)		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
acetazolamide oral tablet 125 mg, 250 mg	1	
dichlorphenamide oral tablet 50 mg	1	PA QL (4 tablets per day.) SP SMCS
methazolamide oral tablet 25 mg, 50 mg	1	
KALLIKREIN INHIBITORS (24:48:08)		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (*lanadelumab-flyo*)	2	PA QL (0.0 2 ml per day.) SP SMCS
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*lanadelumab-flyo*)	2	PA QL (0.03 5 ml per day.) SP SMCS
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*lanadelumab-flyo*)	2	PA QL (0.0 2 ml per day.) SP SMCS
LOOP DIURETICS (24:36)		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
BUMEX ORAL TABLET 0.5 MG (*bumetanide*)	3	
ethacrynic acid oral tablet 25 mg	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (*furosemide*)	3/4	PA
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*)	3/4	
SOAANZ ORAL TABLET 20 MG (*torsemide*)	3/4	QL (1 tablet per day.)
SOAANZ ORAL TABLET 40 MG, 60 MG (*torsemide*)	3/4	QL (2 tablets per day.)
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
OSMOTIC DIURETICS (24:36)		
DERMACINRX UREA EXTERNAL CREAM 41 (*urea*)	3/4	
DERMACURE EXTERNAL CREAM 41 (*urea*)	3/4	
HYDRO 40 EXTERNAL FOAM 40 (*urea*)	3	
UMECTA MOUSSE EXTERNAL FOAM 40 (*urea*)	3	
URAMAXIN EXTERNAL GEL 45 (*urea*)	3/4	
urea external cream 20 %, 40 %, 41 %, 45 %	1	
urea external lotion 40 %	1	
urea nail external gel 45 %	1	
UREMEZ-40 EXTERNAL CREAM 40	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
POTASSIUM-SPARING DIURETIC		
amiloride hcl oral tablet 5 mg	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	3/4	SM
eplerenone oral tablet 25 mg, 50 mg	1	
spironolactone oral suspension 25 mg/5ml	1	SM
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	SM
spironolactone-hctz oral tablet 25-25 mg	1	
triamterene oral capsule 100 mg, 50 mg	1	
THIAZIDE DIURETICS (24:36)		
DIURIL ORAL SUSPENSION 250 MG/5ML (*chlorothiazide*)	2	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
INZIRQO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (*hydrochlorothiazide*)	3/4	
THIAZIDE-LIKE DIURETICS (24:36)		
chlorthalidone oral tablet 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
THALITONE ORAL TABLET 15 MG (*chlorthalidone*)	3/4	
CARDIOVASCULAR DRUGS - Drugs for the Heart		
ACL INHIBITORS - Drugs for Cholesterol		
NEXLETOL ORAL TABLET 180 MG (*bempedoic acid*)	2	PA QL (1 tablet per day.)
NEXLIZET ORAL TABLET 180-10 MG (*bempedoic acid-ezetimibe*)	2	PA QL (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*)	3/4	
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	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs for the Heart		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
EDARBI ORAL TABLET 40 MG, 80 MG (*azilsartan medoxomil*)	3/4	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (*azilsartan-chlorthalidone*)	3/4	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG (*sacubitril-valsartan*)	3/4	**PA QL (240 sprinkle capsules (pellets) per month.)**
ENTRESTO ORAL CAPSULE SPRINKLE 6-6 MG (*sacubitril-valsartan*)	3/4	**PA QL (240 sprinkle capsules (pellets) per month)**
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	1	**PA QL (2 tablets per day.)**
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	

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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	1	
valsartan oral solution 4 mg/ml	1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN) - Drugs for High Blood Pressure & Angina		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
enalapril maleate oral solution 1 mg/ml	1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
EPANED ORAL SOLUTION 1 MG/ML (*enalapril maleate*)	3/4	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (*benazepril hcl*)	3/4	
moexipril hcl oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
ZESTRIL ORAL TABLET 10 MG, 20 MG, 5 MG (*lisinopril*)	3/4	
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS - Drugs for the Heart		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG (*quinapril-hydrochlorothiazide*)	3/4	
amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
enalapril maleate oral solution 1 mg/ml	1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
EPANED ORAL SOLUTION 1 MG/ML (*enalapril maleate*)	3/4	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (*benazepril-hydrochlorothiazide*)	3/4	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (*benazepril hcl*)	3/4	
moexipril hcl oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
QBRELIS ORAL SOLUTION 1 MG/ML (*lisinopril*)	3/4	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
ZESTRIL ORAL TABLET 10 MG, 20 MG, 5 MG (*lisinopril*)	3/4	
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	
LANOXIN ORAL TABLET 62.5 MCG (*digoxin*)	3/4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTILIPEMIC AGENTS, MISCELLANEOUS - Drugs for Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG (*lomitapide mesylate*)	3/4	PA ST QL (1 capsule per day.) SP SMCS
JUXTAPID ORAL CAPSULE 30 MG (*lomitapide mesylate*)	3/4	PA ST QL (62 capsules per month.) SP SMCS
NEXLETOL ORAL TABLET 180 MG (*bempedoic acid*)	2	PA QL (1 tablet per day.)
NEXLIZET ORAL TABLET 180-10 MG (*bempedoic acid-ezetimibe*)	2	PA QL (1 tablet per day.)
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	1	
omega-3-acid ethyl esters oral capsule 1 gm	1	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*olezarsen sodium*)	3/4	PA QL (1 Auto-in ector (0.8 mL) per month.) SP SMCS
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-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	3/4	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
BETIMOL OPHTHALMIC SOLUTION 0.5 (*timolol hemihydrate*)	3/4	
bisoprolol fumarate oral tablet 10 mg, 2.5 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*)	3/4	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*doxazosin mesylate*)	3	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (*propranolol hcl*)	3	
ISTALOL OPHTHALMIC SOLUTION 0.5 (*timolol maleate*)	3/4	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	3/4	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (*metoprolol tartrate*)	3/4	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (*sotalol hcl*)	3/4	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
timolol hemihydrate ophthalmic solution 0.5 %	1	
timolol maleate (once-daily) ophthalmic solution 0.5 %	1	
timolol maleate ocudose ophthalmic solution 0.5 %	1	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 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 3/4: Your highest cost medications PA: Prior authorization required QL: Quantity Limit ST: Step Therapy H-N: Part of Health Care Reform with confirmation of age and/or condition appropriate preventive use. SP: Specialty medication CM: Orally administered anticancer medication SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to in ectables covered under the medical benefit) E: Excluded from coverage unless covered as part of health care reform preventive SM: State Mandated Benefit Program NTT: If you are new to opioid therapy, you will be limited to a -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
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 , 0.5 (*timolol maleate*)	3/4	
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	
colesevelam hcl oral packet 3.75 gm	1	
colesevelam hcl oral tablet 625 mg	1	
COLESTID ORAL GRANULES 5 GM (*colestipol hcl*)	3	
COLESTID ORAL TABLET 1 GM (*colestipol hcl*)	3/4	
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*)	3/4	
QUESTRAN ORAL PACKET 4 GM (*cholestyramine*)	3/4	
QUESTRAN ORAL POWDER 4 GM/DOSE (*cholestyramine*)	3/4	
CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN) - Drugs for High Blood Pressure & Angina		
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	

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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	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl er beads*)	3/4	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
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	1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
CARBONIC ANHYDRASE INHIBITORS(HYPOTEN) - Drugs for High Blood Pressure & Angina		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
methazolamide oral tablet 25 mg, 50 mg	1	
CARDIAC DRUGS, MISCELLANEOUS - Drugs for Angina		
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG (*ranolazine*)	3/4	
ATTRUBY ORAL TABLET THERAPY PACK 356 MG (*acoramidis hcl*)	2	PA QL (124 tablets per month.) SP SMCS
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (*mavacamten*)	3/4	PA QL (1 capsule per day.) SP SMCS
CORLANOR ORAL SOLUTION 5 MG/5ML (*ivabradine hcl*)	3	PA QL (20 ml per day.)
CORLANOR ORAL TABLET 5 MG, .5 MG (*ivabradine hcl*)	3	PA QL (2 tablets per day.)
ivabradine hcl oral tablet 5 mg, 7.5 mg	1	PA QL (2 tablets per day.)
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	1	
VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*)	2	PA QL (1 capsule per day.) SP SMCS
VYNDAQEL ORAL CAPSULE 20 MG (*tafamidis meglumine (cardiac)*)	2	PA QL (4 capsules per day.) SP SMCS
CARDIOTONIC AGENTS - Drugs for Angina		
CORLANOR ORAL SOLUTION 5 MG/5ML (*ivabradine hcl*)	3	PA QL (20 ml per day.)
CORLANOR ORAL TABLET 5 MG, .5 MG (*ivabradine hcl*)	3	PA QL (2 tablets per day.)
digoxin oral solution 0.05 mg/ml	1	
digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg	1	
ivabradine hcl oral tablet 5 mg, 7.5 mg	1	PA QL (2 tablets per day.)
LANOXIN ORAL TABLET 125 MCG, 250 MCG (*digoxin*)	3	
LANOXIN ORAL TABLET 62.5 MCG (*digoxin*)	3/4	

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

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (*sotalol hcl*)	3/4	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
CGMP SYNTHESIS AGENT - Drugs for High Blood Pressure & Angina		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (*vericiguat*)	3/4	PA QL (1 tablet per day.)
CHOLESTEROL ABSORPTION INHIBITORS - Drugs for Cholesterol		
ezetimibe oral tablet 10 mg	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	
NEXLIZET ORAL TABLET 180-10 MG (*bempedoic acid-ezetimibe*)	2	PA QL (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*)	3/4	
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	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (*phenytoin sodium extended*)	3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML (*phenytoin*)	3	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
phenytek oral capsule 200 mg, 300 mg	1	
phenytoin infatabs oral tablet chewable 50 mg	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
CLASS IC ANTIARRHYTHMICS - Drugs for Angina		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	1	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	1	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	1	
CLASS II ANTIARRHYTHMICS - Drugs for Angina		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	3/4	
betaxolol hcl ophthalmic solution 0.5 %	1	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
BETIMOL OPHTHALMIC SOLUTION 0.5 (*timolol hemihydrate*)	3/4	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 (*betaxolol hcl*)	3	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (*propranolol hcl*)	3	
ISTALOL OPHTHALMIC SOLUTION 0.5 (*timolol maleate*)	3/4	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	3/4	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (*metoprolol tartrate*)	3/4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (*sotalol hcl*)	3/4	
timolol hemihydrate ophthalmic solution 0.5 %	1	
timolol maleate (once-daily) ophthalmic solution 0.5 %	1	
timolol maleate ocudose ophthalmic solution 0.5 %	1	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 , 0.5 (*timolol maleate*)	3/4	
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*)	3/4	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	
MULTAQ ORAL TABLET 400 MG (*dronedarone hcl*)	3/4	PA
PACERONE ORAL TABLET 100 MG (*amiodarone hcl*)	3	
PACERONE ORAL TABLET 200 MG (*amiodarone hcl*)	3/4	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (*sotalol hcl*)	3/4	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (*dofetilide*)	3/4	
CLASS IV ANTIARRHYTHMICS - Drugs for Angina		
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl er beads*)	3/4	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
DIHYDROPYRIDINES - Drugs for High Blood Pressure & Angina		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	1	QL (1 tablet per day)
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
KATERZIA ORAL SUSPENSION 1 MG/ML (*amlodipine benzoate*)	3/4	
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	
NIMODIPINE ORAL SOLUTION 60 MG/20ML	2	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (*amlodipine besylate*)	3/4	
NYMALIZE ORAL SOLUTION 6 MG/ML (*nimodipine*)	2	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 34 MG, 8.5 MG (*nisoldipine*)	3/4	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 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 3/4: Your highest cost medications PA: Prior authorization required QL: Quantity Limit ST: Step Therapy H-N: Part of Health Care Reform with confirmation of age and/or condition appropriate preventive use. SP: Specialty medication CM: Orally administered anticancer medication SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to in ectables covered under the medical benefit) E: Excluded from coverage unless covered as part of health care reform preventive SM: State Mandated Benefit Program NTT: If you are new to opioid therapy, you will be limited to a -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 (ANTIHYPERTENSIVE) - Drugs for High Blood Pressure & Angina		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
KATERZIA ORAL SUSPENSION 1 MG/ML (*amlodipine benzoate*)	3/4	
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	
NIMODIPINE ORAL SOLUTION 60 MG/20ML	2	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (*amlodipine besylate*)	3/4	
NYMALIZE ORAL SOLUTION 6 MG/ML (*nimodipine*)	2	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 34 MG, 8.5 MG (*nisoldipine*)	3/4	
DIRECT VASODILATORS - Drugs for High Blood Pressure & Angina		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (*alprostadil (vasodilator)*)	3	QL (6 units per month)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG (*alprostadil (vasodilator)*)	3	QL (6 units per month)
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	1	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (*alprostadil (vasodilator)*)	3	QL (6 units per month)

Drug Tier 1: Your lowest cost medications Drug Tier 2: Your mid-range cost medications Drug Tier 3: Your mid-range cost medications Drug Tier 3/4: Your highest cost medications PA: Prior authorization required QL: Quantity Limit ST: Step Therapy H-N: Part of Health Care Reform with confirmation of age and/or condition appropriate preventive use. SP: Specialty medication CM: Orally administered anticancer medication SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to in ectables covered under the medical benefit) E: Excluded from coverage unless covered as part of health care reform preventive SM: State Mandated Benefit Program NTT: If you are new to opioid therapy, you will be limited to a -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
guanfacine hcl oral tablet 1 mg, 2 mg	1	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	
methyldopa oral tablet 250 mg, 500 mg	1	PA
minoxidil oral tablet 10 mg, 2.5 mg	1	
DIURETICS, MISCELLANEOUS (HYPOTENSIVE) - Drugs for High Blood Pressure & Angina		
elixophyllin oral elixir 80 mg/15ml	3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (*theophylline*)	3	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
FIBRIC ACID DERIVATIVES - Drugs for Cholesterol		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg	1	
fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	1	
fenofibric acid oral tablet 105 mg, 35 mg	1	
gemfibrozil oral tablet 600 mg	1	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (*fenofibrate*)	3/4	
LOPID ORAL TABLET 600 MG (*gemfibrozil*)	3/4	
HMG-COA REDUCTASE INHIBITORS - Drugs for Cholesterol		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (*lovastatin*)	3/4	
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	1	QL (1 tablet per day)
ATORVALIQ ORAL SUSPENSION 20 MG/5ML (*atorvastatin calcium*)	3/4	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-N
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*)	3	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	
FLOLIPID ORAL SUSPENSION 20 MG/5ML, 40 MG/5ML	3/4	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	1	
fluvastatin sodium oral capsule 20 mg, 40 mg	1	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (*pitavastatin calcium*)	3/4	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	H
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	1	
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-N
simvastatin oral tablet 80 mg	1	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (*pitavastatin magnesium*)	3/4	ST
LOOP DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
BUMEX ORAL TABLET 0.5 MG (*bumetanide*)	3	
ethacrynic acid oral tablet 25 mg	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (*furosemide*)	3/4	PA
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*)	3/4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOAANZ ORAL TABLET 20 MG (*torsemide*)	3/4	QL (1 tablet per day.)
SOAANZ ORAL TABLET 40 MG, 60 MG (*torsemide*)	3/4	QL (2 tablets per day.)
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS - Drugs for the Heart		
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	3/4	SM
eplerenone oral tablet 25 mg, 50 mg	1	
KERENDIA ORAL TABLET 10 MG, 20 MG (*finerenone*)	3/4	PA QL (1 tablet per day.)
KERENDIA ORAL TABLET 40 MG (*finerenone*)	3/4	PA
spironolactone oral suspension 25 mg/5ml	1	SM
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	SM
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*)	3/4	SM
eplerenone oral tablet 25 mg, 50 mg	1	
spironolactone oral suspension 25 mg/5ml	1	SM
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	SM
MTP PROTEIN INHIBITORS - Drugs for Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG (*lomitapide mesylate*)	3/4	PA ST QL (1 capsule per day.) SP SMCS
JUXTAPID ORAL CAPSULE 30 MG (*lomitapide mesylate*)	3/4	PA ST QL (62 capsules per month.) SP SMCS
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	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	3/4	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (*propranolol hcl*)	3	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	3/4	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (*metoprolol tartrate*)	3/4	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
NITRO-BID TRANSDERMAL OINTMENT 2 (*nitroglycerin*)	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (*nitroglycerin*)	3	
nitroglycerin rectal ointment 0.4 %	1	QL (30 grams per month.)
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual solution 0.4 mg/spray	1	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (*nitroglycerin*)	3/4	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (*nitroglycerin*)	3	
pindolol oral tablet 10 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
RECTIV RECTAL OINTMENT 0.4 (*nitroglycerin*)	3/4	QL (30 grams per month.)
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (*sotalol hcl*)	3/4	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
NITRATES AND NITRITES - Drugs for the Heart		
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
NITRO-BID TRANSDERMAL OINTMENT 2 (*nitroglycerin*)	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (*nitroglycerin*)	3	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual solution 0.4 mg/spray	1	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (*nitroglycerin*)	3/4	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (*nitroglycerin*)	3	
OMEGA-3-MEDIATED ANTILIPEMICS - Drugs for Cholesterol		
omega-3-acid ethyl esters oral capsule 1 gm	1	
PCSK9 INHIBITORS - Drugs for Cholesterol		
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (*evolocumab*)	2	QL (2 syringes per 28 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (*evolocumab*)	2	QL (2 ml per month.)
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for High Blood Pressure & Angina		
alyq oral tablet 20 mg	1	PA QL (2 tablets per day) SP SMCS
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	1	
avanafil oral tablet 100 mg, 200 mg, 50 mg	1	QL (6 tablets per month)
cilostazol oral tablet 100 mg, 50 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
ENTADFI ORAL CAPSULE 5-5 MG (*finasteride-tadalafil*)	3/4	QL (1 capsule per day.)
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	PA QL (186 ml per month.) SP SMCS
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL (6 tablets per month)
sildenafil citrate oral tablet 20 mg	1	QL (0.5 tablet per day.) SMCS
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (*avanafil*)	3/4	QL (6 tablets per month)
tadalafil (pah) oral tablet 20 mg	1	PA QL (2 tablets per day) SP SMCS
tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	QL (6 tablets per month)
TADLIQ ORAL SUSPENSION 20 MG/5ML (*tadalafil (pah)*)	3	PA QL (10 ml per day.) SP SMCS
vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	QL (6 tablets per month)
vardenafil hcl oral tablet dispersible 10 mg	1	QL (6 tablets per month)
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for the Heart		
alyq oral tablet 20 mg	1	PA QL (2 tablets per day) SP SMCS
avanafil oral tablet 100 mg, 200 mg, 50 mg	1	QL (6 tablets per month)
cilostazol oral tablet 100 mg, 50 mg	1	
ENTADFI ORAL CAPSULE 5-5 MG (*finasteride-tadalafil*)	3/4	QL (1 capsule per day.)
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	PA QL (186 ml per month.) SP SMCS
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL (6 tablets per month)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sildenafil citrate oral tablet 20 mg	1	QL (0.5 tablet per day.) SMCS
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (*avanafil*)	3/4	QL (6 tablets per month)
tadalafil (pah) oral tablet 20 mg	1	PA QL (2 tablets per day) SP SMCS
tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	QL (6 tablets per month)
TADLIQ ORAL SUSPENSION 20 MG/5ML (*tadalafil (pah)*)	3	PA QL (10 ml per day.) SP SMCS
vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	QL (6 tablets per month)
vardenafil hcl oral tablet dispersible 10 mg	1	QL (6 tablets per month)
POTASSIUM-SPARING DIURETICS (HYPOTEN) - Drugs for High Blood Pressure & Angina		
amiloride hcl oral tablet 5 mg	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	3/4	SM
eplerenone oral tablet 25 mg, 50 mg	1	
spironolactone oral suspension 25 mg/5ml	1	SM
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	SM
triamterene oral capsule 100 mg, 50 mg	1	
RENIN INHIBITORS - Drugs for the Heart		
aliskiren fumarate oral tablet 150 mg, 300 mg	1	
TEKTURNA ORAL TABLET 150 MG, 300 MG (*aliskiren fumarate*)	3	
RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC - Drugs for the Heart		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG (*sacubitril-valsartan*)	3/4	PA QL (240 sprinkle capsules (pellets) per month.)
ENTRESTO ORAL CAPSULE SPRINKLE 6-6 MG (*sacubitril-valsartan*)	3/4	PA QL (240 sprinkle capsules (pellets) per month)
FILSPARI ORAL TABLET 200 MG, 400 MG (*sparsentan*)	3/4	PA QL (1 tablet per day.) SP SMCS
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	1	PA QL (2 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STEROIDAL MINERALOCORTICOID RECEPTOR ANT - Drugs for the Heart		
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	3/4	SM
eplerenone oral tablet 25 mg, 50 mg	1	
spironolactone oral suspension 25 mg/5ml	1	SM
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	SM
spironolactone-hctz oral tablet 25-25 mg	1	
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
DIURIL ORAL SUSPENSION 250 MG/5ML (*chlorothiazide*)	2	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT) - Drugs for High Blood Pressure & Angina		
chlorthalidone oral tablet 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
THALITONE ORAL TABLET 15 MG (*chlorthalidone*)	3/4	
VASODILATING AGENTS, MISCELLANEOUS - Drugs for High Blood Pressure & Angina		
phenoxybenzamine hcl oral capsule 10 mg	1	
VECAMYL ORAL TABLET 2.5 MG (*mecamylamine hcl*)	3/4	
VASODILATING AGENTS, MISCELLANEOUS - Drugs for the Heart		
ambrisentan oral tablet 10 mg, 5 mg	1	PA QL (1 tablet per day.) SP SMCS
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
bosentan oral tablet 125 mg, 62.5 mg	1	PA QL (2 tablets per day.) SP SMCS
bosentan oral tablet soluble 32 mg	1	PA QL (4 tablets per day.) SP SMCS
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	PA SP SMCS
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (*iloprost*)	2	PA SP SMCS
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (*vericiguat*)	3/4	PA QL (1 tablet per day.)
CENTRAL NERVOUS SYSTEM AGENTS		
AMYOTROPHIC LATERAL SCLEROSIS(ALS) AGENT		
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (*edaravone*)	3	PA QL (50 ml per month.) SP SMCS
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (*edaravone*)	3	PA QL (1 starter kit per year.) SP SMCS
riluzole oral tablet 50 mg	1	SP SMCS
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (*riluzole*)	3	PA SMCS
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (*riluzole*)	3	PA SMCS
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System		
ADAMANTANES (CNS) - Drugs for Parkinson		
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral solution 50 mg/5ml	1	
amantadine hcl oral tablet 100 mg	1	
ADENOSINE A2A RECEPTOR ANTAGONISTS - Drugs for Parkinson		
NOURIANZ ORAL TABLET 20 MG, 40 MG (*istradefylline*)	3	QL (1 tablet per day.)
AMPHETAMINES - Drugs for the Nervous System		
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15. MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (*amphetamine*)	3/4	QL (1 tablet per day.)
AMPHETAMINE ER ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15. MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	3/4	QL (1 tablet per day.)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (*dextroamphetamine*)	3	QL (1 patch per day.)
ANALGESICS AND ANTIPYRETICS, MISC. - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	NTT
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	NTT
ALLZITAL ORAL TABLET 25-325 MG (*butalbital-acetaminophen*)	3/4	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (*benzhydrocodone-acetaminophen*)	3/4	NTT
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	1	NTT
bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg	1	QL (6 tablets per day)
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	NTT
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	QL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	QL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL (6 capsules per day)
BUTALBITAL-APAP-CAFFEINE ORAL SOLUTION 50-325-40 MG/15ML	2	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	QL (6 tablets per day)
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	NTT
FIORICET ORAL CAPSULE 50-300-40 MG (*butalbital-apap-caffeine*)	3/4	QL (6 capsules per day.)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 7.5-325 mg/15ml	1	NTT
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	NTT

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JOURNAVX ORAL TABLET 50 MG (*suzetrigine*)	3/4	QL (30 tablets per 90 Days.)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (*gabapentin*)	3/4	
NEURONTIN ORAL SOLUTION 250 MG/5ML (*gabapentin*)	3/4	
NEURONTIN ORAL TABLET 600 MG, 800 MG (*gabapentin*)	3/4	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	NTT
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	1	QL (1 tablet per day.)
TENCON ORAL TABLET 50-325 MG (*butalbital-acetaminophen*)	3	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	NTT
TREZIX ORAL CAPSULE 320.5-30-16 MG (*apap-caff-dihydrocodeine*)	3	NTT
URELLE ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
uretron d/s oral tablet 81.6 mg	1	
VILEVEV MB ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
ANOREXIGENIC AGENTS, MISCELLANEOUS - Drugs for the Nervous System		
liraglutide subcutaneous solution pen-injector 18 mg/3ml	1	PA QL (If member has previous history of Victoza, then member may be eligible to receive 9ml (3 pens) per month (only applies to 3 pack NDC-00169406013). This medication is over-rideable.)
ANTICHOLINERGIC AGENTS (CNS) - Drugs for Parkinson		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTICONVULSANTS, MISCELLANEOUS - Drugs for Seizures		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (*eslicarbazepine acetate*)	3/4	PA
BANZEL ORAL SUSPENSION 40 MG/ML (*rufinamide*)	3/4	PA
BANZEL ORAL TABLET 200 MG, 400 MG (*rufinamide*)	3/4	PA
BRIVIACT ORAL SOLUTION 10 MG/ML (*brivaracetam*)	3/4	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 5 MG (*brivaracetam*)	3	PA
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	1	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg, 200 mg	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (*carbamazepine*)	3/4	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (*divalproex sodium*)	3/4	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (*divalproex sodium*)	3/4	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (*divalproex sodium*)	3/4	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (*stiripentol*)	3	PA SP SMCS
DIACOMIT ORAL PACKET 250 MG, 500 MG (*stiripentol*)	3	PA SP SMCS
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPIDIOLEX ORAL SOLUTION 100 MG/ML (*cannabidiol*)	3	PA SP SMCS
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (*carbamazepine (antipsychotic)*)	3	
eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg	1	PA
felbamate oral suspension 600 mg/5ml	1	
felbamate oral tablet 400 mg, 600 mg	1	
FELBATOL ORAL TABLET 400 MG, 600 MG (*felbamate*)	3/4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (*fenfluramine hcl*)	3/4	PA SMCS
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (*perampanel*)	3/4	PA
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*perampanel*)	3	PA
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL SOLUTION 100 MG/ML (*levetiracetam*)	3/4	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 50 MG (*levetiracetam*)	3/4	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 50 MG (*levetiracetam*)	3/4	
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	1	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
LAMICTAL ODT ORAL KIT 21 X 25 MG & X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (*lamotrigine*)	3/4	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (*lamotrigine*)	3/4	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (*lamotrigine*)	3/4	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (*lamotrigine*)	3/4	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & X 100 MG, 84 X 25 MG & 14X100 MG (*lamotrigine*)	3/4	
LAMICTAL XR ORAL KIT 21 X 25 MG & X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (*lamotrigine*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (*lamotrigine*)	3	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	1	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	1	
lamotrigine starter kit-blue oral kit 35 x 25 mg	1	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	1	
levetiracetam oral solution 100 mg/ml, 500 mg/5ml	1	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	1	
LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	3/4	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 5 MG (*pregabalin*)	3/4	
LYRICA ORAL SOLUTION 20 MG/ML (*pregabalin*)	3/4	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (*lacosamide*)	3	PA
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (*gabapentin*)	3/4	
NEURONTIN ORAL SOLUTION 250 MG/5ML (*gabapentin*)	3/4	
NEURONTIN ORAL TABLET 600 MG, 800 MG (*gabapentin*)	3/4	
oxcarbazepine oral suspension 300 mg/5ml	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	
roweepra oral tablet 500 mg	1	
rufinamide oral suspension 40 mg/ml	1	
rufinamide oral tablet 200 mg, 400 mg	1	PA
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG (*levetiracetam*)	3/4	
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
subvenite starter kit-blue oral kit 35 x 25 mg	1	
subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (*carbamazepine*)	3	
TEGRETOL ORAL TABLET 200 MG (*carbamazepine*)	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (*carbamazepine*)	3/4	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	3/4	PA
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (*topiramate*)	3/4	PA
topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg	1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (*oxcarbazepine*)	3/4	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (*oxcarbazepine*)	3/4	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
vigabatrin oral packet 500 mg	1	PA QL (6 packets per day.) SP SMCS
vigabatrin oral tablet 500 mg	1	PA QL (6 tablets per day.) SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VIGADRONE ORAL PACKET 500 MG (*vigabatrin*)	1	PA QL (6 packets per day.) SP SMCS
VIGADRONE ORAL TABLET 500 MG (*vigabatrin*)	1	PA QL (6 tablets per day.) SP SMCS
VIMPAT ORAL SOLUTION 10 MG/ML (*lacosamide*)	3/4	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*lacosamide*)	3/4	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (*cenobamate*)	3	PA
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG (*cenobamate*)	3	PA
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (*zonisamide*)	3/4	PA
ZONISADE ORAL SUSPENSION 100 MG/5ML (*zonisamide*)	3/4	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ZTALMY ORAL SUSPENSION 50 MG/ML (*ganaxolone*)	3/4	PA SP SMCS
ANTIDEPRESSANTS, MISCELLANEOUS - Drugs for Depression & Psychosis		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (*dextromethorphan-bupropion*)	3/4	ST QL (2 tablets per day.)
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	1	H
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3/4	QL (1 tablet per day.)
bupropion hcl oral tablet 100 mg, 75 mg	1	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (*bupropion hcl*)	3/4	QL (1 tablet per day.)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	1	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	3/4	PA QL (8 devices (4 kits) per month.) SMCS

Drug Tier 1: Your lowest cost medications Drug Tier 2: Your mid-range cost medications Drug Tier 3: Your mid-range cost medications Drug Tier 3/4: Your highest cost medications PA: Prior authorization required QL: Quantity Limit ST: Step Therapy H-N: Part of Health Care Reform with confirmation of age and/or condition appropriate preventive use. SP: Specialty medication CM: Orally administered anticancer medication SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to in ectables covered under the medical benefit) E: Excluded from coverage unless covered as part of health care reform preventive SM: State Mandated Benefit Program NTT: If you are new to opioid therapy, you will be limited to a -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
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	3/4	PA QL (12 devices (4 kits) per month.) SMCS
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG (*zuranolone*)	2	PA QL (28 capsules per year.) SP SMCS
ZURZUVAE ORAL CAPSULE 30 MG (*zuranolone*)	2	PA QL (14 capsules per year.) SP SMCS
ANTIMANIC AGENTS - Drugs for Personality Disorder		
aripiprazole oral solution 1 mg/ml	1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	
aripiprazole oral tablet dispersible 10 mg, 15 mg	1	QL (1 tablet per day.)
asenapine maleate sublingual tablet sublingual 10 mg, 5 mg	1	QL (2 tablets per day)
asenapine maleate sublingual tablet sublingual 2.5 mg	1	QL (2 tablets per day.)
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	1	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg, 200 mg	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (*carbamazepine*)	3/4	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (*divalproex sodium*)	3/4	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (*divalproex sodium*)	3/4	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (*divalproex sodium*)	3/4	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (*carbamazepine (antipsychotic)*)	3	
LAMICTAL ODT ORAL KIT 21 X 25 MG & X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (*lamotrigine*)	3/4	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (*lamotrigine*)	3/4	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (*lamotrigine*)	3/4	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (*lamotrigine*)	3/4	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & X 100 MG, 84 X 25 MG & 14X100 MG (*lamotrigine*)	3/4	
LAMICTAL XR ORAL KIT 21 X 25 MG & X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (*lamotrigine*)	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (*lamotrigine*)	3	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	1	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	1	
lamotrigine starter kit-blue oral kit 35 x 25 mg	1	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
lithium carbonate er oral tablet extended release 300 mg, 450 mg	1	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium oral solution 8 meq/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (*lithium carbonate*)	3/4	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	1	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg	1	QL (1 capsule per day)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
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	
SYMBYAX ORAL CAPSULE 3-25 MG (*olanzapine-fluoxetine hcl*)	3/4	QL (1 capsule per day)
TEGRETOL ORAL SUSPENSION 100 MG/5ML (*carbamazepine*)	3	
TEGRETOL ORAL TABLET 200 MG (*carbamazepine*)	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (*carbamazepine*)	3/4	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	
ANTIMIGRAINE AGENTS, MISCELLANEOUS - Migraine Treatment		
aspirin 81 oral tablet delayed release 81 mg	E	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	1	
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	1	
CAMBIA ORAL PACKET 50 MG (*diclofenac potassium(migraine)*)	3/4	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (*divalproex sodium*)	3/4	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (*divalproex sodium*)	3/4	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (*divalproex sodium*)	3/4	
diclofenac potassium(migraine) oral packet 50 mg	1	
dihydroergotamine mesylate injection solution 1 mg/ml	1	
dihydroergotamine mesylate nasal solution 4 mg/ml	1	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 3 5 MG (*naproxen*)	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG (*naproxen*)	3/4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (*ergotamine tartrate*)	3/4	
ergotamine-caffeine oral tablet 1-100 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
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (*propranolol hcl*)	3	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
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 er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (*aspirin*)	E	H
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (*aspirin*)	E	H
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	3/4	PA
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (*topiramate*)	3/4	PA
topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg	1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
ANTIPSYCHOTICS, MISCELLANEOUS - Drugs for Depression & Psychosis		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG (*loxapine*)	3	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (*xanomeline-trospium chloride*)	3/4	PA QL (62 capsules per month.)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG (*xanomeline-trospium chloride*)	3/4	PA QL (1 starter pack per year.)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	1	
pimozide oral tablet 1 mg, 2 mg	1	
ANXIOLYTICS,SEDATIVES,AND HYPNOTICS,MISC - Drugs for Anxiety & Sleep Disorder		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (*suvorexant*)	3/4	ST QL (1 tablet per day.)
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
DAYVIGO ORAL TABLET 10 MG, 5 MG (*lemborexant*)	3/4	ST QL (1 tablet per day.)
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (*zolpidem tartrate*)	3/4	QL (1 sublingual tablet per day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (*tasimelteon*)	3/4	PA QL (5.1 mL per day.) SP SMCS
HETLIOZ ORAL CAPSULE 20 MG (*tasimelteon*)	3/4	PA QL (1 capsule per day.) SP SMCS
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 12.5 mg/10ml, 6.25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (*promethazine hcl*)	3	
ramelteon oral tablet 8 mg	1	ST QL (1 tablet per day)
tasimelteon oral capsule 20 mg	1	PA QL (1 capsule per day.) SP SMCS
zaleplon oral capsule 10 mg, 5 mg	1	
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	1	
ZOLPIDEM TARTRATE ORAL CAPSULE .5 MG	3/4	QL (1 capsule per day.)
zolpidem tartrate oral tablet 10 mg, 5 mg	1	
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	1	QL (1 sublingual tablet per day)
ATYPICAL ANTIPSYCHOTICS - Drugs for Depression & Psychosis		
aripiprazole oral solution 1 mg/ml	1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	
aripiprazole oral tablet dispersible 10 mg, 15 mg	1	QL (1 tablet per day.)
asenapine maleate sublingual tablet sublingual 10 mg, 5 mg	1	QL (2 tablets per day)
asenapine maleate sublingual tablet sublingual 2.5 mg	1	QL (2 tablets per day.)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (*lumateperone tosylate*)	3/4	PA QL (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, 25 MG (*clozapine*)	3/4	
FANAPT ORAL TABLET 1 MG (*iloperidone*)	3/4	QL (86 tablets per year.)
FANAPT ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG (*iloperidone*)	3/4	QL (2 tablets per day)
FANAPT ORAL TABLET 2 MG (*iloperidone*)	3/4	QL (56 tablets per year.)
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG (*iloperidone*)	3	QL (8 tablets (1 pack) per 365 days.)
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG (*iloperidone*)	3/4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG (*iloperidone*)	3/4	
lurasidone hcl oral tablet 120 mg, 20 mg, 60 mg	1	QL (1 tablet per day.)
lurasidone hcl oral tablet 40 mg	1	QL (1 tablet per day)
lurasidone hcl oral tablet 80 mg	1	QL (2 tablets per day.)
NUPLAZID ORAL CAPSULE 34 MG (*pimavanserin tartrate*)	3/4	PA QL (31 capsules per month.)
NUPLAZID ORAL TABLET 10 MG (*pimavanserin tartrate*)	3/4	PA QL (31 tablets per month.)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	1	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	1	QL (1 capsule per day)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	1	QL (1 tablet per day)
paliperidone er oral tablet extended release 24 hour 6 mg	1	QL (2 tablets per day)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*brexpiprazole*)	3/4	QL (1 tablet per day.)
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (*olanzapine-fluoxetine hcl*)	3/4	QL (1 capsule per day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML (*clozapine*)	3/4	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (*cariprazine hcl*)	3/4	QL (1 capsule per day.)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BARBITURATES (ANTICONVULSANTS) - Drugs for Seizures		
MYSOLINE ORAL TABLET 250 MG, 50 MG (*primidone*)	2	
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety & Sleep Disorder		
ALLZITAL ORAL TABLET 25-325 MG (*butalbital-acetaminophen*)	3/4	
ascomp-codeine oral capsule 50-325-40-30 mg	1	
bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg	1	QL (6 tablets per day)
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	QL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	QL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL (6 capsules per day)
BUTALBITAL-APAP-CAFFEINE ORAL SOLUTION 50-325-40 MG/15ML	2	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	QL (6 tablets per day)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
FIORICET ORAL CAPSULE 50-300-40 MG (*butalbital-apap-caffeine*)	3/4	QL (6 capsules per day.)
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
TENCON ORAL TABLET 50-325 MG (*butalbital-acetaminophen*)	3	
BENZODIAZEPINES (ANTICONVULSANTS) - Drugs for Seizures		
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet 10 mg, 20 mg	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	
diazepam intensol oral concentrate 5 mg/ml	1	
diazepam oral concentrate 5 mg/ml	1	
diazepam oral solution 5 mg/5ml	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	
lorazepam intensol oral concentrate 2 mg/ml	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG (*lorazepam*)	3/4	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (*midazolam (anticonvulsant)*)	3	PA
ONFI ORAL SUSPENSION 2.5 MG/ML (*clobazam*)	3/4	
ONFI ORAL TABLET 10 MG, 20 MG (*clobazam*)	3/4	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (*clobazam*)	3/4	PA
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (*diazepam*)	3	PA QL (1 box (5 doses/box) per month.)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X .5 MG/0.1ML (*diazepam*)	3	PA QL (1 box (5 doses/box) per month.)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML (*diazepam*)	3	PA QL (1 box (5 doses/box) per month.)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (*diazepam*)	3	PA QL (1 box (5 doses/box) per month.)
BENZODIAZEPINES (ANXIOLYTIC,SEDATIV/HYP) - Drugs for Anxiety & Sleep Disorder		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	1	
alprazolam intensol oral concentrate 1 mg/ml	1	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 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 3/4: Your highest cost medications PA: Prior authorization required QL: Quantity Limit ST: Step Therapy H-N: Part of Health Care Reform with confirmation of age and/or condition appropriate preventive use. SP: Specialty medication CM: Orally administered anticancer medication SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to in ectables covered under the medical benefit) E: Excluded from coverage unless covered as part of health care reform preventive SM: State Mandated Benefit Program NTT: If you are new to opioid therapy, you will be limited to a -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
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet 10 mg, 20 mg	1	PA
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	
diazepam intensol oral concentrate 5 mg/ml	1	
diazepam oral concentrate 5 mg/ml	1	
diazepam oral solution 5 mg/5ml	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	
estazolam oral tablet 1 mg, 2 mg	1	
flurazepam hcl oral capsule 15 mg, 30 mg	1	
HALCION ORAL TABLET 0.25 MG (*triazolam*)	3/4	
lorazepam intensol oral concentrate 2 mg/ml	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG (*lorazepam*)	3/4	
midazolam hcl oral syrup 2 mg/ml	1	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (*midazolam (anticonvulsant)*)	3	PA
ONFI ORAL SUSPENSION 2.5 MG/ML (*clobazam*)	3/4	
ONFI ORAL TABLET 10 MG, 20 MG (*clobazam*)	3/4	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	1	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, .5 MG (*temazepam*)	3/4	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (*clobazam*)	3/4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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, 0 MG/ML (*erenumab-aooe*)	2	PA ST QL (1 pen per month.)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (*galcanezumab-gnlm*)	2	PA ST QL (0.04 ml per day.)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*galcanezumab-gnlm*)	2	PA ST QL (0.1 mL per day.)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*galcanezumab-gnlm*)	2	PA ST QL (0.04 ml per day.)
NURTEC ORAL TABLET DISPERSIBLE 5 MG (*rimegepant sulfate*)	2	PA ST QL (0.2 tablets per day.)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (*atogepant*)	2	PA ST QL (1 tablet per day.)
UBRELVY ORAL TABLET 100 MG, 50 MG (*ubrogepant*)	2	PA ST QL (0.2 tablets per day.)
ZAVZPRET NASAL SOLUTION 10 MG/ACT (*zavegepant hcl*)	3/4	PA ST
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB. - Drugs for Parkinson		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
entacapone oral tablet 200 mg	1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (*opicapone*)	3/4	QL (1 capsule per day.)
tolcapone oral tablet 100 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*)	3/4	PA QL (1 tablet per day.)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1. 5 MG/0.3ML (*bremelanotide acetate*)	3/4	QL (4 autoin ector pens (1.2mls) per month.)
VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*)	2	PA QL (1 capsule per day.) SP SMCS
XYWAV ORAL SOLUTION 500 MG/ML (*ca, mg, k, and na oxybates*)	3/4	PA QL (18 mL per day.) SP SMCS
CYCLOOXYGENASE-2 (COX-2) INHIBITORS - Drugs for Pain		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	
DIBENZOXAPINES - Drugs for Depression & Psychosis		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG (*loxapine*)	3	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
DIHYDROINDOLONES - Drugs for Depression & Psychosis		
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	1	
DIPHENYLBUTYLPERIDINES - Drugs for Depression & Psychosis		
pimozide oral tablet 1 mg, 2 mg	1	
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	
CREXONT ORAL CAPSULE EXTENDED RELEASE 35-140 MG, 52.5-210 MG, 0-280 MG, 8 .5-350 MG (*carbidopa-levodopa*)	3/4	ST
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (*carbidopa-levodopa*)	3/4	
INBRIJA INHALATION CAPSULE 42 MG (*levodopa*)	3	PA QL (10 tablets per day.) SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (*carbidopa-levodopa*)	3/4	
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS - Drugs for Parkinson		
bromocriptine mesylate oral capsule 5 mg	1	
bromocriptine mesylate oral tablet 2.5 mg	1	
cabergoline oral tablet 0.5 mg	1	
FIBROMYALGIA AGENTS - Drugs for Nerve Pain		
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 5 MG (*pregabalin*)	3/4	
LYRICA ORAL SOLUTION 20 MG/ML (*pregabalin*)	3/4	
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	1	QL (1 tablet per day.)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (*milnacipran hcl*)	3/4	QL (2 tablets per day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (*milnacipran hcl*)	3/4	QL (1 pack per 365 days.)
GABA-MEDIATED ANTICONVULSANTS - Drugs for Seizures		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (*divalproex sodium*)	3/4	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (*divalproex sodium*)	3/4	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (*stiripentol*)	3	PA SP SMCS
DIACOMIT ORAL PACKET 250 MG, 500 MG (*stiripentol*)	3	PA SP SMCS
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 5 MG (*pregabalin*)	3/4	
LYRICA ORAL SOLUTION 20 MG/ML (*pregabalin*)	3/4	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (*gabapentin*)	3/4	
NEURONTIN ORAL SOLUTION 250 MG/5ML (*gabapentin*)	3/4	
NEURONTIN ORAL TABLET 600 MG, 800 MG (*gabapentin*)	3/4	
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	1	QL (1 tablet per day.)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
valproic acid oral solution 250 mg/5ml	1	
vigabatrin oral packet 500 mg	1	PA QL (6 packets per day.) SP SMCS
vigabatrin oral tablet 500 mg	1	PA QL (6 tablets per day.) SP SMCS
VIGADRONE ORAL PACKET 500 MG (*vigabatrin*)	1	PA QL (6 packets per day.) SP SMCS
VIGADRONE ORAL TABLET 500 MG (*vigabatrin*)	1	PA QL (6 tablets per day.) SP SMCS
VIGAFYDE ORAL SOLUTION 100 MG/ML (*vigabatrin*)	1	PA QL (900 mL per month.) SP SMCS
ZTALMY ORAL SUSPENSION 50 MG/ML (*ganaxolone*)	3/4	PA SP SMCS
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-125 ORAL SUSPENSION 125 MG/5ML (*phenytoin*)	3	
phenytek oral capsule 200 mg, 300 mg	1	
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		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (*eslicarbazepine acetate*)	3/4	PA
BANZEL ORAL SUSPENSION 40 MG/ML (*rufinamide*)	3/4	PA
BANZEL ORAL TABLET 200 MG, 400 MG (*rufinamide*)	3/4	PA
eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg	1	PA
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	1	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (*lacosamide*)	3	PA
oxcarbazepine oral suspension 300 mg/5ml	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
rufinamide oral suspension 40 mg/ml	1	
rufinamide oral tablet 200 mg, 400 mg	1	PA
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (*oxcarbazepine*)	3/4	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (*oxcarbazepine*)	3/4	
VIMPAT ORAL SOLUTION 10 MG/ML (*lacosamide*)	3/4	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*lacosamide*)	3/4	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (*cenobamate*)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG (*cenobamate*)	3	PA
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (*zonisamide*)	3/4	PA
ZONISADE ORAL SUSPENSION 100 MG/5ML (*zonisamide*)	3/4	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
MELATONIN RECEPTOR AGONISTS - Drugs for Anxiety & Sleep Disorder		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (*tasimelteon*)	3/4	PA QL (5.1 mL per day.) SP SMCS
HETLIOZ ORAL CAPSULE 20 MG (*tasimelteon*)	3/4	PA QL (1 capsule per day.) SP SMCS
ramelteon oral tablet 8 mg	1	ST QL (1 tablet per day)
tasimelteon oral capsule 20 mg	1	PA QL (1 capsule per day.) SP SMCS
MONOAMINE OXIDASE B INHIBITORS - Drugs for Parkinson		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (*selegiline*)	3	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	1	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (*selegiline hcl*)	3	
MONOAMINE OXIDASE INHIBITORS - Drugs for Depression & Psychosis		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (*selegiline*)	3	
MARPLAN ORAL TABLET 10 MG (*isocarboxazid*)	3	
NARDIL ORAL TABLET 15 MG (*phenelzine sulfate*)	3/4	
PARNATE ORAL TABLET 10 MG (*tranylcypromine sulfate*)	3/4	
phenelzine sulfate oral tablet 15 mg	1	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	1	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tranylcypromine sulfate oral tablet 10 mg	1	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (*selegiline hcl*)	3	
NMDA ANTAGONISTS - Drugs for Depression & Psychosis		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	3/4	PA QL (8 devices (4 kits) per month.) SMCS
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	3/4	PA QL (12 devices (4 kits) per month.) SMCS
NON-BENZODIAZEPINE ANXIOLYTICS - Drugs for Anxiety & Sleep Disorder		
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
meprobamate oral tablet 200 mg, 400 mg	1	
NON-BENZODIAZEPINE HYPNOTICS - Drugs for Anxiety & Sleep Disorder		
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (*zolpidem tartrate*)	3/4	QL (1 sublingual tablet per day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	
zaleplon oral capsule 10 mg, 5 mg	1	
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	1	
ZOLPIDEM TARTRATE ORAL CAPSULE .5 MG	3/4	QL (1 capsule per day.)
zolpidem tartrate oral tablet 10 mg, 5 mg	1	
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	1	QL (1 sublingual tablet per day)
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - Drugs for Parkinson		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (*apomorphine hcl*)	3/4	PA QL (3 ml per day.) SP SMCS
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	1	PA QL (3 ml per day.) SP SMCS
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (*rotigotine*)	3	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	

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 3/4: Your highest cost medications PA: Prior authorization required QL: Quantity Limit ST: Step Therapy H-N: Part of Health Care Reform with confirmation of age and/or condition appropriate preventive use. SP: Specialty medication CM: Orally administered anticancer medication SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to in ectables covered under the medical benefit) E: Excluded from coverage unless covered as part of health care reform preventive SM: State Mandated Benefit Program NTT: If you are new to opioid therapy, you will be limited to a -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
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
NON-OPIOID ANALGESICS - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	NTT
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	NTT
ALLZITAL ORAL TABLET 25-325 MG (*butalbital-acetaminophen*)	3/4	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (*benzhydrocodone-acetaminophen*)	3/4	NTT
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	1	NTT
bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg	1	QL (6 tablets per day)
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	NTT
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	QL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	QL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL (6 capsules per day)
BUTALBITAL-APAP-CAFFEINE ORAL SOLUTION 50-325-40 MG/15ML	2	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	QL (6 tablets per day)
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	NTT
FIORICET ORAL CAPSULE 50-300-40 MG (*butalbital-apap-caffeine*)	3/4	QL (6 capsules per day.)
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 7.5-325 mg/15ml	1	NTT
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	NTT
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	NTT

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TENCON ORAL TABLET 50-325 MG (*butalbital-acetaminophen*)	3	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	NTT
TREZIX ORAL CAPSULE 320.5-30-16 MG (*apap-caff-dihydrocodeine*)	3	NTT
NONSTEROIDAL ANTI-INFLAMM. AGENTS, MISC - Drugs for Pain		
CAMBIA ORAL PACKET 50 MG (*diclofenac potassium(migraine)*)	3/4	
diclofenac potassium oral capsule 25 mg	1	QL (4 capsules per day.)
diclofenac potassium oral tablet 50 mg	1	
diclofenac potassium(migraine) oral packet 50 mg	1	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	1	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	1	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	1	
diflunisal oral tablet 500 mg	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 3 5 MG (*naproxen*)	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG (*naproxen*)	3/4	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	1	
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
flurbiprofen oral tablet 100 mg, 50 mg	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	NTT
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN ORAL SUSPENSION 25 MG/5ML (*indomethacin*)	3/4	
INDOCIN RECTAL SUPPOSITORY 50 MG (*indomethacin*)	3/4	
indomethacin er oral capsule extended release 75 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
indomethacin oral suspension 25 mg/5ml	1	
indomethacin rectal suppository 50 mg	1	
ketorolac tromethamine oral tablet 10 mg	1	
LURBIRO ORAL TABLET 100 MG (*flurbiprofen*)	3	
meclofenamate sodium oral capsule 100 mg, 50 mg	1	
mefenamic acid oral capsule 250 mg	1	
MELOXICAM ORAL SUSPENSION .5 MG/5ML	3/4	
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	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet 600 mg	1	
piroxicam oral capsule 10 mg, 20 mg	1	
SPRIX NASAL SOLUTION 15. 5 MG/SPRAY (*ketorolac tromethamine*)	3/4	ST
sulindac oral tablet 150 mg, 200 mg	1	
ZIPSOR ORAL CAPSULE 25 MG (*diclofenac potassium*)	3/4	QL (4 capsules per day.)
OPIOID AGONISTS (28:08) - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	NTT
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	NTT
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (*benzhydrocodone-acetaminophen*)	3/4	NTT
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	1	NTT
ascomp-codeine oral capsule 50-325-40-30 mg	1	
belladonna alkaloids-opium rectal suppository 16.2-60 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 50-300-40-30 mg, 50-325-40-30 mg	1	QL (6 capsules per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	NTT
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (*tramadol hcl*)	3/4	QL (1 capsule per day)
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	NTT
fentanyl transdermal patch 72 hour 100 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	1	PA QL (0.34 patches per day)
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr	1	PA QL (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	1	PA QL (2 capsules per day)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg	1	PA QL (0 tablet per 0 days)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	1	PA QL (1 tablet per day)
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 7.5-325 mg/15ml	1	NTT
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	NTT
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	NTT
hydromorphone hcl er oral tablet extended release 24 hour 12 mg	1	PA QL (2 tablets per day)
hydromorphone hcl er oral tablet extended release 24 hour 16 mg, 8 mg	1	PA QL (1 tablet per day)
hydromorphone hcl er oral tablet extended release 24 hour 32 mg	1	PA QL (0 tablet per 0 days)
hydromorphone hcl oral liquid 1 mg/ml	1	NTT
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	1	NTT
hydromorphone hcl rectal suppository 3 mg	1	NTT
levorphanol tartrate oral tablet 2 mg	1	ST QL (4 tablets per day) NTT

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 50 MG (*tapentadol hcl*)	3	PA QL (2 tablets per day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG, 250 MG (*tapentadol hcl*)	3	PA QL (0 capsule per 100 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 5 MG (*tapentadol hcl*)	2	QL (6 tablets per day) NTT
opium oral tincture 10 mg/ml (1%)	1	
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	QL (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
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg	1	PA QL (2 tablets per day.)
oxymorphone hcl er oral tablet extended release 12 hour 20 mg	1	PA QL (0 tablet per 100 days.)
oxymorphone hcl er oral tablet extended release 12 hour 30 mg, 40 mg	1	PA QL (0 capsule per 100 days)
oxymorphone hcl oral tablet 10 mg, 5 mg	1	QL (6 tablets per day) NTT
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3/4	QL (1 capsule per day)
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1	QL (1 tablet per day)
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1	QL (1 tablet per day)
tramadol hcl oral tablet 100 mg, 50 mg	1	NTT
tramadol hcl oral tablet 25 mg	1	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	NTT
TREZIX ORAL CAPSULE 320.5-30-16 MG (*apap-caff-dihydrocodeine*)	3	NTT
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 2 MG, 9 MG (*oxycodone*)	3/4	PA QL (2 tablets per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG (*oxycodone*)	3/4	PA QL (0 capsule per 100 days)
OPIOID ANTAGONISTS (28:10) - Drugs for Overdose or Poisoning		
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	1	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	1	
ft naloxone hcl nasal liquid 4 mg/0.1ml	1	SM
KLOXXADO NASAL LIQUID 8 MG/0.1ML (*naloxone hcl*)	1	SM
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	SM
naloxone hcl injection solution cartridge 0.4 mg/ml	1	SM
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml	1	SM
naloxone hcl nasal liquid 4 mg/0.1ml	1	SM
naltrexone hcl oral tablet 50 mg	1	
NARCAN NASAL LIQUID 4 MG/0.1ML (*naloxone hcl*)	1	SM
OPVEE NASAL SOLUTION 2. MG/0.1ML (*nalmefene hcl*)	1	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	1	NTT
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (*methylnaltrexone bromide*)	3/4	QL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML (*methylnaltrexone bromide*)	3/4	QL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML (*methylnaltrexone bromide*)	3/4	QL (0.4 ml per day.)
REXTOVY NASAL LIQUID 4 MG/0.25ML (*naloxone hcl*)	1	SM
RIVIVE NASAL LIQUID 3 MG/0.1ML (*naloxone hcl*)	1	SM
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (*buprenorphine hcl-naloxone hcl*)	1	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (*naloxone hcl*)	1	SM
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0. -0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0. 1 MG, 5. -1.4 MG, 8.6-2.1 MG (*buprenorphine hcl-naloxone hcl*)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OPIOID PARTIAL AGONISTS - Drugs for Pain		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 5 MCG, 50 MCG, 900 MCG (*buprenorphine hcl*)	3	PA QL (2 films per day)
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	1	
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	1	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	1	
buprenorphine transdermal patch weekly 10 mcg/hr, 20 mcg/hr, 5 mcg/hr	1	PA QL (4 patches per 28 days)
buprenorphine transdermal patch weekly 15 mcg/hr, 7.5 mcg/hr	1	PA QL (4 patches per month)
butorphanol tartrate nasal solution 10 mg/ml	1	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	1	NTT
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (*buprenorphine hcl-naloxone hcl*)	1	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0. -0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0. 1 MG, 5. -1.4 MG, 8.6-2.1 MG (*buprenorphine hcl-naloxone hcl*)	1	
OREXIN RECEPTOR ANTAGONISTS - Drugs for Anxiety & Sleep Disorder		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (*suvorexant*)	3/4	ST QL (1 tablet per day.)
DAYVIGO ORAL TABLET 10 MG, 5 MG (*lemborexant*)	3/4	ST QL (1 tablet per day.)
PHENOTHIAZINES - Drugs for Depression & Psychosis		
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	1	
chlorpromazine hcl oral tablet 10 mg, 25 mg	1	QL (6 tablets per day.)
chlorpromazine hcl oral tablet 100 mg, 50 mg	1	QL (4 tablets per day.)
chlorpromazine hcl oral tablet 200 mg	1	QL (2 tablets per day.)
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	

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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		
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	1	NTT
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (*methylphenidate hcl*)	3/4	QL (1 capsule per day.)
ascomp-codeine oral capsule 50-325-40-30 mg	1	
atomoxetine hcl oral capsule 10 mg, 25 mg	1	QL (3 capsules per day.)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	1	QL (1 capsule per day)
atomoxetine hcl oral capsule 18 mg	1	QL (5 capsules per day.)
atomoxetine hcl oral capsule 40 mg	1	QL (2 capsules per day)
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2- .8 MG, 52.3-10.4 MG (*serdexmethylphen-dexmethylphen*)	2	ST QL (1 capsule per day.)
bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg	1	QL (6 tablets per day)
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	QL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	QL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL (6 capsules per day)
BUTALBITAL-APAP-CAFFEINE ORAL SOLUTION 50-325-40 MG/15ML	2	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	QL (6 tablets per day)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	1	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 1 .3 MG, 25.9 MG, 8.6 MG (*methylphenidate*)	3/4	QL (1 tablet per day)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 5 mg	1	QL (2 capsules per day.)
dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 35 mg, 40 mg	1	QL (31 capsules per 31 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 3/4: Your highest cost medications PA: Prior authorization required QL: Quantity Limit ST: Step Therapy H-N: Part of Health Care Reform with confirmation of age and/or condition appropriate preventive use. SP: Specialty medication CM: Orally administered anticancer medication SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to in ectables covered under the medical benefit) E: Excluded from coverage unless covered as part of health care reform preventive SM: State Mandated Benefit Program NTT: If you are new to opioid therapy, you will be limited to a -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
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	
elixophyllin oral elixir 80 mg/15ml	3	
ergotamine-caffeine oral tablet 1-100 mg	1	
FIORICET ORAL CAPSULE 50-300-40 MG (*butalbital-apap-caffeine*)	3/4	QL (6 capsules per day.)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (*dexmethylphenidate hcl*)	3/4	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (*methylphenidate hcl*)	2	ST QL (1 capsule per day.)
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML (*methylphenidate hcl*)	3/4	
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg	1	QL (2 tablets per day.)
methylphenidate hcl er (cd) oral capsule extended release 60 mg	1	QL (31 capsules per 31 days.)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg	1	QL (5 capsules per day.)
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg	1	QL (5capsules per day.)
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	1	QL (3 capsules per day.)
methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg	1	QL (2 capsules per day.)
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL (2 tablets per day.)
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	QL (1 capsule per day.)
methylphenidate hcl er oral tablet extended release 10 mg	1	QL (10 tablets per day.)
methylphenidate hcl er oral tablet extended release 20 mg	1	QL (5 tablets per day.)
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr	1	QL (1 patch per day)
methylphenidate transdermal patch 30 mg/9hr	1	QL (1 patch per day.)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (*ergotamine-caffeine*)	3	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (*methylphenidate hcl*)	3/4	QL (1 tablet per day.)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (*methylphenidate hcl*)	3/4	QL (360 mL per month.)
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 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	
TREZIX ORAL CAPSULE 320.5-30-16 MG (*apap-caff-dihydrocodeine*)	3	NTT
REVERSIBLE COX-1/COX-2 INHIBITORS - Drugs for Pain		
ACULAR LS OPHTHALMIC SOLUTION 0.4 (*ketorolac tromethamine*)	3/4	
ACULAR OPHTHALMIC SOLUTION 0.5 (*ketorolac tromethamine*)	3/4	
ACUVAIL OPHTHALMIC SOLUTION 0.45 (*ketorolac tromethamine*)	3/4	
diclofenac sodium external gel 3 %	1	PA
diflunisal oral tablet 500 mg	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 3 5 MG (*naproxen*)	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG (*naproxen*)	3/4	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	1	
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 ORAL SUSPENSION 25 MG/5ML (*indomethacin*)	3/4	
INDOCIN RECTAL SUPPOSITORY 50 MG (*indomethacin*)	3/4	
indomethacin er oral capsule extended release 75 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin oral suspension 25 mg/5ml	1	
indomethacin rectal suppository 50 mg	1	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	1	
ketorolac tromethamine oral tablet 10 mg	1	
LURBIRO ORAL TABLET 100 MG (*flurbiprofen*)	3	
meclofenamate sodium oral capsule 100 mg, 50 mg	1	
mefenamic acid oral capsule 250 mg	1	
MELOXICAM ORAL SUSPENSION .5 MG/5ML	3/4	
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	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet 600 mg	1	
piroxicam oral capsule 10 mg, 20 mg	1	
SPRIX NASAL SOLUTION 15. 5 MG/SPRAY (*ketorolac tromethamine*)	3/4	ST
sulindac oral tablet 150 mg, 200 mg	1	
SALICYLATES - Drugs for Pain		
ascomp-codeine oral capsule 50-325-40-30 mg	1	
aspirin 81 oral tablet delayed release 81 mg	E	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aspirin adult low dose oral tablet delayed release 81 mg	E	H
aspirin adult low strength oral tablet delayed release 81 mg	E	H
aspirin childrens oral tablet chewable 81 mg	E	H
aspirin ec adult low dose oral tablet delayed release 81 mg	E	H
aspirin ec low dose oral tablet delayed release 81 mg	E	H
aspirin ec low strength oral tablet delayed release 81 mg	E	H
aspirin low dose oral tablet chewable 81 mg	E	H
aspirin low dose oral tablet delayed release 81 mg	E	H
aspirin oral tablet chewable 81 mg	E	H
aspirin oral tablet delayed release 81 mg	E	H
aspirin regimen oral tablet delayed release 81 mg	E	H
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	1	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
ft aspirin low dose oral tablet delayed release 81 mg	E	H
ft aspirin oral tablet chewable 81 mg	E	H
goodsense aspirin low dose oral tablet delayed release 81 mg	E	H
mm aspirin oral tablet delayed release 81 mg	E	H
salsalate oral tablet 500 mg, 750 mg	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (*aspirin*)	E	H
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (*aspirin*)	E	H
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR - Drugs for Depression & Psychosis		
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	3/4	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 50 mg	1	QL (1 tablet per day)
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg	1	QL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG (*duloxetine hcl*)	3/4	QL (2 capsules per day.)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG (*duloxetine hcl*)	3/4	QL (1 capsule per day.)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (*levomilnacipran hcl*)	3/4	ST QL (1 capsule per day.)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (*levomilnacipran hcl*)	3/4	ST QL (28 capsules per year.)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (*milnacipran hcl*)	3/4	QL (2 tablets per day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (*milnacipran hcl*)	3/4	QL (1 pack per 365 days.)
VENLAFAXINE BESYLATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 112.5 MG	3/4	
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	1	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg	1	QL (2 tablets per day)
venlafaxine hcl er oral tablet extended release 24 hour 225 mg, 37.5 mg, 75 mg	1	QL (1 tablet per day)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
SELECTIVE SEROTONIN AGONISTS - Migraine Treatment		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	1	
eletriptan hydrobromide oral tablet 20 mg, 40 mg	1	
frovatriptan succinate oral tablet 2.5 mg	1	
naratriptan hcl oral tablet 1 mg, 2.5 mg	1	
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (*sumatriptan succinate*)	3/4	
REYVOW ORAL TABLET 100 MG (*lasmiditan succinate*)	3/4	PA ST QL (0.2 tablets per day. 8 tablets per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REYVOW ORAL TABLET 50 MG (*lasmiditan succinate*)	3/4	PA ST QL (0.14 tablets per day. Benefit maximum quantity 4 tablets per prescription.)
rizatriptan benzoate oral tablet 10 mg, 5 mg	1	
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	1	
sumatriptan nasal solution 20 mg/act, 5 mg/act	1	
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	
sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	1	
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	
TOSYMRA NASAL SOLUTION 10 MG/ACT (*sumatriptan*)	3/4	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (*sumatriptan succinate*)	3/4	
zolmitriptan oral tablet 2.5 mg, 5 mg	1	
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	1	
ZOMIG NASAL SOLUTION 2.5 MG (*zolmitriptan*)	2	
ZOMIG NASAL SOLUTION 5 MG (*zolmitriptan*)	1	
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS - Drugs for Depression & Psychosis		
CITALOPRAM HYDROBROMIDE ORAL CAPSULE 30 MG	3/4	
citalopram hydrobromide oral solution 10 mg/5ml	1	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	1	
escitalopram oxalate oral solution 5 mg/5ml	1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	
fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg	1	
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	1	
fluoxetine hcl oral capsule delayed release 90 mg	1	QL (4 capsules per 28 days.)
fluoxetine hcl oral solution 20 mg/5ml	1	
fluoxetine hcl oral tablet 10 mg	1	QL (1 tablet per day.)
fluoxetine hcl oral tablet 20 mg, 60 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	1	QL (2 capsules per day)
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	1	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	1	QL (1 capsule per day)
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	1	QL (1 tablet per day)
paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg	1	QL (2 tablets per day)
paroxetine hcl oral suspension 10 mg/5ml	1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	
paroxetine mesylate oral capsule 7.5 mg	1	QL (1 capsule per day.)
sertraline hcl oral capsule 150 mg, 200 mg	1	QL (1 capsule per day.)
sertraline hcl oral concentrate 20 mg/ml	1	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	1	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (*olanzapine-fluoxetine hcl*)	3/4	QL (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	
RALDESY ORAL SOLUTION 10 MG/ML (*trazodone hcl*)	3/4	PA
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (*vortioxetine hbr*)	3/4	ST QL (1 tablet per day.)
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	1	QL (1 tablet per day)
SUCCINIMIDES - Drugs for Seizures		
CELONTIN ORAL CAPSULE 300 MG (*methsuximide*)	3/4	
ethosuximide oral capsule 250 mg	1	
ethosuximide oral solution 250 mg/5ml	1	
methsuximide oral capsule 300 mg	1	
ZARONTIN ORAL CAPSULE 250 MG (*ethosuximide*)	3/4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZARONTIN ORAL SOLUTION 250 MG/5ML (*ethosuximide*)	3/4	
THIOXANTHENES - Drugs for Depression & Psychosis		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
TRICYCLICS, OTHER NOREPI-RU INHIBITORS - Drugs for Depression & Psychosis		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	1	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	1	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin hcl external cream 5 %	1	PA
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin hcl oral concentrate 10 mg/ml	1	
doxepin hcl oral tablet 3 mg, 6 mg	1	QL (1 tablet per day)
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*)	3/4	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline hcl oral solution 10 mg/5ml	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
protriptyline hcl oral tablet 10 mg, 5 mg	1	
SILENOR ORAL TABLET 3 MG, 6 MG (*doxepin hcl*)	3/4	QL (1 tablet per day)
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	1	
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 9 MG (*deutetrabenazine*)	2	PA QL (4 tablets per day) SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AUSTEDO ORAL TABLET 6 MG (*deutetrabenazine*)	2	PA QL (2 tablets per day) SP SMCS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (*deutetrabenazine*)	2	PA QL (30 tablets per month.) SP SMCS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG (*deutetrabenazine*)	2	PA QL (30 Tablets per month.) SP SMCS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG (*deutetrabenazine*)	2	PA SP SMCS
INGREZZA ORAL CAPSULE 40 MG, 80 MG (*valbenazine tosylate*)	2	PA QL (1 capsule per day) SP SMCS
INGREZZA ORAL CAPSULE 60 MG (*valbenazine tosylate*)	2	PA QL (1 capsule per day.) SMCS
INGREZZA ORAL CAPSULE SPRINKLE 40 MG (*valbenazine tosylate*)	2	PA QL (30 tablets per month.) SP SMCS
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG (*valbenazine tosylate*)	2	PA QL (30 capsules per month.) SP SMCS
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (*valbenazine tosylate*)	2	PA QL (1 kit (28 tablets) per year.) SP SMCS
tetrabenazine oral tablet 12.5 mg, 25 mg	1	PA SP SMCS
WAKEFULNESS-PROMOTING AGENTS - Drugs for the Nervous System		
armodafinil oral tablet 150 mg, 250 mg	1	QL (1 tablet per day)
armodafinil oral tablet 200 mg	1	QL (1 tablet per day.)
armodafinil oral tablet 50 mg	1	QL (2 tablets per day.)
diclofenac sodium oral tablet delayed release 75 mg	1	
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, .5 GM, 9 GM (*sodium oxybate*)	3/4	PA QL (1 packet per day.) SP SMCS
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & .5 GM (*sodium oxybate*)	3/4	PA QL (1 box (28 packets) per year.) SP SMCS
modafinil oral tablet 100 mg, 200 mg	1	QL (3 tablets per day.)
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	3/4	PA QL (18 ml per day.) SP SMCS
SUNOSI ORAL TABLET 150 MG, 5 MG (*solriamfetol hcl*)	2	PA QL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
WAKIX ORAL TABLET 1 .8 MG, 4.45 MG (*pitolisant hcl*)	3/4	PA QL (2 tablets per day.) SP SMCS
DENTAL AGENTS		
NUTRITIONAL SUPPLEMENTS		
DAVIMET-FLUORIDE ORAL TABLET CHEWABLE 0. 5 MG (*pediatric multivitamins-fl*)	3/4	
DENTA 5000 PLUS DENTAL CREAM 1.1 (*sodium fluoride*)	3/4	
DENTAGEL DENTAL GEL 1.1 (*sodium fluoride*)	3/4	
EASYGEL DENTAL GEL 0.4 (*stannous fluoride*)	3	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (*sodium fluoride-vitamin d*)	3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (*pediatric multivitamins-fl*)	3/4	
FLOTREX ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG (*pediatric multivitamins-fl*)	3/4	
FLOTREX ORAL TABLET CHEWABLE 1 MG (*pediatric multivitamins-fl*)	3	
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 (*stannous fluoride*)	3	
FRAICHE 5000 DENTAL DENTAL GEL 1.1	3/4	
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 ORAL SUSPENSION 0.25 MG/ML	3/4	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3/4	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-fl*)	3/4	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3/4	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 (*sodium fluoride*)	3/4	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 (*sodium fluoride*)	3/4	

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 3/4: Your highest cost medications PA: Prior authorization required QL: Quantity Limit ST: Step Therapy H-N: Part of Health Care Reform with confirmation of age and/or condition appropriate preventive use. SP: Specialty medication CM: Orally administered anticancer medication SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to in ectables covered under the medical benefit) E: Excluded from coverage unless covered as part of health care reform preventive SM: State Mandated Benefit Program NTT: If you are new to opioid therapy, you will be limited to a -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
PREVIDENT DENTAL GEL 1.1 (*sodium fluoride*)	3/4	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 (*sodium fluoride*)	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (*pediatric multivitamins-fl*)	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
sf 5000 plus dental cream 1.1 %	1	
sf dental gel 1.1 %	1	
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 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	H
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 (*pediatric multivitamins-fl*)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
TRI-VITAMIN WITH FLUORIDE ORAL SUSPENSION 0.25 MG/ML	3/4	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
DENTAL AGENTS - Oral Care		
DENTAL AGENTS - Oral Care		
CLINPRO 5000 DENTAL PASTE 1.1 (*sodium fluoride*)	3	
DAVIMET-FLUORIDE ORAL TABLET CHEWABLE 0. 5 MG (*pediatric multivitamins-fl*)	3/4	
DENTA 5000 PLUS DENTAL CREAM 1.1 (*sodium fluoride*)	3/4	
DENTA 5000 PLUS SENSITIVE DENTAL GEL 1.1-5	3	
DENTAGEL DENTAL GEL 1.1 (*sodium fluoride*)	3/4	
EASYGEL DENTAL GEL 0.4 (*stannous fluoride*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (*sodium fluoride-vitamin d*)	3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (*pediatric multivitamins-fl*)	3/4	
FLOTREX ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG (*pediatric multivitamins-fl*)	3/4	
FLOTREX ORAL TABLET CHEWABLE 1 MG (*pediatric multivitamins-fl*)	3	
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 (*stannous fluoride*)	3	
FLUORIDEX DENTAL PASTE 1.1 (*sodium fluoride*)	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 (*sodium fluoride*)	3	
FLUORIMAX 5000 DENTAL PASTE 1.1 (*sodium fluoride*)	3	
FLUORIMAX 5000 SENSITIVE DENTAL GEL 1.1-5 (*sod fluoride-potassium nitrate*)	3	
FRAICHE 5000 DENTAL DENTAL GEL 1.1	3/4	
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 ORAL SUSPENSION 0.25 MG/ML	3/4	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3/4	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-fl*)	3/4	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3/4	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 (*sodium fluoride*)	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 (*sodium fluoride*)	3/4	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 (*sod fluoride-potassium nitrate*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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*)	3/4	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 (*sod fluoride-potassium nitrate*)	3	
PREVIDENT DENTAL GEL 1.1 (*sodium fluoride*)	3/4	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 (*sodium fluoride*)	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (*pediatric multivitamins-fl*)	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
sf 5000 plus dental cream 1.1 %	1	
sf dental gel 1.1 %	1	
sod fluoride-potassium nitrate dental gel 1.1-5 %	1	
sodium fluoride 5000 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	H
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 (*pediatric multivitamins-fl*)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	

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TRI-VITAMIN WITH FLUORIDE ORAL SUSPENSION 0.25 MG/ML	3/4	
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	
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID (*blood glucose calibration*)	3	
ACCU-CHEK GUIDE KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
ACCU-CHEK GUIDE ME KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID (*blood glucose calibration*)	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT KIT (*lancets misc.*)	1	
ADVOCATE SAFETY LANCETS 21G (*lancets*)	3	
ADVOCATE SAFETY LANCETS 23G (*lancets*)	3	
ADVOCATE SAFETY LANCETS 28G (*lancets*)	3	
AEROCHAMBER HOLDING CHAMBER DEVICE (*spacer/aero-holding chambers*)	2	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE (*spacer/aero-holding chambers*)	2	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE (*spacer/aero-holding chambers*)	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE (*spacer/aero-holding chambers*)	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE (*spacer/aero-holding chambers*)	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE (*spacer/aero-holding chambers*)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AEROCHAMBER2GO ANTI-STATIC DEVICE (*spacer/aero-holding chambers*)	2	
ALCOHOL PREP PADS SHEET 0	3	
AQ INSULIN SYRINGE 29G X 1/2 1 ML, 30G X 5/16 0.5 ML, 31G X 5/16 1 ML	2	QL (10 syringes per day.)
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM	2	QL (10 pen needles per day.)
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM (*insulin pen needle*)	2	QL (10 pen needles per day.)
ASSURE ID PRO PEN NEEDLES 30G X 5 MM (*insulin pen needle*)	2	QL (10 pen needles per day.)
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	2	QL (10 pen needles per day.)
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	QL (10 pen needles per day.)
AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	QL (10 pen needles per day.)
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM (*insulin pen needle*)	2	QL (10 pen needles per day.)
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM (*insulin pen needle*)	2	QL (10 pen needles per day.)
AUTOLET LANCING DEVICE (*lancet devices*)	3	
AUTOLET LITE LANCING DEVICE (*lancet devices*)	3	
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM (*insulin pen needle*)	2	QL (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 PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM (*insulin pen needle*)	2	QL (10 pen needles per day.)
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM (*insulin pen needle*)	2	QL (10 pen needles per day.)
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM (*insulin pen needle*)	2	QL (10 pen needles per day.)
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12. MM (*insulin pen needle*)	2	QL (10 pen needles per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM (*insulin pen needle*)	2	QL (10 pen needles per day.)
BD SAFETYGLIDE NEEDLE 23G X 1-1/2 (*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 5/16 0.3 ML, 31G X 5/16 0.5 ML, 31G X 5/16 1 ML (*insulin syringe-needle u-100*)	2	QL (10 syringes per day.)
BD ULTRA-FINE INSULIN SYRINGES 31G X 6MM 0.5 ML (*insulin syringe/needle u-500*)	2	QL (10 syringes per day.)
BD ULTRA-FINE PEN NEEDLES 32G X 4 MM (*insulin pen needle*)	2	QL (10 pen needles per day.)
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64 0.3 ML, 31G X 15/64 0.5 ML, 31G X 15/64 1 ML (*insulin syringe-needle u-100*)	2	QL (10 syringes per day.)
BIGFOOT UNITY PROGRAM KIT (*blood glucose monitoring suppl*)	3	
BREATHE COMFORT CHAMBER/ADULT DEVICE	2	
BREATHE COMFORT CHAMBER/CHILD DEVICE	2	
CAREPOINT POLY HUB NEEDLE 18G X 1 , 20G X 1 , 21G X 1 , 22G X 1 , 23G X 1 , 25G X 1 , 25G X 5/8	2	
CAREPOINT POLY HUB NEEDLE 21G X 1-1/2	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2	2	
CAREPOINT POLY HUB NEEDLE 2 G 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	
CARESENS S CONTROL SOLN A/B IN VITRO LIQUID (*blood glucose calibration*)	2	
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID (*blood glucose calibration*)	3	
CARETOUCH HYPODERMIC NEEDLE 22G X 1 , 2 G X 1-1/2 (*needle (disp)*)	2	
CARETOUCH LANCING/EJECTOR (*lancet devices*)	3	

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CEQUR SIMPLICITY 2U DEVICE (*injection device for insulin*)	3	ST
CHEMSTRIP BG LOG BOOK (*blood glucose monitoring suppl*)	1	
CHOSEN LANCETS 30G (*lancets*)	3	
CHOSEN LANCING DEVICE (*lancet devices*)	3	
CHOSEN SAFETY LANCETS 28G (*lancets*)	3	
CLEVER CHOICE COMFORT EZ (*lancets*)	3	
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM (*insulin pen needle*)	2	QL (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 EZ KIT W/DEVICE (*blood glucose monitoring suppl*)	1	
CONTOUR NEXT GEN MONITOR KIT W/DEVICE (*blood glucose monitoring suppl*)	1	
CONTOUR NEXT MONITOR KIT W/DEVICE (*blood glucose monitoring suppl*)	1	
CONTOUR NEXT ONE KIT (*blood glucose monitoring suppl*)	1	
CONTOUR NEXT ONE KIT W/DEVICE (*blood glucose monitoring suppl*)	1	SM
CONTOUR PLUS BLUE KIT W/DEVICE (*blood glucose monitoring suppl*)	1	
DEXCOM G6 RECEIVER DEVICE (*continuous glucose receiver*)	3	PA QL (1 kit per 999 days.)
DEXCOM G6 SENSOR (*continuous glucose sensor*)	3	PA QL (3 sensors per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEXCOM G6 TRANSMITTER (*continuous glucose transmitter*)	3	PA QL (Benefit maximum quantity 1 transmitter per 3 months for Dexcom G6 Transmitter.)
DEXCOM G 15 DAY SENSOR (*continuous glucose sensor*)	3	PA
DEXCOM G RECEIVER DEVICE (*continuous glucose receiver*)	3	PA QL (1 kit per 999 days.)
DEXCOM G SENSOR (*continuous glucose sensor*)	3	PA QL (3 sensors per month.)
DIABETES MONITOR DIGIT ADD-ON KIT	3	
DIABETES MONITOR DIGIT SOLN KIT	3	
DROPLET MICRON 34G X 3.5 MM (*insulin pen needle*)	2	QL (10 pen needles per day.)
DROPSAFE ACTI-LANCE 23G (*lancets*)	3	
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2 1 ML, 31G X 15/64 0.3 ML, 31G X 15/64 0.5 ML, 31G X 15/64 1 ML, 31G X 5/16 0.3 ML, 31G X 5/16 0.5 ML, 31G X 5/16 1 ML (*insulin syringe-needle u-100*)	2	QL (10 syringes per day.)
DROPSAFE SICURA 25G X 1 (*needle (disp)*)	2	
EASIVENT (*spacer/aero-holding chambers*)	2	
EASY COMFORT SHARPS CONTAINER	3	
EASY TOUCH HEALTHPRO HIGH/LOW IN VITRO LIQUID (*blood glucose calibration*)	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	
EMBECTA AUTOSHIELD DUO 30G X 5 MM (*insulin pen needle*)	2	QL (10 pen needles per day.)
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64 0.3 ML, 31G X 5/16 0.3 ML (*insulin syringe-needle u-100*)	2	QL (10 syringes per day.)
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2 0.3 ML, 30G X 1/2 0.5 ML, 30G X 1/2 1 ML, 31G X 15/64 0.3 ML, 31G X 15/64 0.5 ML, 31G X 15/64 1 ML, 31G X 5/16 0.3 ML, 31G X 5/16 0.5 ML, 31G X 5/16 1 ML (*insulin syringe-needle u-100*)	2	QL (10 syringes per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EMBECTA INSULIN SYRINGE 28G X 1/2 0.5 ML, 28G X 1/2 1 ML (*insulin syringe-needle u-100*)	2	QL (10 syringes per day.)
EMBECTA INSULIN SYRINGE U-100 2 G X 5/8 1 ML, 28G X 1/2 1 ML (*insulin syringe-needle u-100*)	2	QL (10 syringes per day.)
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (*insulin syringe/needle u-500*)	2	QL (10 syringes per day.)
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM (*insulin pen needle*)	2	QL (10 pen needles per day.)
EMBECTA PEN NEEDLE NANO 32G X 4 MM (*insulin pen needle*)	2	QL (10 pen needles per day.)
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12. MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM (*insulin pen needle*)	2	QL (10 pen needles per day.)
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	2	QL (10 pen needles per day.)
ENLITE GLUCOSE SENSOR (*continuous glucose sensor*)	3	PA
FLEXICHAMBER ADULT MASK/SMALL (*spacer/aero-hold chamber mask*)	2	
FLEXICHAMBER CHILD MASK/LARGE (*spacer/aero-hold chamber mask*)	2	
FLEXICHAMBER CHILD MASK/SMALL (*spacer/aero-hold chamber mask*)	2	
FLEXICHAMBER DEVICE (*spacer/aero-holding chambers*)	2	
FORA TEST N GO ADVANCE DEVICE (*blood glucose/ketone monitor*)	3	
FREESTYLE LIBRE 14 DAY READER DEVICE (*continuous glucose receiver*)	3	PA QL (1 receiver per 999 days.)
FREESTYLE LIBRE 14 DAY SENSOR (*continuous glucose sensor*)	3	PA QL (2 sensors per 21 days.)
FREESTYLE LIBRE 2 PLUS SENSOR (*continuous glucose sensor*)	3	PA
FREESTYLE LIBRE 2 READER DEVICE (*continuous glucose receiver*)	3	PA QL (1 receiver per 999 days.)
FREESTYLE LIBRE 2 SENSOR (*continuous glucose sensor*)	3	PA QL (2 sensors per 21 days.)
FREESTYLE LIBRE 3 PLUS SENSOR (*continuous glucose sensor*)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FREESTYLE LIBRE 3 READER DEVICE (*continuous glucose receiver*)	3	PA
FREESTYLE LIBRE 3 SENSOR (*continuous glucose sensor*)	3	PA QL (2 sensors per 21 days.)
FREESTYLE LIBRE READER DEVICE (*continuous glucose receiver*)	3	PA QL (1 kit per 999 days.)
GUARDIAN 4 GLUCOSE SENSOR (*continuous glucose sensor*)	3	PA QL (5 sensors per month.)
GUARDIAN 4 TRANSMITTER (*continuous glucose transmitter*)	3	PA QL (1 transmitter kit per year.)
GUARDIAN LINK 3 TRANSMITTER (*continuous glucose transmitter*)	3	PA QL (1 transmitter kit per 365 days.)
GUARDIAN REAL-TIME CHARGER (*continuous glucose monitor sup*)	3	
GUARDIAN REAL-TIME REPLACE PED DEVICE (*continuous glucose receiver*)	3	PA
GUARDIAN REAL-TIME TEST PLUG (*continuous glucose monitor sup*)	3	
GUARDIAN SENSOR 3	3	PA QL (5 sensors per 24 days.)
IHEALTH CONTROL SOLUTION IN VITRO LIQUID (*blood glucose calibration*)	3	
IHEALTH LANCING DEVICE (*lancet devices*)	3	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE (*injection device for insulin*)	3	ST
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE (*injection device for insulin*)	3	ST
INPEN 100-GREY-LILLY-HUMALOG DEVICE (*injection device for insulin*)	3	ST
INPEN 100-GREY-NOVOLOG-FIASP DEVICE (*injection device for insulin*)	3	ST
INPEN 100-PINK-LILLY-HUMALOG DEVICE (*injection device for insulin*)	3	ST
INPEN 100-PINK-NOVOLOG-FIASP DEVICE (*injection device for insulin*)	3	ST
INSPIREASE RESERVOIR BAGS (*spacer/aero-hold chamber bags*)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12. MM , 29G X 12MM , 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	QL (10 pen needles per day.)
INSULIN PEN NEEDLES 29G X 4MM , 29G X 5MM , 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	2	QL (10 pen needles per day.)
INSULIN SYRINGES 2 G X 1/2 0.5 ML, 2 G X 1/2 1 ML, 29G X 1/2 0.5 ML, 29G X 1/2 1 ML, 29G X 5/16 0.5 ML, 29G X 5/16 1 ML, 30G X 1/2 1 ML, 30G X 5/16 0.5 ML, 31G X 1/2 0.3 ML, 31G X 5/16 0.5 ML, 31G X 5/16 1 ML, 32G X 5/16 1 ML	2	QL (10 syringes per day.)
INSULIN SYRINGES 28G X 1/2 0.5 ML, 28G X 1/2 1 ML, 29G X 1/2 0.3 ML, 30G X 1/2 0.3 ML, 30G X 1/2 0.5 ML, 30G X 5/16 0.3 ML, 30G X 5/16 1 ML, 31G X 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	QL (10 syringes per day.)
INSUPEN32G EXTR3ME 32G X 6 MM (*insulin pen needle*)	2	QL (10 pen needles per day.)
KT TAPE CGM PATCH (*continuous glucose monitor sup*)	3	
LANCETS (*lancets*)	1	
LANCETS	3	
LANCETS 28G THIN	3	
LANCETS SUPER THIN (*lancets*)	3	
MICROLET NEXT LANCING DEVICE (*lancet devices*)	3	
MOBILE LANCETS 30G	3	
NORDIPEN 5 INJECTION DEVICE (*injection device*)	3	
NOVOFINE PEN NEEDLE 32G X 6 MM (*insulin pen needle*)	2	QL (10 pen needles per day.)
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM (*insulin pen needle*)	2	QL (10 pen needles per day.)
NOVOPEN ECHO DEVICE (*injection device for insulin*)	3	
OMNIPOD 5 DEXG G6 INTRO GEN 5 KIT (*insulin disposable pump*)	2	PA QL (1 kit per 180 days.)
OMNIPOD 5 DEXG G6 PODS GEN 5 (*insulin disposable pump*)	2	PA
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT (*insulin disposable pump*)	2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OMNIPOD 5 LIBRE2 PLUS G6 PODS (*insulin disposable pump*)	2	PA
ONETOUCH DELICA PLUS LANCING (*lancet devices*)	1	
ONETOUCH DELICA SAFETY LANCING (*lancets*)	1	
ONETOUCH ULTRA 2 KIT W/DEVICE (*blood glucose monitoring suppl*)	1	
ONETOUCH ULTRA IN VITRO LIQUID (*blood glucose calibration*)	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	1	
ONETOUCH VERIO IN VITRO LIQUID HIGH (*blood glucose calibration*)	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE (*blood glucose monitoring suppl*)	1	
PARI VORTEX ADULT MASK (*spacer/aero-hold chamber mask*)	2	
PARI VORTEX PEDIATRIC MASK (*spacer/aero-hold chamber mask*)	2	
PEN NEEDLE/5-BEVEL TIP 31G X 8 MM , 32G X 4 MM	2	QL (10 pen needles per day.)
PERFECT POINT SAFETY LANCETS (*lancets*)	3	
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	QL (10 pen needles per day.)
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12. MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM (*insulin pen needle*)	2	QL (10 pen needles per day.)
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	2	QL (10 pen needles per day.)
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM	2	QL (10 pen needles per day.)
SHARPS COLLECTOR	3	
SHARPS CONTAINER	3	
TECHLITE LANCETS 26G (*lancets*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TECHLITE PLUS PEN NEEDLES 32G X 4 MM (*insulin pen needle*)	2	QL (10 pen needles per day.)
TRUE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	2	QL (10 pen needles per day.)
TRUE METRIX LEVEL 1 IN VITRO SOLUTION LOW (*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	
TWIIST REFILL KIT KIT (*insulin disposable pump*)	2	PA
TWIIST REFILL KIT/INFUSION SET KIT (*insulin disposable pump*)	2	PA
TWIIST STARTER KIT KIT (*insulin disposable pump*)	2	PA QL (1 kit per 30 days.)
UNIFINE OTC PEN NEEDLES 31G X 5 MM , 32G X 4 MM (*insulin pen needle*)	2	QL (10 pen needles per day.)
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM (*insulin pen needle*)	2	QL (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	QL (10 pen needles per day.)
VERIFINE INSULIN SYRINGE 28G X 1/2 1 ML, 29G X 1/2 0.5 ML, 29G X 1/2 1 ML, 30G X 1/2 1 ML, 30G X 5/16 0.5 ML, 30G X 5/16 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	QL (10 syringes per day.)
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	2	QL (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	
VERISAFE SAFETY STERILE NEEDLE 23G X 1-1/2 , 25G X 1 (*needle (disp)*)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VIVAGUARD INO CONTROL SOLUTION LIQUID IN VITRO (*blood glucose calibration*)	2	
VIVAGUARD INO CONTROL SOLUTION LIQUID IN VITRO (*blood glucose calibration*)	3	
VIVAGUARD LANCETS 30G (*lancets*)	3	
VIVAGUARD LANCING DEVICE (*lancet devices*)	3	
VIVAGUARD SAFETY LANCETS 28G (*lancets*)	3	
VORTEX VALVE CHAMBER-PEDI MASK DEVICE (*spacer/aero-holding chambers*)	2	
VORTEX VALVED HOLDING CHAMBER DEVICE (*spacer/aero-holding chambers*)	2	
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML (*corticotropin*)	3/4	PA ST QL (10.5 mL (21 in ectors) per treatment course.) SP SMCS
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 80 UNIT/ML (*corticotropin*)	3/4	PA ST QL (21 mL (21 in ectors) per treatment course.) SP SMCS
ACTHAR INJECTION GEL 80 UNIT/ML (*corticotropin*)	3/4	PA ST QL (20 ml per 24 days.) SP SMCS
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML (*corticotropin*)	3/4	PA ST SP SMCS
CORTROPHIN INJECTION GEL 80 UNIT/ML (*corticotropin*)	3/4	PA ST QL (20 ml per 24 days.) SP SMCS
CORTROSYN INJECTION SOLUTION RECONSTITUTED 0.25 MG (*cosyntropin*)	3/4	
cosyntropin injection solution reconstituted 0.25 mg	1	
CARDIAC FUNCTION		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
DIABETES MELLITUS		
ACCU-CHEK GUIDE TEST IN VITRO STRIP (*glucose blood*)	2	QL (51 strips per prescription without history 204 strips per prescription with history.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CONTOUR NEXT TEST IN VITRO STRIP (*glucose blood*)	1	QL (51 strips per prescription without history 204 strips per prescription with history.)
CONTOUR PLUS TEST IN VITRO STRIP (*glucose blood*)	1	QL (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 BLUE TEST IN VITRO STRIP (*glucose blood*)	1	QL (51 strips per prescription without history 204 strips per prescription with history.)
ONETOUCH ULTRA IN VITRO STRIP (*glucose blood*)	1	QL (51 strips per prescription without history 204 strips per prescription with history.)
ONETOUCH ULTRA TEST IN VITRO STRIP (*glucose blood*)	1	QL (51 strips per prescription without history 204 strips per prescription with history.)
ONETOUCH VERIO IN VITRO STRIP (*glucose blood*)	1	QL (51 strips per prescription without history 204 strips per prescription with history.)
KETONES		
CHEMSTRIP K IN VITRO STRIP (*acetone (urine) test*)	2	
KETOSTIX IN VITRO STRIP (*acetone (urine) test*)	2	
PHEOCHROMOCYTOMA		
DEMSER ORAL CAPSULE 250 MG (*metyrosine*)	3/4	PA
metyrosine oral capsule 250 mg	1	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	
KETO-DIASTIX IN VITRO STRIP (*urine glucose-ketones test*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KETONE CARE IN VITRO STRIP (*urine glucose-ketones test*)	2	
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- 00 MG (*pot & sod ac phosphates*)	2	
ALKALINIZING AGENTS		
cytra k crystals oral packet 3300-1002 mg	1	
ORACIT ORAL SOLUTION 490-640 MG/5ML (*sod citrate-citric acid*)	2	
ORAL CITRATE ORAL SOLUTION 490-640 MG/5ML	2	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	1	
potassium citrate-citric acid oral solution 1100-334 mg/5ml	1	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
tricitrates oral solution 550-500-334 mg/5ml	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (*potassium citrate*)	3/4	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (*potassium citrate*)	3/4	
AMMONIA DETOXICANTS		
carglumic acid oral tablet soluble 200 mg	1	PA SP SMCS
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, 20 GM (*lactulose*)	3	
lactulose encephalopathy oral solution 10 gm/15ml	1	
lactulose oral packet 20 gm	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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*)	3/4	PA ST QL (1 .5 ml per day.) SP SMCS
sodium phenylbutyrate oral powder 3 gm/tsp	1	PA SP SMCS
sodium phenylbutyrate oral tablet 500 mg	1	PA SP SMCS
CALORIC AGENTS - Drugs for Nutrition		
DOJOLVI ORAL LIQUID 100 (*triheptanoin*)	3/4	PA SP SMCS
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 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
LOOP DIURETICS (40:28) - Drugs for Water Balance		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
BUMEX ORAL TABLET 0.5 MG (*bumetanide*)	3	
ethacrynic acid oral tablet 25 mg	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (*furosemide*)	3/4	PA
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*)	3/4	
SOAANZ ORAL TABLET 20 MG (*torsemide*)	3/4	QL (1 tablet per day.)
SOAANZ ORAL TABLET 40 MG, 60 MG (*torsemide*)	3/4	QL (2 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
OSMOTIC DIURETICS - Drugs for Water Balance		
DERMACINRX UREA EXTERNAL CREAM 41 (*urea*)	3/4	
DERMACURE EXTERNAL CREAM 41 (*urea*)	3/4	
HYDRO 40 EXTERNAL FOAM 40 (*urea*)	3	
UMECTA MOUSSE EXTERNAL FOAM 40 (*urea*)	3	
URAMAXIN EXTERNAL GEL 45 (*urea*)	3/4	
urea external cream 20 %, 40 %, 41 %, 45 %	1	
urea external lotion 40 %	1	
urea nail external gel 45 %	1	
UREMEZ-40 EXTERNAL CREAM 40	3	
OTHER ION-REMOVING AGENTS		
RADIOGARDASE ORAL CAPSULE 0.5 GM (*prussian blue insoluble*)	3	
PHOSPHATE-REMOVING AGENTS		
calcium acetate (phos binder) oral capsule 667 mg	1	
calcium acetate (phos binder) oral tablet 667 mg	1	
calcium acetate oral tablet 667 mg	1	
FOSRENOL ORAL PACKET 1000 MG, 50 MG (*lanthanum carbonate*)	3	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	1	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	1	
sevelamer carbonate oral tablet 800 mg	1	
VELPHORO ORAL TABLET CHEWABLE 500 MG (*sucroferric oxyhydroxide*)	3/4	ST
XPHOZAH ORAL TABLET 20 MG, 30 MG (*tenapanor hcl (ckd)*)	3/4	PA QL (2 tablets per day.)
POTASSIUM-REMOVING AGENTS		
LOKELMA ORAL PACKET 10 GM (*sodium zirconium cyclosilicate*)	3	QL (1 packet per day.)
LOKELMA ORAL PACKET 5 GM (*sodium zirconium cyclosilicate*)	3	QL (3 packets per day.)
sodium polystyrene sulfonate oral powder	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML (*sodium polystyrene sulfonate*)	3	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (*sodium polystyrene sulfonate*)	3	
VELTASSA ORAL PACKET 1 GM (*patiromer sorbitex calcium*)	3	QL (124 packets per month.)
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (*patiromer sorbitex calcium*)	3	QL (1 Packet per day.)
XPHOZAH ORAL TABLET 30 MG (*tenapanor hcl (ckd)*)	3/4	PA QL (2 tablets per day.)
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*)	3/4	SM
eplerenone oral tablet 25 mg, 50 mg	1	
spironolactone oral suspension 25 mg/5ml	1	SM
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	SM
spironolactone-hctz oral tablet 25-25 mg	1	
triamterene oral capsule 100 mg, 50 mg	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
REPLACEMENT PREPARATIONS		
CALCIFOL ORAL WAFER 1342-1.6 MG (*ca carb-fa-d-b6-b12-boron-mg*)	3	
calcium acetate (phos binder) oral capsule 667 mg	1	
calcium acetate (phos binder) oral tablet 667 mg	1	
calcium acetate oral tablet 667 mg	1	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (*potassium bicarb-citric acid*)	2	
effer-k oral tablet effervescent 25 meq	1	
GALZIN ORAL CAPSULE 25 MG, 50 MG (*zinc acetate (oral)*)	3	
klor-con 10 oral tablet extended release 10 meq	1	
klor-con m10 oral tablet extended release 10 meq	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 (*potassium bicarbonate*)	3	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-(*insulin regular(human) in nacl*)	3	SM
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG (*k phos mono-sod phos di & mono*)	2	
phosphorous oral tablet 155-852-130 mg	1	
phospho-trin 250 neutral oral tablet 155-852-130 mg	1	
PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION 22-4-1 MEQ-MMOL/L	3	
PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5-1 MEQ-MMOL/L	3	
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	1	
potassium chloride er oral capsule extended release 10 meq, 8 meq	1	
potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
PREMESISRX ORAL TABLET 1 MG (*prenatal ca-b6-b12-fa-ginger*)	3	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	

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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 2 -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	
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-dextose-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	
WESCAP-PN DHA ORAL CAPSULE 2 -0.6-0.4-300 MG	3/4	
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*)	3/4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
DIURIL ORAL SUSPENSION 250 MG/5ML (*chlorothiazide*)	2	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (*azilsartan-chlorthalidone*)	3/4	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
INZIRQO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (*hydrochlorothiazide*)	3/4	
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*)	3/4	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
THIAZIDE-LIKE DIURETICS - Drugs for Water Balance		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
THALITONE ORAL TABLET 15 MG (*chlorthalidone*)	3/4	
URICOSURIC AGENTS		
colchicine-probenecid oral tablet 0.5-500 mg	1	
probenecid oral tablet 500 mg	1	
VASOPRESSIN ANTAGONISTS - Drugs for Water Balance		
SAMSCA ORAL TABLET 15 MG (*tolvaptan*)	3/4	PA QL (90 tablets per 365 days.) SP SMCS
SAMSCA ORAL TABLET 30 MG (*tolvaptan*)	3/4	PA QL (60 tablets per 365 days.) SP SMCS
tolvaptan oral tablet 15 mg	1	PA SP SMCS
tolvaptan oral tablet therapy pack 15 mg	1	PA QL (2 tablets per day.) SP SMCS
tolvaptan oral tablet therapy pack 30 & 15 mg	1	PA QL (2 tablets per day.) SMCS
tolvaptan oral tablet therapy pack 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	1	PA QL (2 tablets per day) SP SMCS
tolvaptan tablet 30 mg oral	1	PA SP SMCS
tolvaptan tablet 30 mg oral	1	PA QL (2 tablets per day.) SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENZYMES		
ENZYME COFACTORS/CHAPERONES		
GALAFOLD ORAL CAPSULE 123 MG (*migalastat hcl*)	3/4	PA QL (14 capsules per 21 days.) SP SMCS
JAVYGTOR ORAL PACKET 100 MG (*sapropterin dihydrochloride*)	3/4	PA QL (16 packets per day.) SP SMCS
JAVYGTOR ORAL PACKET 500 MG (*sapropterin dihydrochloride*)	3/4	PA QL (4 packets per day.) SP SMCS
JAVYGTOR ORAL TABLET 100 MG (*sapropterin dihydrochloride*)	3/4	PA QL (16 tablets per day) SP SMCS
MIPLYFFA ORAL CAPSULE 124 MG, 4 MG, 62 MG, 93 MG (*arimoclomol citrate*)	3/4	PA QL (90 capsules per month.) SP SMCS
sapropterin dihydrochloride oral packet 100 mg	1	PA QL (16 packets per day.) SP SMCS
sapropterin dihydrochloride oral packet 500 mg	1	PA QL (4 packets per day.) SP SMCS
sapropterin dihydrochloride oral tablet 100 mg	1	PA QL (16 tablets per day) SP SMCS
zelvysia oral packet 100 mg	1	PA QL (16 packets per day.) SP SMCS
zelvysia oral packet 500 mg	1	PA QL (4 packets per day.) SP SMCS
ENZYME INHIBITORS		
CERDELGA ORAL CAPSULE 84 MG (*eliglustat tartrate*)	2	PA SP SMCS
miglustat oral capsule 100 mg	1	SP SMCS
OPFOLDA ORAL CAPSULE 65 MG (*miglustat (gaa deficiency)*)	2	PA QL (8 capsules per 21 days.) SP SMCS
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (*nitisinone*)	1	PA SP SMCS
ORFADIN ORAL SUSPENSION 4 MG/ML (*nitisinone*)	2	PA SP SMCS
ZOKINVY ORAL CAPSULE 50 MG (*lonafarnib*)	2	PA QL (5 capsules per day.) SP SMCS
ZOKINVY ORAL CAPSULE 5 MG (*lonafarnib*)	2	PA QL (1 tablet per day.) SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000- 6000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (*pancrelipase (lip-prot-amyl)*)	2	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML (*pegvaliase-pqpz*)	3	PA ST QL (mL per year.) SP SMCS
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML (*pegvaliase-pqpz*)	3	PA ST QL (6 syringes per 365 days.) SP SMCS
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (*pegvaliase-pqpz*)	3	PA ST QL (1 ml per day.) SP SMCS
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54 00 UNIT, 2600-8800 UNIT, 3 000-9 300 UNIT, 4200-14200 UNIT (*pancrelipase (lip-prot-amyl)*)	3	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-5 500 UNIT, 24000-86250 UNIT, 4000-143 5 UNIT, 8000-28 50 UNIT (*pancrelipase (lip-prot-amyl)*)	3/4	ST
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (*dornase alfa*)	2	PA QL (5 ml per day.) SP SMCS
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (*collagenase*)	3	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML (*asfotase alfa*)	2	PA QL (5.4 ml per month.) SP SMCS
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0. ML (*asfotase alfa*)	2	PA QL (8.4 ml per month.) SP SMCS
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML (*asfotase alfa*)	2	PA QL (12 ml tablets per month.) SP SMCS
STRENSIQ SUBCUTANEOUS SOLUTION 80 MG/0.8ML (*asfotase alfa*)	2	PA QL (9.6 ml (12 vials) per month.) SP SMCS
SUCRAID ORAL SOLUTION 8500 UNIT/ML (*sacrosidase*)	2	PA SP SMCS
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880- 8300 UNIT (*pancrelipase (lip-prot-amyl)*)	3/4	ST
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-4 000 UNIT, 20000-63000 UNIT, 25000- 9000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (*pancrelipase (lip-prot-amyl)*)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ALPHA-ADRENERGIC AGONISTS (EENT) - Drugs for the Eye		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 (*brimonidine tartrate*)	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 (*brimonidine tartrate*)	3/4	
apraclonidine hcl ophthalmic solution 0.5 %	1	
brimonidine tartrate external gel 0.33 %	1	PA
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 (*brimonidine tartrate-timolol*)	1	
IOPIDINE OPHTHALMIC SOLUTION 1 (*apraclonidine hcl*)	3	
MIRVASO EXTERNAL GEL 0.33 (*brimonidine tartrate*)	2	PA
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 (*brinzolamide-brimonidine*)	3/4	
ANTIALLERGIC AGENTS - Drugs for Allergy		
ALOCRIL OPHTHALMIC SOLUTION 2 (*nedocromil sodium*)	3	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl ophthalmic solution 0.05 %	1	
bepotastine besilate ophthalmic solution 1.5 %	1	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	1	
cromolyn sodium ophthalmic solution 4 %	1	
cromolyn sodium oral concentrate 100 mg/5ml	1	
epinastine hcl ophthalmic solution 0.05 %	1	
olopatadine hcl nasal solution 0.6 %	1	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (*olopatadine-mometasone*)	3/4	
ANTIBACTERIALS (52:04) - Drugs for Infections		
AMZEEQ EXTERNAL FOAM 4 (*minocycline hcl micronized*)	3/4	
AZASITE OPHTHALMIC SOLUTION 1 (*azithromycin*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
CIPRO HC OTIC SUSPENSION 0.2-1 (*ciprofloxacin-hydrocortisone*)	3	
ciprofloxacin hcl ophthalmic solution 0.3 %	1	
ciprofloxacin hcl otic solution 0.2 %	1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (*neomycin-colist-hc-thonzonium*)	3	
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-N
gatifloxacin ophthalmic solution 0.5 %	1	
gentamicin sulfate external cream 0.1 %	1	
gentamicin sulfate external ointment 0.1 %	1	
gentamicin sulfate ophthalmic solution 0.3 %	1	
levofloxacin ophthalmic solution 0.5 %, 1.5 %	1	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (*neomycin-polymyxin-dexameth*)	3/4	
MAXITROL OPHTHALMIC SUSPENSION 0.1 (*neomycin-polymyxin-dexameth*)	3/4	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MITOSOL OPHTHALMIC KIT 0.2 MG (*mitomycin*)	3	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	1	
moxifloxacin hcl ophthalmic solution 0.5 %	1	
neomycin sulfate oral tablet 500 mg	1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000	1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 (*bacitracin-polymyx-neo-hc*)	3	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000 (*neomycin-bacitracin zn-polymyx*)	3	
OCUFLOX OPHTHALMIC SOLUTION 0.3 (*ofloxacin*)	3/4	
ofloxacin ophthalmic solution 0.3 %	1	
ofloxacin otic solution 0.3 %	1	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM (*bacitracin-polymyxin b*)	3	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
sulfacetamide sodium ophthalmic ointment 10 %	1	
sulfacetamide sodium ophthalmic solution 10 %	1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
TOBI NEBULIZER INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	3/4	PA QL (280 ml (1 carton) per 56 days.) SP SMCS
TOBI PODHALER INHALATION CAPSULE 28 MG (*tobramycin*)	3	PA QL (224 capsules per 56 days.) SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 (*tobramycin-dexamethasone*)	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 (*tobramycin-dexamethasone*)	3/4	
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA QL (224 ml per 56 days.) SP SMCS
tobramycin ophthalmic solution 0.3 %	1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
TOBREX OPHTHALMIC OINTMENT 0.3 (*tobramycin*)	3	
ZILXI EXTERNAL FOAM 1.5 (*minocycline hcl micronized*)	3/4	PA ST
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 (*loteprednol-tobramycin*)	3	
ANTIFUNGALS (EENT) - Drugs for Infections		
NATACYN OPHTHALMIC SUSPENSION 5 (*natamycin*)	3	
ANTI-INFECTIVES, MISCELLANEOUS (52:04) - Drugs for Infections		
ARZOL SILVER NIT APPLICATORS EXTERNAL 5-25 (*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*)	3/4	
periogard mouth/throat solution 0.12 %	1	
PRAMOTIC OTIC LIQUID 1-0.1 (*pramoxine-chloroxylenol*)	3	
silver nitrate external solution 0.5 %	1	
XDEMVY OPHTHALMIC SOLUTION 0.25 (*lotilaner*)	3/4	PA QL (10 ml per 63 days.)
ANTI-INFLAMMATORY AGENTS (EENT) - Drugs for Inflammation		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (*perfluorohexyloctane*)	3/4	PA QL (3 ml per 23 days.)
OXERVATE OPHTHALMIC SOLUTION 0.002 (*cenegermin-bkbj*)	3/4	PA QL (1 ml per day and 56 ml per 365 days.) SP SMCS
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 (*cyclosporine*)	3/4	PA QL (5.5 mL (1 bottle) per month.)
RESTASIS OPHTHALMIC EMULSION 0.05 (*cyclosporine*)	1	PA
VERKAZIA OPHTHALMIC EMULSION 0.1 (*cyclosporine*)	3/4	PA QL (4 vials per day.)
XIIDRA OPHTHALMIC SOLUTION 5 (*lifitegrast*)	2	PA
ANTIVIRALS (EENT) - Drugs for Infections		
trifluridine ophthalmic solution 1 %	1	
ZIRGAN OPHTHALMIC GEL 0.15 (*ganciclovir*)	3	
ASTRINGENTS (52:04) - Drugs for Infections		
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 (*chlorhexidine gluconate*)	3/4	
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 0.5 (*timolol hemihydrate*)	3/4	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 (*betaxolol hcl*)	3	
carteolol hcl ophthalmic solution 1 %	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 (*brimonidine tartrate-timolol*)	1	
COSOPT OPHTHALMIC SOLUTION 2-0.5 (*dorzolamide hcl-timolol mal*)	3/4	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	
ISTALOL OPHTHALMIC SOLUTION 0.5 (*timolol maleate*)	3/4	
levobunolol hcl ophthalmic solution 0.5 %	1	
timolol hemihydrate ophthalmic solution 0.5 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
timolol maleate (once-daily) ophthalmic solution 0.5 %	1	
timolol maleate ocudose ophthalmic solution 0.5 %	1	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 , 0.5 (*timolol maleate*)	3/4	
CARBONIC ANHYDRASE INHIBITORS (EENT) - Drugs for the Eye		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
brinzolamide ophthalmic suspension 1 %	1	
COSOPT OPHTHALMIC SOLUTION 2-0.5 (*dorzolamide hcl-timolol mal*)	3/4	
DORZOLAMIDE HCL SOLUTION 2 OPHTHALMIC	3/4	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	
methazolamide oral tablet 25 mg, 50 mg	1	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 (*brinzolamide-brimonidine*)	3/4	
CORTICOSTEROIDS (EENT) - Drugs for Inflammation		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (*fluticasone-salmeterol*)	2	QL (0.4 grams per day.)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*)	3	
ALA SCALP EXTERNAL LOTION 2 (*hydrocortisone*)	3/4	
ALREX OPHTHALMIC SUSPENSION 0.2 (*loteprednol etabonate*)	3/4	
ANALPRAM HC EXTERNAL CREAM 1-1 , 2.5-1 (*hydrocortisone ace-pramoxine*)	3/4	
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*)	3/4	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG (*hydrocortisone acetate*)	3/4	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (*fluticasone furoate*)	1	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (*fluticasone furoate*)	1	QL (1 packet per day.)
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT (*fluticasone furoate-vilanterol*)	2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT (*fluticasone furoate-vilanterol*)	3	QL (2 blisters per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH (*fluticasone furoate-vilanterol*)	3	
CIPRO HC OTIC SUSPENSION 0.2-1 (*ciprofloxacin-hydrocortisone*)	3	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	1	
CLOBETASOL PROPIONATE OPHTHALMIC SUSPENSION 0.05	3/4	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (*hc-pramoxine-chloroxylenol*)	3/4	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (*hydrocortisone*)	3/4	
CORTENEMA RECTAL ENEMA 100 MG/60ML (*hydrocortisone*)	3/4	
CORTIFOAM EXTERNAL FOAM 10 (*hydrocortisone acetate*)	2	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (*neomycin-colist-hc-thonzonium*)	3	
DERMA-SMOOTHE/FS BODY EXTERNAL OIL 0.01 (*fluocinolone acetonide*)	3/4	
DERMA-SMOOTHE/FS SCALP EXTERNAL OIL 0.01 (*fluocinolone acetonide*)	3/4	

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DERMOTIC OTIC OIL 0.01 (*fluocinolone acetonide*)	3/4	
dexamethasone intensol oral concentrate 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5ml	1	
dexamethasone oral solution 0.5 mg/5ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	1	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	1	
difluprednate ophthalmic emulsion 0.05 %	1	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 (*loteprednol etabonate*)	2	
FLAREX OPHTHALMIC SUSPENSION 0.1 (*fluorometholone acetate*)	2	
flunisolide nasal solution 25 mcg/act (0.025%)	1	
fluocinolone acetonide body external oil 0.01 %	1	
fluocinolone acetonide external cream 0.01 %, 0.025 %	1	
fluocinolone acetonide external ointment 0.025 %	1	
fluocinolone acetonide external solution 0.01 %	1	
fluocinolone acetonide otic oil 0.01 %	1	
fluocinolone acetonide scalp external oil 0.01 %	1	
fluorometholone ophthalmic suspension 0.1 %	1	
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT	3/4	
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT	3/4	QL (2 blisters per day.)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 44 MCG/ACT	3/4	QL (1 inhaler per month.)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 220 MCG/ACT	3/4	QL (2 inhalers per month.)
fluticasone propionate nasal suspension 50 mcg/act	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3/4	QL (0.4 grams per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL (2 blisters per day.)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL (0.04 mcg per day.)
FML FORTE OPHTHALMIC SUSPENSION 0.25 (*fluorometholone*)	3	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 (*fluorometholone*)	3/4	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG (*hydrocortisone acetate*)	3	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG (*hydrocortisone acetate*)	3/4	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
HYDROCORTISONE ACETATE EXTERNAL CREAM 2.5	3/4	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	1	
hydrocortisone butyrate external cream 0.1 %	1	
hydrocortisone butyrate external ointment 0.1 %	1	
hydrocortisone butyrate external solution 0.1 %	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
hydrocortisone rectal enema 100 mg/60ml	1	
hydrocortisone valerate external cream 0.2 %	1	
hydrocortisone valerate external ointment 0.2 %	1	
hydrocortisone-acetic acid otic solution 1-2 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
INVELTYS OPHTHALMIC SUSPENSION 1 (*loteprednol etabonate*)	3	
LOTEMAX OPHTHALMIC GEL 0.5 (*loteprednol etabonate*)	3/4	
LOTEMAX OPHTHALMIC OINTMENT 0.5 (*loteprednol etabonate*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LOTEMAX SM OPHTHALMIC GEL 0.38 (*loteprednol etabonate*)	3	
loteprednol etabonate ophthalmic gel 0.5 %	1	
loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 %	1	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 (*dexamethasone*)	2	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (*neomycin-polymyxin-dexameth*)	3/4	
MAXITROL OPHTHALMIC SUSPENSION 0.1 (*neomycin-polymyxin-dexameth*)	3/4	
MICORT HC EXTERNAL CREAM 2.5 (*hydrocortisone acetate*)	3/4	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
mometasone furoate nasal suspension 50 mcg/act	1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 (*bacitracin-polymyx-neo-hc*)	3	
NUCORT EXTERNAL LOTION 2 (*hydrocortisone acetate*)	3	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (*ciclesonide*)	3/4	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (*prednisolone sodium phosphate*)	3	
PEDIAPRED ORAL SOLUTION 5 MG/5ML (*prednisolone sodium phosphate*)	2	
PRED MILD OPHTHALMIC SUSPENSION 0.12 (*prednisolone acetate*)	3	
prednisolone acetate ophthalmic suspension 1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
prednisolone oral solution 15 mg/5ml	1	
prednisolone oral tablet 5 mg	1	
prednisolone sodium phosphate ophthalmic solution 1 %	1	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
PROCORT EXTERNAL CREAM 1.85-1.15 (*hydrocortisone ace-pramoxine*)	3/4	
PROCTOCORT RECTAL SUPPOSITORY 30 MG (*hydrocortisone acetate*)	3/4	
PROCTOFOAM HC EXTERNAL FOAM 1-1 (*hydrocortisone ace-pramoxine*)	2	
procto-med hc external cream 2.5 %	1	
PROCTOSOL HC EXTERNAL CREAM 2.5 (*hydrocortisone*)	3/4	
PROCTOZONE-HC EXTERNAL CREAM 2.5 (*hydrocortisone*)	3/4	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (*beclomethasone diprop (nasal)*)	3/4	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (*beclomethasone diprop (nasal)*)	3/4	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (*olopatadine-mometasone*)	3/4	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
SYNALAR EXTERNAL CREAM 0.025 (*fluocinolone acetonide*)	3/4	
SYNALAR EXTERNAL OINTMENT 0.025 (*fluocinolone acetonide*)	3/4	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (*dexamethasone*)	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (*dexamethasone*)	3/4	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) (*dexamethasone*)	3	
TAPERDEX -DAY ORAL TABLET THERAPY PACK 1.5 MG (2) (*dexamethasone*)	3	
TEXACORT EXTERNAL SOLUTION 2.5 (*hydrocortisone*)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 (*tobramycin-dexamethasone*)	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 (*tobramycin-dexamethasone*)	3/4	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	3	QL (2 blisters per day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	3	QL (2 blisters per day.)
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL (2 blisters per day.)
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 (*loteprednol-tobramycin*)	3	
EENT ANTI-INFLAMMATORY AGENTS, MISC. - Drugs for Inflammation		
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 (*cyclosporine*)	3/4	PA QL (5.5 mL (1 bottle) per month.)
RESTASIS OPHTHALMIC EMULSION 0.05 (*cyclosporine*)	1	PA
VERKAZIA OPHTHALMIC EMULSION 0.1 (*cyclosporine*)	3/4	PA QL (4 vials per day.)
XIIDRA OPHTHALMIC SOLUTION 5 (*lifitegrast*)	2	PA
EENT DRUGS, MISCELLANEOUS		
acetic acid otic solution 2 %	1	
apraclonidine hcl ophthalmic solution 0.5 %	1	
AQUORAL MOUTH/THROAT SOLUTION (*artificial saliva*)	3	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	1	
cromolyn sodium ophthalmic solution 4 %	1	
cromolyn sodium oral concentrate 100 mg/5ml	1	
CYSTADROPS OPHTHALMIC SOLUTION 0.3 (*cysteamine hcl*)	3/4	PA QL (20 mL per 21 days) SMCS
CYSTARAN OPHTHALMIC SOLUTION 0.44 (*cysteamine hcl*)	2	PA QL (60 ml (4 bottles) per month.) SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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*)	3/4	PA QL (3 ml per 23 days.)
MUCOSITISRX MOUTH/THROAT PACKET (*artificial saliva*)	3	
OXERVATE OPHTHALMIC SOLUTION 0.002 (*cenegermin-bkbj*)	3/4	PA QL (1 ml per day and 56 ml per 365 days.) SP SMCS
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (*varenicline tartrate*)	3/4	PA QL (0.28 ml per day.)
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Inflammation		
ACULAR LS OPHTHALMIC SOLUTION 0.4 (*ketorolac tromethamine*)	3/4	
ACULAR OPHTHALMIC SOLUTION 0.5 (*ketorolac tromethamine*)	3/4	
ACUVAIL OPHTHALMIC SOLUTION 0.45 (*ketorolac tromethamine*)	3/4	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	1	
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %	1	
BROMSITE OPHTHALMIC SOLUTION 0.0 5 (*bromfenac sodium*)	3/4	
diclofenac sodium ophthalmic solution 0.1 %	1	
flurbiprofen oral tablet 100 mg, 50 mg	1	
flurbiprofen sodium ophthalmic solution 0.03 %	1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 (*nepafenac*)	3/4	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	1	
ketorolac tromethamine oral tablet 10 mg	1	
LURBIRO ORAL TABLET 100 MG (*flurbiprofen*)	3	
NEVANAC OPHTHALMIC SUSPENSION 0.1 (*nepafenac*)	3/4	
PROLENSA OPHTHALMIC SOLUTION 0.0 (*bromfenac sodium*)	3/4	
SPRIX NASAL SOLUTION 15. 5 MG/SPRAY (*ketorolac tromethamine*)	3/4	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LOCAL ANESTHETICS (EENT) - Drugs for Numbing		
AKTEN OPHTHALMIC GEL 3.5 (*lidocaine hcl*)	3	
ALCAINE OPHTHALMIC SOLUTION 0.5 (*proparacaine hcl*)	3	
ALTACAINE OPHTHALMIC SOLUTION 0.5 (*tetracaine hcl*)	3	
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 0.3 (*cysteamine hcl*)	3/4	PA QL (20 mL per 21 days) SMCS
CYSTARAN OPHTHALMIC SOLUTION 0.44 (*cysteamine hcl*)	2	PA QL (60 ml (4 bottles) per month.) SP SMCS
MIOTICS - Drugs for the Eye		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 (*echothiophate iodide*)	2	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
SALAGEN ORAL TABLET 5 MG, .5 MG (*pilocarpine hcl*)	3/4	
MYDRIATICS - Drugs for the Eye		
altafrin ophthalmic solution 10 %, 2.5 %	1	
atropine sulfate ophthalmic solution 1 %	1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 , 1 , 2 (*cyclopentolate hcl*)	3/4	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 (*cyclopentolate-phenylephrine*)	3	
cyclopentolate hcl ophthalmic solution 1 %	1	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
OSMOTIC AGENTS - Drugs for the Eye		
DERMACINRX UREA EXTERNAL CREAM 41 (*urea*)	3/4	
DERMACURE EXTERNAL CREAM 41 (*urea*)	3/4	
HYDRO 40 EXTERNAL FOAM 40 (*urea*)	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 3/4: Your highest cost medications PA: Prior authorization required QL: Quantity Limit ST: Step Therapy H-N: Part of Health Care Reform with confirmation of age and/or condition appropriate preventive use. SP: Specialty medication CM: Orally administered anticancer medication SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to in ectables covered under the medical benefit) E: Excluded from coverage unless covered as part of health care reform preventive SM: State Mandated Benefit Program NTT: If you are new to opioid therapy, you will be limited to a -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
UMECTA MOUSSE EXTERNAL FOAM 40 (*urea*)	3	
URAMAXIN EXTERNAL GEL 45 (*urea*)	3/4	
urea external cream 20 %, 40 %, 41 %, 45 %	1	
urea external lotion 40 %	1	
urea nail external gel 45 %	1	
UREMEZ-40 EXTERNAL CREAM 40	3	
PROSTAGLANDIN ANALOGS - Drugs for the Eye		
bimatoprost ophthalmic solution 0.03 %	1	
IYUZEH OPHTHALMIC SOLUTION 0.005 (*latanoprost*)	3/4	
latanoprost ophthalmic solution 0.005 %	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 (*bimatoprost*)	2	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 (*netarsudil-latanoprost*)	3	
tafluprost (pf) ophthalmic solution 0.0015 %	1	ST
travoprost (bak free) ophthalmic solution 0.004 %	1	
VYZULTA OPHTHALMIC SOLUTION 0.024 (*latanoprostene bunod*)	3/4	ST
XELPROS OPHTHALMIC EMULSION 0.005 (*latanoprost*)	3	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 (*tafluprost*)	3	ST
RHO KINASE INHIBITORS - Drugs for the Eye		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 (*netarsudil dimesylate*)	3	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 (*netarsudil-latanoprost*)	3	
VASOCONSTRICTORS		
ADRENALIN NASAL SOLUTION 0.1 (*epinephrine hcl (nasal)*)	2	
altafrin ophthalmic solution 10 %, 2.5 %	1	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 (*cyclopentolate-phenylephrine*)	3	
epinephrine hcl (nasal) nasal solution 0.1 %	1	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
RHOFADE EXTERNAL CREAM 1 (*oxymetazoline hcl*)	3/4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
UPNEEQ OPHTHALMIC SOLUTION 0.1 (*oxymetazoline hcl*)	3/4	PA
GASTROINTESTINAL DRUGS		
CHLORIDE CHANNEL ACTIVATORS		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (*lubiprostone*)	3/4	PA QL (2 capsules per day.)
lubiprostone oral capsule 24 mcg, 8 mcg	1	PA QL (2 capsules per day.)
GUANYLATE CYCLASE C (GCC) RECEPT AGONIST		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 2 MCG (*linaclotide*)	2	PA QL (1 capsule per day.)
TRULANCE ORAL TABLET 3 MG (*plecanatide*)	3/4	ST QL (1 tablet per day)
IMMUNOMODULATORY AGENTS (56:44)		
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (*vedolizumab*)	2	PA QL (0.05 ml per day.) SP SMCS
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML (*mirikizumab-mrkz*)	2	PA QL (3 ml (2 syringes/1 box) per month.) SP SMCS
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML (*mirikizumab-mrkz*)	2	PA QL (3 ml (2 syringes/1 box) per month.) SP SMCS
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*mirikizumab-mrkz*)	2	PA QL (0.0 2 ml per day.) SP SMCS
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*mirikizumab-mrkz*)	2	PA QL (2 prefilled syringe per month.) SP SMCS
OPIOID ANTAGONISTS (56:18)		
alvimopan oral capsule 12 mg	1	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (*methylnaltrexone bromide*)	3/4	QL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML (*methylnaltrexone bromide*)	3/4	QL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML (*methylnaltrexone bromide*)	3/4	QL (0.4 ml per day.)
SYMPROIC ORAL TABLET 0.2 MG (*naldemedine tosylate*)	2	PA QL (1 tablet per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GASTROINTESTINAL DRUGS - Drugs for the Stomach		
5-HT3 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO ORAL CAPSULE 300-0.5 MG (*netupitant-palonosetron*)	3/4	
ANZEMET ORAL TABLET 50 MG (*dolasetron mesylate*)	3	
granisetron hcl oral tablet 1 mg	1	
ondansetron hcl oral solution 4 mg/5ml	1	
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
ANTIDIARRHEA AGENTS - Drugs for Diarrhea		
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	QL (120 capsules per 180 days.)
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	QL (120 capsules per 180 days.)
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
LOMOTIL ORAL TABLET 2.5-0.025 MG (*diphenoxylate-atropine*)	3/4	
MOTOFEN ORAL TABLET 1-0.025 MG (*difenoxin-atropine*)	3/4	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (*crofelemer*)	3/4	PA QL (2 tablets per day.)
opium oral tincture 10 mg/ml (1%)	1	
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	3/4	QL (120 capsules per 180 days.)
VIBERZI ORAL TABLET 100 MG, 5 MG (*eluxadoline*)	3	QL (2 tablets per day.)
XERMELO ORAL TABLET 250 MG (*telotristat etiprate*)	3	PA QL (3 tablets per day) SP SMCS
ANTIEMETICS, MISCELLANEOUS - Drugs for Vomiting and Nausea		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	1	QL (1 capsule per day)
promethazine hcl oral solution 12.5 mg/10ml, 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 (*promethazine hcl*)	3	
scopolamine transdermal patch 72 hour 1 mg/3days	1	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (*olanzapine-fluoxetine hcl*)	3/4	QL (1 capsule per day)
SYNDROS ORAL SOLUTION 5 MG/ML (*dronabinol*)	3/4	QL (4 ml per day)
ANTIHISTAMINES (GI DRUGS) - Drugs for Vomiting and Nausea		
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (*doxylamine-pyridoxine*)	2	
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	1	PA
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
trimethobenzamide hcl oral capsule 300 mg	1	
ANTI-INFLAMMATORY AGENTS (GI DRUGS) - Drugs for Inflammation		
alosetron hcl oral tablet 0.5 mg, 1 mg	1	PA QL (2 tablets per day)
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.3 5 GM (*mesalamine*)	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (*sulfasalazine*)	3/4	
AZULFIDINE ORAL TABLET 500 MG (*sulfasalazine*)	3/4	
balsalazide disodium oral capsule 750 mg	1	
DIPENTUM ORAL CAPSULE 250 MG (*olsalazine sodium*)	3	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine rectal enema 4 gm	1	
mesalamine rectal suppository 1000 mg	1	QL (1 suppository per day.)
mesalamine-cleanser rectal kit 4 gm	1	QL (4 kits per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ROWASA RECTAL KIT 4 GM (*mesalamine-cleanser*)	3/4	QL (4 kits per month.)
SFROWASA RECTAL ENEMA 4 GM/60ML (*mesalamine*)	3/4	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
ANTIULCER AGENTS AND ACID SUPPRESS.,MISC - Drugs for Ulcers and Stomach Acid		
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	QL (120 capsules per 180 days.)
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	QL (120 capsules per 180 days.)
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	3/4	QL (120 capsules per 180 days.)
ANTIULCER AGENTS AND ACID SUPPRESSANTS - Drugs for Ulcers and Stomach Acid		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (*metronidazole*)	3/4	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
tetracycline hcl oral capsule 250 mg, 500 mg	1	
CATHARTICS AND LAXATIVES - Drugs for Constipation		
bisacodyl ec oral tablet delayed release 5 mg	E	H
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/1 5ML (*sod picosulfate-mag ox-cit acd*)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	H
gavilyte-n with flavor pack oral solution reconstituted 420 gm	1	H
gentle laxative oral tablet delayed release 5 mg	E	H
glycolax oral powder 17 gm/scoop	E	H
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (*peg 3350-kcl-nabcb-nacl-nasulf*)	1	H
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*)	3/4	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	1	
peg 3350 oral powder 17 gm/scoop	E	H
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	1	H
peg-3350/electrolytes oral solution reconstituted 236 gm	1	H
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	1	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	1	
PEG-PREP ORAL KIT 5-210 MG-GM (*bisacodyl-peg-kcl-nabicar-nacl*)	3/4	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (*peg-kcl-nacl-nasulf-na asc-c*)	2	
polyethylene glycol 3350 oral powder 17 gm/scoop	E	H
smooth lax oral powder 17 gm/scoop	E	H
SUFLAVE ORAL SOLUTION RECONSTITUTED 1 8. GM (*peg 3350-kcl-nacl-nasulf-mgsul*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUPREP BOWEL PREP KIT ORAL SOLUTION 1 .5-3.13-1.6 GM/1 ML (*na sulfate-k sulfate-mg sulf*)	3	
SUTAB ORAL TABLET 14 9-225-188 MG (*sodium sulfate-mag sulfate-kcl*)	2	
true laxative oral powder 17 gm/scoop	E	H
CHOLELITHOLYTIC AGENTS - Drugs for the Stomach		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG (*odevixibat*)	3/4	PA QL (2 capsules per day.) SP SMCS
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG (*odevixibat*)	3/4	PA QL (1 capsule per day.) SP SMCS
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (*odevixibat*)	3/4	PA QL (2 capsules per day.) SP SMCS
CHENODAL ORAL TABLET 250 MG (*chenodiol*)	3	ST QL (93 tablets per month.) SP SMCS
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (*cholic acid*)	2	PA QL (4 capsules per day.) SP SMCS
CTEXLI ORAL TABLET 250 MG (*chenodiol (basds)*)	3/4	PA ST QL (93 tablets per month.) SP SMCS
IQIRVO ORAL TABLET 80 MG (*elafibranor*)	3/4	PA ST QL (31 tablets per month.) SP SMCS
LIVDELZI ORAL CAPSULE 10 MG (*seladelpar lysine*)	3/4	PA ST QL (30 capsules per month.) SP SMCS
LIVMARLI ORAL SOLUTION 19 MG/ML (*maralixibat chloride*)	3/4	PA QL (60 mL (1140 mg) per month.) SP SMCS
LIVMARLI ORAL SOLUTION 9.5 MG/ML (*maralixibat chloride*)	3/4	PA QL (4 mL per day.) SP SMCS
LIVMARLI ORAL TABLET 10 MG, 15 MG, 30 MG (*maralixibat chloride*)	3/4	PA QL (30 tablets per month.) SP SMCS
LIVMARLI ORAL TABLET 20 MG (*maralixibat chloride*)	3/4	PA QL (60 tablets per month.) SP SMCS
OCALIVA ORAL TABLET 10 MG, 5 MG (*obeticholic acid*)	3/4	PA ST QL (1 tablet per day.) SP SMCS
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIGESTANTS - Drugs for the Stomach		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000- 6000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (*pancrelipase (lip-prot-amyl)*)	2	
GATTEX SUBCUTANEOUS KIT 5 MG (*teduglutide (rdna)*)	2	PA QL (1 vial per day.) SP SMCS
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54 00 UNIT, 2600-8800 UNIT, 3 000-9 300 UNIT, 4200-14200 UNIT (*pancrelipase (lip-prot-amyl)*)	3	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-5 500 UNIT, 24000-86250 UNIT, 4000-143 5 UNIT, 8000-28 50 UNIT (*pancrelipase (lip-prot-amyl)*)	3/4	ST
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880- 8300 UNIT (*pancrelipase (lip-prot-amyl)*)	3/4	ST
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-4 000 UNIT, 20000-63000 UNIT, 25000- 9000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (*pancrelipase (lip-prot-amyl)*)	2	
DOPAMINE RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (*promethazine hcl*)	3	
GI DRUGS, MISCELLANEOUS - Drugs for the Stomach		
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA QL (0.03 ml per day.) SP SMCS
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	2	PA SP SMCS
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML	2	PA QL (0.01 ml per day.) SP SMCS
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	2	PA QL (0.02 ml per day.) SP SMCS
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA QL (0.03 ml per day.) SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
alvimopan oral capsule 12 mg	1	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (*lubiprostone*)	3/4	PA QL (2 capsules per day.)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (*adalimumab-atto*)	2	PA QL (2 auto-in ectors (1 carton) per month.) SP SMCS
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (*adalimumab-atto*)	2	PA QL (2 auto-in ectors (1 carton) per month.) SP SMCS
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (*adalimumab-atto*)	2	PA QL (2 syringes per month per month.) SP SMCS
AMJEVITA-PED 15KG TO 30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (*adalimumab-atto*)	2	PA SP SMCS
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG (*odevixibat*)	3/4	PA QL (2 capsules per day.) SP SMCS
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG (*odevixibat*)	3/4	PA QL (1 capsule per day.) SP SMCS
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (*odevixibat*)	3/4	PA QL (2 capsules per day.) SP SMCS
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (*cholic acid*)	2	PA QL (4 capsules per day.) SP SMCS
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	2	PA QL (1 kit per 21 days.) SP SMCS
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	2	PA QL (1 kit per 21 days.) SP SMCS
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (*vedolizumab*)	2	PA QL (0.05 ml per day.) SP SMCS
GATTEX SUBCUTANEOUS KIT 5 MG (*teduglutide (rdna)*)	2	PA QL (1 vial per day.) SP SMCS
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	2	PA QL (4 pens per 365 days.) SP SMCS
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (*adalimumab*)	2	PA QL (2 pens per month.) SP SMCS
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (*adalimumab*)	2	PA QL (2 pens per month.) SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab*)	2	PA QL (2 syringes per month.) SP SMCS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (*adalimumab*)	2	PA QL (2 syringes per month.) SP SMCS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (*adalimumab*)	2	PA QL (2 syringes per month.) SP SMCS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	2	PA QL (4 pens per 365 days.) SP SMCS
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	2	PA QL (3 pens per year.) SP SMCS
IQIRVO ORAL TABLET 80 MG (*elafibranor*)	3/4	PA ST QL (31 tablets per month.) SP SMCS
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 2 MCG (*linaclotide*)	2	PA QL (1 capsule per day.)
LIVMARLI ORAL SOLUTION 9.5 MG/ML (*maralixibat chloride*)	3/4	PA QL (4 mL per day.) SP SMCS
lubiprostone oral capsule 24 mcg, 8 mcg	1	PA QL (2 capsules per day.)
OCALIVA ORAL TABLET 10 MG, 5 MG (*obeticholic acid*)	3/4	PA ST QL (1 tablet per day.) SP SMCS
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA SP SMCS
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA SP SMCS
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*mirikizumab-mrkz*)	2	PA QL (0.0 2 ml per day.) SP SMCS
prucalopride succinate oral tablet 1 mg, 2 mg	1	PA QL (1 tablet per day.)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (*methylnaltrexone bromide*)	3/4	QL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML (*methylnaltrexone bromide*)	3/4	QL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML (*methylnaltrexone bromide*)	3/4	QL (0.4 ml per day.)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*golimumab*)	2	PA QL (1 syringe per 21 days.) SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (*golimumab*)	2	PA QL (0.5 ml (1 syringe) per month) SP SMCS
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*golimumab*)	2	PA QL (1 syringe per 21 days.) SP SMCS
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (*golimumab*)	2	PA QL (0.5 ml (1 syringe) per month) SP SMCS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (*risankizumab-rzaa*)	2	PA QL (1.2 ml per 42 days.) SP SMCS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (*risankizumab-rzaa*)	2	PA QL (2.4 mL per 42 days.) SP SMCS
SYMPROIC ORAL TABLET 0.2 MG (*naldemedine tosylate*)	2	PA QL (1 tablet per day)
SYNDROS ORAL SOLUTION 5 MG/ML (*dronabinol*)	3/4	QL (4 ml per day)
TRULANCE ORAL TABLET 3 MG (*plecanatide*)	3/4	ST QL (1 tablet per day)
VIBERZI ORAL TABLET 100 MG, 5 MG (*eluxadoline*)	3	QL (2 tablets per day.)
VOWST ORAL CAPSULE (*fecal microb spores, live-brpk*)	3/4	PA QL (12 capsules per 365 days.) SP SMCS
XPHOZAH ORAL TABLET 30 MG (*tenapanor hcl (ckd)*)	3/4	PA QL (2 tablets per day.)
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	
nizatidine oral capsule 150 mg, 300 mg	1	
LIPOTROPIC AGENTS - Drugs for the Stomach		
scopolamine transdermal patch 72 hour 1 mg/3days	1	
NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO ORAL CAPSULE 300-0.5 MG (*netupitant-palonosetron*)	3/4	
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	1	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (*aprepitant*)	2	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	1	QL (1 tablet per day.)
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 5 MG (*esomeprazole magnesium*)	3/4	QL (1 packet per day.)
NEXIUM ORAL PACKET 40 MG (*esomeprazole magnesium*)	3/4	QL (1 packet per day)
OMECLAMOX-PAK ORAL 500-500-20 MG (*amoxicill-clarithro-omeprazole*)	3	QL (1 carton (10 administrative cards, 80 tablets) per 6 months.)
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	1	
pantoprazole sodium oral packet 40 mg	1	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	1	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (*omeprazole magnesium*)	3/4	
PROTONIX ORAL PACKET 40 MG (*pantoprazole sodium*)	3/4	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE 10 MG	3/4	QL (1 capsule per day.)
rabeprazole sodium oral tablet delayed release 20 mg	1	QL (1 tablet per day)
VOQUEZNA ORAL TABLET 10 MG (*vonoprazan fumarate*)	3/4	PA QL (1 tablet per day and 186 tablets per 365 days.)
VOQUEZNA ORAL TABLET 20 MG (*vonoprazan fumarate*)	3/4	PA QL (1 tablet per day and 62 tablets per 365 days.)
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA ORAL CAPSULE 3 MG (*auranofin*)	3	SP SMCS
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
CHEMET ORAL CAPSULE 100 MG (*succimer*)	2	
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	1	SP SMCS
deferasirox oral packet 180 mg, 360 mg, 90 mg	1	SP SMCS
deferasirox oral tablet 180 mg, 360 mg, 90 mg	1	PA SP SMCS
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	1	PA SP SMCS
deferiprone oral tablet 1000 mg	1	PA SMCS
deferiprone oral tablet 500 mg	1	PA SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEPEN TITRATABS ORAL TABLET 250 MG (*penicillamine*)	2	SP SMCS
FERRIPROX ORAL SOLUTION 100 MG/ML (*deferiprone*)	2	PA SP SMCS
FERRIPROX ORAL TABLET 1000 MG (*deferiprone*)	3/4	PA SMCS
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (*deferiprone*)	3/4	PA SMCS
penicillamine oral tablet 250 mg	1	SP SMCS
trientine hcl oral capsule 250 mg	1	PA SP SMCS
trientine hcl oral capsule 500 mg	1	PA SMCS
HORMONES AND SYNTHETIC SUBSTITUTES		
MELANOCORTIN RECEPTOR ANTAGONISTS		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1. 5 MG/0.3ML (*bremelanotide acetate*)	3/4	QL (4 autoin ector 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*)	2	QL (0.4 grams per day.)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*)	3	
ALA SCALP EXTERNAL LOTION 2 (*hydrocortisone*)	3/4	
ANALPRAM HC EXTERNAL CREAM 1-1 , 2.5-1 (*hydrocortisone ace-pramoxine*)	3/4	
ANALPRAM HC EXTERNAL LOTION 2.5-1 (*hydrocortisone ace-pramoxine*)	3	
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	2	
ANUSOL-HC EXTERNAL CREAM 2.5 (*hydrocortisone*)	3/4	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG (*hydrocortisone acetate*)	3/4	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (*fluticasone furoate*)	1	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (*fluticasone furoate*)	1	QL (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 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
betamethasone dipropionate aug external ointment 0.05 %	1	
betamethasone dipropionate external cream 0.05 %	1	
betamethasone dipropionate external lotion 0.05 %	1	
betamethasone dipropionate external ointment 0.05 %	1	
betamethasone valerate external cream 0.1 %	1	
betamethasone valerate external foam 0.12 %	1	
betamethasone valerate external lotion 0.1 %	1	
betamethasone valerate external ointment 0.1 %	1	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT (*fluticasone furoate-vilanterol*)	2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT (*fluticasone furoate-vilanterol*)	3	QL (2 blisters per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH (*fluticasone furoate-vilanterol*)	3	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (*budeson-glycopyrrol-formoterol*)	3	QL (0.36 grams per day.)
budesonide inhalation suspension 0.25 mg/2ml	1	
budesonide inhalation suspension 0.5 mg/2ml	1	QL (120 ml (2 boxes) per 30 days.)
budesonide inhalation suspension 1 mg/2ml	1	QL (60 ml (1 box) per 30 days.)
budesonide oral capsule delayed release particles 3 mg	1	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (*hc-pramoxine-chloroxylenol*)	3/4	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (*hydrocortisone*)	3/4	
CORTENEMA RECTAL ENEMA 100 MG/60ML (*hydrocortisone*)	3/4	
CORTIFOAM EXTERNAL FOAM 10 (*hydrocortisone acetate*)	2	
CORTISONE ACETATE ORAL TABLET 25 MG	3/4	
dexamethasone intensol oral concentrate 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dexamethasone oral solution 0.5 mg/5ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	1	
DIPROLENE EXTERNAL OINTMENT 0.05 (*betamethasone dipropionate aug*)	3/4	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT (*mometasone furo-formoterol fum*)	3/4	ST QL (0.44 grams per day.)
DULERA INHALATION AEROSOL 50-5 MCG/ACT (*mometasone furo-formoterol fum*)	3/4	ST QL (0.44 mcg per day.)
fludrocortisone acetate oral tablet 0.1 mg	1	
flunisolide nasal solution 25 mcg/act (0.025%)	1	
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT	3/4	
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT	3/4	QL (2 blisters per day.)
fluticasone propionate external cream 0.05 %	1	
fluticasone propionate external lotion 0.05 %	1	
fluticasone propionate external ointment 0.005 %	1	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 44 MCG/ACT	3/4	QL (1 inhaler per month.)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 220 MCG/ACT	3/4	QL (2 inhalers per month.)
fluticasone propionate nasal suspension 50 mcg/act	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3/4	QL (0.4 grams per day.)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL (2 blisters per day.)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL (0.04 mcg per day.)
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG (*hydrocortisone acetate*)	3	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG (*hydrocortisone acetate*)	3/4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
HYDROCORTISONE ACETATE EXTERNAL CREAM 2.5	3/4	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	1	
hydrocortisone butyrate external cream 0.1 %	1	
hydrocortisone butyrate external ointment 0.1 %	1	
hydrocortisone butyrate external solution 0.1 %	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
hydrocortisone rectal enema 100 mg/60ml	1	
hydrocortisone valerate external cream 0.2 %	1	
hydrocortisone valerate external ointment 0.2 %	1	
hydrocortisone-acetic acid otic solution 1-2 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
INTRAROSA VAGINAL INSERT 6.5 MG (*prasterone*)	3/4	PA QL (1 insert per day)
ISTURISA ORAL TABLET 1 MG (*osilodrostat phosphate*)	3/4	PA QL (8 tablets per day.) SP SMCS
ISTURISA ORAL TABLET 5 MG (*osilodrostat phosphate*)	3/4	PA QL (3 2 tablets per month.) SP SMCS
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG (*methylprednisolone*)	3/4	
MEDROL ORAL TABLET 2 MG (*methylprednisolone*)	2	
MEDROL ORAL TABLET THERAPY PACK 4 MG (*methylprednisolone*)	3/4	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
methylprednisolone oral tablet therapy pack 4 mg	1	
MICORT HC EXTERNAL CREAM 2.5 (*hydrocortisone acetate*)	3/4	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
mometasone furoate nasal suspension 50 mcg/act	1	
NUCORT EXTERNAL LOTION 2 (*hydrocortisone acetate*)	3	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (*ciclesonide*)	3/4	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (*prednisolone sodium phosphate*)	3	
PEDIAPRED ORAL SOLUTION 5 MG/5ML (*prednisolone sodium phosphate*)	2	
PRED MILD OPHTHALMIC SUSPENSION 0.12 (*prednisolone acetate*)	3	
prednisolone acetate ophthalmic suspension 1 %	1	
prednisolone oral solution 15 mg/5ml	1	
prednisolone oral tablet 5 mg	1	
prednisolone sodium phosphate ophthalmic solution 1 %	1	
prednisolone sodium phosphate oral solution 15 mg/5ml	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	
PROCORT EXTERNAL CREAM 1.85-1.15 (*hydrocortisone ace-pramoxine*)	3/4	
PROCTOCORT RECTAL SUPPOSITORY 30 MG (*hydrocortisone acetate*)	3/4	
PROCTOFOAM HC EXTERNAL FOAM 1-1 (*hydrocortisone ace-pramoxine*)	2	
procto-med hc external cream 2.5 %	1	
PROCTOSOL HC EXTERNAL CREAM 2.5 (*hydrocortisone*)	3/4	
PROCTOZONE-HC EXTERNAL CREAM 2.5 (*hydrocortisone*)	3/4	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (*beclomethasone diprop (nasal)*)	3/4	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (*beclomethasone diprop (nasal)*)	3/4	

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QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (*beclomethasone diprop hfa*)	1	QL (10.6 grams per month.)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (*beclomethasone diprop hfa*)	1	QL (42.4 grams per month.)
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (*olopatadine-mometasone*)	3/4	
SERNIVO EXTERNAL EMULSION 0.05 (*betamethasone dipropionate*)	3/4	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT (*budesonide-formoterol fumarate*)	1	QL (0.35 grams per day.)
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT (*budesonide-formoterol fumarate*)	1	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (*dexamethasone*)	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (*dexamethasone*)	3/4	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) (*dexamethasone*)	3	
TAPERDEX -DAY ORAL TABLET THERAPY PACK 1.5 MG (2) (*dexamethasone*)	3	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (*budesonide*)	3/4	PA QL (4 capsules per day.) SP SMCS
TEXACORT EXTERNAL SOLUTION 2.5 (*hydrocortisone*)	2	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	3	QL (2 blisters per day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	3	QL (2 blisters per day.)
triamcinolone acetonide external aerosol solution 0.147 mg/gm	1	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm external cream 0.5 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*olezarsen sodium*)	3/4	PA QL (1 Auto-in ector (0.8 mL) per month.) SP SMCS
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (*budesonide*)	1	
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL (2 blisters per day.)
ALPHA-GLUCOSIDASE INHIBITORS - Drugs for Diabetes		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	1	
ANDROGENS - Hormones		
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	SM
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML (*testosterone cypionate*)	3/4	SM
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 H.S. ORAL TABLET 0.625-1.25 MG (*est estrogens-methyltest*)	3	
KYZATREX ORAL CAPSULE 100 MG (*testosterone undecanoate*)	3/4	QL (2 capsules per day.) SM
KYZATREX ORAL CAPSULE 150 MG, 200 MG (*testosterone undecanoate*)	3/4	QL (4 capsules per day.) SM
METHITEST ORAL TABLET 10 MG	2	SM
methyltestosterone oral capsule 10 mg	1	SM

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TESTIM TRANSDERMAL GEL 50 MG/5GM (1) (*testosterone*)	1	QL (100 mg Testosterone (2 X 5 grams tubes 10 grams) per day) SM
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	SM
testosterone enanthate intramuscular solution 200 mg/ml	1	SM
testosterone gel 12.5 mg/act (1%) transdermal	1	QL (300 grams (4 pumps) per month) SM
testosterone gel 20.25 mg/act (1.62%) transdermal	1	QL (150 grams (2 pumps) per month.) SM
testosterone gel 25 mg/2.5gm (1%) transdermal	1	QL (.5 grams per day.) SM
testosterone transdermal gel 1.62 %	1	QL (150 grams (2 pumps) per month.) SM
ANTIDIABETIC AGENTS, MISCELLANEOUS - Drugs for Diabetes		
colesevelam hcl oral packet 3.75 gm	1	
colesevelam hcl oral tablet 625 mg	1	
CYCLOSET ORAL TABLET 0.8 MG (*bromocriptine mesylate*)	3	
mifepristone oral tablet 300 mg	1	PA QL (4 tablets per day.) SP SMCS
ANTIESTROGENS - Drugs for Women		
anastrozole oral tablet 1 mg	1	H-N
exemestane oral tablet 25 mg	1	H-N
letrozole oral tablet 2.5 mg	1	H-N
ANTIGONADTROPINS - Hormones		
aftera oral tablet 1.5 mg	1	H
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (*cetrorelix acetate*)	3/4	PA ST QL (14 cartons per 21 days.) SP SMCS
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML (*testosterone cypionate*)	3	SM
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML (*testosterone cypionate*)	3/4	SM
econtra one-step oral tablet 1.5 mg	1	H
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (*degarelix acetate*)	3	SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (*degarelix acetate*)	3	SP SMCS
FYREMADEL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML (*ganirelix acetate*)	3	QL (ml per 21 days.) SP SMCS
ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml	1	QL (ml per 21 days.) SP SMCS
her style oral tablet 1.5 mg	1	H
KYZATREX ORAL CAPSULE 100 MG (*testosterone undecanoate*)	3/4	QL (2 capsules per day.) SM
KYZATREX ORAL CAPSULE 150 MG, 200 MG (*testosterone undecanoate*)	3/4	QL (4 capsules per day.) SM
levonorgestrel oral tablet 1.5 mg	1	H
my choice oral tablet 1.5 mg	1	H
my way oral tablet 1.5 mg	1	H
MYFEMBREE ORAL TABLET 40-1-0.5 MG (*relugolix-estradiol-norethind*)	2	QL (1 tablet day.)
new day oral tablet 1.5 mg	1	H
opcicon one-step oral tablet 1.5 mg	1	H
option 2 oral tablet 1.5 mg	1	H
ORGOVYX ORAL TABLET 120 MG (*relugolix*)	3	PA QL (1 tablet per day) SP CM SMCS
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (*elagolix-estradiol-norethind*)	2	PA QL (2 capsules per day.)
ORILISSA ORAL TABLET 150 MG (*elagolix sodium*)	2	QL (1 tablet per day.)
ORILISSA ORAL TABLET 200 MG (*elagolix sodium*)	2	QL (2 tablets per day.)
PLAN B ONE-STEP ORAL TABLET 1.5 MG (*levonorgestrel*)	1	H
react oral tablet 1.5 mg	1	H
SLYND ORAL TABLET 4 MG (*drospirenone*)	3/4	H
take action oral tablet 1.5 mg	1	H
TESTIM TRANSDERMAL GEL 50 MG/5GM (1) (*testosterone*)	1	QL (100 mg Testosterone (2 X 5 grams tubes 10 grams) per day) SM
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	SM
testosterone enanthate intramuscular solution 200 mg/ml	1	SM

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testosterone gel 12.5 mg/act (1%) transdermal	1	QL (300 grams (4 pumps) per month) SM
testosterone gel 20.25 mg/act (1.62%) transdermal	1	QL (150 grams (2 pumps) per month.) SM
testosterone gel 25 mg/2.5gm (1%) transdermal	1	QL (.5 grams per day.) SM
testosterone transdermal gel 1.62 %	1	QL (150 grams (2 pumps) per month.) SM
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS - Hormones		
diazoxide oral suspension 50 mg/ml	1	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (*diazoxide*)	3/4	
ANTIPARATHYROID AGENTS - Drugs for Bones		
calcitonin (salmon) injection solution 200 unit/ml	1	
calcitonin (salmon) nasal solution 200 unit/act	1	
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (*calcitonin (salmon)*)	3	
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		
ACTOPLUS MET ORAL TABLET 15-850 MG (*pioglitazone hcl-metformin hcl*)	3/4	QL (3 tablets per day)
ALOGLIPTIN-METFORMIN HCL ORAL TABLET 12.5-1000 MG, 12.5-500 MG	2	QL (2 tablets per day.)
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (*linagliptin-metformin hcl*)	2	QL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (*linagliptin-metformin hcl*)	2	QL (2 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (*linagliptin-metformin hcl*)	2	QL (1 tablet per day.)
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	1	
metformin hcl oral solution 500 mg/5ml	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	1	QL (3 tablets per day)
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg	1	QL (62 tablets per month.)
saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg	1	QL (31 tablets per month.)
SITAGLIPT BASE-METFORM HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3/4	ST QL (31 Tablets per month.)
SITAGLIPT BASE-METFORM HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3/4	ST QL (62 Tablets per month.)
SITAGLIPTIN BASE-METFORMIN HCL ORAL TABLET 50-1000 MG, 50-500 MG	3/4	ST QL (62 tablets per month.)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (*empagliflozin-metformin hcl*)	2	QL (2 tablets per day.)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG (*empagliflozin-metformin hcl*)	2	QL (1 tablet per day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG (*empagliflozin-metformin hcl*)	2	QL (2 tablets per day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (*empagliflozin-linaglip-metform*)	2	QL (1 tablet per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (*empagliflozin-linaglip-metform*)	2	QL (2 tablets per day.)
ZITUVIMET ORAL TABLET 50-1000 MG, 50-500 MG (*sitagliptin base-metformin hcl*)	3/4	ST QL (62 tablets per month.)
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (*sitagliptin base-metformin hcl*)	3/4	ST QL (31 Tablets per month.)

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ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (*sitagliptin base-metformin hcl*)	3/4	ST QL (62 Tablets per month.)
CONTRACEPTIVES - Drugs for Women		
afirmelle oral tablet 0.1-20 mg-mcg	1	H
aftera oral tablet 1.5 mg	1	H
altavera oral tablet 0.15-30 mg-mcg	1	H
alyacen 1/35 oral tablet 1-35 mg-mcg	1	H
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
amethyst oral tablet 90-20 mcg	1	H
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (*segesterone-ethinyl estradiol*)	3	QL (1 vaginal ring per 32 days) H
apri oral tablet 0.15-30 mg-mcg	1	H
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	1	H
ashlyna oral tablet 0.15-0.03 &0.01 mg	1	H
aubra eq oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
aurovela 1/20 oral tablet 1-20 mg-mcg	1	H
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	1	H
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
aurovela fe 1/20 oral tablet 1-20 mg-mcg	1	H
AVERI ORAL TABLET 0.15-0.03 MG (*desogestrel-eth estrad-fe*)	3/4	H
aviane oral tablet 0.1-20 mg-mcg	1	H
ayuna oral tablet 0.15-30 mg-mcg	1	H
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (*levonorgest-eth estrad-fe bisg*)	3/4	H
balziva oral tablet 0.4-35 mg-mcg	1	H
BEYAZ ORAL TABLET 3-0.02-0.451 MG (*drospiren-eth estrad-levomefol*)	E	H
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	1	H
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
blisovi fe 1/20 oral tablet 1-20 mg-mcg	1	H

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

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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
feirza 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
feirza 1/20 oral tablet 1-20 mg-mcg	1	H
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (*norethindrone acet-ethinyl est*)	3/4	H
finzala oral tablet chewable 1-20 mg-mcg(24)	1	H
galbriela oral tablet chewable 0.8-25 mg-mcg	1	H
gemmily oral capsule 1-20 mg-mcg(24)	1	H
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
hailey 24 fe oral tablet 1-20 mg-mcg(24)	1	H
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
hailey fe 1/20 oral tablet 1-20 mg-mcg	1	H
haloette vaginal ring 0.12-0.015 mg/24hr	1	H
heather oral tablet 0.35 mg	1	H
her style oral tablet 1.5 mg	1	H
iclevia oral tablet 0.15-0.03 mg	1	H
incassia oral tablet 0.35 mg	1	H
introvale oral tablet 0.15-0.03 mg	1	H
isibloom oral tablet 0.15-30 mg-mcg	1	H
jaimiess oral tablet 0.15-0.03 &0.01 mg	1	H
jasmiel oral tablet 3-0.02 mg	1	H
jencycla oral tablet 0.35 mg	1	H
jolessa oral tablet 0.15-0.03 mg	1	H
joyeaux oral tablet 0.1-20 mg-mcg(21)	1	H
juleber oral tablet 0.15-30 mg-mcg	1	H

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

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 3/4: Your highest cost medications PA: Prior authorization required QL: Quantity Limit ST: Step Therapy H-N: Part of Health Care Reform with confirmation of age and/or condition appropriate preventive use. SP: Specialty medication CM: Orally administered anticancer medication SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to in ectables covered under the medical benefit) E: Excluded from coverage unless covered as part of health care reform preventive SM: State Mandated Benefit Program NTT: If you are new to opioid therapy, you will be limited to a -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
lo-zumandimine oral tablet 3-0.02 mg	1	H
luizza 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
luizza 1/20 oral tablet 1-20 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	QL (5 ml per year.) H SM
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	1	QL (5 mL per 365 days.) H SM
meleya oral tablet 0.35 mg	1	H
merzee oral capsule 1-20 mg-mcg(24)	1	H
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin 1/20 oral tablet 1-20 mg-mcg	1	H
microgestin 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
minzoya oral tablet 0.1-20 mg-mcg(21)	1	H
mono-linyah oral tablet 0.25-35 mg-mcg	1	H
my choice oral tablet 1.5 mg	1	H
my way oral tablet 1.5 mg	1	H
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (*estradiol valerate-dienogest*)	1	H
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
new day oral tablet 1.5 mg	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (*drospirenone-estetrol*)	3/4	H
nikki oral tablet 3-0.02 mg	1	H
nora-be oral tablet 0.35 mg	1	H
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	1	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	H
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethindrone oral tablet 0.35 mg	1	H
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc oral tablet 0.35 mg	1	H
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	H
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	H
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nylia 1/35 oral tablet 1-35 mg-mcg	1	H
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
ocella oral tablet 3-0.03 mg	1	H
opcicon one-step oral tablet 1.5 mg	1	H
OPILL ORAL TABLET 0.0 5 MG (*norgestrel*)	1	H
option 2 oral tablet 1.5 mg	1	H
orquidea oral tablet 0.35 mg	1	H
philith oral tablet 0.4-35 mg-mcg	1	H
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
PLAN B ONE-STEP ORAL TABLET 1.5 MG (*levonorgestrel*)	1	H
portia-28 oral tablet 0.15-30 mg-mcg	1	H
react oral tablet 1.5 mg	1	H
reclipsen oral tablet 0.15-30 mg-mcg	1	H
rivelsa oral tablet 42-21-21-7 days	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
rosyrah oral tablet 42-21-21-7 days	1	H
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (*drospiren-eth estrad-levomefol*)	E	H
setlakin oral tablet 0.15-0.03 mg	1	H
sharobel oral tablet 0.35 mg	1	H
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
simpesse oral tablet 0.15-0.03 &0.01 mg	1	H
SLYND ORAL TABLET 4 MG (*drospirenone*)	3/4	H
sprintec 28 oral tablet 0.25-35 mg-mcg	1	H
sronyx oral tablet 0.1-20 mg-mcg	1	H
syeda oral tablet 3-0.03 mg	1	H
take action oral tablet 1.5 mg	1	H
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	H
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	H
taysofy oral capsule 1-20 mg-mcg(24)	1	H
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (*norethin ace-eth estrad-fe*)	E	H
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
turqoz oral tablet 0.3-30 mg-mcg	1	H
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (*levonorgestrel-eth estradiol*)	3/4	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (*levonorgestrel-ethinyl estrad*)	1	H
tydemy oral tablet 3-0.03-0.451 mg	1	H
valtya 1/50 oral tablet 1-50 mg-mcg	1	H
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	1	H
vestura oral tablet 3-0.02 mg	1	H
vienva oral tablet 0.1-20 mg-mcg	1	H
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
vyfemla oral tablet 0.4-35 mg-mcg	1	H
vylibra oral tablet 0.25-35 mg-mcg	1	H
wera oral tablet 0.5-35 mg-mcg	1	H
wymzya fe oral tablet chewable 0.4-35 mg-mcg	1	H
xarah fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
xelria fe oral tablet chewable 0.4-35 mg-mcg	1	H
xulane transdermal patch weekly 150-35 mcg/24hr	1	H
YASMIN 28 ORAL TABLET 3-0.03 MG (*drospirenone-ethinyl estradiol*)	3	
YAZ ORAL TABLET 3-0.02 MG (*drospirenone-ethinyl estradiol*)	3	
zafemy transdermal patch weekly 150-35 mcg/24hr	1	H
zovia 1/35 (28) oral tablet 1-35 mg-mcg	1	H
zumandimine oral tablet 3-0.03 mg	1	H
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS - Drugs for Diabetes		
ALOGLIPTIN BENZOATE ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	2	QL (1 tablet per day.)
ALOGLIPTIN-METFORMIN HCL ORAL TABLET 12.5-1000 MG, 12.5-500 MG	2	QL (2 tablets per day.)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	2	QL (1 tablet per day.)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (*empagliflozin-linagliptin*)	2	ST QL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (*linagliptin-metformin hcl*)	2	QL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (*linagliptin-metformin hcl*)	2	QL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (*linagliptin-metformin hcl*)	2	QL (1 tablet per day.)
saxagliptin hcl oral tablet 2.5 mg, 5 mg	1	QL (1 tablet per day)
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg	1	QL (62 tablets per month.)
saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg	1	QL (31 tablets per month.)
SITAGLIPT BASE-METFORM HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3/4	ST QL (31 Tablets per month.)
SITAGLIPT BASE-METFORM HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3/4	ST QL (62 Tablets per month.)
SITAGLIPTIN BASE-METFORMIN HCL ORAL TABLET 50-1000 MG, 50-500 MG	3/4	ST QL (62 tablets per month.)
SITAGLIPTIN ORAL TABLET 100 MG, 25 MG, 50 MG	3/4	ST QL (1 tablet per day.)
TRADJENTA ORAL TABLET 5 MG (*linagliptin*)	2	QL (1 tablet per day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (*empagliflozin-linaglip-metform*)	2	QL (1 tablet per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (*empagliflozin-linaglip-metform*)	2	QL (2 tablets per day.)
ZITUVIMET ORAL TABLET 50-1000 MG, 50-500 MG (*sitagliptin base-metformin hcl*)	3/4	ST QL (62 tablets per month.)
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (*sitagliptin base-metformin hcl*)	3/4	ST QL (31 Tablets per month.)
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (*sitagliptin base-metformin hcl*)	3/4	ST QL (62 Tablets per month.)
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (*sitagliptin*)	3/4	ST QL (1 tablet per day.)
ESTROGEN AGONIST-ANTAGONISTS - Drugs for Women		
CLOMID ORAL TABLET 50 MG (*clomiphene citrate*)	2	
clomiphene citrate oral tablet 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DUAVEE ORAL TABLET 0.45-20 MG (*conj estrogens-bazedoxifene*)	3	QL (1 tablet per day)
OSPHENA ORAL TABLET 60 MG (*ospemifene*)	2	PA QL (1 tablet per day.)
raloxifene hcl oral tablet 60 mg	1	H-N
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-N
toremifene citrate oral tablet 60 mg	1	CM
ESTROGENS - Drugs for Women		
abigale lo oral tablet 0.5-0.1 mg	1	
abigale oral tablet 1-0.5 mg	1	
ACTIVELLA ORAL TABLET 1-0.5 MG (*estradiol-norethindrone acet*)	3/4	
afirmelle oral tablet 0.1-20 mg-mcg	1	H
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0 5 MG/24HR, 0.1 MG/24HR (*estradiol*)	3	QL (8 patches (1 box) per 28 days.) SM
altavera oral tablet 0.15-30 mg-mcg	1	H
alyacen 1/35 oral tablet 1-35 mg-mcg	1	H
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
amethyst oral tablet 90-20 mcg	1	H
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (*drospirenone-estradiol*)	3	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (*segesterone-ethinyl estradiol*)	3	QL (1 vaginal ring per 32 days) H
apri oral tablet 0.15-30 mg-mcg	1	H
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	1	H
ashlyna oral tablet 0.15-0.03 &0.01 mg	1	H
aubra eq oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
aurovela 1/20 oral tablet 1-20 mg-mcg	1	H
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	1	H
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
aurovela fe 1/20 oral tablet 1-20 mg-mcg	1	H
AVERI ORAL TABLET 0.15-0.03 MG (*desogestrel-eth estrad-fe*)	3/4	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aviane oral tablet 0.1-20 mg-mcg	1	H
ayuna oral tablet 0.15-30 mg-mcg	1	H
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (*levonorgest-eth estrad-fe bisg*)	3/4	H
balziva oral tablet 0.4-35 mg-mcg	1	H
BEYAZ ORAL TABLET 3-0.02-0.451 MG (*drospiren-eth estrad-levomefol*)	E	H
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (*estradiol-progesterone*)	3	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	1	H
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
blisovi fe 1/20 oral tablet 1-20 mg-mcg	1	H
briellyn oral tablet 0.4-35 mg-mcg	1	H
camrese lo oral tablet 0.1-0.02 & 0.01 mg	1	H
camrese oral tablet 0.15-0.03 &0.01 mg	1	H
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
chateal eq oral tablet 0.15-30 mg-mcg	1	H
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (*estradiol-levonorgestrel*)	2	QL (4 patches per month.)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (*estradiol-norethindrone acet*)	2	QL (8 patches per 28 days.)
COVARYX HS ORAL TABLET 0.625-1.25 MG (*est estrogens-methyltest*)	3	
COVARYX ORAL TABLET 1.25-2.5 MG (*est estrogens-methyltest*)	2	
cryselle-28 oral tablet 0.3-30 mg-mcg	1	H
cyred eq oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	1	H
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
daysee oral tablet 0.15-0.03 &0.01 mg	1	H
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML (*estradiol valerate*)	3/4	SM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
delyla oral tablet 0.1-20 mg-mcg	1	H
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (*estradiol cypionate*)	3	SM
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM (*estradiol*)	3	SM
DIVIGEL TRANSDERMAL GEL 0. 5 MG/0. 5GM (*estradiol*)	2	SM
dolishale oral tablet 90-20 mcg	1	H
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	QL (8 patches (1 box) per 28 days.) SM
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	1	H
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	H
DUAVEE ORAL TABLET 0.45-20 MG (*conj estrogens-bazedoxifene*)	3	QL (1 tablet per day)
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/0.8 GM (0.06) (*estradiol*)	3	SM
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	SM
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	SM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL (50 grams (1 box) per month.) SM
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	QL (8 patches (1 box) per 28 days.) SM
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	QL (4 patches (1 carton) per 28 days.) SM
estradiol vaginal cream 0.01 %	1	
estradiol vaginal tablet 10 mcg	1	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	SM
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
ESTRATEST H.S. ORAL TABLET 0.625-1.25 MG (*est estrogens-methyltest*)	3	
ESTRING VAGINAL RING .5 MCG/24HR (*estradiol*)	2	QL (1 ring per 90 days.)
ESTROGEL TRANSDERMAL GEL 0. 5 MG/1.25 GM (0.06) (*estradiol*)	3	QL (50 grams (1 box) per month.) SM
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	SM
falmina oral tablet 0.1-20 mg-mcg	1	H
feirza 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
feirza 1/20 oral tablet 1-20 mg-mcg	1	H
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (*norethindrone acet-ethinyl est*)	3/4	H
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (*estradiol acetate*)	3	QL (1 ring per 3 months.)
finzala oral tablet chewable 1-20 mg-mcg(24)	1	H
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
galbriela oral tablet chewable 0.8-25 mg-mcg	1	H
gemmily oral capsule 1-20 mg-mcg(24)	1	H
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	1	H

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 3/4: Your highest cost medications PA: Prior authorization required QL: Quantity Limit ST: Step Therapy H-N: Part of Health Care Reform with confirmation of age and/or condition appropriate preventive use. SP: Specialty medication CM: Orally administered anticancer medication SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to in ectables covered under the medical benefit) E: Excluded from coverage unless covered as part of health care reform preventive SM: State Mandated Benefit Program NTT: If you are new to opioid therapy, you will be limited to a -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
hailey 24 fe oral tablet 1-20 mg-mcg(24)	1	H
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
hailey fe 1/20 oral tablet 1-20 mg-mcg	1	H
haloette vaginal ring 0.12-0.015 mg/24hr	1	H
iclevia oral tablet 0.15-0.03 mg	1	H
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (*estradiol*)	2	QL (0.29 vaginal insert per day.)
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (*estradiol*)	2	QL (18 inserts per year.)
introvale oral tablet 0.15-0.03 mg	1	H
isibloom oral tablet 0.15-30 mg-mcg	1	H
jaimiess oral tablet 0.15-0.03 &0.01 mg	1	H
jasmiel oral tablet 3-0.02 mg	1	H
jinteli oral tablet 1-5 mg-mcg	1	
jolessa oral tablet 0.15-0.03 mg	1	H
joyeaux oral tablet 0.1-20 mg-mcg(21)	1	H
juleber oral tablet 0.15-30 mg-mcg	1	H
junel 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel fe 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 24 oral tablet 1-20 mg-mcg(24)	1	H
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	1	H
kalliga oral tablet 0.15-30 mg-mcg	1	H
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
kelnor 1/35 oral tablet 1-35 mg-mcg	1	H
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
leena oral tablet 0.5/1/0.5-35 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lessina oral tablet 0.1-20 mg-mcg	1	H
levonest oral tablet 50-30/75-40/ 125-30 mcg	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	1	H
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	1	H
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	H
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	1	H
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (*norethin-eth estrad-fe biphas*)	1	H
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	1	H
loryna oral tablet 3-0.02 mg	1	H
low-ogestrel oral tablet 0.3-30 mg-mcg	1	H
lo-zumandimine oral tablet 3-0.02 mg	1	H
luizza 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
luizza 1/20 oral tablet 1-20 mg-mcg	1	H
lutera oral tablet 0.1-20 mg-mcg	1	H
lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	QL (8 patches (1 box) per 28 days.) SM
marlissa oral tablet 0.15-30 mg-mcg	1	H
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (*estradiol*)	3	QL (4 patches (1 carton) per 28 days.) SM
merzee oral capsule 1-20 mg-mcg(24)	1	H
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin 1/20 oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	H
mili oral tablet 0.25-35 mg-mcg	1	H
mimvey oral tablet 1-0.5 mg	1	
minzoya oral tablet 0.1-20 mg-mcg(21)	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
mono-linyah oral tablet 0.25-35 mg-mcg	1	H
MYFEMBREE ORAL TABLET 40-1-0.5 MG (*relugolix-estradiol-norethind*)	2	QL (1 tablet day.)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (*estradiol valerate-dienogest*)	1	H
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (*drospirenone-estetrol*)	3/4	H
nikki oral tablet 3-0.02 mg	1	H
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	1	H
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	1	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	H
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	1	H
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	H
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	H
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nylia 1/35 oral tablet 1-35 mg-mcg	1	H
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
ocella oral tablet 3-0.03 mg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (*elagolix-estradiol-norethind*)	2	PA QL (2 capsules per day.)
philith oral tablet 0.4-35 mg-mcg	1	H
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
portia-28 oral tablet 0.15-30 mg-mcg	1	H
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (*estrogens conjugated*)	2	
PREMARIN VAGINAL CREAM 0.625 MG/GM (*estrogens, conjugated*)	3	
PREMPHASE ORAL TABLET 0.625-5 MG (*conj estrog-medroxyprogest ace*)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (*conj estrog-medroxyprogest ace*)	2	
reclipsen oral tablet 0.15-30 mg-mcg	1	H
rivelsa oral tablet 42-21-21-7 days	1	H
rosyrah oral tablet 42-21-21-7 days	1	H
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (*drospiren-eth estrad-levomefol*)	E	H
setlakin oral tablet 0.15-0.03 mg	1	H
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
simpesse oral tablet 0.15-0.03 &0.01 mg	1	H
sprintec 28 oral tablet 0.25-35 mg-mcg	1	H
sronyx oral tablet 0.1-20 mg-mcg	1	H
syeda oral tablet 3-0.03 mg	1	H
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	H
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	H
taysofy oral capsule 1-20 mg-mcg(24)	1	H
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (*norethin ace-eth estrad-fe*)	E	H
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H

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tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
turqoz oral tablet 0.3-30 mg-mcg	1	H
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (*levonorgestrel-eth estradiol*)	3/4	H
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (*levonorgestrel-ethinyl estrad*)	1	H
tydemy oral tablet 3-0.03-0.451 mg	1	H
valtya 1/50 oral tablet 1-50 mg-mcg	1	H
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	1	H
vestura oral tablet 3-0.02 mg	1	H
vienva oral tablet 0.1-20 mg-mcg	1	H
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
vyfemla oral tablet 0.4-35 mg-mcg	1	H
vylibra oral tablet 0.25-35 mg-mcg	1	H
wera oral tablet 0.5-35 mg-mcg	1	H
wymzya fe oral tablet chewable 0.4-35 mg-mcg	1	H
xarah fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
xelria fe oral tablet chewable 0.4-35 mg-mcg	1	H
xulane transdermal patch weekly 150-35 mcg/24hr	1	H
YASMIN 28 ORAL TABLET 3-0.03 MG (*drospirenone-ethinyl estradiol*)	3	
YAZ ORAL TABLET 3-0.02 MG (*drospirenone-ethinyl estradiol*)	3	
yuvafem vaginal tablet 10 mcg	1	
zafemy transdermal patch weekly 150-35 mcg/24hr	1	H
zovia 1/35 (28) oral tablet 1-35 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
zumandimine oral tablet 3-0.03 mg	1	H
GLYCOGENOLYTIC AGENTS - Hormones		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	2	
glucagon emergency kit injection solution reconstituted 1 mg	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	2	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (*glucagon*)	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (*glucagon*)	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (*dasiglucagon hcl*)	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (*dasiglucagon hcl*)	2	
GONADOTROPINS - Hormones		
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	3	SP SMCS
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML (*follitropin beta*)	2	PA QL (5.4 mL per 21 days.) SP SMCS
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 600 UNT/0. 2ML, 900 UNT/1.08ML (*follitropin beta*)	2	PA QL (8.64 mL per 21 days.) SP SMCS
GONAL-F INJECTION SOLUTION RECONSTITUTED 450 UNIT (*follitropin alfa*)	3/4	PA ST SP SMCS
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0. 2ML, 900 UNT/1.44ML (*follitropin alfa*)	3/4	PA ST SP SMCS
leuprolide acetate injection kit 1 mg/0.2ml	1	PA SM SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 5 UNIT (*menotropins*)	3/4	PA QL (6 vials per day.) SP SMCS
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT (*chorionic gonadotropin*)	3	SP SMCS
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML (*choriogonadotropin alfa*)	3/4	SP SMCS
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (*chorionic gonadotropin*)	3	SP SMCS
SYNAREL NASAL SOLUTION 2 MG/ML (*nafarelin acetate*)	2	SM
INCRETIN MIMETICS - Drugs for Diabetes		
EXENATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	2	PA QL (2.4 ml (one pen) per month.)
EXENATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	2	PA QL (1.2 ml (one pen) per month.)
liraglutide subcutaneous solution pen-injector 18 mg/3ml	1	PA QL (If member has previous history of Victoza, then member may be eligible to receive 9ml (3 pens) per month (only applies to 3 pack NDC-00169406013). This medication is over-rideable.)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, .5 MG/0.5ML (*tirzepatide*)	2	PA QL (0.08 ml per day.)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (*semaglutide*)	2	PA
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML (*semaglutide*)	2	PA QL (3 ml per month.)
RYBELSUS ORAL TABLET 14 MG, 3 MG, MG (*semaglutide*)	2	PA QL (1 tablet per day.)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (*insulin glargine-lixisenatide*)	2	QL (18 ml per month.) SM
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0. 5 MG/0.5ML, 1.5 MG/0.5ML (*dulaglutide*)	2	PA QL (2 ml per month.)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML (*dulaglutide*)	2	PA QL (2 mL per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INTERMEDIATE-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 0/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (0-30) 100 UNIT/ML (*insulin nph isophane & regular*)	2	SM
HUMULIN 0/30 VIAL SUBCUTANEOUS SUSPENSION (0-30) 100 UNIT/ML (*insulin nph isophane & regular*)	1	SM
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	2	SM
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	1	SM
LEPTINS - Hormones		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (*metreleptin*)	3	PA QL (0.9 vial per day.) SP SMCS
LONG-ACTING INSULINS - Drugs for Diabetes		
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	1	SM
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine*)	1	SM
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (*insulin glargine-lixisenatide*)	2	QL (18 ml per month.) SM
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*)	2	SM
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*)	2	SM
MEGLITINIDES - Drugs for Diabetes		
nateglinide oral tablet 120 mg, 60 mg	1	QL (3 tablets per day)
repaglinide oral tablet 0.5 mg, 1 mg	1	QL (4 tablets per day)
repaglinide oral tablet 2 mg	1	QL (8 tablets per day)
PARATHYROID AGENTS - Drugs for Bones		
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (*teriparatide*)	3	PA SP SMCS
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	3	PA SP SMCS
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (*abaloparatide*)	3	PA SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML (*palopegteriparatide*)	3/4	PA QL (2 pens (1.12 mL) per 28 days.) SP SMCS
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 294 MCG/0.98ML (*palopegteriparatide*)	3/4	PA QL (2 pens (1.96 mL) per 28 days.) SP SMCS
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 420 MCG/1.4ML (*palopegteriparatide*)	3/4	PA QL (2 pens (2.8 mL) per 28 days.) SP SMCS
PITUITARY - Hormones		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML (*corticotropin*)	3/4	PA ST QL (10.5 mL (21 in ectors) per treatment course.) SP SMCS
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 80 UNIT/ML (*corticotropin*)	3/4	PA ST QL (21 mL (21 in ectors) per treatment course.) SP SMCS
ACTHAR INJECTION GEL 80 UNIT/ML (*corticotropin*)	3/4	PA ST QL (20 ml per 24 days.) SP SMCS
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML (*corticotropin*)	3/4	PA ST SP SMCS
CORTROPHIN INJECTION GEL 80 UNIT/ML (*corticotropin*)	3/4	PA ST QL (20 ml per 24 days.) SP SMCS
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG (*crinecerfont*)	3/4	PA QL (62 capsules per month.) SP SMCS
CRENESSITY ORAL SOLUTION 50 MG/ML (*crinecerfont*)	3/4	PA QL (120 mL (4 bottles) per month.) SP SMCS
desmopressin ace spray refrig nasal solution 0.01 %	1	
desmopressin acetate injection solution 4 mcg/ml	1	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	3	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	1	
desmopressin acetate pf injection solution 4 mcg/ml	1	
desmopressin acetate spray nasal solution 0.01 %	1	
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (*somatrogon-ghla*)	3/4	PA QL (0.1 2 ml per day.) SP SMCS
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML (*somatropin*)	2	PA QL (13.5 mL per month.) SP SMCS
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML, 30 MG/3ML (*somatropin*)	2	PA QL (9 mL per month.) SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/1.5ML (*somatropin*)	2	PA QL (2 mL per month.) SP SMCS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML (*somatropin*)	2	PA QL (13.5 mL per month.) SP SMCS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML (*somatropin*)	2	PA QL (2 mL per month.) SP SMCS
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (*somatropin*)	2	PA QL (16 vials per month.) SP SMCS
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (*somatropin (non-refrigerated)*)	3/4	PA QL (1 vial per day.) SP SMCS
SKYTROFA SUBCUTANEOUS CARTRIDGE 0. MG, 1.4 MG, 1.8 MG, 2.1 MG, 2.5 MG (*lonapegsomatropin-tcgd*)	3/4	PA SP SMCS
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, .6 MG, 9.1 MG (*lonapegsomatropin-tcgd*)	3/4	PA QL (0.143 cartridge per day.) SP SMCS
PROGESTINS - Drugs for Women		
abigale lo oral tablet 0.5-0.1 mg	1	
abigale oral tablet 1-0.5 mg	1	
ACTIVELLA ORAL TABLET 1-0.5 MG (*estradiol-norethindrone acet*)	3/4	
afirmelle oral tablet 0.1-20 mg-mcg	1	H
aftera oral tablet 1.5 mg	1	H
altavera oral tablet 0.15-30 mg-mcg	1	H
alyacen 1/35 oral tablet 1-35 mg-mcg	1	H
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
amethyst oral tablet 90-20 mcg	1	H
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (*drospirenone-estradiol*)	3	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (*segesterone-ethinyl estradiol*)	3	QL (1 vaginal ring per 32 days) H
apri oral tablet 0.15-30 mg-mcg	1	H
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	1	H
ashlyna oral tablet 0.15-0.03 &0.01 mg	1	H
aubra eq oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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
AVERI ORAL TABLET 0.15-0.03 MG (*desogestrel-eth estrad-fe*)	3/4	H
aviane oral tablet 0.1-20 mg-mcg	1	H
ayuna oral tablet 0.15-30 mg-mcg	1	H
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (*levonorgest-eth estrad-fe bisg*)	3/4	H
balziva oral tablet 0.4-35 mg-mcg	1	H
BEYAZ ORAL TABLET 3-0.02-0.451 MG (*drospiren-eth estrad-levomefol*)	E	H
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (*estradiol-progesterone*)	3	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	1	H
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
blisovi fe 1/20 oral tablet 1-20 mg-mcg	1	H
briellyn oral tablet 0.4-35 mg-mcg	1	H
camila oral tablet 0.35 mg	1	H
camrese lo oral tablet 0.1-0.02 & 0.01 mg	1	H
camrese oral tablet 0.15-0.03 &0.01 mg	1	H
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
chateal eq oral tablet 0.15-30 mg-mcg	1	H
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (*estradiol-levonorgestrel*)	2	QL (4 patches per month.)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (*estradiol-norethindrone acet*)	2	QL (8 patches per 28 days.)
CRINONE VAGINAL GEL 4 , 8 (*progesterone*)	3/4	ST
cryselle-28 oral tablet 0.3-30 mg-mcg	1	H
cyred eq oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
daysee oral tablet 0.15-0.03 &0.01 mg	1	H
deblitane oral tablet 0.35 mg	1	H
delyla oral tablet 0.1-20 mg-mcg	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (*medroxyprogesterone acetate*)	3/4	QL (5 ml per year.) SM
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (*medroxyprogesterone acetate*)	3/4	QL (5 mL per 365 days.) SM
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (*medroxyprogesterone acetate*)	1	QL (3.25 ml per year.) H SM
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
dolishale oral tablet 90-20 mcg	1	H
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	1	H
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	H
econtra one-step oral tablet 1.5 mg	1	H
elinest oral tablet 0.3-30 mg-mcg	1	H
ELLA ORAL TABLET 30 MG (*ulipristal acetate*)	1	QL (1 tablet per 21 days.) H
eluryng vaginal ring 0.12-0.015 mg/24hr	1	H
emzahh oral tablet 0.35 mg	1	H
ENDOMETRIN VAGINAL INSERT 100 MG (*progesterone*)	2	
enilloring vaginal ring 0.12-0.015 mg/24hr	1	H
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H
enskyce oral tablet 0.15-30 mg-mcg	1	H
errin oral tablet 0.35 mg	1	H
estarylla oral tablet 0.25-35 mg-mcg	1	H
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	H
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	1	H

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falmina oral tablet 0.1-20 mg-mcg	1	H
feirza 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
feirza 1/20 oral tablet 1-20 mg-mcg	1	H
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (*norethindrone acet-ethinyl est*)	3/4	H
finzala oral tablet chewable 1-20 mg-mcg(24)	1	H
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
galbriela oral tablet chewable 0.8-25 mg-mcg	1	H
gallifrey oral tablet 5 mg	1	
gemmily oral capsule 1-20 mg-mcg(24)	1	H
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
hailey 24 fe oral tablet 1-20 mg-mcg(24)	1	H
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
hailey fe 1/20 oral tablet 1-20 mg-mcg	1	H
haloette vaginal ring 0.12-0.015 mg/24hr	1	H
heather oral tablet 0.35 mg	1	H
her style oral tablet 1.5 mg	1	H
iclevia oral tablet 0.15-0.03 mg	1	H
incassia oral tablet 0.35 mg	1	H
introvale oral tablet 0.15-0.03 mg	1	H
isibloom oral tablet 0.15-30 mg-mcg	1	H
jaimiess oral tablet 0.15-0.03 &0.01 mg	1	H
jasmiel oral tablet 3-0.02 mg	1	H
jencycla oral tablet 0.35 mg	1	H
jinteli oral tablet 1-5 mg-mcg	1	
jolessa oral tablet 0.15-0.03 mg	1	H
joyeaux oral tablet 0.1-20 mg-mcg(21)	1	H
juleber oral tablet 0.15-30 mg-mcg	1	H
junel 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel fe 1/20 oral tablet 1-20 mg-mcg	1	H

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lyleq oral tablet 0.35 mg	1	H
lyza oral tablet 0.35 mg	1	H
marlissa oral tablet 0.15-30 mg-mcg	1	H
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	1	QL (5 ml per year.) H SM
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	1	QL (5 mL per 365 days.) H SM
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	1	SM
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml	1	
megestrol acetate oral tablet 20 mg, 40 mg	1	
meleya oral tablet 0.35 mg	1	H
merzee oral capsule 1-20 mg-mcg(24)	1	H
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin 1/20 oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	H
mili oral tablet 0.25-35 mg-mcg	1	H
mimvey oral tablet 1-0.5 mg	1	
minzoya oral tablet 0.1-20 mg-mcg(21)	1	H
mono-linyah oral tablet 0.25-35 mg-mcg	1	H
my choice oral tablet 1.5 mg	1	H
my way oral tablet 1.5 mg	1	H
MYFEMBREE ORAL TABLET 40-1-0.5 MG (*relugolix-estradiol-norethind*)	2	QL (1 tablet day.)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (*estradiol valerate-dienogest*)	1	H
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
new day oral tablet 1.5 mg	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (*drospirenone-estetrol*)	3/4	H
nikki oral tablet 3-0.02 mg	1	H
nora-be oral tablet 0.35 mg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	1	H
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	1	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	H
norethindrone acetate oral tablet 5 mg	1	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethindrone oral tablet 0.35 mg	1	H
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc oral tablet 0.35 mg	1	H
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	H
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	H
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nylia 1/35 oral tablet 1-35 mg-mcg	1	H
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
ocella oral tablet 3-0.03 mg	1	H
opcicon one-step oral tablet 1.5 mg	1	H
OPILL ORAL TABLET 0.0 5 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 QL (2 capsules per day.)
orquidea oral tablet 0.35 mg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
philith oral tablet 0.4-35 mg-mcg	1	H
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
PLAN B ONE-STEP ORAL TABLET 1.5 MG (*levonorgestrel*)	1	H
portia-28 oral tablet 0.15-30 mg-mcg	1	H
PREMPHASE ORAL TABLET 0.625-5 MG (*conj estrog-medroxyprogest ace*)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (*conj estrog-medroxyprogest ace*)	2	
progesterone intramuscular oil 50 mg/ml	1	SM
progesterone oral capsule 100 mg, 200 mg	1	SM
progesterone vaginal insert 100 mg	1	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (*medroxyprogesterone acetate*)	3/4	SM
react oral tablet 1.5 mg	1	H
reclipsen oral tablet 0.15-30 mg-mcg	1	H
rivelsa oral tablet 42-21-21-7 days	1	H
rosyrah oral tablet 42-21-21-7 days	1	H
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (*drospiren-eth estrad-levomefol*)	E	H
setlakin oral tablet 0.15-0.03 mg	1	H
sharobel oral tablet 0.35 mg	1	H
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
simpesse oral tablet 0.15-0.03 &0.01 mg	1	H
SLYND ORAL TABLET 4 MG (*drospirenone*)	3/4	H
sprintec 28 oral tablet 0.25-35 mg-mcg	1	H
sronyx oral tablet 0.1-20 mg-mcg	1	H
syeda oral tablet 3-0.03 mg	1	H
take action oral tablet 1.5 mg	1	H
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	H
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	H
taysofy oral capsule 1-20 mg-mcg(24)	1	H
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (*norethin ace-eth estrad-fe*)	E	H

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

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 3/4: Your highest cost medications PA: Prior authorization required QL: Quantity Limit ST: Step Therapy H-N: Part of Health Care Reform with confirmation of age and/or condition appropriate preventive use. SP: Specialty medication CM: Orally administered anticancer medication SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to in ectables covered under the medical benefit) E: Excluded from coverage unless covered as part of health care reform preventive SM: State Mandated Benefit Program NTT: If you are new to opioid therapy, you will be limited to a -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
YAZ ORAL TABLET 3-0.02 MG (*drospirenone-ethinyl estradiol*)	3	
zafemy transdermal patch weekly 150-35 mcg/24hr	1	H
zovia 1/35 (28) oral tablet 1-35 mg-mcg	1	H
zumandimine oral tablet 3-0.03 mg	1	H
RAPID-ACTING INSULINS - Drugs for Diabetes		
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (*insulin regular human*)	3/4	SM
HUMALOG INJECTION SOLUTION 100 UNIT/ML (*insulin lispro*)	3/4	SM
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin lispro*)	2	SM
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*)	2	SM
HUMALOG MIX 5/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (5-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	2	SM
HUMALOG MIX 5/25 VIAL SUBCUTANEOUS SUSPENSION (5-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	1	SM
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin lispro*)	2	SM
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*)	2	SM
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	SM
INSULIN LISPRO INJECTION SOLUTION 100 UNIT/ML	1	SM
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	SM
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR (5-25) 100 UNIT/ML	2	SM
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin lispro-aabc*)	2	SM
LYUMJEV VIAL INJECTION SOLUTION 100 UNIT/ML (*insulin lispro-aabc*)	1	SM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SHORT-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 0/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (0-30) 100 UNIT/ML (*insulin nph isophane & regular*)	2	SM
HUMULIN 0/30 VIAL SUBCUTANEOUS SUSPENSION (0-30) 100 UNIT/ML (*insulin nph isophane & regular*)	1	SM
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (*insulin regular human*)	2	SM
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML (*insulin regular human*)	1	SM
HUMULIN R VIAL INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	1	SM
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-(*insulin regular(human) in nacl*)	3	SM
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin regular human*)	2	ST SM
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin regular human*)	2	ST SM
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - Drugs for Diabetes		
BRENZAVVY ORAL TABLET 20 MG (*bexagliflozin*)	3	ST QL (1 tablet per day.)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (*empagliflozin-linagliptin*)	2	ST QL (1 tablet per day.)
JARDIANCE ORAL TABLET 10 MG, 25 MG (*empagliflozin*)	2	QL (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	QL (2 tablets per day.)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG (*empagliflozin-metformin hcl*)	2	QL (1 tablet per day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG (*empagliflozin-metformin hcl*)	2	QL (2 tablets per day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (*empagliflozin-linaglip-metform*)	2	QL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (*empagliflozin-linaglip-metform*)	2	QL (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 SP SMCS
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA SP SMCS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (*pasireotide diaspartate*)	3/4	PA QL (2 ampules per day.) SP SMCS
SOMATOTROPIN AGONISTS - Hormones		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG (*tesamorelin acetate*)	3/4	PA QL (1 vial per day.) SP SMCS
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG (*tesamorelin acetate*)	3/4	SP SMCS
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (*mecasermin*)	2	PA QL (52 vials per month.) SP SMCS
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML (*somatropin*)	2	PA QL (13.5 mL per month.) SP SMCS
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML, 30 MG/3ML (*somatropin*)	2	PA QL (9 mL per month.) SP SMCS
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/1.5ML (*somatropin*)	2	PA QL (2 mL per month.) SP SMCS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML (*somatropin*)	2	PA QL (13.5 mL per month.) SP SMCS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML (*somatropin*)	2	PA QL (2 mL per month.) SP SMCS
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (*somatropin*)	2	PA QL (16 vials per month.) SP SMCS
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (*somatropin (non-refrigerated)*)	3/4	PA QL (1 vial per day.) SP SMCS
SOMATOTROPIN ANTAGONISTS - Hormones		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (*pegvisomant*)	3/4	PA QL (1 vial per day.) SP SMCS

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SULFONYLUREAS - Drugs for Diabetes		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (*pioglitazone hcl-glimepiride*)	3	QL (1 tablet per day)
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide oral tablet 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG (*glipizide*)	3/4	
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	QL (1 tablet per day)
THIAZOLIDINEDIONES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-850 MG (*pioglitazone hcl-metformin hcl*)	3/4	QL (3 tablets per day)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	2	QL (1 tablet per day.)
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (*pioglitazone hcl-glimepiride*)	3	QL (1 tablet per day)
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	1	QL (1 tablet per day)
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	1	QL (1 tablet per day)
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	1	QL (3 tablets per day)
THYROID AGENTS - Drugs for the Thyroid		
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (*thyroid*)	2	
ARMOUR THYROID TABLET 15 MG ORAL (*thyroid*)	3	
ARMOUR THYROID TABLET 15 MG ORAL (*thyroid*)	2	
ERMEZA ORAL SOLUTION 150 MCG/5ML (*levothyroxine sodium*)	2	

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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 CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 13 MCG, 150 MCG, 1 5 MCG, 200 MCG, 25 MCG, 50 MCG, 5 MCG, 88 MCG	3/4	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liomny oral tablet 25 mcg, 5 mcg, 50 mcg	1	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	1	
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (*thyroid*)	3	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (*resmetirom*)	3/4	PA QL (1 Tablet per day.)
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (*levothyroxine sodium*)	3/4	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 13 MCG, 150 MCG, 1 5 MCG, 200 MCG, 25 MCG, 3 .5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 5 MCG, 88 MCG (*levothyroxine sodium*)	3/4	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 13 MCG/ML, 150 MCG/ML, 1 5 MCG/ML, 200 MCG/ML, 25 MCG/ML, 3 .5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 5 MCG/ML, 88 MCG/ML (*levothyroxine sodium*)	2	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IMMUNOMODULATORY AGENTS (90:00)		
AMINO ACID POLYMERS		
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	1	PA QL (30 ml per month.) SP SMCS
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	1	PA QL (12 ml per 21 days.) SP SMCS
glatopa subcutaneous solution prefilled syringe 20 mg/ml	1	PA QL (30 ml per month.) SP SMCS
glatopa subcutaneous solution prefilled syringe 40 mg/ml	1	PA QL (12 ml per 21 days.) SP SMCS
ANTIMETABOLITES		
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	3	PA ST QL (40 tablets per 20 days.) SP SMCS
teriflunomide oral tablet 14 mg	1	PA QL (1 tablet per day.) SP SMCS
teriflunomide oral tablet 7 mg	1	PA QL (31 tablets per month.) SP SMCS
ANTIMETABOLITES, IMMUNOSUPP THERAPY MISC		
AZASAN ORAL TABLET 100 MG, 5 MG (*azathioprine*)	3/4	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
mycophenolate mofetil oral capsule 250 mg	1	
CALCINEURIN INHIBITORS, MISC (90:28)		
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	3/4	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (*tacrolimus*)	3/4	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 (*cyclosporine*)	3/4	PA QL (5.5 mL (1 bottle) per month.)
RESTASIS OPHTHALMIC EMULSION 0.05 (*cyclosporine*)	1	PA
tacrolimus external ointment 0.03 %, 0.1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	
VERKAZIA OPHTHALMIC EMULSION 0.1 (*cyclosporine*)	3/4	PA QL (4 vials per day.)
COMPLEMENT INHIBITOR AGENTS (90:20)		
FABHALTA ORAL CAPSULE 200 MG (*iptacopan hcl*)	2	PA QL (2 capsules per day.) SP SMCS
TAVNEOS ORAL CAPSULE 10 MG (*avacopan*)	3/4	PA QL (6 capsules per day.) SP SMCS
COMPLEMENT INHIBITORS (90:08)		
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML (*zilucoplan sodium*)	3/4	PA QL (0.416 ml per day.) SP SMCS
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.5 4ML (*zilucoplan sodium*)	3/4	PA QL (0.5 4 ml per day.) SP SMCS
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML (*zilucoplan sodium*)	3/4	PA QL (0.81 ml per day.) SP SMCS
DISEASE-MODIFYING ANTIRHEUMAT DRUGS MISC		
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (*vedolizumab*)	2	PA QL (0.05 ml per day.) SP SMCS
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (*abatacept*)	3	PA ST QL (4 autoin ectors per month.) SP SMCS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (*abatacept*)	3	PA ST QL (4 syringes per month.) SP SMCS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (*abatacept*)	3	PA ST QL (0.06 ml per day.) SP SMCS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 .5 MG/0. ML (*abatacept*)	3	PA ST QL (0.1 ml per day.) SP SMCS
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (*sulfasalazine*)	3/4	
AZULFIDINE ORAL TABLET 500 MG (*sulfasalazine*)	3/4	
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	2	PA QL (1 kit per 21 days.) SP SMCS
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	2	PA QL (1 kit per 21 days.) SP SMCS
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
JYLAMVO ORAL SOLUTION 2 MG/ML (*methotrexate*)	3/4	PA CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted 1 gm	1	
methotrexate sodium oral tablet 2.5 mg	1	CM
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML (*methotrexate (anti-rheumatic)*)	2	QL (0.8 ml (4 auto-in ectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR .5 MG/0.15ML (*methotrexate (anti-rheumatic)*)	2	QL (0.6 ml (4 auto-in ectors) per month.)
RIDAURA ORAL CAPSULE 3 MG (*auranofin*)	3	SP SMCS
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (*guselkumab*)	2	PA QL (1 mL (1 device) every 8 weeks.) SP SMCS
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*guselkumab*)	2	PA QL (1 mL (1 device) every 8 weeks.) SP SMCS
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (*guselkumab*)	2	PA QL (2ml (1 auto-in ector) per month.) SMCS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*guselkumab*)	2	PA QL (2 ml per 2 months) SP SMCS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (*guselkumab*)	2	PA QL (2ml (1 syringe) per month.) SMCS
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (*guselkumab*)	2	PA QL (4 ml (2 pens/1 box) per month.) SMCS
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, .5 MG (*methotrexate sodium*)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	3/4	PA QL (4 ml per day) CM
FUMARATES		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (*monomethyl fumarate*)	2	PA QL (4 capsules per day.) SP SMCS
dimethyl fumarate oral capsule delayed release 120 mg	1	PA QL (56 capsules per year.) SP SMCS
dimethyl fumarate oral capsule delayed release 240 mg	1	PA QL (2 capsules per day.) SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	1	PA QL (60 capsules (1 starter pack) per 365 days.) SP SMCS
IGG1 MONOCLONAL ANTIBODIES		
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (*belimumab*)	2	PA QL (4 ml per month.) SP SMCS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (*belimumab*)	2	PA QL (4 ml per month.) SP SMCS
IMMUNOMODULATORY AGENTS (90:00)		
cyclophosphamide oral capsule 25 mg, 50 mg	1	CM
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	2	CM
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
everolimus oral tablet 10 mg, 7.5 mg	1	PA QL (2 tablets per day.) SP CM SMCS
everolimus oral tablet 2.5 mg, 5 mg	1	PA QL (1 tablet per day.) SP CM SMCS
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	1	PA QL (1 tablet per day.) SP CM SMCS
mercaptopurine oral suspension 2000 mg/100ml	1	SP CM SMCS
mercaptopurine oral tablet 50 mg	1	CM
PURIXAN ORAL SUSPENSION 2000 MG/100ML (*mercaptopurine*)	3	SP CM SMCS
torpenz oral tablet 10 mg, 7.5 mg	1	PA QL (2 tablets per day.) SP CM SMCS
torpenz oral tablet 2.5 mg, 5 mg	1	PA QL (1 tablet per day.) SP CM SMCS
INTERFERONS		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (*interferon beta-1a*)	2	PA QL (4 pens (1 box) per month.) SP SMCS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (*interferon beta-1a*)	2	PA QL (4 syringes (1 box) per month.) SP SMCS
BETASERON SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	2	PA QL (14 vials per month.) SP SMCS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (*peginterferon alfa-2a*)	2	SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (*peginterferon alfa-2a*)	2	SP SMCS
INTERLEUKIN INHIBITOR AGENTS, MISC		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*omalizumab*)	2	PA QL (2 auto in ectors per month.) SP SMCS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*omalizumab*)	2	PA QL (0.15 ml per day.) SP SMCS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 5 MG/0.5ML (*omalizumab*)	2	PA QL (0.04 ml per day.) SP SMCS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*omalizumab*)	2	PA QL (0.08 ml per day.) SP SMCS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*omalizumab*)	2	PA QL (0.15 ml per day.) SP SMCS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (*omalizumab*)	2	PA QL (0.04 ml per day.) SP SMCS
INTERLEUKIN-MEDIATED AGENTS, MISC		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab*)	3	PA ST QL (3.6 ml per 21 days.) SP SMCS
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab*)	3	PA ST QL (4 syringes (36 mL) per month) SP SMCS
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	2	PA QL (0.0 2 ml per day.) SP SMCS
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	2	PA QL (0.036 ml per day.) SP SMCS
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (*secukinumab*)	2	PA QL (0.018 ml per day.) SP SMCS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	2	PA QL (0.0 2 ml per day.) SP SMCS
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	2	PA QL (0.036 ml per day.) SP SMCS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*secukinumab*)	2	PA QL (0.0 2 ml per day.) SP SMCS
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	3/4	PA ST QL (2.28 ml per month.) SP SMCS
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	3/4	PA ST QL (2.28 mL per month) SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.6 ML (*anakinra*)	3	PA ST QL (0.6 ml (1 syringe) per day.) SP SMCS
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab-stba*)	2	PA QL (1 syringe every 3 months.) SP SMCS
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab-aazg*)	3	PA ST SP SMCS
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab-aazg*)	3	PA ST SP SMCS
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab-auub*)	2	PA QL (1 single-dose vial every 3 months.) SP SMCS
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab-auub*)	2	PA QL (1 syringe per 3 months.) SP SMCS
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab-kfce*)	2	PA QL (1 single-dose vial every 3 months.) SP SMCS
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab-kfce*)	2	PA QL (1 syringe every 3 months.) SP SMCS
JANUS KINASE INHIBITORS, MISCELLANEOUS		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (*abrocitinib*)	2	PA QL (1 tablet per day.) SP CM SMCS
OLUMIANT ORAL TABLET 1 MG, 4 MG (*baricitinib*)	3	PA ST QL (1 tablet per day.) SMCS
OLUMIANT ORAL TABLET 2 MG (*baricitinib*)	3	PA ST QL (1 tablet per day.) SP SMCS
RINVOQ LQ ORAL SOLUTION 1 MG/ML (*upadacitinib*)	2	PA QL (360 mL (2 bottles) per month.) SP SMCS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (*upadacitinib*)	2	PA QL (1 tablet per day.) SP SMCS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (*upadacitinib*)	2	PA QL (84 tablets per 365 days.) SP SMCS
XELJANZ ORAL SOLUTION 1 MG/ML (*tofacitinib citrate*)	2	PA QL (8 mL per day.) SP SMCS
XELJANZ ORAL TABLET 10 MG (*tofacitinib citrate*)	2	PA QL (2 tablets per day) SP SMCS
XELJANZ ORAL TABLET 5 MG (*tofacitinib citrate*)	2	PA QL (2 tablets per day.) SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (*tofacitinib citrate*)	2	PA QL (1 tablet per day.) SP SMCS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (*tofacitinib citrate*)	2	PA QL (1 tablet per day.) SMCS
MONOCARBOXYLIC ACID AMIDE AGENTS		
leflunomide oral tablet 10 mg, 20 mg	1	
MONOCLONAL ANTIBODIES (90:12)		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*satralizumab-mwge*)	3/4	PA QL (0.04 ml per day.) SP SMCS
MTOR INHIBITORS, MISCELLANEOUS		
HYFTOR EXTERNAL GEL 0.2 (*sirolimus*)	3/4	PA QL (10 g per 23 days.)
sirolimus oral solution 1 mg/ml	1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	
PHOSPHODIESTERASE-4 INHIBITORS, MISC		
OTEZLA ORAL TABLET 20 MG (*apremilast*)	2	PA QL (60 tablets per month.) SMCS
OTEZLA ORAL TABLET 30 MG (*apremilast*)	2	PA QL (2 tablets per day.) SP SMCS
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (*apremilast*)	2	PA QL (55 tablets (one starter pack) per year.) SP SMCS
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (*apremilast*)	2	PA QL (1 starter pack per year.) SMCS
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG (*apremilast*)	3	
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER) 5 MG (*apremilast*)	2	PA SMCS
SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS		
fingolimod hcl oral capsule 0.5 mg	1	PA QL (1 capsule per day.) SP SMCS
GILENYA ORAL CAPSULE 0.25 MG (*fingolimod hcl*)	3/4	PA QL (1 capsule per day.) SP SMCS
MAYZENT ORAL TABLET 0.25 MG (*siponimod fumarate*)	3	PA QL (4 tablets per day.) SP SMCS
MAYZENT ORAL TABLET 1 MG (*siponimod fumarate*)	3/4	PA QL (1 tablet per day.) SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAYZENT ORAL TABLET 2 MG (*siponimod fumarate*)	3	PA QL (1 tablet per day.) SP SMCS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (*siponimod fumarate*)	3	PA QL (12 tablets per 365 days.) SP SMCS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK X 0.25 MG (*siponimod fumarate*)	3/4	PA QL (tablets per 365 days.) SP SMCS
T-CELL BLOCKERS (90:24)		
LUPKYNIS ORAL CAPSULE .9 MG (*voclosporin*)	3/4	PA QL (6 capsules per day.) SP SMCS
TUMOR NECROSIS FACTOR INHIBITORS, MISC		
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA QL (0.03 ml per day.) SP SMCS
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	2	PA SP SMCS
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML	2	PA QL (0.01 ml per day.) SP SMCS
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	2	PA QL (0.02 ml per day.) SP SMCS
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA QL (0.03 ml per day.) SP SMCS
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (*adalimumab-atto*)	2	PA QL (2 auto-in ectors (1 carton) per month.) SP SMCS
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (*adalimumab-atto*)	2	PA QL (2 auto-in ectors (1 carton) per month.) SP SMCS
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (*adalimumab-atto*)	2	PA QL (2 syringes per month per month.) SP SMCS
AMJEVITA-PED 15KG TO 30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (*adalimumab-atto*)	2	PA SP SMCS
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	2	PA QL (1 kit per 21 days.) SP SMCS
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	2	PA QL (1 kit per 21 days.) SP SMCS
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (*etanercept*)	2	PA QL (0.15 ml per day.) SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (*etanercept*)	2	PA QL (0.15 ml per day.) SP SMCS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (*etanercept*)	2	PA QL (0.15 ml per day.) SP SMCS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (*etanercept*)	2	PA QL (0.15 ml per day.) SP SMCS
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	2	PA QL (4 pens per 365 days.) SP SMCS
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (*adalimumab*)	2	PA QL (2 pens per month.) SP SMCS
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (*adalimumab*)	2	PA QL (2 pens per month.) SP SMCS
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab*)	2	PA QL (2 syringes per month.) SP SMCS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (*adalimumab*)	2	PA QL (2 syringes per month.) SP SMCS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (*adalimumab*)	2	PA QL (2 syringes per month.) SP SMCS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	2	PA QL (4 pens per 365 days.) SP SMCS
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	2	PA QL (3 pens per year.) SP SMCS
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*golimumab*)	2	PA QL (1 syringe per 21 days.) SP SMCS
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (*golimumab*)	2	PA QL (0.5 ml (1 syringe) per month) SP SMCS
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*golimumab*)	2	PA QL (1 syringe per 21 days.) SP SMCS
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (*golimumab*)	2	PA QL (0.5 ml (1 syringe) per month) SP SMCS
LOCAL ANESTHETICS - Drugs for Numbing		
LOCAL ANESTHETICS - Drugs for Numbing		
ALTACAINE OPHTHALMIC SOLUTION 0.5 (*tetracaine hcl*)	3	
tetracaine hcl ophthalmic solution 0.5 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZTLIDO EXTERNAL PATCH 1.8 (*lidocaine*)	3	PA QL (3 patches per day.)
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
dutasteride oral capsule 0.5 mg	1	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	1	
ENTADFI ORAL CAPSULE 5-5 MG (*finasteride-tadalafil*)	3/4	QL (1 capsule per day.)
finasteride oral tablet 5 mg	1	
5-ALPHA-REDUCTASE INHIBITORS (92:04) - Drugs for Alcohol Dependence		
disulfiram oral tablet 250 mg, 500 mg	1	
dutasteride oral capsule 0.5 mg	1	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	1	
ENTADFI ORAL CAPSULE 5-5 MG (*finasteride-tadalafil*)	3/4	QL (1 capsule per day.)
finasteride oral tablet 5 mg	1	
naltrexone hcl oral tablet 50 mg	1	
ANTIDOTES (92:12) - Drugs for Overdose or Poisoning		
acetylcysteine inhalation solution 10 %, 20 %	1	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	2	
CHEMET ORAL CAPSULE 100 MG (*succimer*)	2	
FOSRENOL ORAL PACKET 1000 MG, 50 MG (*lanthanum carbonate*)	3	
glucagon emergency kit injection solution reconstituted 1 mg	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	2	
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	1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	SM
naloxone hcl injection solution cartridge 0.4 mg/ml	1	SM
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml	1	SM
naltrexone hcl oral tablet 50 mg	1	
phytonadione oral tablet 5 mg	1	
RADIOGARDASE ORAL CAPSULE 0.5 GM (*prussian blue insoluble*)	3	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	1	
sevelamer carbonate oral tablet 800 mg	1	
sodium polystyrene sulfonate oral powder	1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML (*sodium polystyrene sulfonate*)	3	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (*sodium polystyrene sulfonate*)	3	
VISTOGARD ORAL PACKET 10 GM (*uridine triacetate*)	2	PA
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (*dasiglucagon hcl*)	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (*dasiglucagon hcl*)	2	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (*naloxone hcl*)	1	SM
ANTIGOUT AGENTS - Drugs for Gout		
allopurinol oral tablet 100 mg, 200 mg, 300 mg	1	
colchicine oral capsule 0.6 mg	1	
colchicine oral tablet 0.6 mg	1	
colchicine-probenecid oral tablet 0.5-500 mg	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 3 5 MG (*naproxen*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG (*naproxen*)	3/4	
febuxostat oral tablet 40 mg, 80 mg	1	
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (*colchicine*)	3/4	
INDOCIN ORAL SUSPENSION 25 MG/5ML (*indomethacin*)	3/4	
INDOCIN RECTAL SUPPOSITORY 50 MG (*indomethacin*)	3/4	
indomethacin er oral capsule extended release 75 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin oral suspension 25 mg/5ml	1	
indomethacin rectal suppository 50 mg	1	
MITIGARE ORAL CAPSULE 0.6 MG (*colchicine*)	2	
naproxen dr oral tablet delayed release 500 mg	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg, 500 mg	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
probenecid oral tablet 500 mg	1	
ANTISENSE OLIGONUCLEOTIDES		
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, .5 GM, 9 GM (*sodium oxybate*)	3/4	PA QL (1 packet per day.) SP SMCS
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & .5 GM (*sodium oxybate*)	3/4	PA QL (1 box (28 packets) per year.) SP SMCS
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	3/4	PA QL (18 ml per day.) SP SMCS
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*olezarsen sodium*)	3/4	PA QL (1 Auto-in ector (0.8 mL) per month.) SP SMCS
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML (*eplontersen sodium*)	2	PA QL (0.029 ml per day.) SP SMCS
BONE ANABOLIC AGENTS		
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (*teriparatide*)	3	PA SP SMCS
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	3	PA SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (*abaloparatide*)	3	PA SP SMCS
BONE RESORPTION INHIBITORS - Drugs for Bone Loss		
alendronate sodium oral solution 70 mg/75ml	1	
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	1	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0 5 MG/24HR, 0.1 MG/24HR (*estradiol*)	3	QL (8 patches (1 box) per 28 days.) SM
BINOSTO ORAL TABLET EFFERVESCENT 0 MG (*alendronate sodium*)	3/4	QL (4 tablets per month.)
calcitonin (salmon) injection solution 200 unit/ml	1	
calcitonin (salmon) nasal solution 200 unit/act	1	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML (*estradiol valerate*)	3/4	SM
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (*estradiol cypionate*)	3	SM
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM (*estradiol*)	3	SM
DIVIGEL TRANSDERMAL GEL 0. 5 MG/0. 5GM (*estradiol*)	2	SM
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	QL (8 patches (1 box) per 28 days.) SM
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.8 GM (0.06) (*estradiol*)	3	SM
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	SM
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	SM
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL (50 grams (1 box) per month.) SM
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	QL (8 patches (1 box) per 28 days.) SM
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	QL (4 patches (1 carton) per 28 days.) SM
estradiol vaginal cream 0.01 %	1	
estradiol vaginal tablet 10 mcg	1	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	SM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ESTRING VAGINAL RING .5 MCG/24HR (*estradiol*)	2	QL (1 ring per 90 days.)
ESTROGEL TRANSDERMAL GEL 0. 5 MG/1.25 GM (0.06) (*estradiol*)	3	QL (50 grams (1 box) per month.) SM
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (*estradiol*)	2	SM
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (*estradiol acetate*)	3	QL (1 ring per 3 months.)
FOSAMAX ORAL TABLET 0 MG (*alendronate sodium*)	3/4	
FOSAMAX PLUS D ORAL TABLET 0-2800 MG-UNIT, 0-5600 MG-UNIT (*alendronate-cholecalciferol*)	3	
ibandronate sodium oral tablet 150 mg	1	
lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	QL (8 patches (1 box) per 28 days.) SM
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (*estradiol*)	3	QL (4 patches (1 carton) per 28 days.) SM
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (*calcitonin (salmon)*)	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (*estrogens conjugated*)	2	
PREMARIN VAGINAL CREAM 0.625 MG/GM (*estrogens, conjugated*)	3	
raloxifene hcl oral tablet 60 mg	1	H-N
risedronate sodium oral tablet 150 mg	1	QL (1 tablet per month)
risedronate sodium oral tablet 30 mg, 5 mg	1	
risedronate sodium oral tablet 35 mg	1	QL (4 tablets per 28 days.)
risedronate sodium oral tablet delayed release 35 mg	1	QL (4 tablets per month)
yuvafem vaginal tablet 10 mcg	1	
BRADYKININ RECEPTOR ANTAGONISTS		
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	1	PA QL (0.6 ml per day.) SP SMCS
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
dichlorphenamide oral tablet 50 mg	1	PA QL (4 tablets per day.) SP SMCS
CARIOSTATIC AGENTS - Vitamins and Fluoride		
CLINPRO 5000 DENTAL PASTE 1.1 (*sodium fluoride*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DAVIMET-FLUORIDE ORAL TABLET CHEWABLE 0. 5 MG (*pediatric multivitamins-fl*)	3/4	
DENTA 5000 PLUS DENTAL CREAM 1.1 (*sodium fluoride*)	3/4	
DENTA 5000 PLUS SENSITIVE DENTAL GEL 1.1-5	3	
DENTAGEL DENTAL GEL 1.1 (*sodium fluoride*)	3/4	
EASYGEL DENTAL GEL 0.4 (*stannous fluoride*)	3	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (*sodium fluoride-vitamin d*)	3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (*pediatric multivitamins-fl*)	3/4	
FLOTREX ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG (*pediatric multivitamins-fl*)	3/4	
FLOTREX ORAL TABLET CHEWABLE 1 MG (*pediatric multivitamins-fl*)	3	
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 (*stannous fluoride*)	3	
FLUORIDEX DENTAL PASTE 1.1 (*sodium fluoride*)	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 (*sodium fluoride*)	3	
FLUORIMAX 5000 DENTAL PASTE 1.1 (*sodium fluoride*)	3	
FLUORIMAX 5000 SENSITIVE DENTAL GEL 1.1-5 (*sod fluoride-potassium nitrate*)	3	
FRAICHE 5000 DENTAL DENTAL GEL 1.1	3/4	
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 ORAL SUSPENSION 0.25 MG/ML	3/4	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3/4	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-fl*)	3/4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3/4	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25- 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*)	3/4	
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*)	3/4	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 (*sod fluoride-potassium nitrate*)	3	
PREVIDENT DENTAL GEL 1.1 (*sodium fluoride*)	3/4	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 (*sodium fluoride*)	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (*pediatric multivitamins-fl*)	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
sf 5000 plus dental cream 1.1 %	1	
sf dental gel 1.1 %	1	
sod fluoride-potassium nitrate dental gel 1.1-5 %	1	
sodium fluoride 5000 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	H
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 (*pediatric multivitamins-fl*)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
TRI-VITAMIN WITH FLUORIDE ORAL SUSPENSION 0.25 MG/ML	3/4	
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)*)	3/4	PA ST QL (0.4 boxes per day.) SP SMCS
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (*pegcetacoplan*)	2	PA QL (5.8 ml per day. 2,100 ml per 360 days.) SP SMCS
FABHALTA ORAL CAPSULE 200 MG (*iptacopan hcl*)	2	PA QL (2 capsules per day.) SP SMCS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT (*c1 esterase inhibitor (human)*)	2	PA QL (24 vials per month.) SP SMCS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT (*c1 esterase inhibitor (human)*)	2	PA SP SMCS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (*c1 esterase inhibitor (recomb)*)	3/4	PA QL (0.2 vials per day.) SP SMCS
TAVNEOS ORAL CAPSULE 10 MG (*avacopan*)	3/4	PA QL (6 capsules per day.) SP SMCS
VOYDEYA ORAL TABLET 100 MG (*danicopan*)	2	PA QL (6 tablets per day.) SP SMCS
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG (*danicopan*)	2	PA QL (180 tablets per month.) SP SMCS
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML (*zilucoplan sodium*)	3/4	PA QL (0.416 ml per day.) SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.5 4ML (*zilucoplan sodium*)	3/4	PA QL (0.5 4 ml per day.) SP SMCS
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML (*zilucoplan sodium*)	3/4	PA QL (0.81 ml per day.) SP SMCS
COMPLEMENT INHIBITORS (92:32)		
BERINERT INTRAVENOUS KIT 500 UNIT (*c1 esterase inhibitor (human)*)	3/4	PA ST QL (0.4 boxes per day.) SP SMCS
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (*pegcetacoplan*)	2	PA QL (5.8 ml per day. 2,100 ml per 360 days.) SP SMCS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT (*c1 esterase inhibitor (human)*)	2	PA QL (24 vials per month.) SP SMCS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT (*c1 esterase inhibitor (human)*)	2	PA SP SMCS
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	1	PA QL (0.6 ml per day.) SP SMCS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (*c1 esterase inhibitor (recomb)*)	3/4	PA QL (0.2 vials per day.) SP SMCS
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (*lanadelumab-flyo*)	2	PA QL (0.0 2 ml per day.) SP SMCS
TAVNEOS ORAL CAPSULE 10 MG (*avacopan*)	3/4	PA QL (6 capsules per day.) SP SMCS
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - Drugs for Arthritis		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab*)	3	PA ST QL (3.6 ml per 21 days.) SP SMCS
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab*)	3	PA ST QL (4 syringes (36 mL) per month) SP SMCS
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA QL (0.03 ml per day.) SP SMCS
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	2	PA SP SMCS
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML	2	PA QL (0.01 ml per day.) SP SMCS
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	2	PA QL (0.02 ml per day.) SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA QL (0.03 ml per day.) SP SMCS
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (*adalimumab-atto*)	2	PA QL (2 auto-in ectors (1 carton) per month.) SP SMCS
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (*adalimumab-atto*)	2	PA QL (2 auto-in ectors (1 carton) per month.) SP SMCS
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (*adalimumab-atto*)	2	PA QL (2 syringes per month per month.) SP SMCS
AMJEVITA-PED 15KG TO 30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (*adalimumab-atto*)	2	PA SP SMCS
AZASAN ORAL TABLET 100 MG, 5 MG (*azathioprine*)	3/4	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (*sulfasalazine*)	3/4	
AZULFIDINE ORAL TABLET 500 MG (*sulfasalazine*)	3/4	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (*abrocitinib*)	2	PA QL (1 tablet per day.) SP CM SMCS
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	2	PA QL (1 kit per 21 days.) SP SMCS
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	2	PA QL (1 kit per 21 days.) SP SMCS
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	2	PA QL (0.0 2 ml per day.) SP SMCS
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	2	PA QL (0.036 ml per day.) SP SMCS
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (*secukinumab*)	2	PA QL (0.018 ml per day.) SP SMCS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	2	PA QL (0.0 2 ml per day.) SP SMCS
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	2	PA QL (0.036 ml per day.) SP SMCS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*secukinumab*)	2	PA QL (0.0 2 ml per day.) SP SMCS
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
DEPEN TITRATABS ORAL TABLET 250 MG (*penicillamine*)	2	SP SMCS
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (*etanercept*)	2	PA QL (0.15 ml per day.) SP SMCS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (*etanercept*)	2	PA QL (0.15 ml per day.) SP SMCS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (*etanercept*)	2	PA QL (0.15 ml per day.) SP SMCS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (*etanercept*)	2	PA QL (0.15 ml per day.) SP SMCS
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	2	PA QL (4 pens per 365 days.) SP SMCS
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (*adalimumab*)	2	PA QL (2 pens per month.) SP SMCS
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (*adalimumab*)	2	PA QL (2 pens per month.) SP SMCS
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab*)	2	PA QL (2 syringes per month.) SP SMCS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (*adalimumab*)	2	PA QL (2 syringes per month.) SP SMCS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (*adalimumab*)	2	PA QL (2 syringes per month.) SP SMCS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	2	PA QL (4 pens per 365 days.) SP SMCS
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	2	PA QL (3 pens per year.) SP SMCS
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
JYLAMVO ORAL SOLUTION 2 MG/ML (*methotrexate*)	3/4	PA CM
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	3/4	PA ST QL (2.28 ml per month.) SP SMCS

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KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	3/4	PA ST QL (2.28 mL per month) SP SMCS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.6 ML (*anakinra*)	3	PA ST QL (0.6 ml (1 syringe) per day.) SP SMCS
leflunomide oral tablet 10 mg, 20 mg	1	
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted 1 gm	1	
methotrexate sodium oral tablet 2.5 mg	1	CM
OLUMIANT ORAL TABLET 1 MG, 4 MG (*baricitinib*)	3	PA ST QL (1 tablet per day.) SMCS
OLUMIANT ORAL TABLET 2 MG (*baricitinib*)	3	PA ST QL (1 tablet per day.) SP SMCS
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (*abatacept*)	3	PA ST QL (4 autoin ectors per month.) SP SMCS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (*abatacept*)	3	PA ST QL (4 syringes per month.) SP SMCS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (*abatacept*)	3	PA ST QL (0.06 ml per day.) SP SMCS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 .5 MG/0. ML (*abatacept*)	3	PA ST QL (0.1 ml per day.) SP SMCS
OTEZLA ORAL TABLET 30 MG (*apremilast*)	2	PA QL (2 tablets per day.) SP SMCS
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (*apremilast*)	2	PA QL (55 tablets (one starter pack) per year.) SP SMCS
penicillamine oral tablet 250 mg	1	SP SMCS
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML (*methotrexate (anti-rheumatic)*)	2	QL (0.8 ml (4 auto-in ectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML (*methotrexate (anti-rheumatic)*)	2	QL (1 ml (4 auto-in ectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML (*methotrexate (anti-rheumatic)*)	2	QL (1.2 ml (4 auto-in ectors) per month.)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (*tofacitinib citrate*)	2	PA QL (1 tablet per day.) SP SMCS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (*tofacitinib citrate*)	2	PA QL (1 tablet per day.) SMCS
IGA NEPHROPATHY		
FILSPARI ORAL TABLET 200 MG, 400 MG (*sparsentan*)	3/4	PA QL (1 tablet per day.) SP SMCS
VANRAFIA ORAL TABLET 0. 5 MG (*atrasentan hcl*)	3/4	PA QL (30 tablets per month.) SP SMCS
IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab*)	3	PA ST QL (3.6 ml per 21 days.) SP SMCS
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab*)	3	PA ST QL (4 syringes (36 mL) per month) SP SMCS
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (*interferon gamma-1b*)	2	PA QL (8.5 mls per month.) SP SMCS
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA QL (0.03 ml per day.) SP SMCS
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	2	PA SP SMCS
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML	2	PA QL (0.01 ml per day.) SP SMCS
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	2	PA QL (0.02 ml per day.) SP SMCS
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA QL (0.03 ml per day.) SP SMCS
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (*adalimumab-atto*)	2	PA QL (2 auto-in ectors (1 carton) per month.) SP SMCS
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (*adalimumab-atto*)	2	PA QL (2 auto-in ectors (1 carton) per month.) SP SMCS
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (*adalimumab-atto*)	2	PA QL (2 syringes per month per month.) SP SMCS

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AMJEVITA-PED 15KG TO 30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (*adalimumab-atto*)	2	PA SP SMCS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (*interferon beta-1a*)	2	PA QL (4 pens (1 box) per month.) SP SMCS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (*interferon beta-1a*)	2	PA QL (4 syringes (1 box) per month.) SP SMCS
AZASAN ORAL TABLET 100 MG, 5 MG (*azathioprine*)	3/4	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (*sulfasalazine*)	3/4	
AZULFIDINE ORAL TABLET 500 MG (*sulfasalazine*)	3/4	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (*monomethyl fumarate*)	2	PA QL (4 capsules per day.) SP SMCS
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (*ropeginterferon alfa-2b-njft*)	3/4	PA QL (0.08 ml per day.) SP CM SMCS
BETASERON SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	2	PA QL (14 vials per month.) SP SMCS
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	2	PA QL (1 kit per 21 days.) SP SMCS
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	2	PA QL (1 kit per 21 days.) SP SMCS
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
dimethyl fumarate oral capsule delayed release 120 mg	1	PA QL (56 capsules per year.) SP SMCS
dimethyl fumarate oral capsule delayed release 240 mg	1	PA QL (2 capsules per day.) SP SMCS
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	1	PA QL (60 capsules (1 starter pack) per 365 days.) SP SMCS
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (*etanercept*)	2	PA QL (0.15 ml per day.) SP SMCS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (*etanercept*)	2	PA QL (0.15 ml per day.) SP SMCS

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ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (*etanercept*)	2	PA QL (0.15 ml per day.) SP SMCS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (*etanercept*)	2	PA QL (0.15 ml per day.) SP SMCS
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*satralizumab-mwge*)	3/4	PA QL (0.04 ml per day.) SP SMCS
fingolimod hcl oral capsule 0.5 mg	1	PA QL (1 capsule per day.) SP SMCS
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
GILENYA ORAL CAPSULE 0.25 MG (*fingolimod hcl*)	3/4	PA QL (1 capsule per day.) SP SMCS
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	1	PA QL (30 ml per month.) SP SMCS
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	1	PA QL (12 ml per 21 days.) SP SMCS
glatopa subcutaneous solution prefilled syringe 20 mg/ml	1	PA QL (30 ml per month.) SP SMCS
glatopa subcutaneous solution prefilled syringe 40 mg/ml	1	PA QL (12 ml per 21 days.) SP SMCS
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	2	PA QL (4 pens per 365 days.) SP SMCS
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (*adalimumab*)	2	PA QL (2 pens per month.) SP SMCS
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (*adalimumab*)	2	PA QL (2 pens per month.) SP SMCS
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab*)	2	PA QL (2 syringes per month.) SP SMCS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (*adalimumab*)	2	PA QL (2 syringes per month.) SP SMCS
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (*adalimumab*)	2	PA QL (2 syringes per month.) SP SMCS
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	2	PA QL (4 pens per 365 days.) SP SMCS

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HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	2	PA QL (3 pens per year.) SP SMCS
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
JOENJA ORAL TABLET 0 MG (*leniolisib phosphate*)	2	PA QL (2 tablets per day.) SP SMCS
JYLAMVO ORAL SOLUTION 2 MG/ML (*methotrexate*)	3/4	PA CM
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (*ofatumumab*)	2	PA QL (0.02 ml per day.) SP SMCS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.6 ML (*anakinra*)	3	PA ST QL (0.6 ml (1 syringe) per day.) SP SMCS
leflunomide oral tablet 10 mg, 20 mg	1	
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg	1	PA QL (28 capsules per 21 days.) SP CM SMCS
lenalidomide oral capsule 20 mg, 25 mg	1	PA QL (21 capsules per 21 days.) SP CM SMCS
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	3	PA ST QL (40 tablets per 20 days.) SP SMCS
MAYZENT ORAL TABLET 0.25 MG (*siponimod fumarate*)	3	PA QL (4 tablets per day.) SP SMCS
MAYZENT ORAL TABLET 1 MG (*siponimod fumarate*)	3/4	PA QL (1 tablet per day.) SP SMCS
MAYZENT ORAL TABLET 2 MG (*siponimod fumarate*)	3	PA QL (1 tablet per day.) SP SMCS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (*siponimod fumarate*)	3	PA QL (12 tablets per 365 days.) SP SMCS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK X 0.25 MG (*siponimod fumarate*)	3/4	PA QL (tablets per 365 days.) SP SMCS
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted 1 gm	1	
methotrexate sodium oral tablet 2.5 mg	1	CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (*abatacept*)	3	PA ST QL (4 autoin ectors per month.) SP SMCS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (*abatacept*)	3	PA ST QL (4 syringes per month.) SP SMCS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (*abatacept*)	3	PA ST QL (0.06 ml per day.) SP SMCS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 .5 MG/0. ML (*abatacept*)	3	PA ST QL (0.1 ml per day.) SP SMCS
OTEZLA ORAL TABLET 20 MG (*apremilast*)	2	PA QL (60 tablets per month.) SMCS
OTEZLA ORAL TABLET 30 MG (*apremilast*)	2	PA QL (2 tablets per day.) SP SMCS
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (*apremilast*)	2	PA QL (55 tablets (one starter pack) per year.) SP SMCS
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (*apremilast*)	2	PA QL (1 starter pack per year.) SMCS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (*peginterferon alfa-2a*)	2	SP SMCS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (*peginterferon alfa-2a*)	2	SP SMCS
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (*peginterferon beta-1a*)	3	PA QL (1 ml per month.) SMCS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML (*peginterferon beta-1a*)	3	PA QL (2 ml per year without additional quantity notification.) SP SMCS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (*peginterferon beta-1a*)	3	PA QL (2 ml per year without additional quantity notification.) SP SMCS
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML (*peginterferon beta-1a*)	3	PA QL (1 ml per month.) SP SMCS
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (*peginterferon beta-1a*)	3	PA QL (1 ml per month.) SP SMCS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (*pomalidomide*)	3	PA QL (21 capsules per 21 days.) SP CM SMCS
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (*lenalidomide*)	2	PA QL (28 capsules per 21 days.) SP CM SMCS

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REVLIMID ORAL CAPSULE 20 MG, 25 MG (*lenalidomide*)	2	PA QL (21 capsules per 21 days.) SP CM SMCS
RIDAURA ORAL CAPSULE 3 MG (*auranofin*)	3	SP SMCS
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*golimumab*)	2	PA QL (1 syringe per 21 days.) SP SMCS
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (*golimumab*)	2	PA QL (0.5 ml (1 syringe) per month) SP SMCS
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*golimumab*)	2	PA QL (1 syringe per 21 days.) SP SMCS
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (*golimumab*)	2	PA QL (0.5 ml (1 syringe) per month) SP SMCS
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
teriflunomide oral tablet 14 mg	1	PA QL (1 tablet per day.) SP SMCS
teriflunomide oral tablet 7 mg	1	PA QL (31 tablets per month.) SP SMCS
THALOMID ORAL CAPSULE 100 MG, 50 MG (*thalidomide*)	2	PA SP CM SMCS
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, .5 MG (*methotrexate sodium*)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	3/4	PA QL (4 ml per day) CM
ZEPOSIA -DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (*ozanimod hcl*)	3	PA ST QL (capsules per year.) SP SMCS
ZEPOSIA ORAL CAPSULE 0.92 MG (*ozanimod hcl*)	3	PA ST QL (1 capsule per day.) SP SMCS
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21) (*ozanimod hcl*)	3	PA ST QL (1 starter kit (28 capsules) per year.) SP SMCS
IMMUNOSUPPRESSIVE AGENTS - Drugs for Transplant		
AZASAN ORAL TABLET 100 MG, 5 MG (*azathioprine*)	3/4	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (*belimumab*)	2	PA QL (4 ml per month.) SP SMCS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (*belimumab*)	2	PA QL (4 ml per month.) SP SMCS
cyclophosphamide oral capsule 25 mg, 50 mg	1	CM

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CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	2	CM
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
HYFTOR EXTERNAL GEL 0.2 (*sirolimus*)	3/4	PA QL (10 g per 23 days.)
JYLAMVO ORAL SOLUTION 2 MG/ML (*methotrexate*)	3/4	PA CM
leflunomide oral tablet 10 mg, 20 mg	1	
LUPKYNIS ORAL CAPSULE .9 MG (*voclosporin*)	3/4	PA QL (6 capsules per day.) SP SMCS
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	3	PA ST QL (40 tablets per 20 days.) SP SMCS
mercaptopurine oral suspension 2000 mg/100ml	1	SP CM SMCS
mercaptopurine oral tablet 50 mg	1	CM
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted 1 gm	1	
methotrexate sodium oral tablet 2.5 mg	1	CM
mycophenolate mofetil oral capsule 250 mg	1	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	1	
mycophenolate mofetil oral tablet 500 mg	1	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	1	
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	1	
MYHIBBIN ORAL SUSPENSION 200 MG/ML (*mycophenolate mofetil*)	1	
pimecrolimus external cream 1 %	1	

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PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	3/4	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (*tacrolimus*)	3/4	
PURIXAN ORAL SUSPENSION 2000 MG/100ML (*mercaptopurine*)	3	SP CM SMCS
sirolimus oral solution 1 mg/ml	1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	
tacrolimus external ointment 0.03 %, 0.1 %	1	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, .5 MG (*methotrexate sodium*)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	3/4	PA QL (4 ml per day) CM
KALLIKREIN INHIBITORS		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (*lanadelumab-flyo*)	2	PA QL (0.0 2 ml per day.) SP SMCS
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*lanadelumab-flyo*)	2	PA QL (0.03 5 ml per day.) SP SMCS
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*lanadelumab-flyo*)	2	PA QL (0.0 2 ml per day.) SP SMCS
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
AQNEURSA ORAL PACKET 1 GM (*levacetylleucine*)	3/4	PA QL (112 packets per month.) SP SMCS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (*rilonacept*)	2	PA QL (4 vials per 21 days.) SP SMCS
betaine oral powder	1	SP SMCS
CARNITOR ORAL SOLUTION 1 GM/10ML (*levocarnitine*)	3/4	
CARNITOR ORAL TABLET 330 MG (*levocarnitine*)	3/4	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (*levocarnitine*)	3/4	
CERDELGA ORAL CAPSULE 84 MG (*eliglustat tartrate*)	2	PA SP SMCS
CITRANATAL MEDLEY ORAL CAPSULE 2 -1-200 MG (*prenat-fecb-fefum-fa-dha w/o a*)	3	
CYSTADANE ORAL POWDER (*betaine*)	3/4	SP SMCS
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (*cysteamine bitartrate*)	2	SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dalfampridine er oral tablet extended release 12 hour 10 mg	1	PA QL (2 tablets per day) SP SMCS
DEMSER ORAL CAPSULE 250 MG (*metyrosine*)	3/4	PA
DIABETES MONITOR DIGIT ADD-ON KIT	3	
DIABETES MONITOR DIGIT SOLN KIT	3	
DUVYZAT ORAL SUSPENSION 8.86 MG/ML (*givinostat hcl*)	3/4	PA QL (420 mL per month.) SP SMCS
EC-RX DHEA EXTERNAL CREAM 10 , 4 (*prasterone (dhea)*)	3	
ELMIRON ORAL CAPSULE 100 MG (*pentosan polysulfate sodium*)	3/4	ST
ENBRACE HR ORAL CAPSULE (*prenat vit-fe gly cys-fa-omega*)	3	
ENDARI ORAL PACKET 5 GM (*glutamine (sickle cell)*)	3/4	QL (6 packets per day)
EVOTAZ ORAL TABLET 300-150 MG (*atazanavir-cobicistat*)	2	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0. 5 MG/ML (*risdiplam*)	2	PA QL (6. ml per day, 1280 ml per 180 days.) SP SMCS
EVRYSDI ORAL TABLET 5 MG (*risdiplam*)	2	PA QL (30 tablets per month.) SP SMCS
FILSPARI ORAL TABLET 200 MG, 400 MG (*sparsentan*)	3/4	PA QL (1 tablet per day.) SP SMCS
FIRDAPSE ORAL TABLET 10 MG (*amifampridine phosphate*)	2	PA QL (300 tablets per month.) SP SMCS
GALAFOLD ORAL CAPSULE 123 MG (*migalastat hcl*)	3/4	PA QL (14 capsules per 21 days.) SP SMCS
ISTURISA ORAL TABLET 1 MG (*osilodrostat phosphate*)	3/4	PA QL (8 tablets per day.) SP SMCS
ISTURISA ORAL TABLET 5 MG (*osilodrostat phosphate*)	3/4	PA QL (3 2 tablets per month.) SP SMCS
JAVYGTOR ORAL PACKET 100 MG (*sapropterin dihydrochloride*)	3/4	PA QL (16 packets per day.) SP SMCS
JAVYGTOR ORAL PACKET 500 MG (*sapropterin dihydrochloride*)	3/4	PA QL (4 packets per day.) SP SMCS
JAVYGTOR ORAL TABLET 100 MG (*sapropterin dihydrochloride*)	3/4	PA QL (16 tablets per day) SP SMCS
levocarnitine oral solution 1 gm/10ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levocarnitine oral tablet 330 mg	1	
levocarnitine sf oral solution 1 gm/10ml	1	
l-glutamine oral packet 5 gm	1	QL (6 packets per day)
LODOCO ORAL TABLET 0.5 MG (*colchicine*)	3/4	QL (1 tablet per day.)
me/naphos/mb/hyo1 oral tablet 81.6 mg	1	
metyrosine oral capsule 250 mg	1	PA
miglustat oral capsule 100 mg	1	SP 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)*)	2	PA QL (8 capsules per 21 days.) SP SMCS
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (*nitisinone*)	1	PA SP SMCS
ORFADIN ORAL SUSPENSION 4 MG/ML (*nitisinone*)	2	PA SP SMCS
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 PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE RESTORE ORAL CAPSULE 2 -0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PREZCOBIX ORAL TABLET 6 5-150 MG, 800-150 MG (*darunavir-cobicistat*)	2	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 5 MG (*cysteamine bitartrate*)	3/4	PA ST SP SMCS
PROCYSBI ORAL PACKET 300 MG, 5 MG (*cysteamine bitartrate*)	3/4	SP SMCS
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG (*alpelisib*)	3/4	PA QL (28 tablets (1 blister pack) per month.) SP SMCS
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG (*alpelisib*)	3/4	PA QL (56 tablets (2 blister packs) per month.) SP SMCS
VILEVEV MB ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
VITAFOL FE ORAL CAPSULE 90-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	3	
VITAFOL-OB DHA ORAL 65-1 & 250 MG (*prenatal mv-min-fe fum-fa-dha*)	3	
VOWST ORAL CAPSULE (*fecal microb spores, live-brpk*)	3/4	PA QL (12 capsules per 365 days.) SP SMCS
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (*vosoritide*)	3/4	PA QL (1 vial per day.) SP SMCS
VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*)	2	PA QL (1 capsule per day.) SP SMCS
VYNDAQEL ORAL CAPSULE 20 MG (*tafamidis meglumine (cardiac)*)	2	PA QL (4 capsules per day.) SP SMCS
WESCAP-PN DHA ORAL CAPSULE 2 -0.6-0.4-300 MG	3/4	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
XURIDEN ORAL PACKET 2 GM (*uridine triacetate*)	2	PA QL (30 packets per month.) SP SMCS
zelvysia oral packet 100 mg	1	PA QL (16 packets per day.) SP SMCS
zelvysia oral packet 500 mg	1	PA QL (4 packets per day.) SP SMCS
ZOKINVY ORAL CAPSULE 50 MG (*lonafarnib*)	2	PA QL (5 capsules per day.) SP SMCS
ZOKINVY ORAL CAPSULE 5 MG (*lonafarnib*)	2	PA QL (1 tablet per day.) SP SMCS
PROTECTIVE AGENTS		
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dalfampridine er oral tablet extended release 12 hour 10 mg	1	PA QL (2 tablets per day) SP SMCS
mesna oral tablet 400 mg	1	CM SMCS
MESNEX ORAL TABLET 400 MG (*mesna*)	3/4	CM SMCS
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
CAYA VAGINAL DIAPHRAGM (*diaphragm arc-spring*)	3	H
CONDOMS	3	QL (12 condoms per month.) H
DUREX EXTRA SENSITIVE THIN (*condoms latex lubricated*)	3	QL (12 condoms per month.) H
DUREX EXTRA SENSITIVE THIN DEVICE (*condoms latex lubricated*)	3	QL (12 condoms per month.) H
DUREX TROPICAL (*condoms latex lubricated*)	3	QL (12 condoms per month.) H
ENCARE VAGINAL SUPPOSITORY 100 MG (*nonoxynol-9*)	E	H
FC2 FEMALE CONDOM (*condoms - female*)	3	QL (12 condoms per month.) H
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (*cervical caps*)	3	H
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (*diaphragms*)	3	H
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 (*nonoxynol-9*)	E	H
PHEXXI VAGINAL GEL 1.8-1-0.4 (*lactic ac-citric ac-pot bitart*)	3/4	H
TODAY SPONGE VAGINAL 1000 MG (*nonoxynol-9*)	E	H
TRUE COVER DEVICE	3	QL (12 condoms per month.) 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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 (*diaphragm wide seal*)	2	H
WIDE-SEAL DIAPHRAGM 0 VAGINAL DIAPHRAGM 2 (*diaphragm wide seal*)	2	H
WIDE-SEAL DIAPHRAGM 5 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 (*methylergonovine maleate*)	3/4	QL (28 tablets per year.)
methylergonovine maleate oral tablet 0.2 mg	1	QL (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	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
PYROGALLIC ACID EXTERNAL OINTMENT 25-2	2	
VERSAPENN (AG) ANHYDROUS TRANSDERMAL GEL (*transdermal base*)	3	
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*)	3/4	PA QL (150 mL per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RESPIRATORY TRACT AGENTS - Drugs for the Lungs		
ALPHA AND BETA ADRENERGIC AGONIST(RESPR) - Drugs for Asthma/COPD		
ADRENALIN NASAL SOLUTION 0.1 (*epinephrine hcl (nasal)*)	2	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (*epinephrine*)	2	SM
epinephrine hcl (nasal) nasal solution 0.1 %	1	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	SM
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	SM
ANTICHOLINERGIC AGENTS (RESPIR.TRACT) - Drugs for Asthma/COPD		
atropine sulfate ophthalmic solution 1 %	1	
ATROVENT HFA INHALATION AEROSOL SOLUTION 1 MCG/ACT (*ipratropium bromide hfa*)	2	QL (0.8 grams per day.)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (*ipratropium-albuterol*)	2	QL (0.28 grams per day.)
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 sl sublingual tablet sublingual 0.125 mg	1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	1	
hyosyne oral elixir 0.125 mg/5ml	1	
hyosyne oral solution 0.125 mg/ml	1	
ipratropium bromide inhalation solution 0.02 %	1	
ipratropium bromide nasal solution 0.03 %, 0.06 %	1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.3 5 MG (*hyoscyamine sulfate*)	3/4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LEVSIN ORAL TABLET 0.125 MG (*hyoscyamine sulfate*)	3/4	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG (*hyoscyamine sulfate*)	3/4	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (*hyoscyamine sulfate*)	3/4	
OSCIMIN ORAL TABLET 0.125 MG	3/4	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	3/4	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (*tiotropium bromide*)	1	QL (1 capsule per day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT (*tiotropium bromide*)	2	QL (0.15 grams per day.)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*tiotropium bromide*)	2	
YUPELRI INHALATION SOLUTION 1 5 MCG/3ML (*revefenacin*)	3/4	PA QL (3 ml per day.)
ANTIFIBROTIC AGENTS - Drugs for the Lungs		
OFEV ORAL CAPSULE 100 MG, 150 MG (*nintedanib esylate*)	3/4	PA QL (2 capsules per day.) SP SMCS
pirfenidone oral capsule 267 mg	1	PA QL (9 capsules per day.) SP SMCS
pirfenidone oral tablet 267 mg	1	PA QL (9 tablets per day.) SP SMCS
pirfenidone oral tablet 534 mg	1	PA QL (3 tablets per day.) SMCS
pirfenidone oral tablet 801 mg	1	PA QL (3 tablets per day.) SP SMCS
ANTI-INFLAMMATORY AGENTS (RESPIRATORY) - Drugs for Inflammation		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*mepolizumab*)	3/4	PA QL (0.04 mL per day.) SP SMCS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*mepolizumab*)	3/4	PA QL (0.04 mL per day.) SP SMCS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (*mepolizumab*)	3/4	PA QL (0.015 ml per day.) SMCS
ANTITUSSIVES - Drugs for Cough and Cold		
benzonatate oral capsule 100 mg, 200 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	NTT
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml	1	
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	1	PA
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	1	PA
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	1	PA
hydromet oral solution 5-1.5 mg/5ml	1	PA
maxi-tuss ac oral solution 100-10 mg/5ml	1	
NEOTUSS PLUS ORAL LIQUID .5-4-30 MG/5ML (*phenylephrine-chlorphen-dm*)	3	
promethazine-codeine oral solution 6.25-10 mg/5ml	1	PA
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (*chlorpheniramine-codeine*)	3	
CORTICOSTEROIDS (RESPIRATORY TRACT) - Drugs for Inflammation		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (*fluticasone-salmeterol*)	2	QL (0.4 grams per day.)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*)	3	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (*fluticasone furoate*)	1	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (*fluticasone furoate*)	1	QL (1 packet per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT (*fluticasone furoate-vilanterol*)	2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT (*fluticasone furoate-vilanterol*)	3	QL (2 blisters per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH (*fluticasone furoate-vilanterol*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
budesonide inhalation suspension 0.25 mg/2ml	1	
budesonide inhalation suspension 0.5 mg/2ml	1	QL (120 ml (2 boxes) per 30 days.)
budesonide inhalation suspension 1 mg/2ml	1	QL (60 ml (1 box) per 30 days.)
flunisolide nasal solution 25 mcg/act (0.025%)	1	
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT	3/4	
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT	3/4	QL (2 blisters per day.)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 44 MCG/ACT	3/4	QL (1 inhaler per month.)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 220 MCG/ACT	3/4	QL (2 inhalers per month.)
fluticasone propionate nasal suspension 50 mcg/act	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3/4	QL (0.4 grams per day.)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL (2 blisters per day.)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL (0.04 mcg per day.)
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
mometasone furoate nasal suspension 50 mcg/act	1	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (*ciclesonide*)	3/4	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (*beclomethasone diprop (nasal)*)	3/4	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (*beclomethasone diprop (nasal)*)	3/4	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (*beclomethasone diprop hfa*)	1	QL (10.6 grams per month.)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (*beclomethasone diprop hfa*)	1	QL (42.4 grams per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (*olopatadine-mometasone*)	3/4	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	3	QL (2 blisters per day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	3	QL (2 blisters per day.)
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL (2 blisters per day.)
CYSTIC FIBROSIS (CFTR) CORRECTORS - Drugs for the Lungs		
ALYFTREK ORAL TABLET 10-50-125 MG (*vanzacaft-tezacaft-deutivacaft*)	3/4	PA QL (56 tablets per month.) SP SMCS
ALYFTREK ORAL TABLET 4-20-50 MG (*vanzacaft-tezacaft-deutivacaft*)	3/4	PA QL (84 tablets per month.) SP SMCS
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (*lumacaftor-ivacaftor*)	2	PA QL (28 packets per 356 days.) SP SMCS
ORKAMBI ORAL PACKET 5-94 MG (*lumacaftor-ivacaftor*)	2	PA QL (2 packets per day and 56 packets per 21 days.) SMCS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (*lumacaftor-ivacaftor*)	2	PA QL (1456 tablets per 356 days.) SP SMCS
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG (*tezacaftor-ivacaftor*)	2	PA QL (56 tablets per month. 28 tablets per 365 days.) SP SMCS
SYMDEKO ORAL TABLET THERAPY PACK 50- 5 & 5 MG (*tezacaftor-ivacaftor*)	2	PA QL (56 tablets per month. 28 tablets per 365 days.) SMCS
TRIKAFTA ORAL TABLET THERAPY PACK 100-50- 5 & 150 MG (*elexacaftor-tezacaftor-ivacaft*)	2	PA QL (3 tablets per day (1 pack per month) and 1092 tablets per year.) SP SMCS
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-3 .5 & 5 MG (*elexacaftor-tezacaftor-ivacaft*)	2	PA QL (3 tablets per day. 1092 tablets per 364 days.) SP SMCS
TRIKAFTA ORAL THERAPY PACK 100-50- 5 & 5 MG, 80-40-60 & 59.5 MG (*elexacaftor-tezacaftor-ivacaft*)	2	PA QL (2 packets per day. 28 packets per 356 days.) SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYSTIC FIBROSIS (CFTR) POTENTIATORS - Drugs for the Lungs		
ALYFTREK ORAL TABLET 10-50-125 MG (*vanzacaft-tezacaft-deutivacaft*)	3/4	PA QL (56 tablets per month.) SP SMCS
ALYFTREK ORAL TABLET 4-20-50 MG (*vanzacaft-tezacaft-deutivacaft*)	3/4	PA QL (84 tablets per month.) SP SMCS
KALYDECO ORAL PACKET 13.4 MG (*ivacaftor*)	2	PA QL (2 packets per day. 28 packets per 356 days.) SMCS
KALYDECO ORAL PACKET 25 MG, 50 MG, 5 MG (*ivacaftor*)	2	PA QL (28 packets per 356 days.) SP SMCS
KALYDECO ORAL PACKET 5.8 MG (*ivacaftor*)	2	PA QL (2 packets per day and 28 packets per 365 days.) SMCS
KALYDECO ORAL TABLET 150 MG (*ivacaftor*)	2	PA QL (80 tablets per 356 days.) SP SMCS
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (*lumacaftor-ivacaftor*)	2	PA QL (28 packets per 356 days.) SP SMCS
ORKAMBI ORAL PACKET 5-94 MG (*lumacaftor-ivacaftor*)	2	PA QL (2 packets per day and 56 packets per 21 days.) SMCS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (*lumacaftor-ivacaftor*)	2	PA QL (1456 tablets per 356 days.) SP SMCS
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG (*tezacaftor-ivacaftor*)	2	PA QL (56 tablets per month. 28 tablets per 365 days.) SP SMCS
SYMDEKO ORAL TABLET THERAPY PACK 50- 5 & 5 MG (*tezacaftor-ivacaftor*)	2	PA QL (56 tablets per month. 28 tablets per 365 days.) SMCS
TRIKAFTA ORAL TABLET THERAPY PACK 100-50- 5 & 150 MG (*elexacaftor-tezacaftor-ivacaft*)	2	PA QL (3 tablets per day (1 pack per month) and 1092 tablets per year.) SP SMCS
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-3 .5 & 5 MG (*elexacaftor-tezacaftor-ivacaft*)	2	PA QL (3 tablets per day. 1092 tablets per 364 days.) SP SMCS
TRIKAFTA ORAL THERAPY PACK 100-50- 5 & 5 MG, 80-40-60 & 59.5 MG (*elexacaftor-tezacaftor-ivacaft*)	2	PA QL (2 packets per day. 28 packets per 356 days.) SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs for the Lungs		
ambrisentan oral tablet 10 mg, 5 mg	1	PA QL (1 tablet per day.) SP SMCS
bosentan oral tablet 125 mg, 62.5 mg	1	PA QL (2 tablets per day.) SP SMCS
bosentan oral tablet soluble 32 mg	1	PA QL (4 tablets per day.) SP SMCS
FILSPARI ORAL TABLET 200 MG, 400 MG (*sparsentan*)	3/4	PA QL (1 tablet per day.) SP SMCS
OPSUMIT ORAL TABLET 10 MG (*macitentan*)	2	PA QL (1 tablet per day.) SP SMCS
TRACLEER ORAL TABLET 125 MG, 62.5 MG (*bosentan*)	2	PA QL (2 tablets per day.) SP SMCS
TRACLEER ORAL TABLET SOLUBLE 32 MG (*bosentan*)	2	PA QL (4 tablets per day.) SP SMCS
TRYVIO ORAL TABLET 12.5 MG (*aprocitentan*)	3/4	PA QL (1 tablet per day.)
VANRAFIA ORAL TABLET 0. 5 MG (*atrasentan hcl*)	3/4	PA QL (30 tablets per month.) SP SMCS
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 (expectorant) oral solution 1 gm/ml	1	
SSKI ORAL SOLUTION 1 GM/ML (*potassium iodide (expectorant)*)	3	
FIRST GENERATION ANTIHIST.(RESPIR TRACT) - Drugs for Allergy		
CARBINOXAMINE MALEATE ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	3/4	
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
CARBZAH ORAL SOLUTION 4 MG/5ML	2	
clemastine fumarate oral tablet 2.68 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLEMSZA ORAL TABLET 2.68 MG (*clemastine fumarate*)	3	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (*carbinoxamine maleate*)	3/4	
promethazine hcl oral solution 12.5 mg/10ml, 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 (*promethazine hcl*)	3	
INTERLEUKIN ANTAGONISTS - Drugs for Inflammation		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (*rilonacept*)	2	PA QL (4 vials per 21 days.) SP SMCS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (*dupilumab*)	2	PA QL (0.09 ml per day.) SP SMCS
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (*benralizumab*)	3/4	PA QL (1 pen every 2 months.) SMCS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (*tezepelumab-ekko*)	3/4	PA QL (0.0 ml per day.) SP SMCS
LEUKOTRIENE MODIFIERS - Drugs for Inflammation		
ACCOLATE ORAL TABLET 10 MG, 20 MG (*zafirlukast*)	3/4	
montelukast sodium oral packet 4 mg	1	
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	
zileuton er oral tablet extended release 12 hour 600 mg	1	
ZYFLO ORAL TABLET 600 MG (*zileuton*)	3/4	
MAST-CELL STABILIZERS - Drugs for Inflammation		
ALOCRIL OPHTHALMIC SOLUTION 2 (*nedocromil sodium*)	3	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 , (*sodium chloride*)	2	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 (*sodium chloride*)	3	
PULMOSAL INHALATION NEBULIZATION SOLUTION (*sodium chloride*)	2	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (*dornase alfa*)	2	PA QL (5 ml per day.) SP SMCS
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1	
NASAL PREPARATIONS (STEROIDS) - Drugs for Inflammation		
flunisolide nasal solution 25 mcg/act (0.025%)	1	
fluticasone propionate nasal suspension 50 mcg/act	1	
mometasone furoate nasal suspension 50 mcg/act	1	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (*beclomethasone diprop (nasal)*)	3/4	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (*beclomethasone diprop (nasal)*)	3/4	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (*olopatadine-mometasone*)	3/4	
ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*)	3	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (*fluticasone furoate*)	1	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (*fluticasone furoate*)	1	QL (1 packet per day.)
budesonide inhalation suspension 0.25 mg/2ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
budesonide inhalation suspension 0.5 mg/2ml	1	QL (120 ml (2 boxes) per 30 days.)
budesonide inhalation suspension 1 mg/2ml	1	QL (60 ml (1 box) per 30 days.)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 44 MCG/ACT	3/4	QL (1 inhaler per month.)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 220 MCG/ACT	3/4	QL (2 inhalers per month.)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (*beclomethasone diprop hfa*)	1	QL (10.6 grams per month.)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (*beclomethasone diprop hfa*)	1	QL (42.4 grams per month.)
PHOSPHODIESTERASE TYPE 4 INHIBITORS - Drugs for the Lungs		
roflumilast oral tablet 250 mcg	1	QL (31 tablets per year.)
roflumilast oral tablet 500 mcg	1	QL (1 tablet per day)
ZORYVE EXTERNAL CREAM 0.15 (*roflumilast*)	3/4	PA
ZORYVE EXTERNAL CREAM 0.3 (*roflumilast*)	3/4	PA QL (60 grams per 30 days.)
ZORYVE EXTERNAL FOAM 0.3 (*roflumilast*)	3/4	PA
PHOSPHODIESTERASE-5 INHIBITORS (RESPIR) - Drugs for the Lungs		
alyq oral tablet 20 mg	1	PA QL (2 tablets per day) SP SMCS
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	PA QL (186 ml per month.) SP SMCS
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL (6 tablets per month)
sildenafil citrate oral tablet 20 mg	1	QL (0.5 tablet per day.) SMCS
tadalafil (pah) oral tablet 20 mg	1	PA QL (2 tablets per day) SP SMCS
tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	QL (6 tablets per month)
TADLIQ ORAL SUSPENSION 20 MG/5ML (*tadalafil (pah)*)	3	PA QL (10 ml per day.) SP SMCS

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pirfenidone oral tablet 267 mg	1	PA QL (9 tablets per day.) SP SMCS
pirfenidone oral tablet 534 mg	1	PA QL (3 tablets per day.) SMCS
pirfenidone oral tablet 801 mg	1	PA QL (3 tablets per day.) SP SMCS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (*tezepelumab-ekko*)	3/4	PA QL (0.0 ml per day.) SP SMCS
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG (*sotatercept-csrk*)	3/4	PA QL (1 kit every 3 weeks.) SP SMCS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*omalizumab*)	2	PA QL (2 auto in ectors per month.) SP SMCS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*omalizumab*)	2	PA QL (0.15 ml per day.) SP SMCS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 5 MG/0.5ML (*omalizumab*)	2	PA QL (0.04 ml per day.) SP SMCS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*omalizumab*)	2	PA QL (0.08 ml per day.) SP SMCS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*omalizumab*)	2	PA QL (0.15 ml per day.) SP SMCS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (*omalizumab*)	2	PA QL (0.04 ml per day.) SP SMCS
SECOND GENERATION ANTIHIST(RESPIR TRACT) - Drugs for Allergy		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl ophthalmic solution 0.05 %	1	
desloratadine oral tablet 5 mg	1	
desloratadine oral tablet dispersible 5 mg	1	
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - Drugs for Asthma/COPD		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*)	3	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5 INHALATION	3	
albuterol sulfate oral syrup 2 mg/5ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	1	
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	1	QL (2 nebules per day)
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (*arformoterol tartrate*)	3/4	QL (2 nebules per day)
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	1	QL (2 vials per day.)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (*formoterol fumarate*)	3/4	QL (2 vials per day.)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (*salmeterol xinafoate*)	2	QL (1 diskus (60 blisters) per month.)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*olodaterol hcl*)	2	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	1	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (*levalbuterol tartrate*)	3	
VASODILATING AGENTS (RESPIRATORY TRACT) - Drugs for the Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (*riociguat*)	2	PA QL (3 tablets per day.) SP SMCS
alyq oral tablet 20 mg	1	PA QL (2 tablets per day) SP SMCS
ambrisentan oral tablet 10 mg, 5 mg	1	PA QL (1 tablet per day.) SP SMCS
bosentan oral tablet 125 mg, 62.5 mg	1	PA QL (2 tablets per day.) SP SMCS
bosentan oral tablet soluble 32 mg	1	PA QL (4 tablets per day.) SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OPSUMIT ORAL TABLET 10 MG (*macitentan*)	2	PA QL (1 tablet per day.) SP SMCS
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	3/4	PA QL (168 tablets per year.) SP SMCS
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	3/4	PA QL (336 tablets per year.) SP SMCS
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 &1 MG (*treprostinil diolamine*)	3/4	PA QL (252 tablets per year.) SP SMCS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 5 MG (*treprostinil diolamine*)	3/4	PA QL (6 tablets per day.) SP SMCS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG (*treprostinil diolamine*)	3/4	PA QL (6 tablets per day) SP SMCS
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	PA QL (186 ml per month.) SP SMCS
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL (6 tablets per month)
sildenafil citrate oral tablet 20 mg	1	QL (0.5 tablet per day.) SMCS
tadalafil (pah) oral tablet 20 mg	1	PA QL (2 tablets per day) SP SMCS
TADLIQ ORAL SUSPENSION 20 MG/5ML (*tadalafil (pah)*)	3	PA QL (10 ml per day.) SP SMCS
TRACLEER ORAL TABLET 125 MG, 62.5 MG (*bosentan*)	2	PA QL (2 tablets per day.) SP SMCS
TRACLEER ORAL TABLET SOLUBLE 32 MG (*bosentan*)	2	PA QL (4 tablets per day.) SP SMCS
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	2	PA QL (112 cartridges per 23 days.) SP SMCS
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	2	PA QL (112 cartridges per 23 days.) SP SMCS
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (*treprostinil*)	2	PA QL (252 cartridges per 365 days.) SP SMCS
TYVASO INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	PA SP SMCS
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	PA SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	PA SP SMCS
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (*selexipag*)	3/4	PA QL (2 tablets per day.) SMCS
UPTRAVI TABLET 200 MCG ORAL (*selexipag*)	3/4	PA QL (140 tablets per 365 days.) SMCS
UPTRAVI TABLET 200 MCG ORAL (*selexipag*)	3/4	PA QL (2 tablets per day.) SMCS
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (*selexipag*)	3/4	PA QL (200 tablets per year.) SMCS
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (*iloprost*)	2	PA SP SMCS
VASODILATING AGENTS, MISC - Drugs for the Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (*riociguat*)	2	PA QL (3 tablets per day.) SP SMCS
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (*selexipag*)	3/4	PA QL (2 tablets per day.) SMCS
UPTRAVI TABLET 200 MCG ORAL (*selexipag*)	3/4	PA QL (140 tablets per 365 days.) SMCS
UPTRAVI TABLET 200 MCG ORAL (*selexipag*)	3/4	PA QL (2 tablets per day.) SMCS
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (*selexipag*)	3/4	PA QL (200 tablets per year.) SMCS
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 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bexarotene external gel 1 %	1	SP SMCS
bexarotene oral capsule 75 mg	1	SP CM SMCS
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
imiquimod external cream 5 %	1	
KLISYRI (250 MG) EXTERNAL OINTMENT 1 (*tirbanibulin*)	3/4	
KLISYRI (350 MG) EXTERNAL OINTMENT 1 (*tirbanibulin*)	3/4	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 (*aminolevulinic acid hcl*)	3	
PANRETIN EXTERNAL GEL 0.1 (*alitretinoin*)	3	
TOLAK EXTERNAL CREAM 4 (*fluorouracil*)	3/4	
VALCHLOR EXTERNAL GEL 0.016 (*mechlorethamine hcl (topical)*)	2	PA SP SMCS
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin		
ADRENERGIC AGONISTS - Drugs for the Skin		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 (*brimonidine tartrate*)	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 (*brimonidine tartrate*)	3/4	
brimonidine tartrate external gel 0.33 %	1	PA
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 (*brimonidine tartrate-timolol*)	1	
MIRVASO EXTERNAL GEL 0.33 (*brimonidine tartrate*)	2	PA
RHOFADE EXTERNAL CREAM 1 (*oxymetazoline hcl*)	3/4	PA
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
naftifine hcl external cream 1 %, 2 %	1	
naftifine hcl external gel 2 %	1	
NAFTIN EXTERNAL GEL 2 (*naftifine hcl*)	3/4	
ANTIBACTERIALS (84:04) - Drugs for the Skin		
ACANYA EXTERNAL GEL 1.2-2.5 (*clindamycin phos-benzoyl perox*)	3/4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMZEEQ EXTERNAL FOAM 4 (*minocycline hcl micronized*)	3/4	
AVAR CLEANSER EXTERNAL LIQUID 10-5 (*sulfacetamide sodium-sulfur*)	3/4	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 (*sulfacetamide sodium-sulfur*)	3	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 (*sulfacetamide sodium-sulfur*)	3	
AVIDOXY ORAL TABLET 100 MG	3/4	
azelaic acid external gel 15 %	1	
AZELEX EXTERNAL CREAM 20 (*azelaic acid*)	3	
bacitracin ophthalmic ointment 500 unit/gm	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
BENZAMYCIN EXTERNAL GEL 5-3 (*benzoyl peroxide-erythromycin*)	2	
benzoyl peroxide-erythromycin external gel 5-3 %	1	
bp 10-1 external emulsion 10-1 %	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG (*clindamycin hcl*)	3/4	
CLEOCIN ORAL CAPSULE 5 MG (*clindamycin hcl*)	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED 5 MG/5ML (*clindamycin palmitate hcl*)	3/4	
CLEOCIN VAGINAL CREAM 2 (*clindamycin phosphate*)	3/4	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (*clindamycin phosphate*)	2	
CLEOCIN-T EXTERNAL LOTION 1 (*clindamycin phosphate*)	3/4	
CLINDACIN ETZ EXTERNAL KIT 1 (*clindamycin phos & cleanser*)	3/4	
clindacin etz external swab 1 %	1	
clindacin external foam 1 %	1	
clindacin-p external swab 1 %	1	
CLINDAGEL EXTERNAL GEL 1 (*clindamycin phosphate*)	3/4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	1	
clindamycin phos (once-daily) external gel 1 %	1	
clindamycin phos (twice-daily) external gel 1 %	1	
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL (1 bottle (45 grams) per month.)
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	1	
clindamycin phosphate external foam 1 %	1	
clindamycin phosphate external lotion 1 %	1	
clindamycin phosphate external solution 1 %	1	
clindamycin phosphate external swab 1 %	1	
clindamycin phosphate vaginal cream 2 %	1	
clindamycin-tretinoin external gel 1.2-0.025 %	1	
CLINDESSE VAGINAL CREAM 2 (*clindamycin phosphate (1 dose)*)	2	
dapsone external gel 5 %, 7.5 %	1	
dapsone oral tablet 100 mg, 25 mg	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3/4	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
ery external pad 2 %	1	
ERYGEL EXTERNAL GEL 2 (*erythromycin*)	3	
erythromycin external gel 2 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
erythromycin external solution 2 %	1	
FINACEA EXTERNAL FOAM 15 (*azelaic acid*)	2	
gentamicin sulfate external cream 0.1 %	1	
gentamicin sulfate external ointment 0.1 %	1	
gentamicin sulfate ophthalmic solution 0.3 %	1	
KLARON EXTERNAL LOTION 10 (*sulfacetamide sodium (acne)*)	3/4	
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (*metronidazole*)	3/4	
METROCREAM EXTERNAL CREAM 0. 5 (*metronidazole*)	3/4	
metronidazole external cream 0.75 %	1	
metronidazole external gel 0.75 %, 1 %	1	
metronidazole external lotion 0.75 %	1	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal gel 0.75 %	1	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	1	
moxifloxacin hcl oral tablet 400 mg	1	
mupirocin calcium external cream 2 %	1	
mupirocin external ointment 2 %	1	
neomycin sulfate oral tablet 500 mg	1	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 (*bacitracin-polymyx-neo-hc*)	3	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 (*neomycin-fluocinolone*)	3/4	
neuac external gel 1.2-5 %	1	QL (1 bottle (45 grams) per month.)
NUVESSA VAGINAL GEL 1.3 (*metronidazole*)	3/4	
ONEXTON EXTERNAL GEL 1.2-3. 5 (*clindamycin phos-benzoyl perox*)	3/4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OVACE PLUS EXTERNAL SHAMPOO 10 (*sulfacetamide sodium*)	3	
OVACE PLUS WASH EXTERNAL GEL 10 (*sulfacetamide sodium*)	3	
OVACE PLUS WASH EXTERNAL LIQUID 10 (*sulfacetamide sodium*)	3/4	
OVACE WASH EXTERNAL LIQUID 10 (*sulfacetamide sodium*)	3/4	
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 (*sulfacetamide sodium-sulfur*)	3/4	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 (*sulfacetamide sodium-sulfur*)	3/4	
PLEXION EXTERNAL CREAM 9.8-4.8 (*sulfacetamide sodium-sulfur*)	3/4	
PLEXION EXTERNAL LOTION 9.8-4.8 (*sulfacetamide sodium-sulfur*)	3/4	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM (*bacitracin-polymyxin b*)	3	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
sodium sulfacetamide external shampoo 10 %	1	
sodium sulfacetamide wash external liquid 10 %	1	
sss 10-5 external cream 10-5 %	1	
sulfacetamide sodium (acne) external lotion 10 %	1	
sulfacetamide sodium (cleans) external gel 10 %	1	
sulfacetamide sodium external liquid 10 %	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
sulfacetamide-sulfur in urea external emulsion 10-5 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 (*sulfacetamide sodium-sulfur*)	3	
sulfamez wash external emulsion 10-1 %	1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (*mafenide acetate*)	3	
SUMAXIN CP EXTERNAL KIT 10-4 (*sulfacetamide-sulfur-cleanser*)	3/4	
SUMAXIN EXTERNAL PAD 10-4 (*sulfacetamide sodium-sulfur*)	3/4	
tetracycline hcl oral capsule 250 mg, 500 mg	1	
VANDAZOLE VAGINAL GEL 0. 5 (*metronidazole*)	3/4	
XACIATO VAGINAL GEL 2 (*clindamycin phosphate*)	2	
ZILXI EXTERNAL FOAM 1.5 (*minocycline hcl micronized*)	3/4	PA ST
ANTIFULGALS (SKIN, MUCOUS MEMBRANE),MISC - Drugs for the Skin		
EXODERM EXTERNAL LOTION 25-1 (*sod thiosulfate-salicylic acd*)	3	
ANTI-INFLAMMATORY AGENTS, MISC (SKIN) - Drugs for the Skin		
EUCRISA EXTERNAL OINTMENT 2 (*crisaborole*)	3	ST
VTAMA EXTERNAL CREAM 1 (*tapinarof*)	3/4	PA
ANTIPRURITICS AND LOCAL ANESTHETICS - Drugs for the Skin		
ANALPRAM HC EXTERNAL CREAM 1-1 , 2.5-1 (*hydrocortisone ace-pramoxine*)	3/4	
ANALPRAM HC EXTERNAL LOTION 2.5-1 (*hydrocortisone ace-pramoxine*)	3	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (*hc-pramoxine-chloroxylenol*)	3/4	
DIABECIN HR EXTERNAL CREAM 4.12-0.13 (*lidocaine-benzalkonium (pod)*)	3	
doxepin hcl external cream 5 %	1	PA
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
doxepin hcl oral tablet 3 mg, 6 mg	1	QL (1 tablet per day)
DYCLOPRO EXTERNAL SOLUTION 0.5	3/4	
EPIFOAM EXTERNAL FOAM 1-1 (*pramoxine-hc*)	2	
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	
lidocaine external ointment 5 %	1	QL (1.19 grams per day.)
lidocaine external patch 5 %	1	PA QL (3 patches per day)
lidocaine hcl external solution 4 %	1	
lidocaine hcl urethral/mucosal external gel 2 %	1	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	1	
lidocaine-prilocaine external cream 2.5-2.5 %	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*)	3/4	
premium lidocaine external ointment 5 %	1	QL (1.19 grams per day.)
PROCORT EXTERNAL CREAM 1.85-1.15 (*hydrocortisone ace-pramoxine*)	3/4	
PROCTOFOAM HC EXTERNAL FOAM 1-1 (*hydrocortisone ace-pramoxine*)	2	
PYRIDIUM ORAL TABLET 100 MG, 200 MG (*phenazopyridine hcl*)	3	
SILENOR ORAL TABLET 3 MG, 6 MG (*doxepin hcl*)	3/4	QL (1 tablet per day)
ZTLIDO EXTERNAL PATCH 1.8 (*lidocaine*)	3	PA QL (3 patches per day.)
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
acyclovir external cream 5 %	1	
acyclovir external ointment 5 %	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 3/4: Your highest cost medications PA: Prior authorization required QL: Quantity Limit ST: Step Therapy H-N: Part of Health Care Reform with confirmation of age and/or condition appropriate preventive use. SP: Specialty medication CM: Orally administered anticancer medication SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to in ectables covered under the medical benefit) E: Excluded from coverage unless covered as part of health care reform preventive SM: State Mandated Benefit Program NTT: If you are new to opioid therapy, you will be limited to a -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
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet 400 mg, 800 mg	1	
DENAVIR EXTERNAL CREAM 1 (*penciclovir*)	3/4	
penciclovir external cream 1 %	1	
ZOVIRAX EXTERNAL CREAM 5 (*acyclovir*)	3/4	
ASTRINGENTS (84:12) - Drugs for the Skin		
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (*glycopyrrolate-formoterol*)	2	QL (0.36 grams per day.)
CUVPOSA ORAL SOLUTION 1 MG/5ML (*glycopyrrolate*)	3/4	
DRYSOL EXTERNAL SOLUTION 20 (*aluminum chloride*)	2	
glycopyrrolate oral solution 1 mg/5ml	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35	3/4	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 (*miconazole-zinc oxide-petrolat*)	3/4	
ASTRINGENTS, ANTI-INFECTIVE - Drugs for the Skin		
benzalkonium chloride external solution	2	
benzalkonium chloride external solution 50 %	1	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
hydrocortisone-iodoquinol external cream 1-1 %	1	
iodine strong oral solution 5 %	1	
iodine tincture external tincture 2 %	1	
LUGOLS STRONG IODINE EXTERNAL SOLUTION 5-10	3	
PERIDEX MOUTH/THROAT SOLUTION 0.12 (*chlorhexidine gluconate*)	3/4	
periogard mouth/throat solution 0.12 %	1	
selenium sulfide external lotion 2.5 %	1	
SILVADENE EXTERNAL CREAM 1 (*silver sulfadiazine*)	3/4	
silver sulfadiazine external cream 1 %	1	
ssd external cream 1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AZOLES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
clotrimazole mouth/throat troche 10 mg	1	
clotrimazole-betamethasone external cream 1-0.05 %	1	
clotrimazole-betamethasone external lotion 1-0.05 %	1	
econazole nitrate external cream 1 %	1	
ECONAZOLE NITRATE EXTERNAL FOAM 1	3	
ECOZA EXTERNAL FOAM 1 (*econazole nitrate*)	3	
EXELDERM EXTERNAL CREAM 1 (*sulconazole nitrate*)	3	
EXELDERM EXTERNAL SOLUTION 1 (*sulconazole nitrate*)	3	
GYNAZOLE-1 VAGINAL CREAM 2 (*butoconazole nitrate (1 dose)*)	3	
JUBLIA EXTERNAL SOLUTION 10 (*efinaconazole*)	3/4	QL (4 ml per month.)
ketoconazole external cream 2 %	1	
ketoconazole external foam 2 %	1	
ketoconazole external shampoo 2 %	1	
ketodan external foam 2 %	1	
LULICONAZOLE EXTERNAL CREAM 1	3/4	
LUZU EXTERNAL CREAM 1 (*luliconazole*)	3/4	
miconazole 3 vaginal suppository 200 mg	1	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35	3/4	
ORAVIG BUCCAL TABLET 50 MG (*miconazole*)	3	
oxiconazole nitrate external cream 1 %	1	
OXISTAT EXTERNAL LOTION 1 (*oxiconazole nitrate*)	3/4	
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	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 (*miconazole-zinc oxide-petrolat*)	3/4	
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 (*ketoconazole-hydrocortisone*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 (*ketoconazole & pyrithione zinc*)	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 (*ketoconazole & pyrithione zinc*)	3	
BASIC LOTIONS AND LINIMENTS - Drugs for the Skin		
GORDOFILM EXTERNAL SOLUTION 16. -16. (*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	
XIRUN EXTERNAL GEL 40-10	3	
ZACARE EXTERNAL KIT 4 & 0.2 , 8 & 0.2 (*benzoyl peroxide-hyaluronate*)	3	
BASIC OINTMENTS AND PROTECTANTS - Drugs for the Skin		
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML (*fibrin sealant component*)	3	
ARTISS EXTERNAL SOLUTION (*fibrin sealant component*)	3	
calcipotriene external cream 0.005 %	1	
calcipotriene external ointment 0.005 %	1	
calcipotriene external solution 0.005 %	1	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	1	
CALCITRENE EXTERNAL OINTMENT 0.005 (*calcipotriene*)	3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 (*calcipotriene-betameth diprop*)	3/4	
nitroglycerin rectal ointment 0.4 %	1	QL (30 grams per month.)
RECTIV RECTAL OINTMENT 0.4 (*nitroglycerin*)	3/4	QL (30 grams per month.)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (*collagenase*)	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 (*calcipotriene-betameth diprop*)	1	

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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*)	3/4	PA
BASIC POWDERS AND DEMULCENTS - Drugs for the Skin		
benzoin compound external tincture	1	
benzoin external tincture	1	
CELL STIMULANTS AND PROLIFERANTS - Drugs for the Skin		
ALTRENO EXTERNAL LOTION 0.05 (*tretinoin*)	3/4	PA
clindamycin-tretinoin external gel 1.2-0.025 %	1	
ENTADFI ORAL CAPSULE 5-5 MG (*finasteride-tadalafil*)	3/4	QL (1 capsule per day.)
finasteride oral tablet 5 mg	1	
minoxidil oral tablet 10 mg, 2.5 mg	1	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 , 0.08 (*tretinoin microsphere*)	3/4	PA
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	1	
tretinoin external gel 0.01 %, 0.025 %	1	
tretinoin external gel 0.05 %	1	PA
tretinoin microsphere external gel 0.04 %, 0.08 %, 0.1 %	1	PA
tretinoin microsphere pump external gel 0.04 %, 0.08 %, 0.1 %	1	PA
tretinoin oral capsule 10 mg	1	SP CM SMCS
TWYNEO EXTERNAL CREAM 0.1-3 (*tretinoin-benzoyl peroxide*)	3/4	
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ALA SCALP EXTERNAL LOTION 2 (*hydrocortisone*)	3/4	
alclometasone dipropionate external cream 0.05 %	1	
alclometasone dipropionate external ointment 0.05 %	1	
amcinonide external cream 0.1 %	1	
amcinonide external ointment 0.1 %	1	
ANALPRAM HC EXTERNAL CREAM 1-1 , 2.5-1 (*hydrocortisone ace-pramoxine*)	3/4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANALPRAM HC EXTERNAL LOTION 2.5-1 (*hydrocortisone ace-pramoxine*)	3	
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	2	
ANUSOL-HC EXTERNAL CREAM 2.5 (*hydrocortisone*)	3/4	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG (*hydrocortisone acetate*)	3/4	
betamethasone dipropionate aug external cream 0.05 %	1	
betamethasone dipropionate aug external gel 0.05 %	1	
betamethasone dipropionate aug external lotion 0.05 %	1	
betamethasone dipropionate aug external ointment 0.05 %	1	
betamethasone dipropionate external cream 0.05 %	1	
betamethasone dipropionate external lotion 0.05 %	1	
betamethasone dipropionate external ointment 0.05 %	1	
betamethasone valerate external cream 0.1 %	1	
betamethasone valerate external foam 0.12 %	1	
betamethasone valerate external lotion 0.1 %	1	
betamethasone valerate external ointment 0.1 %	1	
BRYHALI EXTERNAL LOTION 0.01 (*halobetasol propionate*)	3/4	ST
budesonide rectal foam 2 mg, 2 mg/act	1	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	1	
clobetasol propionate e external cream 0.05 %	1	
clobetasol propionate emulsion external foam 0.05 %	1	
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025	3/4	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam 0.05 %	1	
clobetasol propionate external gel 0.05 %	1	
clobetasol propionate external liquid 0.05 %	1	
clobetasol propionate external lotion 0.05 %	1	
clobetasol propionate external ointment 0.05 %	1	
clobetasol propionate external shampoo 0.05 %	1	
clobetasol propionate external solution 0.05 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
clocortolone pivalate external cream 0.1 %	1	
clodan external shampoo 0.05 %	1	
clotrimazole-betamethasone external cream 1-0.05 %	1	
clotrimazole-betamethasone external lotion 1-0.05 %	1	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (*flurandrenolide*)	3	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (*hc-pramoxine-chloroxylenol*)	3/4	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (*hydrocortisone*)	3/4	
CORTENEMA RECTAL ENEMA 100 MG/60ML (*hydrocortisone*)	3/4	
CORTIFOAM EXTERNAL FOAM 10 (*hydrocortisone acetate*)	2	
DERMA-SMOOTHE/FS BODY EXTERNAL OIL 0.01 (*fluocinolone acetonide*)	3/4	
DERMA-SMOOTHE/FS SCALP EXTERNAL OIL 0.01 (*fluocinolone acetonide*)	3/4	
DERMOTIC OTIC OIL 0.01 (*fluocinolone acetonide*)	3/4	
desonide external cream 0.05 %	1	
desonide external gel 0.05 %	1	
desonide external lotion 0.05 %	1	
desonide external ointment 0.05 %	1	
desoximetasone external cream 0.05 %, 0.25 %	1	
desoximetasone external gel 0.05 %	1	
desoximetasone external liquid 0.25 %	1	
desoximetasone external ointment 0.05 %, 0.25 %	1	
diflorasone diacetate external cream 0.05 %	1	
diflorasone diacetate external ointment 0.05 %	1	
DIPROLENE EXTERNAL OINTMENT 0.05 (*betamethasone dipropionate aug*)	3/4	
ENSTILAR EXTERNAL FOAM 0.005-0.064 (*calcipotriene-betameth diprop*)	3/4	
EPIFOAM EXTERNAL FOAM 1-1 (*pramoxine-hc*)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fluocinolone acetonide body external oil 0.01 %	1	
fluocinolone acetonide external cream 0.01 %, 0.025 %	1	
fluocinolone acetonide external ointment 0.025 %	1	
fluocinolone acetonide external solution 0.01 %	1	
fluocinolone acetonide otic oil 0.01 %	1	
fluocinolone acetonide scalp external oil 0.01 %	1	
fluocinonide emulsified base external cream 0.05 %	1	
fluocinonide external cream 0.05 %, 0.1 %	1	
fluocinonide external gel 0.05 %	1	
fluocinonide external ointment 0.05 %	1	
fluocinonide external solution 0.05 %	1	
flurandrenolide external lotion 0.05 %	1	
fluticasone propionate external cream 0.05 %	1	
fluticasone propionate external lotion 0.05 %	1	
fluticasone propionate external ointment 0.005 %	1	
halcinonide external cream 0.1 %	1	
halobetasol propionate external cream 0.05 %	1	
halobetasol propionate external ointment 0.05 %	1	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG (*hydrocortisone acetate*)	3	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG (*hydrocortisone acetate*)	3/4	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %	1	
HYDROCORTISONE ACETATE EXTERNAL CREAM 2.5	3/4	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	1	
hydrocortisone butyrate external cream 0.1 %	1	
hydrocortisone butyrate external ointment 0.1 %	1	
hydrocortisone butyrate external solution 0.1 %	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
hydrocortisone rectal enema 100 mg/60ml	1	
hydrocortisone valerate external cream 0.2 %	1	
hydrocortisone valerate external ointment 0.2 %	1	
hydrocortisone-acetic acid otic solution 1-2 %	1	
hydrocortisone-iodoquinol external cream 1-1 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
IMPOYZ EXTERNAL CREAM 0.025 (*clobetasol propionate*)	3/4	
KOURZEQ MOUTH/THROAT PASTE 0.1 (*triamcinolone acetonide*)	2	
MICORT HC EXTERNAL CREAM 2.5 (*hydrocortisone acetate*)	3/4	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 (*neomycin-fluocinolone*)	3/4	
NUCORT EXTERNAL LOTION 2 (*hydrocortisone acetate*)	3	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	1	
ORALONE MOUTH/THROAT PASTE 0.1 (*triamcinolone acetonide*)	2	
PRAMOSONE EXTERNAL CREAM 1-1 (*pramoxine-hc*)	2	
PRAMOSONE EXTERNAL LOTION 1-1 , 1-2.5 (*pramoxine-hc*)	2	
PRAMOSONE EXTERNAL OINTMENT 1-1 (*pramoxine-hc*)	2	
PRAMOSONE EXTERNAL OINTMENT 1-2.5 (*pramoxine-hc*)	3/4	
PROCORT EXTERNAL CREAM 1.85-1.15 (*hydrocortisone ace-pramoxine*)	3/4	
PROCTOCORT RECTAL SUPPOSITORY 30 MG (*hydrocortisone acetate*)	3/4	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 (*benzoyl perox-salicyl ac-vit e*)	3	
INOVA EXTERNAL KIT 4 & 5 , 8 & 5 (*benzoyl peroxide-vitamin e*)	3	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35	3/4	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 (*miconazole-zinc oxide-petrolat*)	3/4	
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ciclodan external solution 8 %	1	
ciclopirox external gel 0.77 %	1	
ciclopirox external shampoo 1 %	1	
ciclopirox external solution 8 %	1	
ciclopirox olamine external cream 0.77 %	1	
ciclopirox olamine external suspension 0.77 %	1	
ciclopirox treatment external kit 8 %	1	
IMMUNOMODULATORY AGENTS (84:06) - Drugs for the Skin		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*tralokinumab-ldrm*)	2	PA QL (2 auto-in ectors per month.) SP SMCS
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*tralokinumab-ldrm*)	2	PA QL (0.15 ml per day.) SP SMCS
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (*bimekizumab-bkzx*)	3	PA ST QL (1 auto-in ector per month.) SP SMCS
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML (*bimekizumab-bkzx*)	3	PA ST QL (2 ml (1 syringe) per month.) SP SMCS
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (*bimekizumab-bkzx*)	3	PA ST QL (1 syringe per month.) SP SMCS
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML (*bimekizumab-bkzx*)	3	PA ST QL (2 ml (1 syringe) per month.) SP SMCS
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML (*dupilumab*)	2	PA QL (0.09 ml per day.) SP SMCS
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*dupilumab*)	2	PA QL (0.15 ml per day.) SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (*dupilumab*)	2	PA QL (0.09 ml per day.) SP SMCS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*dupilumab*)	2	PA QL (0.15 ml per day.) SP SMCS
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML (*lebrikizumab-lbkz*)	2	PA QL (2 mL (1 pen) per month.) SP SMCS
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML (*lebrikizumab-lbkz*)	2	PA QL (2 mL (1 syringe) per month.) SP SMCS
HYFTOR EXTERNAL GEL 0.2 (*sirolimus*)	3/4	PA QL (10 g per 23 days.)
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG (*nemolizumab-ilto*)	2	PA QL (2 pens every 4 weeks.) SP SMCS
pimecrolimus external cream 1 %	1	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	3/4	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (*tacrolimus*)	3/4	
sirolimus oral solution 1 mg/ml	1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*risankizumab-rzaa*)	2	PA QL (1 ml per 63 days.) SP SMCS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*risankizumab-rzaa*)	2	PA QL (1 ml per 63 days.) SP SMCS
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*spesolimab-sbzo*)	3/4	PA QL (2 Prefilled syringes per month.) SP SMCS
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*spesolimab-sbzo*)	3/4	PA SP SMCS
tacrolimus external ointment 0.03 %, 0.1 %	1	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (*guselkumab*)	2	PA QL (1 mL (1 device) every 8 weeks.) SP SMCS
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*guselkumab*)	2	PA QL (1 mL (1 device) every 8 weeks.) SP SMCS
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (*guselkumab*)	2	PA QL (2ml (1 auto-in ector) per month.) SMCS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*guselkumab*)	2	PA QL (2 ml per 2 months) SP SMCS

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TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (*guselkumab*)	2	PA QL (2ml (1 syringe) per month.) SMCS
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (*guselkumab*)	2	PA QL (4 ml (2 pens/1 box) per month.) SMCS
JANUS KINASE INHIBITORS (84:06) - Drugs for the Skin		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (*abrocitinib*)	2	PA QL (1 tablet per day.) SP CM SMCS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (*ruxolitinib phosphate*)	2	PA QL (2 tablets per day.) SP CM SMCS
LITFULO ORAL CAPSULE 50 MG (*ritlecitinib tosylate*)	3	PA QL (1 capsule per day.) SP SMCS
OPZELURA EXTERNAL CREAM 1.5 (*ruxolitinib phosphate*)	3/4	PA QL (240 grams per prescription and 1200 grams per 365 days.) SP SMCS
roflumilast oral tablet 250 mcg	1	QL (31 tablets per year.)
roflumilast oral tablet 500 mcg	1	QL (1 tablet per day)
SOTYKTU ORAL TABLET 6 MG (*deucravacitinib*)	2	PA QL (1 tablet per day.) SP SMCS
ZORYVE EXTERNAL CREAM 0.15 (*roflumilast*)	3/4	PA
ZORYVE EXTERNAL CREAM 0.3 (*roflumilast*)	3/4	PA QL (60 grams per 30 days.)
ZORYVE EXTERNAL FOAM 0.3 (*roflumilast*)	3/4	PA
KERATOLYTIC AGENTS - Drugs for the Skin		
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
AKLIEF EXTERNAL CREAM 0.005 (*trifarotene*)	3/4	PA
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
AVAR CLEANSER EXTERNAL LIQUID 10-5 (*sulfacetamide sodium-sulfur*)	3/4	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 (*sulfacetamide sodium-sulfur*)	3	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 (*sulfacetamide sodium-sulfur*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AVIDOXY DK COMBINATION KIT 100 MG (*doxycycline-suncreen-sal acid*)	3	
bp 10-1 external emulsion 10-1 %	1	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
CONDYLOX EXTERNAL GEL 0.5 (*podofilox*)	3/4	
DERMACINRX UREA EXTERNAL CREAM 41 (*urea*)	3/4	
DERMACURE EXTERNAL CREAM 41 (*urea*)	3/4	
EXODERM EXTERNAL LOTION 25-1 (*sod thiosulfate-salicylic acd*)	3	
FABIOR EXTERNAL FOAM 0.1 (*tazarotene*)	3/4	PA
GORDOFILM EXTERNAL SOLUTION 16. -16. (*salicylic acid-lactic acid*)	2	
HYDRO 40 EXTERNAL FOAM 40 (*urea*)	3	
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 (*benzoyl perox-salicyl ac-vit e*)	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 (*benzoyl perox-salicyl ac-vit e*)	3	
isotretinoin capsule 10 mg oral	1	
isotretinoin capsule 20 mg oral	1	
isotretinoin capsule 30 mg oral	1	
isotretinoin capsule 40 mg oral	1	
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 (*sulfacetamide sodium-sulfur*)	3/4	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 (*sulfacetamide sodium-sulfur*)	3/4	
PLEXION EXTERNAL CREAM 9.8-4.8 (*sulfacetamide sodium-sulfur*)	3/4	
PLEXION EXTERNAL LOTION 9.8-4.8 (*sulfacetamide sodium-sulfur*)	3/4	
PODOCON-25 EXTERNAL SOLUTION 25 (*podophyllum resin*)	3	
podofilox external gel 0.5 %	1	
podofilox external solution 0.5 %	1	
PRONAL EXTERNAL GEL 40-10 (*urea-lactic acid*)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
sss 10-5 external cream 10-5 %	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
sulfacetamide-sulfur in urea external emulsion 10-5 %	1	
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 (*sulfacetamide sodium-sulfur*)	3	
sulfamez wash external emulsion 10-1 %	1	
SUMAXIN CP EXTERNAL KIT 10-4 (*sulfacetamide-sulfur-cleanser*)	3/4	
SUMAXIN EXTERNAL PAD 10-4 (*sulfacetamide sodium-sulfur*)	3/4	
tazarotene external cream 0.05 %, 0.1 %	1	PA
TAZAROTENE EXTERNAL FOAM 0.1	3/4	PA
tazarotene external gel 0.05 %, 0.1 %	1	PA
TAZORAC EXTERNAL CREAM 0.05 , 0.1 (*tazarotene*)	3/4	PA
TAZORAC EXTERNAL GEL 0.05 , 0.1 (*tazarotene*)	3/4	PA
UMECTA MOUSSE EXTERNAL FOAM 40 (*urea*)	3	
URAMAXIN EXTERNAL GEL 45 (*urea*)	3/4	
urea external cream 20 %, 40 %, 41 %, 45 %	1	
urea external lotion 40 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
urea nail external gel 45 %	1	
UREMEZ-40 EXTERNAL CREAM 40	3	
VEREGEN EXTERNAL OINTMENT 15 (*sinecatechins*)	3	ST
XIRUN EXTERNAL GEL 40-10	3	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
KERATOPLASTIC AGENTS - Drugs for the Skin		
coal tar external solution 20 %	1	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS - Drugs for the Skin		
ACANYA EXTERNAL GEL 1.2-2.5 (*clindamycin phos-benzoyl perox*)	3/4	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
benzalkonium chloride external solution	2	
benzalkonium chloride external solution 50 %	1	
BENZAMYCIN EXTERNAL GEL 5-3 (*benzoyl peroxide-erythromycin*)	2	
benzoyl peroxide-erythromycin external gel 5-3 %	1	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL (1 bottle (45 grams) per month.)
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	1	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (*hc-pramoxine-chloroxylenol*)	3/4	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 (*sulfuric acid-sulf phenolics*)	2	
DIABECIN HR EXTERNAL CREAM 4.12-0.13 (*lidocaine-benzalkonium (pod)*)	3	
FEM PH VAGINAL GEL 0.9-0.025 (*acetic acid-oxyquinoline*)	3/4	
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	

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INOVA EXTERNAL KIT 4 & 5 , 8 & 5 (*benzoyl peroxide-vitamin e*)	3	
iodine tincture external tincture 2 %	1	
LUGOLS STRONG IODINE EXTERNAL SOLUTION 5-10	3	
neuac external gel 1.2-5 %	1	QL (1 bottle (45 grams) per month.)
ONEXTON EXTERNAL GEL 1.2-3. 5 (*clindamycin phos-benzoyl perox*)	3/4	
PERIDEX MOUTH/THROAT SOLUTION 0.12 (*chlorhexidine gluconate*)	3/4	
periogard mouth/throat solution 0.12 %	1	
selenium sulfide external lotion 2.5 %	1	
SILVADENE EXTERNAL CREAM 1 (*silver sulfadiazine*)	3/4	
silver sulfadiazine external cream 1 %	1	
ssd external cream 1 %	1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (*mafenide acetate*)	3	
TWYNEO EXTERNAL CREAM 0.1-3 (*tretinoin-benzoyl peroxide*)	3/4	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 (*ketoconazole & pyrithione zinc*)	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 (*ketoconazole & pyrithione zinc*)	3	
ZACARE EXTERNAL KIT 4 & 0.2 , 8 & 0.2 (*benzoyl peroxide-hyaluronate*)	3	
ZACLIR CLEANSING EXTERNAL LOTION 8	3	
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin		
diclofenac sodium external gel 3 %	1	PA
OXABOROLES - Drugs for the Skin		
tavaborole external solution 5 %	1	QL (10 mL per month.)
PHOSPHODIESTERASE-4 INHIBITORS (84:06) - Drugs for the Skin		
EUCRISA EXTERNAL OINTMENT 2 (*crisaborole*)	3	ST
roflumilast oral tablet 250 mcg	1	QL (31 tablets per year.)

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roflumilast oral tablet 500 mcg	1	QL (1 tablet per day)
ZORYVE EXTERNAL CREAM 0.15 (*roflumilast*)	3/4	PA
ZORYVE EXTERNAL CREAM 0.3 (*roflumilast*)	3/4	PA QL (60 grams per 30 days.)
PIGMENTING AGENTS - Drugs for the Skin		
methoxsalen rapid oral capsule 10 mg	1	
POLYENES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
klayesta external powder 100000 unit/gm	1	
nyamyc external powder 100000 unit/gm	1	
nystatin external cream 100000 unit/gm	1	
nystatin external ointment 100000 unit/gm	1	
nystatin external powder 100000 unit/gm	1	
nystatin mouth/throat suspension 100000 unit/ml	1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	1	
nystop external powder 100000 unit/gm	1	
SCABICIDES AND PEDICULICIDES - Drugs for the Skin		
CROTAN EXTERNAL LOTION 10 (*crotamiton*)	3	
ELIMITE EXTERNAL CREAM 5 (*permethrin*)	3/4	
malathion external lotion 0.5 %	1	
OVIDE EXTERNAL LOTION 0.5 (*malathion*)	3/4	
permethrin external cream 5 %	1	
PRURADIK EXTERNAL LOTION 10 (*crotamiton*)	3	
SOOLANTRA EXTERNAL CREAM 1 (*ivermectin*)	1	
spinosad external suspension 0.9 %	1	
sulfurated lime external solution	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC. - Drugs for the Skin		
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	

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adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*tralokinumab-ldrm*)	2	PA QL (0.15 ml per day.) SP SMCS
AKLIEF EXTERNAL CREAM 0.005 (*trifarotene*)	3/4	PA
AMELUZ EXTERNAL GEL 10 (*aminolevulinic acid hcl*)	3	
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML (*fibrin sealant component*)	3	
ARTISS EXTERNAL SOLUTION (*fibrin sealant component*)	3	
azelaic acid external gel 15 %	1	
AZELEX EXTERNAL CREAM 20 (*azelaic acid*)	3	
B & C EXTERNAL OINTMENT	3	
balsam peru-castor oil external ointment	1	
bexarotene external gel 1 %	1	SP SMCS
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (*bimekizumab-bkzx*)	3	PA ST QL (1 auto-in ector per month.) SP SMCS
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (*bimekizumab-bkzx*)	3	PA ST QL (1 syringe per month.) SP SMCS
brimonidine tartrate external gel 0.33 %	1	PA
calcipotriene external cream 0.005 %	1	
calcipotriene external ointment 0.005 %	1	
calcipotriene external solution 0.005 %	1	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	1	
CALCITRENE EXTERNAL OINTMENT 0.005 (*calcipotriene*)	3	
calcitriol external ointment 3 mcg/gm	1	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (*abrocitinib*)	2	PA QL (1 tablet per day.) SP CM SMCS
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
clindamycin-tretinoin external gel 1.2-0.025 %	1	
CONDYLOX EXTERNAL GEL 0.5 (*podofilox*)	3/4	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	2	PA QL (0.0 2 ml per day.) SP SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	2	PA QL (0.036 ml per day.) SP SMCS
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (*secukinumab*)	2	PA QL (0.018 ml per day.) SP SMCS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	2	PA QL (0.0 2 ml per day.) SP SMCS
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	2	PA QL (0.036 ml per day.) SP SMCS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*secukinumab*)	2	PA QL (0.0 2 ml per day.) SP SMCS
dapsone external gel 5 %, 7.5 %	1	
dapsone oral tablet 100 mg, 25 mg	1	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML (*dupilumab*)	2	PA QL (0.09 ml per day.) SP SMCS
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*dupilumab*)	2	PA QL (0.15 ml per day.) SP SMCS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*dupilumab*)	2	PA QL (0.15 ml per day.) SP SMCS
ENDARI ORAL PACKET 5 GM (*glutamine (sickle cell)*)	3/4	QL (6 packets per day)
ENSTILAR EXTERNAL FOAM 0.005-0.064 (*calcipotriene-betameth diprop*)	3/4	
FABIOR EXTERNAL FOAM 0.1 (*tazarotene*)	3/4	PA
FEM PH VAGINAL GEL 0.9-0.025 (*acetic acid-oxyquinoline*)	3/4	
FILSUVEZ EXTERNAL GEL 10 (*birch triterpenes*)	3/4	PA QL (14.4 grams per day.) SP SMCS
FINACEA EXTERNAL FOAM 15 (*azelaic acid*)	2	
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
HALUCORT EXTERNAL GEL (*dermatological products, misc.*)	3	
HYFTOR EXTERNAL GEL 0.2 (*sirolimus*)	3/4	PA QL (10 g per 23 days.)
imiquimod external cream 5 %	1	
isotretinoin capsule 10 mg oral	1	
isotretinoin capsule 20 mg oral	1	

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isotretinoin capsule 30 mg oral	1	
isotretinoin capsule 40 mg oral	1	
KLISYRI (250 MG) EXTERNAL OINTMENT 1 (*tirbanibulin*)	3/4	
KLISYRI (350 MG) EXTERNAL OINTMENT 1 (*tirbanibulin*)	3/4	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 (*aminolevulinic acid hcl*)	3	
l-glutamine oral packet 5 gm	1	QL (6 packets per day)
LITFULO ORAL CAPSULE 50 MG (*ritlecitinib tosylate*)	3	PA QL (1 capsule per day.) SP SMCS
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1	
MIRVASO EXTERNAL GEL 0.33 (*brimonidine tartrate*)	2	PA
nitroglycerin rectal ointment 0.4 %	1	QL (30 grams per month.)
OPZELURA EXTERNAL CREAM 1.5 (*ruxolitinib phosphate*)	3/4	PA QL (240 grams per prescription and 1200 grams per 365 days.) SP SMCS
OTEZLA ORAL TABLET 20 MG (*apremilast*)	2	PA QL (60 tablets per month.) SMCS
OTEZLA ORAL TABLET 30 MG (*apremilast*)	2	PA QL (2 tablets per day.) SP SMCS
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (*apremilast*)	2	PA QL (55 tablets (one starter pack) per year.) SP SMCS
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (*apremilast*)	2	PA QL (1 starter pack per year.) SMCS
PANRETIN EXTERNAL GEL 0.1 (*alitretinoin*)	3	
pimecrolimus external cream 1 %	1	
PODOCON-25 EXTERNAL SOLUTION 25 (*podophyllum resin*)	3	
podofilox external gel 0.5 %	1	
podofilox external solution 0.5 %	1	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2	2	
RECTIV RECTAL OINTMENT 0.4 (*nitroglycerin*)	3/4	QL (30 grams per month.)
RHOFADE EXTERNAL CREAM 1 (*oxymetazoline hcl*)	3/4	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (*collagenase*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*risankizumab-rzaa*)	2	PA QL (1 ml per 63 days.) SP SMCS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*risankizumab-rzaa*)	2	PA QL (1 ml per 63 days.) SP SMCS
SOTYKTU ORAL TABLET 6 MG (*deucravacitinib*)	2	PA QL (1 tablet per day.) SP SMCS
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 (*calcipotriene-betameth diprop*)	1	
tacrolimus external ointment 0.03 %, 0.1 %	1	
tazarotene external cream 0.05 %, 0.1 %	1	PA
TAZAROTENE EXTERNAL FOAM 0.1	3/4	PA
tazarotene external gel 0.05 %, 0.1 %	1	PA
TAZORAC EXTERNAL CREAM 0.05 , 0.1 (*tazarotene*)	3/4	PA
TAZORAC EXTERNAL GEL 0.05 , 0.1 (*tazarotene*)	3/4	PA
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML (*fibrin sealant component*)	3	
TOLAK EXTERNAL CREAM 4 (*fluorouracil*)	3/4	
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (*guselkumab*)	2	PA QL (1 mL (1 device) every 8 weeks.) SP SMCS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*guselkumab*)	2	PA QL (2 ml per 2 months) SP SMCS
VALCHLOR EXTERNAL GEL 0.016 (*mechlorethamine hcl (topical)*)	2	PA SP SMCS
VENELEX EXTERNAL OINTMENT (*balsam peru-castor oil*)	3	
VEREGEN EXTERNAL OINTMENT 15 (*sinecatechins*)	3	ST
VTAMA EXTERNAL CREAM 1 (*tapinarof*)	3/4	PA
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ZORYVE EXTERNAL CREAM 0.3 (*roflumilast*)	3/4	PA QL (60 grams per 30 days.)
ZORYVE EXTERNAL FOAM 0.3 (*roflumilast*)	3/4	PA
SUNSCREEN AGENTS - Drugs for the Skin		
AVIDOXY DK COMBINATION KIT 100 MG (*doxycycline-suncreen-sal acid*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (*xanomeline-trospium chloride*)	3/4	PA QL (62 capsules per month.)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG (*xanomeline-trospium chloride*)	3/4	PA QL (1 starter pack per year.)
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	1	
flavoxate hcl oral tablet 100 mg	1	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	1	
oxybutynin chloride oral solution 5 mg/5ml	1	
oxybutynin chloride oral tablet 2.5 mg, 5 mg	1	
solifenacin succinate oral tablet 10 mg, 5 mg	1	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	1	
tolterodine tartrate oral tablet 1 mg, 2 mg	1	
trospium chloride er oral capsule extended release 24 hour 60 mg	1	
trospium chloride oral tablet 20 mg	1	
VESICARE ORAL TABLET 10 MG, 5 MG (*solifenacin succinate*)	3/4	
RESPIRATORY SMOOTH MUSCLE RELAXANTS - Drugs for Lungs		
elixophyllin oral elixir 80 mg/15ml	3	
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	PA QL (186 ml per month.) SP SMCS
sildenafil citrate oral tablet 20 mg	1	QL (0.5 tablet per day.) SMCS
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (*theophylline*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
theophylline er oral tablet extended release 12 hour 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		
GEMTESA ORAL TABLET 5 MG (*vibegron*)	3/4	
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	1	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (*mirabegron*)	3/4	
VITAMINS		
MULTIVITAMIN PREPARATIONS		
ATABEX OB ORAL TABLET 29-1 MG (*prenatal vit w/ fe bisg-fa*)	3	
CITRANATAL MEDLEY ORAL CAPSULE 2 -1-200 MG (*prenat-fecb-fefum-fa-dha w/o a*)	3	
DAVIMET-FLUORIDE ORAL TABLET CHEWABLE 0. 5 MG (*pediatric multivitamins-fl*)	3/4	
ELITE-OB ORAL TABLET 50-1.25 MG (*prenatal vit-iron carbonyl-fa*)	3	
ENBRACE HR ORAL CAPSULE (*prenat vit-fe gly cys-fa-omega*)	3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (*pediatric multivitamins-fl*)	3/4	
FLOTREX ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG (*pediatric multivitamins-fl*)	3/4	
FLOTREX ORAL TABLET CHEWABLE 1 MG (*pediatric multivitamins-fl*)	3	
M-NATAL PLUS ORAL TABLET 2 -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 ORAL SUSPENSION 0.25 MG/ML	3/4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3/4	
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEONATAL COMPLETE ORAL TABLET 2 -1 MG	3	
NEONATAL PLUS ORAL TABLET 2 -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 2 -1 MG	3	
pnv 27-ca/fe/fa oral tablet 60-1 mg	1	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-fl*)	3/4	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3/4	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25- 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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (*prenat-fecbn-feasp-meth-fa-dha*)	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (*prenat mv-min-methylfolate-fa*)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE RESTORE ORAL CAPSULE 2 -0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	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*)	3/4	
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 (*pediatric multivitamins-fl*)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
TRI-VITAMIN WITH FLUORIDE ORAL SUSPENSION 0.25 MG/ML	3/4	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
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	
VITATHELY WITH GINGER ORAL TABLET 2 -1 MG (*prenatal vit-fe fumarate-fa*)	3	
WESCAP-PN DHA ORAL CAPSULE 2 -0.6-0.4-300 MG	3/4	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITAMIN A		
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-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	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (*drospiren-eth estrad-levomefol*)	E	H
CALCIFOL ORAL WAFER 1342-1.6 MG (*ca carb-fa-d-b6-b12-boron-mg*)	3	
CITRANATAL MEDLEY ORAL CAPSULE 2 -1-200 MG (*prenat-fecb-fefum-fa-dha w/o a*)	3	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal solution 500 mcg/0.1ml	1	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	1	H
ELITE-OB ORAL TABLET 50-1.25 MG (*prenatal vit-iron carbonyl-fa*)	3	
ENBRACE HR ORAL CAPSULE (*prenat vit-fe gly cys-fa-omega*)	3	
folic acid oral tablet 400 mcg, 800 mcg	E	H
folic acid tablet 1 mg oral (rx)	1	
ft folic acid oral tablet 400 mcg, 800 mcg	E	H
hematinic/folic acid oral tablet 324-1 mg	1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
M-NATAL PLUS ORAL TABLET 2 -1 MG	3	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (*cyanocobalamin*)	3	
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEONATAL COMPLETE ORAL TABLET 2 -1 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEONATAL PLUS ORAL TABLET 2 -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	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	1	
ONE VITE WOMENS PLUS ORAL TABLET 2 -1 MG	3	
pnv 27-ca/fe/fa oral tablet 60-1 mg	1	
PREMESISRX ORAL TABLET 1 MG (*prenatal ca-b6-b12-fa-ginger*)	3	
prenatal oral tablet 27-1 mg	1	
prenatal plus vitamin/mineral oral tablet 27-1 mg	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (*prenatal-feaspgly-methylfol-fa*)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (*prenat-fecbn-feasp-meth-fa-dha*)	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (*prenat mv-min-methylfolate-fa*)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE RESTORE ORAL CAPSULE 2 -0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (*drospiren-eth estrad-levomefol*)	E	H
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (*prenatal vit-fe psac cmplx-fa*)	3/4	
TRINATE ORAL TABLET (*prenatal vit-fe fumarate-fa*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-fl*)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
TRUE FOLIC ACID ORAL TABLET 400 MCG	E	H
tydemy oral tablet 3-0.03-0.451 mg	1	H
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	
VITATHELY WITH GINGER ORAL TABLET 2 -1 MG (*prenatal vit-fe fumarate-fa*)	3	
WESCAP-PN DHA ORAL CAPSULE 2 -0.6-0.4-300 MG	3/4	
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*)	3/4	
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	1	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	1	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (*peg-kcl-nacl-nasulf-na asc-c*)	2	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (*ergocalciferol*)	3/4	
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 0-2800 MG-UNIT, 0-5600 MG-UNIT (*alendronate-cholecalciferol*)	3	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (*calcitriol*)	3/4	
ROCALTROL ORAL SOLUTION 1 MCG/ML (*calcitriol*)	3/4	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-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*)	3/4	
VITAMIN E		
wheat germ oil oral oil	1	
VITAMIN K ACTIVITY		
phytonadione oral tablet 5 mg	1	

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abacavir sulfate 35
abacavir sulfate-lamivudine ... 35
abigale 238, 251
abigale lo 238, 251
abiraterone acetate 4
abirtega 4
ABRYSVO 61
acamprosate calcium 16, 139
ACANYA 38, 316, 33
acarbose 224
ACCOLATE 308
ACCU-CHEK AVIVA 169
ACCU-CHEK FASTCLIX LANCET KIT 169
ACCU-CHEK GUIDE 169
ACCU-CHEK GUIDE CONTROL 169
ACCU-CHEK GUIDE ME 169
ACCU-CHEK GUIDE TEST 1 9
ACCU-CHEK SMARTVIEW CONTROL 169
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT 169
ACCURETIC 94, 186
accutane 334, 339
ACD-A NOCLOT-50 8
acebutolol hcl 6, 96, 102, 104, 111
acetaminophen-codeine ..... 121, 14 , 149
acetazolamide 90, 101, 123, 182, 196
acetazolamide er 89, 101, 123, 182, 196
acetic acid 202
acetylcysteine 16, 2 4, 309
acitretin 334, 339
ACTEMRA 269, 282, 28
ACTEMRA ACTPEN 269, 282, 28
ACTHAR 1 9, 250
ACTHAR GEL 1 9, 250
ACTHIB 61
ACTIMMUNE 28
ACTIVELLA 238, 251
ACTOPLUS MET ..... 22 , 263
ACULAR ..... 15 , 203
ACULAR LS ..... 15 , 203
ACUVAIL ..... 15 , 203
acyclovir 40, 322, 323
ADACEL 60, 61
ADALIMUMAB-ADAZ 212, 2 2, 282, 283, 28
adapalene-benzoyl peroxide ..... 298, 334, 33 , 340
ADASUVE 133, 141
ADBRY 332, 340
ADDYI 139
adefovir dipivoxil 40
ADEMPAS 313, 315
ADLARITY 3
ADRENALIN 66, 205, 301
ADVAIR HFA 4, 196, 218, 303
ADVATE 81
ADVOCATE SAFETY LANCETS 21G 169
ADVOCATE SAFETY LANCETS 23G 169
ADVOCATE SAFETY LANCETS 28G 169
ADYNOVATE 81
ADZENYS XR-ODT 119
AEROCHAMBER HOLDING CHAMBER 169
AEROCHAMBER PLS FLOVU MTHPIECE 169
AEROCHAMBER PLUS FLO-VU INTERM 169
AEROCHAMBER PLUS FLO-VU LARGE 169
AEROCHAMBER PLUS FLO-VU MEDIUM 169
AEROCHAMBER PLUS FLO-VU SMALL 169
AEROCHAMBER2GO ANTI-STATIC 1 0
afirmelle 229, 238, 251
AFLURIA 61
AFLURIA PRESERVATIVE FREE 61
AFREZZA 260
AFSTYLA 81
aftera 225, 229, 251
AIMOVIG 139
AIRSUPRA 4, 196, 218, 303, 309, 312
AKEEGA 4
AKLIEF 334, 340
AKTEN 204
AKYNZEO ..... 20 , 215
ALA SCALP 196, 218, 326
albendazole 24
albuterol sulfate 4, 312, 313
ALBUTEROL SULFATE ... 4, 313
albuterol sulfate hfa 4, 312
ALCAINE 204
alclometasone dipropionate 326
ALCOHOL PREP PADS 1 0
ALECENSA 4
alendronate sodium 2
alfuzosin hcl er 4
ALHEMO 81
aliskiren fumarate 115
allopurinol 2 5
ALLZITAL 121, 136, 14
almotriptan malate 160
ALOCRIL 191, 308
ALOGLIPTIN BENZOATE 236
ALOGLIPTIN-METFORMIN HCL ..... 22 , 236
ALOGLIPTIN-PIOGLITAZONE 236, 263
ALORA 238, 2
alosetron hcl 208
ALPHAGAN P 191, 316
ALPHANATE 82
ALPHANINE SD 82
alprazolam 13
alprazolam er 13
alprazolam intensol 13
alprazolam xr 138
ALPROLIX 82
ALREX 196
ALTACAINE 204, 2 3
altafrin 204, 205
altavera 229, 238, 251
ALTOPREV 109
ALTRENO ..... 4 , 326
ALTUVIIIO 82
ALUNBRIG 4
ALVAIZ 9
alvimopan 206, 213
alyacen 1/35 ..... 229, 238, 251
alyacen 7/7/7 ..... 229, 238, 251
ALYFTREK 305, 306
alyq 114, 310, 313
amantadine hcl 22, 119
ambrisentan ..... 116, 30 , 313
amcinonide 326
AMELUZ 315, 340
amethyst 229, 238, 251
amiloride hcl 91, 115, 184
amiloride-hydrochlorothiazide 184, 18
aminocaproic acid 82

amiodarone hcl 105
AMITIZA 206, 213
amitriptyline hcl 163
AMJEVITA 213, 2 2, 283, 28
AMJEVITA-PED 15KG TO 30KG 213, 2 2, 283, 288
amlodipine besylate 106, 108, 116
amlodipine besylate-benazepril hcl 94, 10
amlodipine besylate-valsartan 93, 10
amlodipine-atorvastatin ..... 10 , 109, 110
amlodipine-olmesartan ... 93, 10
amlodipine-valsartan-hctz ..... 93, 10 , 18
amnesteem 334, 340
amoxapine 163
amoxicill-clarithro-lansopraz 23, 41, 42, 216
amoxicillin 23, 209
amoxicillin-potassium clavulanate 24
amoxicillin-potassium clavulanate er 24
AMPHETAMINE ER 119
amphetamine sulfate 120
amphetamine-dextroamphetamine 120
amphetamine-dextroamphetamine er 120
amphet-dextroamphet 3-bead er 120
ampicillin 24
AMZEEQ 25, 45, 191, 31
anagrelide hcl 88
ANALPRAM HC 196, 218, 321, 326, 32
anastrozole ..... 4 , 225
ANCOBON 44
ANGELIQ 238, 251
ANNOVERA 229, 238, 251
ANORO ELLIPTA ..... 6 , 4
ANTICOAGULANT SODIUM CITRATE 8
ANUCORT-HC ..... 19 , 218, 32
ANUSOL-HC ..... 19 , 218, 32
ANZEMET 20
APADAZ ..... 121, 14 , 149
apap-caff-dihydrocodeine ..... 121, 14 , 149, 155
APOKYN 146
apomorphine hcl 146
apraclonidine hcl 191, 202
aprepitant 215
apri 229, 238, 251
APRISO 208
APTENSIO XR 155
APTIOM 123, 144
APTIVUS 3
AQ INSULIN SYRINGE 1 0
AQINJECT PEN NEEDLE 1 0
AQNEURSA 294
AQUORAL 202
ARAKODA 25
aranelle 229, 238, 251
ARANESP (ALBUMIN FREE) ..... , 9, 80
ARCALYST 294, 308
AREXVY 61
arformoterol tartrate 4, 313
ARIKAYCE 23
aripiprazole 128, 134
armodafinil 164
ARMOUR THYROID 263
ARNUITY ELLIPTA ..... 19 , 218, 303, 309
ARTISS 325, 340
ARZOL SILVER NIT APPLICATORS 194
ascomp-codeine 136, 149, 155, 158
asenapine maleate 128, 134
ashlyna 229, 238, 251
aspirin 88, 89, 131, 159
aspirin 81 ..... 88, 89, 130, 158
aspirin adult low dose 88, 89, 131, 159
aspirin adult low strength 88, 89, 131, 159
aspirin childrens 88, 89, 131, 159
aspirin ec adult low dose 88, 89, 131, 159
aspirin ec low dose 88, 89, 131, 159
aspirin ec low strength 88, 89, 131, 159
aspirin low dose 88, 89, 131, 159
aspirin regimen . 88, 89, 131, 159
aspirin-dipyridamole er 88, 114, 159, 1 9
ASPRUZYO SPRINKLE 101
ASSURE ID DUO PRO PEN NEEDLES 1 0
ASSURE ID PRO PEN NEEDLES 1 0
ASTRINGYN 82
ATABEX OB 86, 345, 348
atazanavir sulfate 3
atenolol 6, 96, 102, 104, 111
atenolol-chlorthalidone 96, 102, 188
atomoxetine hcl 140, 155
ATORVALIQ 110
atorvastatin calcium 110
atovaquone 26
atovaquone-proguanil hcl 25
atropine sulfate . 16, 6 , 204, 301
ATROVENT HFA ..... 6 , 301
ATTRUBY 101
aubra eq 229, 238, 251
AUGMENTIN 24
AUGTYRO 4
AUM INSULIN SAFETY PEN NEEDLE 1 0
AUM MINI INSULIN PEN NEEDLE 1 0
AUM PEN NEEDLE 1 0
AUM READYGARD DUO PEN NEEDLE 1 0
AUM SAFETY PEN NEEDLE . 1 0
aurovela 1.5/30 ..... 229, 238, 251
aurovela 1/20 ..... 229, 238, 252
aurovela 24 fe 229, 238, 252
aurovela fe 1.5/30 .. 229, 238, 252
aurovela fe 1/20 ..... 229, 238, 252
AUSTEDO 163, 164
AUSTEDO XR 164
AUSTEDO XR PATIENT TITRATION 164
AUTOLET LANCING DEVICE 1 0
AUTOLET LITE LANCING DEVICE 1 0
AUVELITY 12
AUVI-Q 66, 301
avanafil 114
AVAR CLEANSER ..... 31 , 334
AVAR LS CLEANSER .... 31 , 334
AVAR-E EMOLLIENT ..... 31 , 334
AVERI 229, 238, 252
aviane 229, 239, 252
AVIDOXY 25, 45, 31
AVIDOXY DK 45, 335, 343
AVMAPKI FAKZYNJA CO-PACK 4
AVONEX PEN 268, 288
AVONEX PREFILLED 268, 288

ayuna 229, 239, 252
AYVAKIT 4
AZASAN 265, 283, 288, 292
AZASITE 191
azathioprine ... 265, 283, 288, 292
azelaic acid ..... 31 , 340
azelastine hcl 191, 312
AZELEX ..... 31 , 340
azithromycin 41, 42
AZSTARYS 155
AZULFIDINE 44, 208, 266, 283, 288
AZULFIDINE EN-TABS 44, 208, 266, 283, 288
azurette 229, 239, 252
B & C 340
bac (butalbital-acetamin-caff) ..... 121, 136, 14 , 155
bacitracin 30, 192, 31
bacitracin-polymyxin b 30, 192, 31
bacitra-neomycin-polymyxin-hc ... 30, 192, 19 , 31
baclofen 1
BACTRIM 26, 45, 46
BACTRIM DS 26, 44, 46
BAFIERTAM ..... 26 , 288
BALCOLTRA 229, 239, 252
balsalazide disodium 208
balsam peru-castor oil 340
BALVERSA 4
balziva 229, 239, 252
BANZEL 123, 144
BAQSIMI ONE PACK 16, 24 , 2 4
BAQSIMI TWO PACK ..... 16, 24 , 2 4
BARACLUDE 40
BAXDELA 44
BD AUTOSHIELD DUO PEN NEEDLES 1 0
BD ECLIPSE LUER-LOK NEEDLE 1 0
BD ECLIPSE NEEDLE 1 0
BD PEN NEEDLE MICRO ULTRAFINE 1 0
BD PEN NEEDLE MINI ULTRAFINE 1 0
BD PEN NEEDLE NANO ULTRAFINE 1 0
BD PEN NEEDLE ORIG ULTRAFINE 1 0
BD PEN NEEDLE SHORT ULTRAFINE 1 1
BD SAFETYGLIDE NEEDLE .. 1 1
BD SHARPS COLLECTOR 1 1
BD ULTRA-FINE INSULIN SYRINGES 1 1
BD ULTRA-FINE PEN NEEDLES 1 1
BD VEO INSULIN SYR ULTRAFINE 1 1
BELBUCA 154
belladonna alkaloids-opium ..... 6 , 149
BELSOMRA 133, 154
benazepril hcl 94
benazepril-hydrochlorothiazide 94, 18
BENEFIX 82
BENLYSTA 268, 292
benzalkonium chloride . 323, 33
BENZAMYCIN ..... 31 , 33
BENZHYDROCODONE-ACETAMINOPHEN . 121, 14 , 149
BENZNIDAZOLE 26, 40
benzoin 326
benzoin compound 326
benzonatate 302
benzoyl peroxide-erythromycin ..... 31 , 33
benztropine mesylate 69, 122
bepotastine besilate 20, 191
BERINERT 281, 282
BESIVANCE 192
BESREMI 38, 48, 288
BETADINE OPHTHALMIC PREP 194
betaine 294
betamethasone dipropionate 219, 32
betamethasone dipropionate aug 218, 219, 32
betamethasone valerate 219, 32
BETAPACE AF 1, 96, 102, 104, 105, 111
BETASERON 268, 288
betaxolol hcl 6, 96, 102, 104, 111, 195
bethanechol chloride 3
BETIMOL 1, 96, 104, 195
BETOPTIC-S 6, 104, 195
BEVESPI AEROSPHERE ..... 6 , 4, 323
bexarotene 48, 316, 340
BEXSERO 62
BEYAZ 229, 239, 252, 348
BEYFORTUS 39
bicalutamide 48
BIGFOOT UNITY PROGRAM 1 1
BIJUVA 239, 252
BIKTARVY 34, 35, 36
BILTRICIDE 24
bimatoprost 205
BIMZELX 332, 340
BINOSTO 2
bis subcit-metronid-tetracyc ..... 25, 2 , 45, 20 , 209
bisacodyl ec 209
bismuth/metronidaz/tetracyclin ..... 25, 2 , 45, 20 , 209
bisoprolol fumarate 6, 96, 102, 104, 111
bisoprolol-hydrochlorothiazide 96, 102, 18
blisovi 24 fe 229, 239, 252
blisovi fe 1.5/30 ..... 229, 239, 252
blisovi fe 1/20 ..... 229, 239, 252
BONJESTA 208
BONSITY 249, 2 6
BOOSTRIX 60, 62
bosentan ..... 116, 30 , 313
BOSULIF 48
bp 10-1 ..... 31 , 335
BRAFTOVI 48
BREATHE COMFORT CHAMBER/ADULT 1 1
BREATHE COMFORT CHAMBER/CHILD 1 1
BRENZAVVY 261
BREO ELLIPTA ..... 4, 5, 19 , 219, 303
BREXAFEMME 24
BREZTRI AEROSPHERE ..... 6 , 5, 219
briellyn 230, 239, 252
brimonidine tartrate 191, 316, 340
brinzolamide 196
BRIVIACT 123
bromfenac sodium 203
bromfenac sodium (once-daily) 203
bromocriptine mesylate 142
BROMSITE 203
BRONCHITOL 311
BRONCHITOL TOLERANCE TEST 311
BROVANA 5, 313

BRUKINSA.....48
BRYHALI.....32
budesonide
..... 219, 304, 309, 310, 32
bumetanide.....90, 110, 182
BUMEX..... 90, 110, 182
buprenorphine.....154
buprenorphine hcl..... 154
buprenorphine hcl-naloxone hcl.....153, 154
bupropion hcl..... 12
bupropion hcl er (smoking det)..... 65, 12
bupropion hcl er (sr).....12
bupropion hcl er (xl)..... 12
BUPROPION HCL ER (XL).... 12
buspirone hcl..... 133, 146
butalbital-acetaminophen
..... 121, 136, 14
butalbital-apap-caff-cod
..... 121, 136, 14 , 149, 155
butalbital-apap-caffeine
..... 121, 136, 14 , 155
BUTALBITAL-APAP-CAFFEINE..... 121, 136, 14 , 155
butalbital-asa-caff-codeine
..... 136, 150, 155, 159
butalbital-aspirin-caffeine
..... 136, 155, 159
butorphanol tartrate.....131, 154
BYLVAY.....211, 213
BYLVAY (PELLETS).....211, 213
cabergoline.....142
CABLIVI..... 8, 89
CABOMETYX..... 48
caffeine citrate.....131, 155
CALCIFOL..... 184, 348, 350
calcipotriene.....325, 340
calcipotriene-betameth diprop.....325, 32 , 340
calcitonin (salmon)..... 22 , 2
CALCITRENE..... 325, 340
calcitriol..... 340, 350
calcium acetate..... 183, 184
calcium acetate (phos binder).....183, 184
CALQUENCE.....48
CAMBIA..... 131, 148
camila.....230, 252
camrese..... 230, 239, 252
camrese lo..... 230, 239, 252
CAMZYOS..... 101
candesartan cilexetil.....92, 93
candesartan cilexetil-hctz
..... 93, 18
capecitabine..... 48
CAPLYTA.....134
CAPRELSA.....48
captopril.....94
captopril-hydrochlorothiazide.....95, 18
CAPVAXIVE.....62
carbamazepine..... 123, 128
carbamazepine er.....123, 128
CARBATROL..... 123, 128
carbidopa.....141
carbidopa-levodopa.....141
carbidopa-levodopa er..... 141
carbidopa-levodopa-entacapone.....139, 141
carbinoxamine maleate
..... 18, 19, 30
CARBINOXAMINE MALEATE ER.....18, 19, 30
CARBZAH.....18, 19, 30
CARDURA..... 2, 91, 92, 96
CARDURA XL..... 2, 92, 96
CAREPOINT POLY HUB NEEDLE.....1 1
CAREPOINT SAFETY 1ST NEEDLE.....1 1
CARESENS CONTROL SOLUTION A/B.....1 1
CARESENS LANCETS 30G...1 1
CARESENS S CONTROL SOLN A/B..... 1 1
CARETOUCH CONTROL SOL LEVEL 2.....1 1
CARETOUCH HYPODERMIC NEEDLE.....1 1
CARETOUCH LANCING/EJECTOR..... 1 1
carglumic acid.....181
carisoprodol..... 0
CARNITOR..... 294
CARNITOR SF.....294
CAROSPIR91, 111, 115, 116, 184
carteolol hcl.....195
cartia xt..... 98, 99, 100, 106, 116
carvedilol
..... 1, 4, 92, 96, 102, 104, 111
carvedilol phosphate er
..... 1, 4, 92, 96, 102, 104, 112
CAVERJECT.....108, 11
CAVERJECT IMPULSE..108, 11
CAYA..... 299
CAYSTON.....39
cefaclor..... 21
cefaclor er.....21
cefadroxil.....21
cefdinir..... 22
cefixime.....22
cefpodoxime proxetil.....22
cefprozil..... 21
cefuroxime axetil.....21
celecoxib.....141
CELONTIN.....162
cephalexin..... 21
CEQUR SIMPLICITY 2U..... 1 2
CERDELGA..... 189, 294
CERVIDIL..... 300
CETRAXAL..... 192
CETROTIDE..... 225
cevimeline hcl..... 3
CHANTIX..... 65, 69
CHANTIX CONTINUING MONTH PAK.....65, 69
CHANTIX STARTING MONTH PAK.....65, 69
charlotte 24 fe.....230, 239, 252
chateal eq..... 230, 239, 252
CHEMET.....16, 21 , 2 4
CHEMSTRIP BG LOG BOOK.1 2
CHEMSTRIP K..... 180
CHEMSTRIP UGK.....180
CHENODAL.....211
chlordiazepoxide hcl..... 138
chlordiazepoxide-amitriptyline.....138, 163
chlordiazepoxide-clidinium
..... 6 , 138
chlorhexidine gluconate
..... 22, 194, 195, 323, 33
chloroquine phosphate..... 25
chlorpromazine hcl.....154
chlorthalidone..... 91, 116, 188
chlorzoxazone..... 0
CHOLBAM..... 211, 213
cholestyramine.....98
cholestyramine light.....98
CHORIONIC GONADOTROPIN..... 24
CHOSEN LANCETS 30G..... 1 2
CHOSEN LANCING DEVICE. 1 2
CHOSEN SAFETY LANCETS 28G..... 1 2
CIBINQO.....2 0, 283, 334, 340
ciclodan..... 332
ciclopirox..... 332

ciclopirox olamine 332
ciclopirox treatment 332
cilostazol 88, 114
CILOXAN 192
CIMDUO 36
cimetidine 20, 215
cimetidine hcl 20, 215
CIMZIA (2 SYRINGE)
..... 213, 266, 2 2, 283, 288
CIMZIA-STARTER
..... 213, 266, 2 2, 283, 288
cinacalcet hcl 22
CIPRO 28, 44
CIPRO HC 192, 19
ciprofloxacin hcl 28, 44, 192
ciprofloxacin-dexamethasone 192, 19
CITALOPRAM HYDROBROMIDE 161
citalopram hydrobromide 161
CITRANATAL MEDLEY
..... 86, 294, 345, 348
citroma 209
claravis 335, 340
CLARINEX-D 12 HOUR 21, 66
clarithromycin 28, 42, 209
clarithromycin er .28, 41, 42, 209
clearlax 209
clemastine fumarate . 18, 19, 30
CLEMSZA..... 19, 308
CLENPIQ..... 209
CLEOCIN 38, 31
CLEOCIN-T 38, 31
CLEVER CHOICE COMFORT EZ..... 1 2
CLIMARA PRO 239, 252
clindacin 38, 31
clindacin etz 38, 31
CLINDACIN ETZ.....31
clindacin-p 38, 31
CLINDAGEL.....38, 31
clindamycin hcl 38, 318
clindamycin palmitate hcl
..... 38, 318
clindamycin phos (once-daily) 38, 318
clindamycin phos (twice-daily) 38, 318
clindamycin phos-benzoyl perox 38, 39, 318, 33
clindamycin phosphate .. 39, 318
clindamycin-tretinoin
..... 39, 318, 326, 340
CLINDESSE 39, 318
CLINPRO 5000 ..... 166, 2 8
clobazam 136, 138
CLOBETASOL PROPIONATE
..... 19 , 32
clobetasol propionate 32
clobetasol propionate e 32
clobetasol propionate emulsion 32
clocortolone pivalate 328
clodan 328
CLOMID 23
clomiphene citrate 23
clomipramine hcl 163
clonazepam ..... 13 , 138
clonidine 66, 102, 108
clonidine hcl 66, 102, 108
clonidine hcl er 66, 108
clopidogrel bisulfate 88
clorazepate dipotassium
..... 13 , 138
clotrimazole 324
clotrimazole-betamethasone
..... 324, 328
clozapine 134
CLOZARIL..... 134
COAGADEX.....82
coal tar 33
COARTEM 25
COBENFY 133, 344
COBENFY STARTER PACK
..... 133, 344
codeine sulfate 150, 303
colchicine 2 5
colchicine-probenecid ..188, 2 5
colesevelam hcl 98, 225
COLESTID 98
colestipol hcl 98
colistimethate sodium (cba) .. 43
COLY-MYCIN M 43
COMBIGAN 191, 195, 316
COMBIPATCH 239, 252
COMBIVENT RESPIMAT
..... 6 , 5, 301
COMETRIQ.....48
COMFORT EZ PRO PEN NEEDLES..... 1 2
COMFORT TOUCH TWIST LANCET 30G 1 2
COMIRNATY 62
COMIRNATY 5-11 YEARS 62
COMPLERA.....35, 36, 40
CONDOMS 299
CONDYLOX.....335, 340
constulose 181
CONTOUR CONTROL..... 1 2
CONTOUR NEXT CONTROL.1 2
CONTOUR NEXT EZ.....1 2
CONTOUR NEXT GEN MONITOR..... 1 2
CONTOUR NEXT MONITOR. 1 2
CONTOUR NEXT ONE..... 1 2
CONTOUR NEXT TEST.....180
CONTOUR PLUS BLUE.....1 2
CONTOUR PLUS TEST..... 180
CONZIP 150
COPIKTRA.....48
CORDRAN.....328
CORIFACT.....82
CORLANOR.....101, 11
CORTANE-B
..... 19 , 219, 321, 328, 33
CORTEF..... 19 , 219, 328
CORTENEMA..... 19 , 219, 328
CORTIFOAM..... 19 , 219, 328
CORTISONE ACETATE.....219
CORTISPORIN-TC 192, 19
CORTROPHIN.....1 9, 250
CORTROPHIN GEL.....1 9, 250
CORTROSYN.....1 9
COSENTYX (300 MG DOSE)
..... 269, 283, 340
COSENTYX 150 MG/ML
..... 269, 283, 341
COSENTYX SENSOREADY (300 MG).....269, 283, 341
COSENTYX SENSOREADY PEN.....269, 283, 341
COSENTYX UNOREADY
..... 269, 283, 341
COSOPT.....195, 196
cosyntropin 1 9
COTELLIC..... 49
COTEMPLA XR-ODT 155
COVARYX..... 224, 239
COVARYX HS..... 224, 239
CRENESSITY..... 82, 250
CREON..... 190, 212
CRESEMBA.....29
CREXONT..... 141
CRINONE..... 252
cromolyn sodium
..... 191, 202, 308, 309
CROTAN.....339

cryselle-28 ..... 230, 239, 252
CTEXLI 211
CUVPOSA ..... 6 , 323
cyanocobalamin ..... 8 , 348
CYANOCOBALAMIN ..... 8 , 348
cyclobenzaprine hcl 0
CYCLOGYL 204
CYCLOMYDRIL 204, 205
cyclopentolate hcl 204
cyclophosphamide . 49, 268, 292
CYCLOPHOSPHAMIDE 49, 268, 293
cycloserine 28
CYCLOSET 225
cyclosporine 194, 265, 284, 288, 293
cyclosporine modified 194, 265, 283, 284, 288, 293
cyproheptadine hcl 19, 308
cyred eq 230, 239, 252
CYSTADANE 294
CYSTADROPS 202, 204
CYSTAGON 294
CYSTARAN 202, 204
CYTOTEC 216
cytra k crystals 181
dabigatran etexilate mesylate 9
dalfampridine er 295, 299
danazol 224
DANTRIUM 1
dantrolene sodium 1
dapsone ..... 25, 26, 2 , 318, 341
DAPTACEL 61, 62
DARAPRIM 25
darifenacin hydrobromide er 344
darunavir 3
dasatinib 49
dasetta 1/35 (28) 230, 239, 252
dasetta 7/7/7 ..... 230, 239, 253
DAURISMO 49
DAVIMET-FLUORIDE 165, 166, 2 9, 345
DAYBUE 140
daysee 230, 239, 253
DAYVIGO 133, 154
DEBACTEROL 203, 33
deblitane 230, 253
deferasirox 21
deferasirox granules 21
deferiprone 21
DELESTROGEN 239, 2
DELSTRIGO 35, 36
delyla 230, 240, 253
demeclocycline hcl 45
DEMSER 180, 295
DENAVIR 323
DENGVAXIA 62
DENTA 5000 PLUS 165, 166, 2 9
DENTA 5000 PLUS SENSITIVE 166, 2 9
DENTAGEL 165, 166, 2 9
DEPAKOTE 123, 128, 131, 142
DEPAKOTE ER 123, 128, 131, 142
DEPAKOTE SPRINKLES 123, 128, 131
DEPEN TITRATABS . 16, 218, 284
DEPO-ESTRADIOL 240, 2
DEPO-PROVERA 230, 253
DEPO-SUBQ PROVERA 104 ..... 230, 253
DEPO-TESTOSTERONE 224, 225
DERMACINRX UREA 90, 183, 204, 335
DERMACURE ... 90, 183, 204, 335
DERMA-SMOOTHE/FS BODY ..... 19 , 328
DERMA-SMOOTHE/FS SCALP ..... 19 , 328
DERMOTIC 198, 328
DESCOVY 36, 41
desipramine hcl 163
desloratadine 21, 312
desmopressin ace spray refrig 82, 250
desmopressin acetate 82, 250
DESMOPRESSIN ACETATE 82, 250
desmopressin acetate pf 82, 250
desmopressin acetate spray 82, 250
desogestrel-ethinyl estradiol 230, 240, 253
desonide 328
desoximetasone 328
DESVENLAFAXINE ER 159
desvenlafaxine succinate er 159
dexamethasone 198, 219, 220
dexamethasone intensol 198, 219
dexamethasone sodium phosphate 198
DEXCOM G6 RECEIVER 1 2
DEXCOM G6 SENSOR 1 2
DEXCOM G6 TRANSMITTER 1 3
DEXCOM G 15 DAY SENSOR 1 3
DEXCOM G RECEIVER 1 3
DEXCOM G SENSOR 1 3
dexmethylphenidate hcl 156
dexmethylphenidate hcl er ... 155
dextroamphetamine sulfate . 120
dextroamphetamine sulfate er 120
DIABECIN HR 321, 33
DIABETES MONITOR DIGIT ADD-ON 1 3, 295
DIABETES MONITOR DIGIT SOLN 1 3, 295
DIACOMIT 123, 142
DIASTIX REAGENT 180
diazepam ..... 13 , 138
diazepam intensol ..... 13 , 138
diazoxide 22
dichlorphenamide 90, 2 8
diclofenac potassium 148
diclofenac potassium(migraine) 131, 148
diclofenac sodium ..... 148, 15 , 164, 203, 338
diclofenac sodium er 148
diclofenac-misoprostol 148, 216
dicloxacillin sodium 43
dicyclomine hcl 6
DIFICID 42
diflorasone diacetate 328
diflunisal 148, 15
difluprednate 198
digoxin 95, 101
dihydroergotamine mesylate 2, 131
DILANTIN 103, 143
DILANTIN INFATABS 103, 143
DILANTIN-125 ..... 103, 143
diltiazem hcl 99, 100, 106, 11
diltiazem hcl er 98, 99, 100, 106, 11
diltiazem hcl er beads 98, 99, 100, 106, 11
diltiazem hcl er coated beads 98, 99, 100, 106, 11
dilt-xr 99, 100, 106, 11
dimethyl fumarate ..... 26 , 288
dimethyl fumarate starter pack 268, 288
DIPENTUM 208

diphenhydramine hcl 19, 69, 122, 133, 303, 308
diphenoxylate-atropine .. 6 , 20
DIPROLENE 220, 328
dipyridamole ....88, 114, 11 , 1 9
disopyramide phosphate 103
disulfiram 16, 2 4
DIURIL..... 91, 116, 18
divalproex sodium 123, 128, 131, 142
divalproex sodium er 123, 128, 131, 142
DIVIGEL.....240, 2
dofetilide 105
DOJOLVI.....182
dolishale 230, 240, 253
donepezil hcl 3
DOPTELET 80
DORZOLAMIDE HCL..... 196
dorzolamide hcl 196
dorzolamide hcl-timolol mal 195, 196
dorzolamide hcl-timolol mal pf 195, 196
dotti 240, 2
DOVATO 34, 36
doxazosin mesylate 2, 91, 92, 96
doxepin hcl 163, 321, 322
doxercalciferol 350
doxycycline hyclate .. 25, 45, 318
DOXYCYCLINE HYCLATE 25, 45, 318
doxycycline monohydrate 25, 26, 45, 318
doxylamine-pyridoxine 208
DRISDOL.....351
DRIZALMA SPRINKLE.....160
dronabinol ..... 20 , 213
DROPLET MICRON 1 3
DROPSAFE ACTI-LANCE 23G 1 3
DROPSAFE SAFETY SYRINGE/NEEDLE 1 3
DROPSAFE SICURA.....1 3
drospiren-eth estrad-levomefol 230, 240, 253, 348
drospirenone-ethinyl estradiol 230, 240, 253
DROXIA..... 49
droxidopa 66
DRYSOL..... 323
DUAVEE 238, 240
DUETACT 263
DULERA..... 5, 220
duloxetine hcl 142, 160
DUOPA..... 141
DUPIXENT 308, 332, 333, 341
DUREX EXTRA SENSITIVE THIN 299
DUREX TROPICAL..... 299
dutasteride 2 4
dutasteride-tamsulosin hcl 4, 2 4
DUVYZAT 295
DYANAVEL XR 120
DYCLOPRO 322
E.E.S. GRANULES 30
EASIVENT 1 3
EASY COMFORT SHARPS CONTAINER.....1 3
EASY TOUCH HEALTHPRO HIGH/LOW.....1 3
EASYGEL..... 165, 166, 2 9
EASYMAX 15 LEVEL 2-3 CONTROL..... 1 3
EASYMAX CONTROL..... 1 3
EASYMAX CONTROL NORMAL/HIGH 1 3
EBGLYSS 333
EC-NAPROSYN ..... 131, 148, 15 , 2 5, 2 6
econazole nitrate 324
ECONAZOLE NITRATE..... 324
econtra one-step ... 225, 230, 253
ECOZA.....324
EC-RX DHEA.....295
EDARBI 92, 93
EDARBYCLOR..... 93, 18
EDEX..... 108, 11
EDLUAR..... 133, 146
EDURANT 35
EDURANT PED 35
EEMT 224, 240
EEMT HS 224, 240
efavirenz 35
efavirenz-emtricitab-tenofo df 35, 36
efavirenz-lamivudine-tenofovir 35, 36
EFFER-K.....184
effer-k 184
EGATEN 24
EGRIFTA SV 262
EGRIFTA WR..... 262
ELESTRIN..... 240, 2
eletriptan hydrobromide 160
ELIMITE 339
elinest 230, 240, 253
ELIQUIS 8, 9
ELIQUIS DVT/PE STARTER PACK..... 8
ELITE-OB.....86, 345, 348
elixophyllin 109, 156, 182, 315, 344
ELLA..... 230, 253
ELMIRON 295
ELOCTATE 82
eltrombopag olamine 80
eluryng 230, 240, 253
EMBECTA AUTOSHIELD DUO 1 3
EMBECTA INS SYR U/F 1/2 UNIT 1 3
EMBECTA INSULIN SYR ULTRAFINE 1 3
EMBECTA INSULIN SYRINGE 1 4
EMBECTA INSULIN SYRINGE U-100 ..... 1 4
EMBECTA INSULIN SYRINGE U-500 ..... 1 4
EMBECTA PEN NEEDLE NANO 1 4
EMBECTA PEN NEEDLE NANO 2 GEN 1 4
EMBECTA PEN NEEDLE ULTRAFINE 1 4
EMBRACE PEN NEEDLES.... 1 4
EMEND 215
EMGALITY 139
EMPAVELI 281, 282
EMSAM 145
emtricitabine 36
emtricitabine-tenofovir df .36, 41
emtricitab-rilpivir-tenofov df 35, 36, 41
EMTRIVA..... 36
EMVERM 24
emzahh 230, 253
enalapril maleate 94, 95
enalapril-hydrochlorothiazide 95, 18
ENBRACE HR .. 86, 295, 345, 348
ENBREL.....2 3, 284, 288, 289
ENBREL MINI..... 2 2, 284, 288
ENBREL SURECLICK 2 3, 284, 289
ENCARE..... 299

ENDARI 295, 341
endocet ..... 121, 14 , 150
ENDOMETRIN 253
ENFLONSIA 39
ENGERIX-B 62
enilloring 230, 240, 253
ENLITE GLUCOSE SENSOR . 1 4
enoxaparin sodium 85
enpresse-28 ..... 231, 240, 253
enskyce 231, 240, 253
ENSPRYNG 2 1, 289
ENSTILAR 325, 328, 341
entacapone 139
ENTADFI 114, 2 4, 326
entecavir 41
ENTRESTO 92, 93, 115
ENTYVIO PEN 206, 213, 266
enulose 181
EPANED 94, 95
EPCLUSA 31, 32, 33
EPIDIOLEX 124
EPIFOAM 322, 328
epinastine hcl 21, 191
epinephrine 66, 301
EPINEPHRINE 66, 301
epinephrine hcl (nasal) 66, 205, 301
EPIVIR 36
eplerenone 91, 111, 115, 116, 184
EQUETRO 124, 129
ergocalciferol 351
ERGOMAR 2, 132
ergotamine-caffeine 2, 132, 156
ERIVEDGE 49
ERLEADA 49
erlotinib hcl 49
ERMEZA 263
errin 231, 253
ery 30, 192, 318
ERYGEL 30, 192, 318
ERYPED 400 30
erythromycin ... 31, 192, 318, 319
erythromycin base 31
erythromycin ethylsuccinate . 31
escitalopram oxalate 161
eslicarbazepine acetate 124, 144
esomeprazole magnesium ... 216
est estrogens-methyltest 224, 240
est estrogens-methyltest ds 224, 240
est estrogens-methyltest hs 224, 240
estarylla 231, 240, 253
estazolam 138
estradiol 240, 241, 2
estradiol valerate 241, 2
estradiol-norethindrone acet 241, 253
ESTRATEST H.S. 224, 241
ESTRING 241, 2 8
ESTROGEL 241, 2 8
eszopiclone 133, 146
ethacrynic acid 90, 110, 182
ethambutol hcl 28
ethosuximide 162
ethynodiol diac-eth estradiol 231, 241, 253
etodolac 148, 15
etodolac er 148, 15
etonogestrel-ethinyl estradiol 231, 241, 253
etoposide 49
etravirine 35
EUCRISA 321, 338
EVAMIST 241, 2 8
EVEKEO 120
everolimus 49, 268, 293
EVOTAZ ..... 3 , 295
EVRYSDI 295
EXELDERM 324
exemestane 49, 225
EXENATIDE 248
EXODERM 18, 321, 335
EYSUVIS 198
EZALLOR SPRINKLE 110
ezetimibe 103
ezetimibe-simvastatin ... 103, 110
FABHALTA 266, 281
FABIOR 335, 341
falmina 231, 241, 254
famciclovir 41
famotidine 20, 215
FANAPT 134
FANAPT TITRATION PACK A 134
FANAPT TITRATION PACK B 134
FANAPT TITRATION PACK C 135
FASENRA PEN 308
FC2 FEMALE CONDOM 299
febuxostat 2 6
FEIBA 83
feirza 1.5/30 ..... 231, 241, 254
feirza 1/20 ..... 231, 241, 254
felbamate 124
FELBATOL 124
felodipine er ..... 10 , 108
FEM PH ..... 33 , 341
FEMCAP 299
FEMLYV 231, 241, 254
FEMRING 241, 2 8
fenofibrate 109
fenofibrate micronized 109
fenofibric acid 109
fentanyl 150
FERRIPROX 218
FERRIPROX TWICE-A-DAY .. 218
FETZIMA 160
FETZIMA TITRATION 160
fidaxomicin 42
FILSPARI ..... 115, 28 , 295, 30
FILSUVEZ 341
FINACEA 319, 341
finasteride 2 4, 326
fingolimod hcl 2 1, 289
FINTEPLA 124
finzala 231, 241, 254
FIORICET ..... 121, 136, 14 , 156
FIRDAPSE 3, 295
FIRMAGON 49, 226
FIRMAGON (240 MG DOSE) 49, 225
FIRST-LANSOPRAZOLE 216
FIRST-OMEPRAZOLE 216
FIRVANQ 31
FLAREX 198
flavoxate hcl 344
flecainide acetate 104
FLEQSUVY 1
FLEXICHAMBER 1 4
FLEXICHAMBER ADULT MASK/SMALL 1 4
FLEXICHAMBER CHILD MASK/LARGE 1 4
FLEXICHAMBER CHILD MASK/SMALL 1 4
FLOLIPID 110
FLORIVA ..... 165, 16 , 2 9, 351
FLORIVA PLUS ..... 165, 16 , 2 9, 345
FLOTREX ..... 165, 16 , 2 9, 345
FLUAD 62
FLUARIX 62
FLUCELVAX 62
fluconazole 29
flucytosine 44
fludrocortisone acetate 220
FLULAVAL 62

FLUMIST 62
flunisolide 198, 220, 304, 309
fluocinolone acetonide . 198, 329
fluocinolone acetonide body 198, 329
fluocinolone acetonide scalp 198, 329
fluocinonide 329
fluocinonide emulsified base 329
FLUORIDEX ..... 16 , 2 9
FLUORIDEX DAILY RENEWAL ..... 165, 16 , 2 9
FLUORIDEX ENHANCED WHITENING ..... 16 , 2 9
FLUORIMAX 5000 ..... 16 , 2 9
FLUORIMAX 5000 SENSITIVE ..... 16 , 2 9
fluorometholone 198
fluorouracil 49, 50, 316, 341
fluoxetine hcl 161
fluoxetine hcl (pmdd) 161
fluphenazine hcl 154
flurandrenolide 329
flurazepam hcl 138
flurbiprofen 148, 158, 203
flurbiprofen sodium 158, 203
FLUTICASONE FUROATE-VILANTEROL 5, 198, 220, 304
fluticasone propionate 198, 220, 304, 309, 329
FLUTICASONE PROPIONATE HFA 198, 220, 304, 310
FLUTICASONE-SALMETEROL 5, 198, 199, 220, 304
fluticasone-salmeterol 5, 199, 220, 304
fluvastatin sodium 110
fluvastatin sodium er 110
fluvoxamine maleate 162
fluvoxamine maleate er 162
FLUZONE 62
FLUZONE HIGH-DOSE 62
FML FORTE 199
FML LIQUIFILM 199
FOCALIN 156
folic acid 348
FOLLISTIM AQ 24
fondaparinux sodium 8, 86
FORA TEST N GO ADVANCE 1 4
FORA TEST N GO ADV-VOICE-6 CON 180
FORANE 144
FORFIVO XL 12
formaldehyde 181
formoterol fumarate 5, 313
FOSAMAX 2 8
FOSAMAX PLUS D 2 8, 351
fosamprenavir calcium 3
fosfomycin tromethamine 46
fosinopril sodium 94, 95
fosinopril sodium-hctz ... 95, 18
FOSRENOL 183, 2 4
FOTIVDA 50
FRAGMIN 85
FRAICHE 5000 DENTAL ..... 165, 16 , 2 9
FREESTYLE LIBRE 14 DAY READER 1 4
FREESTYLE LIBRE 14 DAY SENSOR 1 4
FREESTYLE LIBRE 2 PLUS SENSOR 1 4
FREESTYLE LIBRE 2 READER 1 4
FREESTYLE LIBRE 2 SENSOR 1 4
FREESTYLE LIBRE 3 PLUS SENSOR 1 4
FREESTYLE LIBRE 3 READER 1 5
FREESTYLE LIBRE 3 SENSOR 1 5
FREESTYLE LIBRE READER 1 5
frovatriptan succinate 160
FRUZAQLA 50
ft aspirin 88, 89, 132, 159
ft aspirin low dose 88, 89, 132, 159
ft clearlax 210
ft folic acid 348
ft laxative 210
ft magnesium citrate 210
ft naloxone hcl 16, 153
ft nicotine 65, 69
ft nicotine mini 65, 69
FUROSCIX 90, 110, 182
furosemide 90, 110, 182
FUZEON 34
fyavolv 241, 254
FYCOMPA 124
FYREMADEL 226
gabapentin 121, 124, 142, 143
GALAFOLD 189, 295
galantamine hydrobromide 3
galantamine hydrobromide er 3
galbriela 231, 241, 254
gallifrey 254
GALZIN 184
ganirelix acetate 226
GARDASIL 9 62
gatifloxacin 192
GATTEX 212, 213
gavilax 210
gavilyte-c 210
gavilyte-g 210
gavilyte-n with flavor pack ... 210
GAVRETO 50
gefitinib 50
GELFILM 83
gemfibrozil 109
gemmily 231, 241, 254
GEMTESA 345
generlac 181
gengraf ... 194, 265, 284, 289, 293
gentamicin sulfate .. 23, 192, 319
gentle laxative 210
GENVOYA 34, 36
GILENYA 2 1, 289
GILOTRIF 50
glatiramer acetate 265, 289
glatopa 265, 289
GLEOSTINE 50
glimepiride 263
glipizide 263
glipizide er 263
glipizide-metformin hcl . 22 , 263
GLOPERBA 2 6
glucagon emergency kit ..... 16, 24 , 2 4
GLUCAGON EMERGENCY KIT ..... 16, 24 , 2 4
GLUCOTROL XL 263
glutaraldehyde 181
glyburide 263
glyburide micronized 263
glyburide-metformin ..... 22 , 263
glycolax 210
glycopyrrolate ..... 6 , 323
glydo 322
GLYXAMBI 236, 261
GOLYTELY 210
GOMEKLI 50
GONAL-F 24
GONAL-F RFF REDIJECT 24

goodsense aspirin low dose 88, 89, 132, 159
goodsense nicotine 65, 0
goodsense nicotine policrilex 65, 0
GORDOFILM 325, 335
granisetron hcl 20
GRASTEK 59
griseofulvin microsize 24
griseofulvin ultramicrosize 24
guaifenesin-codeine 303, 30
guanfacine hcl 102, 109, 140
guanfacine hcl er 140
GUARDIAN 4 GLUCOSE SENSOR 1 5
GUARDIAN 4 TRANSMITTER 1 5
GUARDIAN LINK 3 TRANSMITTER 1 5
GUARDIAN REAL-TIME CHARGER 1 5
GUARDIAN REAL-TIME REPLACE PED 1 5
GUARDIAN REAL-TIME TEST PLUG 1 5
GUARDIAN SENSOR 3 ..... 1 5
GVOKE HYPOPEN 1-PACK ..... 16, 24 , 2 4
GVOKE HYPOPEN 2-PACK ..... 16, 24 , 2 4
GVOKE KIT ..... 16, 24 , 2 4
GVOKE PFS ..... 16, 24 , 2 5
GYNAZOLE-1 324
habitrol 65, 0
HAEGARDA 281, 282
hailey 1.5/30 ..... 231, 241, 254
hailey 24 fe 231, 242, 254
hailey fe 1.5/30 ..... 231, 242, 254
hailey fe 1/20 ..... 231, 242, 254
halcinonide 329
HALCION 138
halobetasol propionate 329
haloette 231, 242, 254
haloperidol 139
haloperidol lactate 139
HALUCORT 341
HARVONI 31, 32, 33
HAVRIX 63
heather 231, 254
HEMANGEOL ..... 1, 9 , 102, 104, 112, 132
hematinic/folic acid 86, 348
HEMLIBRA 83
HEMMOREX-HC 199, 220, 329
HEMOFIL M 83
heparin na (pork) lock flsh pf 85
heparin sod (pork) lock flush 85
heparin sodium (porcine) 85
heparin sodium (porcine) pf 85
HEPLISAV-B 63
HEPZATO W/50MM CATHETER 50
HEPZATO W/62MM CATHETER 50
her style 226, 231, 254
HETLIOZ 133, 145
HETLIOZ LQ 133, 145
HIBERIX 63
HIPREX 46
HUMALOG 260
HUMALOG KWIKPEN 260
HUMALOG MIX 50/50 KWIKPEN 260
HUMALOG MIX 5/25 KWIKPEN 260
HUMALOG MIX 5/25 VIAL 260
HUMALOG U-100 JUNIOR KWIKPEN 260
HUMATE-P 83
HUMATIN 22, 23
HUMIRA (1 PEN) 213, 2 3, 284, 289
HUMIRA (2 PEN) 213, 214, 2 3, 284, 289
HUMIRA (2 SYRINGE) 214, 2 3, 284, 289
HUMIRA-CD/UC/HS STARTER 214, 2 3, 284, 289
HUMIRA-PSORIASIS/UVEIT STARTER 214, 2 3, 284, 290
HUMULIN 0/30 KWIKPEN 249, 261
HUMULIN 0/30 VIAL 249, 261
HUMULIN N KWIKPEN 249
HUMULIN N VIAL 249
HUMULIN R U-500 KWIKPEN 261
HUMULIN R U-500 VIAL 261
HUMULIN R VIAL 261
HYCAMTIN 50
hydralazine hcl 109
HYDREA 50
HYDRO 40 ..... 90, 183, 204, 335
hydrochlorothiazide 91, 116, 18
hydrocod poli-chlorphe poli er 19, 20, 303
hydrocodone bitartrate er 150
hydrocodone bit-homatrop mbr ..... 6 , 303
hydrocodone-acetaminophen ..... 121, 14 , 150
hydrocodone-ibuprofen 148, 150, 158
hydrocortisone 199, 221, 329, 330
hydrocortisone (perianal) 199, 221, 329
hydrocortisone ace-pramoxine 199, 221, 322, 329
HYDROCORTISONE ACETATE 199, 221, 329
hydrocortisone acetate 199, 221, 329
hydrocortisone butyrate 199, 221, 329
hydrocortisone valerate 199, 221, 330
hydrocortisone-acetic acid 199, 203, 221, 330
hydrocortisone-iodoquinol 22, 323, 330, 33
hydrocort-pramoxine (perianal) 199, 221, 322, 330
hydromet 68, 303
hydromorphone hcl 150
hydromorphone hcl er 150
hydroxychloroquine sulfate 26, 266, 284, 290
hydroxyurea 50
hydroxyzine hcl 19, 20, 133
hydroxyzine pamoate 19, 20, 133
HYFTOR 2 1, 293, 333, 341
HYMPAVZI 83
hyoscyamine sulfate ..... 16, 1 , 68, 301
hyoscyamine sulfate er 16, 68, 301
hyoscyamine sulfate sl ..... 1 , 68, 301
hyosyne ..... 1 , 68, 301
HYPERSAL 309
ibandronate sodium 2 8
IBRANCE 50
ibuprofen 132, 148, 158
icatibant acetate 89, 2 8, 282
iclevia 231, 242, 254
ICLUSIG 51
IDELVION 83
IDHIFA 51

IHEALTH CONTROL SOLUTION 1 5
IHEALTH LANCING DEVICE . 1 5
ILEVRO 203
imatinib mesylate 51
IMBRUVICA 51
imipramine hcl 163
imipramine pamoate 163
imiquimod 316, 341
IMKELDI 51
IMPAVIDO ..... 2 , 40
IMPOYZ 330
IMVEXXY MAINTENANCE PACK 242
IMVEXXY STARTER PACK ... 242
INBRIJA 141
incassia 231, 254
INCRELEX 262
indapamide 91, 116, 188
INDOCIN 148, 158, 2 6
indomethacin . 148, 149, 158, 2 6
indomethacin er 148, 158, 2 6
INFANRIX 61, 63
INGREZZA 164
INLYTA 51
INOVA 332, 338
INOVA 4/1 ACNE CONTROL THERAPY 331, 335, 33
INOVA 8/2 ACNE CONTROL THERAPY 332, 335, 33
INPEN 100-BLUE-LILLY-HUMALOG 1 5
INPEN 100-BLUE-NOVOLOG-FIASP 1 5
INPEN 100-GREY-LILLY-HUMALOG 1 5
INPEN 100-GREY-NOVOLOG-FIASP 1 5
INPEN 100-PINK-LILLY-HUMALOG 1 5
INPEN 100-PINK-NOVOLOG-FIASP 1 5
INQOVI 51
INSPIREASE RESERVOIR BAGS 1 5
INSULIN LISPRO 260
INSULIN LISPRO (1 UNIT DIAL) 260
INSULIN LISPRO JUNIOR KWIKPEN 260
INSULIN LISPRO PROT & LISPRO 260
INSULIN PEN NEEDLES 1 6
INSULIN SYRINGES 1 6
INSUPEN32G EXTR3ME 1 6
INTELENCE 35
INTRAROSA 221
introvale 231, 242, 254
INVELTYS 199
INZIRQO 91, 18
iodine strong ..... 1 , 25, 22 , 30 , 323
iodine tincture 323, 338
IOPIDINE 191, 203
IPOL 63
ipratropium bromide 68, 301
ipratropium-albuterol 68, 5, 301
IQIRVO 211, 214
irbesartan 92, 93
irbesartan-hydrochlorothiazide 93, 18
IRESSA 51
ISENTRESS 34
ISENTRESS HD 34
isibloom 231, 242, 254
isoflurane 144
isoniazid 28
isosorb dinitrate-hydralazine 109, 112, 113
isosorbide dinitrate 112, 113
isosorbide mononitrate 112, 113
isosorbide mononitrate er 112, 113
isotretinoin 335, 341, 342
isradipine ..... 10 , 108
ISTALOL ..... 1, 9 , 104, 195
ISTURISA 221, 295
ITOVEBI 51
itraconazole 29
ivabradine hcl 101, 11
ivermectin 24
IWILFIN 51
IYUZEH 205
jaimiess 231, 242, 254
JAKAFI 51, 334
jantoven 8
JARDIANCE 261
jasmiel 231, 242, 254
JAVYGTOR 189, 295
JAYPIRCA 51, 52
jencycla 231, 254
JENTADUETO ..... 22 , 23
JENTADUETO XR .. 22 , 228, 23
jinteli 242, 254
JIVI 83
JOENJA 290
jolessa 231, 242, 254
JORNAY PM 156
JOURNAVX 122
joyeaux 231, 242, 254
JUBLIA 324
juleber 231, 242, 254
JULUCA 34, 35
junel 1.5/30 ..... 232, 242, 254
junel 1/20 ..... 232, 242, 254
junel fe 1.5/30 ..... 232, 242, 254
junel fe 1/20 ..... 232, 242, 254
junel fe 24 ..... 232, 242, 255
JUST RIGHT 5000 ..... 16 , 2 9
JUXTAPID 96, 111
JYLAMVO . 52, 266, 284, 290, 293
kaitlib fe 232, 242, 255
KALETRA 3
kalliga 232, 242, 255
KALYDECO 306
KAPSPARGO SPRINKLE ..... 6, 9 , 102, 104, 112
KARBINAL ER 19, 308
kariva 232, 242, 255
KATERZIA ..... 10 , 108, 11
kelnor 1/35 ..... 232, 242, 255
KEPPRA 124
KEPPRA XR 124
KERENDIA 111
KESIMPTA 290
ketoconazole 29, 324
ketodan 29, 324
KETO-DIASTIX 180
KETONE CARE 181
ketorolac tromethamine 149, 158, 203
KETOSTIX 180
KEVZARA 269, 284, 285
KINERET 2 0, 285, 290
KISQALI (200 MG DOSE) 52
KISQALI (400 MG DOSE) 52
KISQALI (600 MG DOSE) 52
KLARON 319
klayesta 43, 339
KLISYRI (250 MG) 316, 342
KLISYRI (350 MG) 316, 342
klor-con 185
klor-con 10 184
klor-con m10 184
klor-con m15 185
klor-con m20 185
klor-con/ef 185
KLOXXADO ..... 1 , 153
KOATE 83

KOATE-DVI 83
KOGENATE FS 83
KOSELUGO 52
KOURZEQ 330
KOVALTRY 83
K-PHOS 185
K-PHOS NO 2 181
K-PHOS-NEUTRAL 185
K-PRIME 185
KRAZATI 52
KRINTAFEL 26
KRISTALOSE 181
KT TAPE CGM PATCH 1 6
kurvelo 232, 242, 255
KYZATREX 224, 226
labetalol hcl ..... 1, 4, 92, 9 , 102, 104, 112
lacosamide 124, 144
lactulose 181, 182
lactulose encephalopathy 181
LAGEVRIO 41
LAMICTAL 124, 129
LAMICTAL ODT 124, 129
LAMICTAL STARTER 124, 129
LAMICTAL XR 124, 125, 129
lamivudine 36
lamivudine-zidovudine 36
lamotrigine 125, 129
lamotrigine er 125, 129
lamotrigine starter kit-blue 125, 129
lamotrigine starter kit-green 125, 129
lamotrigine starter kit-orange 125, 129
LAMPIT 2
LANCETS 1 6
LANCETS 28G THIN 1 6
LANCETS SUPER THIN 1 6
LANOXIN 95, 101
lansoprazole 21
lanthanum carbonate 183, 2 5
LANTUS SOLOSTAR 249
LANTUS U-100 VIAL 249
lapatinib ditosylate 52
larin 1.5/30 ..... 232, 242, 255
larin 1/20 ..... 232, 242, 255
larin 24 fe 232, 242, 255
larin fe 1.5/30 ..... 232, 242, 255
larin fe 1/20 ..... 232, 242, 255
LASIX 90, 110, 182
latanoprost 205
LAZCLUZE 52
LEDIPASVIR-SOFOSBUVIR 32, 33
leena 232, 242, 255
leflunomide 2 1, 285, 290, 293
lenalidomide 52, 290
LENVIMA 52
lessina 232, 243, 255
letrozole 52, 225
leucovorin calcium 18, 2 5, 348
LEUKERAN 52
LEUKINE 80
leuprolide acetate 53, 24
levalbuterol hcl 5, 313
LEVALBUTEROL HFA 5, 313
LEVBID ..... 1 , 68, 301
levetiracetam 125
LEVETIRACETAM 125
levetiracetam er 125
levobunolol hcl 195
levocarnitine 295, 296
levocarnitine sf 296
levocetirizine dihydrochloride 21
levofloxacin 28, 44, 192, 319
levonest 232, 243, 255
levonorgest-eth est & eth est 232, 243, 255
levonorgest-eth estrad 91-day 232, 243, 255
levonorgest-eth estradiol-iron 232, 243, 255
levonorgestrel 226, 232, 255
levonorgestrel-ethinyl estrad 232, 243, 255
levonorg-eth estrad triphasic 232, 243, 255
levora 0.15/30 (28) 232, 243, 255
levorphanol tartrate 150, 151
levo-t 264
LEVOTHYROXINE SODIUM 264
levothyroxine sodium 264
levoxyl 264
LEVSIN ..... 1 , 68, 302
LEVSIN/SL ..... 1 , 68, 302
LEVULAN KERASTICK 316, 342
l-glutamine 296, 342
lidocaine 322
lidocaine hcl 204, 322
lidocaine hcl urethral/mucosal 322
lidocaine viscous hcl 204
lidocaine-prilocaine 322
LIKMEZ ..... 22, 2 , 40, 209, 319
linezolid 43
LINZESS 206, 214
liomny 264
liothyronine sodium 264
LIPOFEN 109
liraglutide 122, 248
lisdexamfetamine dimesylate 120
lisinopril 94, 95
lisinopril-hydrochlorothiazide 95, 18
LITFULO 334, 342
lithium 129
lithium carbonate 129
lithium carbonate er 129
LITHOBID 130
LITHOSTAT 182
LIVALO 110
LIVDELZI 211
LIVMARLI 211, 214
LIVTENCITY 28
LO LOESTRIN FE 232, 243, 255
LODOCO 8, 296
lofexidine hcl 66
lojaimiess 232, 243, 255
LOKELMA 183
LOMOTIL 68, 20
LONSURF 53
LOPID 109
lopinavir-ritonavir 3
LOPRESSOR ..... 6, 9 , 102, 104, 112
lorazepam ..... 13 , 138
lorazepam intensol ..... 13 , 138
LORBRENA 53
LOREEV XR ..... 13 , 138
loryna 232, 243, 255
losartan potassium 92, 93
losartan potassium-hctz 93, 18
LOTEMAX 199
LOTEMAX SM 200
LOTENSIN 94, 95
LOTENSIN HCT 95, 18
loteprednol etabonate 200
lovastatin 110
low-ogestrel 232, 243, 255
loxapine succinate 133, 141
lo-zumandimine 233, 243, 255
lubiprostone 206, 214
LUCEMYRA 6
LUGOLS STRONG IODINE 323, 338
luizza 1.5/30 ..... 233, 243, 255

luizza 1/20 ..... 233, 243, 255
LULICONAZOLE 324
LUMAKRAS 53
LUMIGAN 205
LUMRYZ 140, 164, 2 6
LUMRYZ STARTER PACK 164, 2 6
LUPKYNIS 2 2, 293
lurasidone hcl 135
LURBIRO 149, 158, 203
lutera 233, 243, 255
LUZU 324
lyleq 233, 256
lyllana 243, 2 8
LYNPARZA 53
LYRICA 125, 142, 143
LYSODREN 53
LYTGOBI (12 MG DAILY DOSE) 53
LYTGOBI (16 MG DAILY DOSE) 53
LYTGOBI (20 MG DAILY DOSE) 53
LYUMJEV KWIKPEN 260
LYUMJEV VIAL 260
lyza 233, 256
MACROBID 46
MACRODANTIN 46
magnesium citrate 210
MALARONE 26
malathion 339
maraviroc 34
marlissa 233, 243, 256
MARPLAN 145
MATULANE 53
matzim la 99, 100, 106, 11
MAVENCLAD 53, 265, 290, 293
MAVYRET 32, 33
MAXIDEX 200
MAXITROL 192, 200
maxi-tuss ac 303, 30
MAYZENT 2 1, 2 2, 290
MAYZENT STARTER PACK 2 2, 290
me/naphos/mb/hyo1 ..... 46, 68, 296
meclofenamate sodium 149, 158
MEDROL 221
medroxyprogesterone acetate 233, 256
mefenamic acid 149, 158
mefloquine hcl 26
megestrol acetate 53, 256
MEKINIST 53
MEKTOVI 54
meleya 233, 256
MELOXICAM 149, 158
meloxicam 149, 158
memantine hcl 140
memantine hcl er 140
memantine hcl-donepezil hcl 3, 140
MENOPUR 248
MENOSTAR 243, 2 8
MENQUADFI 63
MENVEO 63
meperidine hcl 151
meprobamate 133, 146
mercaptopurine 54, 268, 293
merzee 233, 243, 256
mesalamine 208
mesalamine-cleanser 208
mesna 299
MESNEX 299
MESTINON 3
metaxalone 0
metformin hcl 228
metformin hcl er 228
methadone hcl 151
methadone hcl intensol 151
METHADOSE 151
methadose 151
METHADOSE SUGAR-FREE 151
methamphetamine hcl 120
methazolamide 90, 101, 196
methenamine hippurate 46
methenamine mandelate 46
METHERGINE 300
methimazole 22
METHITEST 224
methocarbamol 35, 0
methotrexate sodium ..... 54, 26 , 285, 290, 293
methotrexate sodium (pf) ..... 54, 26 , 285, 290, 293
methoxsalen rapid 339
methscopolamine bromide 68
methsuximide 162
methyl salicylate 325
methyldopa ..... 6 , 102, 109
methylergonovine maleate 300
METHYLIN 156
methylphenidate 15
methylphenidate hcl 156
methylphenidate hcl er 156
methylphenidate hcl er (cd) 156
methylphenidate hcl er (la) 156
methylphenidate hcl er (osm) 156
methylphenidate hcl er (xr) 156
methylprednisolone 221
methyltestosterone 224
metoclopramide hcl 216
metolazone 91, 116, 188
METOPIRONE 180
metoprolol succinate er ..... 6, 9 , 102, 105, 112
metoprolol tartrate ..... , 9 , 102, 105, 112
metoprolol-hydrochlorothiazide 9 , 102, 18
METROCREAM 22, 40, 319
metronidazole ..... 22, 2 , 40, 209, 319
metyrosine 180, 296
mexiletine hcl 103
MIACALCIN ..... 22 , 2 8
mibelas 24 fe 233, 243, 256
miconazole 3 324
MICONAZOLE-ZINC OXIDE-PETROLAT 323, 324, 332
MICORT HC 200, 221, 330
microgestin 1.5/30 ..... 233, 243, 256
microgestin 1/20 ..... 233, 243, 256
microgestin fe 1.5/30 ..... 233, 243, 256
microgestin fe 1/20 233, 243, 256
MICROLET NEXT LANCING DEVICE 1 6
midazolam hcl 138
midodrine hcl 6
MIEBO 195, 203
MIFEPREX 300
mifepristone 225, 300
MIGERGOT 2, 132, 15
miglitol 224
miglustat 189, 296
mili 233, 243, 256
mimvey 243, 256
mineral oil heavy 210
minocycline hcl 26, 46, 192, 319
minocycline hcl er 26, 45, 192, 319, 342
minoxidil 109, 326
minzoya 233, 243, 256
MIPLYFFA 189
mirabegron er 345
mirtazapine ..... 12 , 162
MIRVASO 191, 316, 342
misoprostol 216

MITIGARE 2 6
MITOSOL 193
mm aspirin 88, 89, 132, 159
mm clearlax 210
M-M-R II 63
M-NATAL PLUS 86, 345, 348
MNEXSPIKE 63
MOBILE LANCETS 30G 1 6
modafinil 164
MODEYSO 54
moexipril hcl 94, 95
molindone hcl 133, 141
mometasone furoate 200, 221, 222, 304, 309, 330
mono-linyah 233, 244, 256
MONSELS FERRIC SUBSULFATE 83
montelukast sodium 308
morphine sulfate 151
morphine sulfate (concentrate) 151
morphine sulfate er 151
morphine sulfate er beads ... 151
MOTOFEN 68, 20
MOTPOLY XR 125, 144
MOUNJARO 248
MOVIPREP 210, 350
moxifloxacin hcl 28, 44, 193, 319
moxifloxacin hcl (2x day) 44, 193
MOZOBIL 80
MUCOSITISRX 203
MULPLETA 80
MULTAQ 105
multivitamin w/fluoride ..... 165, 16 , 2 9, 345
MULTIVITAMIN/FLUORIDE ..... 165, 16 , 2 9, 345
multivitamin/fluoride ..... 165, 16 , 2 9, 346, 348
multi-vitamin/fluoride ..... 165, 16 , 2 9, 345
multi-vitamin/fluoride/iron 86, 2 9, 346
MULTI-VIT-FLOR ..... 165, 16 , 2 9, 346
mupirocin 319
mupirocin calcium 319
my choice 226, 233, 256
my way 226, 233, 256
MYALEPT 249
mycophenolate mofetil . 265, 293
mycophenolate sodium 293
mycophenolic acid 293
MYCOZYL AL 344
MYDAYIS 120
MYFEMBREE 226, 244, 256
MYHIBBIN 293
MYLERAN 54
MYRBETRIQ 345
MYSOLINE 136
MYTESI 20
MYXREDLIN 185, 261
na sulfate-k sulfate-mg sulf . 210
nabumetone 149, 158
nadolol ..... 1, , 91, 9 , 102, 105, 112
naftifine hcl 316
NAFTIN 316
naloxone hcl ..... 1 , 153, 2 5
naltrexone hcl ..... 16, 1 , 65, 153, 2 4, 2 5
NAMZARIC 3, 140
naproxen 132, 149, 158, 2 6
naproxen dr ... 132, 149, 158, 2 6
naproxen sodium 132, 149, 158, 2 6
naproxen sodium er 132, 149, 158, 2 6
naratriptan hcl 160
NARCAN ..... 1 , 153
NARDIL 145
NASCOBAL ..... 8 , 348
NATACYN 194
NATAL PNV 86, 346, 348
NATAZIA 233, 244, 256
nateglinide 249
NAYZILAM ..... 13 , 138
nebivolol hcl ..... 1, 9 , 102, 105
NEBUPENT 2
NEBUSAL 309
necon 0.5/35 (28) ... 233, 244, 256
nefazodone hcl 162
NEFFY 66
NEMLUVIO 333
neomycin sulfate 23, 193, 319
neomycin-bacitracin zn-polymyx 193
neomycin-polymyxin-dexameth 193, 200
neomycin-polymyxin-gramicidin 193
neomycin-polymyxin-hc 193, 200
NEONATAL COMPLETE 86, 346, 348
NEONATAL PLUS 86, 346, 349
NEO-POLYCIN 193
NEO-POLYCIN HC 30, 193, 200, 319
NEO-SYNALAR 319, 330
NEOTUSS PLUS .. 19, 20, 6 , 303
NERLYNX 54
NESTABS 86, 346, 349
NESTABS ONE 86, 296, 346, 349
neuac 39, 319, 338
NEULASTA 80
NEUPRO 146
NEURONTIN 122, 125, 143
NEVANAC 203
nevirapine 35
nevirapine er 35
new day 226, 233, 256
NEXIUM 21
NEXLETOL 91, 96
NEXLIZET 91, 96, 103
NEXTSTELLIS 233, 244, 256
NGENLA 250
niacin er (antihyperlipidemic) 96, 349
nicardipine hcl ..... 10 , 108, 11
NICORETTE 65, 0
NICORETTE MINI 65, 0
nicotine 65, 0
nicotine mini 65, 0
nicotine polacrilex 65, 0
nicotine polacrilex mini 65, 0
nicotine step 1 ..... 65, 0
nicotine step 2 ..... 65, 0
nicotine step 3 ..... 65, 0
NICOTROL NS 66, 0
nifedipine ..... 10 , 108, 11
nifedipine er ..... 10 , 108, 11
nifedipine er osmotic release ..... 10 , 108, 11
nikki 233, 244, 256
nilotinib hcl 54
nimodipine ..... 10 , 108, 11
NIMODIPINE ..... 10 , 108, 11
NINLARO 54
nisoldipine er ..... 10 , 108
nitazoxanide 26, 2
NITRO-BID 112, 113
NITRO-DUR 112, 113
nitrofurantoin 46
nitrofurantoin macrocrystal ... 46
nitrofurantoin monohydrate macrocrystals 46
nitroglycerin .. 112, 113, 325, 342
NITROSTAT 112, 113

NITRO-TIME 112, 113
NIVA THYROID 264
NIVESTYM 80
nizatidine 20, 215
nora-be 233, 256
NORDIPEN 5 INJECTION DEVICE 1 6
NORDITROPIN FLEXPRO 250, 251, 262
norelgestromin-eth estradiol 233, 244, 25
norethin ace-eth estrad-fe 234, 244, 25
norethindrone 234, 25
norethindrone acetate 25
norethindrone acet-ethinyl est 234, 244, 25
norethindrone-eth estradiol 244, 25
norethindron-ethinyl estrad-fe 234, 244, 25
norethin-eth estradiol-fe 234, 244, 25
norgestimate-eth estradiol 234, 244, 25
norgestimate-ethinyl estradiol triphasic . 234, 244, 25
NORLIQVA ..... 10 , 108, 118
norlyroc 234, 25
NORPACE 103
NORPACE CR 103
NORPRAMIN 163
nortrel 0.5/35 (28) .. 234, 244, 25
nortrel 1/35 (21) 234, 244, 25
nortrel 1/35 (28) 234, 244, 25
nortrel 7/7/7 ..... 234, 244, 25
nortriptyline hcl 163
NORVIR 3
NOURIANZ 119, 140
NOVAREL 248
NOVOEIGHT 83
NOVOFINE PEN NEEDLE 1 6
NOVOFINE PLUS PEN NEEDLE 1 6
NOVOLIN R FLEXPEN 261
NOVOLIN R FLEXPEN RELION 261
NOVOPEN ECHO 1 6
NOVOSEVEN RT 83
NOXAFIL 29
np thyroid 264
NUBEQA 54
NUCALA 302
NUCORT 200, 222, 330
NUCYNTA 152
NUCYNTA ER 152
NUEDEXTA 140
NULEV ..... 1 , 68, 302
NUPLAZID 135
NURTEC 139
NUVESSA 22, 40, 319
NUWIQ 84
NUZYRA 23
nyamyc 43, 339
nylia 1/35 ..... 234, 244, 25
nylia 7/7/7 ..... 234, 244, 25
NYMALIZE ..... 10 , 108, 118
nystatin 43, 339
nystatin-triamcinolone 43, 330, 339
nystop 43, 339
OBIZUR 84
OCALIVA 211, 214
ocella 234, 244, 25
octreotide acetate 214, 262
OCUFLOX 44, 193
ODACTRA 59
ODEFSEY 35, 36, 41
ODOMZO 54
OFEV 302
ofloxacin 44, 193
OGSIVEO 54
OHTUVAYRE 300
OJEMDA 54
OJJAARA 54
olanzapine 130, 135, 20
olanzapine-fluoxetine hcl 130, 135, 162, 208
olmesartan medoxomil 92, 93
olmesartan medoxomil-hctz 93, 18
olmesartan-amlodipine-hctz ..... 93, 10 , 18
olopatadine hcl 20, 191
OLUMIANT 2 0, 285
OMECLAMOX-PAK 24, 42, 21
omega-3-acid ethyl esters 96, 113
omeprazole 21
OMNARIS 200, 222, 304
OMNIFLEX DIAPHRAGM 299
OMNIPOD 5 DEXG G6 INTRO GEN 5 ..... 1 6
OMNIPOD 5 DEXG G6 PODS GEN 5 ..... 1 6
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 ..... 1 6
OMNIPOD 5 LIBRE2 PLUS G6 PODS 1
OMNITROPE 251, 262
OMVOH 206, 214
OMVOH (300 MG DOSE) 206
ondansetron hcl 20
ondansetron odt 20
ONE VITE WOMENS PLUS 86, 346, 349
ONETOUCH DELICA PLUS LANCING 1
ONETOUCH DELICA SAFETY LANCING 1
ONETOUCH ULTRA ..... 1 , 180
ONETOUCH ULTRA 2 1
ONETOUCH ULTRA BLUE TEST 180
ONETOUCH ULTRA TEST 180
ONETOUCH VERIO ..... 1 , 180
ONETOUCH VERIO FLEX SYSTEM 1
ONETOUCH VERIO REFLECT 1
ONEXTON 39, 319, 338
ONFI ..... 13 , 138
ONGENTYS 139
ONUREG 54
ONYDA XR 6
ONZETRA XSAIL 160
opcicon one-step .. 226, 234, 25
OPFOLDA 189, 296
OPILL 234, 25
opium 152, 20
OPSUMIT ..... 118, 30 , 314
option 2 ..... 226, 234, 25
OPTIONS GYNOL II CONTRACEPTIVE 299
OPVEE 153
OPZELURA 55, 334, 342
ORACIT 181
ORAL CITRATE 181
ORALAIR 60
ORALAIR ADULT STARTER PACK 59
ORALAIR CHILDRENS STARTER PACK 59
ORALONE 330
ORAPRED ODT 200, 222
ORAVIG 324
ORENCIA 266, 285, 291

ORENCIA CLICKJECT 266, 285, 291
ORENITRAM 118, 311, 314
ORENITRAM MONTH 1 ..... 118, 311, 314
ORENITRAM MONTH 2 ..... 118, 311, 314
ORENITRAM MONTH 3 ..... 118, 311, 314
ORFADIN 189, 296
ORGOVYX 55, 226
ORIAHNN 226, 245, 25
ORILISSA 226
ORKAMBI 305, 306
orphenadrine citrate er ..... 1, , 122
orquidea 234, 25
ORSERDU 55
OSCIMIN ..... 1 , 68, 302
oseltamivir phosphate 39
OSPHENA 238
OTEZLA 2 1, 285, 291, 342
OTEZLA XR 2 1
OTEZLA/OTEZLA XR INITIATION PK 2 1
OVACE PLUS 320
OVACE PLUS WASH 320
OVACE WASH 320
OVIDE 339
OVIDREL 248
oxaprozin 149, 158
oxazepam 138
oxcarbazepine 125, 144
OXERVATE 195, 203
oxiconazole nitrate 324
OXISTAT 324
oxybutynin chloride 344
oxybutynin chloride er 344
oxycodone hcl 152
oxycodone-acetaminophen ..... 122, 14 , 152
oxymorphone hcl 152
oxymorphone hcl er 152
OZEMPIC 248
OZOBAX DS 1
PACERONE 105
PALFORZIA 60
PALFORZIA (1 MG DAILY DOSE) 60
PALFORZIA INITIAL DOSE 1-3YRS 60
PALFORZIA INITIAL DOSE 4-1 YRS 60
paliperidone er 135
PALYNZIQ 190
PANCREAZE 190, 212
PANRETIN 316, 342
pantoprazole sodium 21
PARI VORTEX ADULT MASK 1
PARI VORTEX PEDIATRIC MASK 1
paricalcitol 351
PARNATE 145
paroxetine hcl 162
paroxetine hcl er 162
paroxetine mesylate 162
PAXLOVID (150/100) 28, 30
PAXLOVID (300/100 & 150/100) 28, 30
PAXLOVID (300/100) 29, 30
pazopanib hcl 55
PEDIAPRED 200, 222
PEDIARIX 61, 63
PEDVAX HIB 63
peg 3350 210
peg 3350-kcl-na bicarb-nacl 210
peg-3350/electrolytes 210
peg-3350/electrolytes/ascorbat 210, 350
PEGASYS 38, 55, 268, 269, 291
peg-kcl-nacl-nasulf-na asc-c 210, 350
PEG-PREP 210
PEMAZYRE 55
PEN NEEDLE/5-BEVEL TIP 1
PENBRAYA 63
penciclovir 323
penicillamine ..... 1 , 218, 285
penicillin v potassium 39
PENTACEL 61, 63
pentamidine isethionate 2
pentazocine-naloxone hcl 153, 154
pentoxifylline er 81
perampanel 125
PERFECT POINT SAFETY LANCETS 1
PERFECT POINT SAFETY NEEDLE 1
PERFOROMIST 5, 313
PERIDEX 22, 194, 195, 323, 338
perindopril erbumine 94, 95
periogard 23, 194, 195, 323, 338
permethrin 339
perphenazine 154
perphenazine-amitriptyline 154, 163
PERTZYE 190, 212
phenazopyridine hcl 322
phenelzine sulfate 145
phenobarbital 136
phenoxybenzamine hcl 3, 116
phenylephrine hcl 204, 205
phenytek 104, 143
phenytoin 104, 144
phenytoin infatabs 104, 143
phenytoin sodium extended 104, 144
PHEXXI 299
philith 234, 245, 258
PHOSPHA 250 NEUTRAL 185
PHOSPHOLINE IODIDE 204
phosphorous 185
phospho-trin 250 neutral 185
PHOXILLUM B22K4/0 185
PHOXILLUM BK4/2.5 185
PHYRAGO 55
phytonadione ..... 1 , 2 5, 351
PIFELTRO 35
pilocarpine hcl 3, 204
pimecrolimus 293, 333, 342
pimozide 133, 141
pimtrea 234, 245, 258
pindolol ..... 1, 9 , 103, 105, 112
pioglitazone hcl 263
pioglitazone hcl-glimepiride 263
pioglitazone hcl-metformin hcl 228, 263
PIP GLUCOSE CONTROL SOLUTION 1
PIQRAY 55
pirfenidone 302, 311, 312
piroxicam 149, 158
pitavastatin calcium 110
PLAN B ONE-STEP 226, 234, 258
PLEGRIDY 291
PLEGRIDY STARTER PACK 291
PLENVU 210, 350
plerixafor 80
PLEXION 320, 335
PLEXION CLEANSER 320, 335
PLEXION CLEANSING CLOTH 320, 335
PNEUMOVAX 23 63
pnv 27-ca/fe/fa 86, 346, 349
PODOCON-25 ..... 335, 342
podofilox 335, 342
POLYCIN 30, 193, 320

polyethylene glycol 3350 210
polymyxin b-trimethoprim 43, 193, 320
POLY-VI-FLOR ..... 165, 16 , 2 9, 280, 346
POLY-VI-FLOR/IRON 86, 280, 346
POMALYST 55, 291
portia-28 ..... 234, 245, 258
posaconazole 29
potassium chloride 185
potassium chloride crys er .. 185
potassium chloride er 185
potassium citrate er 181
potassium citrate-citric acid 181
potassium iodide (expectorant) 30
PRADAXA 9
pramipexole dihydrochloride 146
PRAMOSONE 322, 330
PRAMOTIC 194, 204
prasugrel hcl 88
pravastatin sodium 110
praziquantel 24
prazosin hcl 2, 91, 92, 9
PRED MILD 200, 222
prednisolone 201, 222
prednisolone acetate 200, 222
prednisolone sodium phosphate 201, 222
prednisone 222
prednisone intensol 222
pregabalin 126, 142, 143
pregabalin er 122, 142, 143
PREGNYL 248
PREMARIN 245, 2 8
PREMESISRX 185, 296, 346, 349
premium lidocaine 322
PREMPHASE 245, 258
PREMPRO 245, 258
prenatal 86, 346, 349
prenatal plus vitamin/mineral 86, 346, 349
PRENATE ..... 186, 34 , 349
PRENATE DHA 86, 185, 296, 346, 349
PRENATE ELITE ..... 8 , 346, 349
PRENATE ENHANCE ..... 8 , 185, 296, 346, 349
PRENATE ESSENTIAL ..... 8 , 186, 296, 346, 349
PRENATE MINI ..... 8 , 186, 296, 34 , 349
PRENATE PIXIE ..... 8 , 186, 296, 34 , 349
PRENATE RESTORE ..... 8 , 186, 296, 34 , 349
PREPIDIL 300
PRETOMANID 28
prevalite 98
PREVIDENT 166, 168, 280
PREVIDENT 5000 BOOSTER PLUS ..... 16 , 280
PREVIDENT 5000 DRY MOUTH ..... 165, 16 , 280
PREVIDENT 5000 ENAMEL PROTECT ..... 16 , 280
PREVIDENT 5000 KIDS . 168, 280
PREVIDENT 5000 ORTHO DEFENSE 168, 280
PREVIDENT 5000 PLUS 165, 168, 280
PREVIDENT 5000 SENSITIVE 168, 280
PREVNAR 20 63
PREVYMIS 29
PREZCOBIX ..... 3 , 296
PREZISTA 3
PRIFTIN 28, 44
PRILOSEC 21
primaquine phosphate 26
primidone 136
PRIORIX 63
PRISMASOL B22GK 4/0 186
PRISMASOL BGK 0/2.5 186
PRISMASOL BGK 2/0 186
PRISMASOL BGK 2/3.5 186
PRISMASOL BGK 4/0/1.2 186
PRISMASOL BGK 4/2.5 186
PRISMASOL BK 0/0/1.2 186
probenecid 188, 2 6
PROCENTRA 120
prochlorperazine 155, 208
prochlorperazine maleate 155, 208
PROCORT 201, 222, 322, 330
PROCTOCORT 201, 222, 330
PROCTOFOAM HC 201, 222, 322, 331
procto-med hc 201, 222, 331
PROCTOSOL HC ... 201, 222, 331
PROCTOZONE-HC 201, 222, 331
PROCYSBI 296
PROFILNINE 84
progesterone 258
PROGLYCEM 22
PROGRAF 265, 294, 333
PROLENSA 203
PROMACTA 80
promethazine hcl 18, 19, 20, 133, 208, 212, 308
promethazine-codeine 19, 20, 303
promethazine-dm 19, 20, 303
promethazine-phenylephrine 19, 20, 6
PROMETHEGAN 20, 134, 208, 212, 308
PRONAL 325, 335
propafenone hcl 104
propafenone hcl er 104
proparacaine hcl 204
propranolol hcl ..... 2, 9 , 103, 105, 113, 132
propranolol hcl er ..... 1, 9 , 103, 105, 113, 132
propylthiouracil 22
PROQUAD 64
PROTONIX 21
protriptyline hcl 163
PROVERA 258
prucalopride succinate 214
PRURADIK 339
pseudoephedrine-bromphen-dm 20, 66, 303
PULMOSAL 309
PULMOZYME 190, 309
PURE COMFORT SAFETY PEN NEEDLE 1
PURIXAN 55, 268, 294
PYLERA ..... 25, 2 , 46, 20 , 209
pyrazinamide 28
PYRIDIUM 322
pyridostigmine bromide 3
pyridostigmine bromide er 3
PYRIDOSTIGMINE BROMIDE ER 3
pyrimethamine 26
PYROGALLIC ACID 300, 335, 342
PYRUKYND 8
PYRUKYND TAPER PACK 8
QBRELIS 95
QFITLIA 84
QINLOCK 55
QNASL 201, 222, 304, 309

QNASL CHILDRENS 201, 222, 304, 309
QUADRACEL 61, 64
QUESTRAN 98
QUESTRAN LIGHT 98
quetiapine fumarate 130, 135
quetiapine fumarate er . 130, 135
QUFLORA PEDIATRIC 166, 168, 280, 34
QUICK TOUCH INSULIN PEN NEEDLE 1
QUILLICHEW ER 15
QUILLIVANT XR 15
quinapril hcl 94, 95
quinapril-hydrochlorothiazide 95, 188
quinidine gluconate er 26, 103
quinidine sulfate 26, 103
quinine sulfate 26
QULIPTA 139
QVAR REDIHALER 223, 304, 310
RABEPRAZOLE SODIUM 21
rabeprazole sodium 21
RADICAVA ORS 119, 140
RADICAVA ORS STARTER KIT 119, 140
RADIOGARDASE 18, 183, 2 5
RAGWITEK 60
RALDESY 162
raloxifene hcl 238, 2 8
ramelteon 134, 145
ramipril 94, 95
ranolazine er 101
rasagiline mesylate 145
RASUVO ..... 26 , 285, 286
RAVICTI 182
RAYA SURE PEN NEEDLE ... 1
RAYASAL 336
react 226, 234, 258
reclipsen 234, 245, 258
RECOMBINATE 84
RECOMBIVAX HB 64
RECOTHROM 84
RECOTHROM SPRAY KIT 84
RECTIV 113, 325, 342
REGLAN 216
RELENZA DISKHALER 39
RELISTOR 153, 206, 214
RELNATE DHA . 8 , 296, 34 , 349
RENTHYROID 264
repaglinide 249
REPATHA 113
REPATHA SURECLICK 114
RESTASIS 195, 202, 265
RESTASIS MULTIDOSE 195, 202, 265
RESTORIL 138
RETACRIT ..... , 80, 81
RETEVMO 55
RETIN-A MICRO PUMP ... 55, 326
RETROVIR 36
REVLIMID 55, 56, 291, 292
REVUFORJ 56
REXTOVY ..... 1 , 153
REXULTI 135
REYATAZ 38
REYVOW 160, 161
REZDIFFRA 264
REZLIDHIA 56
REZUROCK 29
RHOFADE 205, 316, 342
RHOPRESSA 205
ribavirin 41
RIDAURA ..... 21 , 26 , 286, 292
rifabutin 28, 44
rifampin 28, 44
riluzole 119, 140
rimantadine hcl 22
RINVOQ 2 0, 286
RINVOQ LQ 2 0
risedronate sodium 2 8
risperidone 130, 135
ritonavir 38
rivaroxaban 9
rivastigmine 3
rivastigmine tartrate 3
rivelsa 234, 245, 258
RIVFLOZA 29
RIVIVE ..... 1 , 153
RIXUBIS 84
rizatriptan benzoate 161
ROCALTROL 351
ROCKLATAN 205
roflumilast 310, 334, 338, 339
ROMVIMZA 56
ropinirole hcl 14
ropinirole hcl er 14
rosuvastatin calcium 110
rosyrah 235, 245, 258
ROTARIX 64
ROTATEQ 64
ROWASA 209
roweepra 126
ROZLYTREK 56
RUBRACA 56
RUCONEST 281, 282
rufinamide 126, 144
RUKOBIA 34
RYALTRIS 20, 191, 201, 223, 305, 309
RYBELSUS 248
RYCLORA 20, 21
RYDAPT 56
sacubitril-valsartan ... 92, 93, 115
SAFETY PEN NEEDLES 1
SAFYRAL 235, 245, 258, 349
SALAGEN 3, 204
SALICATE 336
salicylic acid 336
salsalate 159
SALVAX DUO PLUS 325, 336
SAMSCA 188
SANTYL 190, 325, 342
sapropterin dihydrochloride 189, 29
SAVAYSA 9
SAVELLA 142, 160
SAVELLA TITRATION PACK 142, 160
saxagliptin hcl 23
saxagliptin-metformin er 228, 23
SCALACORT DK 331, 336
SCEMBLIX 56
scopolamine 68, 208, 215
SELECT-OB ..... 8 , 34 , 349
selegiline hcl 145
selenium sulfide 323, 338
SELZENTRY 34
SEREVENT DISKUS 5, 313
SERNIVO 223, 331
SEROSTIM 251, 262
sertraline hcl 162
setlakin 235, 245, 258
sevelamer carbonate 18, 183, 2 5
SEVENFACT 84
sevoflurane 144
sf 166, 168, 280
sf 5000 plus 166, 168, 280
SFROWASA 209
sharobel 235, 258
SHARPS COLLECTOR 1
SHARPS CONTAINER 1
SHINGRIX 64
SIGNIFOR 262
sildenafil citrate 114, 115, 310, 314, 344
SILENOR 163, 322

silodosin 4
SILVADENE 323, 338
silver nitrate 194
silver sulfadiazine 323, 338
SIMBRINZA 191, 196
simliya 235, 245, 258
simpesse 235, 245, 258
SIMPONI 214, 215, 2 3, 286, 292
simvastatin 110
SINEMET 142
SINGULAIR 308
sirolimus 2 1, 294, 333
SIRTURO 28
SITAGLIPT BASE-METFORM HCL ER 228, 23
SITAGLIPTIN 23
SITAGLIPTIN BASE-METFORMIN HCL 228, 23
SIVEXTRO 43
SKYCLARYS 29
SKYRIZI 215, 333, 343
SKYRIZI PEN 333, 343
SKYTROFA 251
SLYND 226, 235, 258
smooth lax 210
SOAANZ 90, 111, 182
sod citrate-citric acid 181
sod fluoride-potassium nitrate 168, 280
sodium chloride 309
sodium fluoride 166, 168, 281
sodium fluoride 5000 enamel 168, 280
sodium fluoride 5000 plus 166, 168, 280
sodium fluoride 5000 ppm 166, 168, 280
sodium fluoride 5000 sensitive 168, 281
SODIUM OXYBATE 140, 164, 2 6
sodium phenylbutyrate 182
sodium polystyrene sulfonate 18, 183, 2 5
sodium sulfacetamide 320
sodium sulfacetamide wash 320
SOFOSBUVIR-VELPATASVIR 32, 33
SOHONOS 29
solifenacin succinate 344
SOLIQUA 248, 249
SOLOSEC 2
SOMAVERT 262
SOOLANTRA 339
sorafenib tosylate 56
sotalol hcl ..... 2, 9 , 103, 105, 106, 113
sotalol hcl (af) ..... 2, 9 , 103, 105, 113
SOTYKTU 334, 343
SOTYLIZE ..... 2, 9 , 103, 105, 106, 113
SOVALDI 32
SPEVIGO 333
SPIKEVAX 64
SPIKEVAX 6M-11Y 64
spinosad 339
SPIRIVA HANDIHALER 68, 302
SPIRIVA RESPIMAT 68, 69, 302
spironolactone 91, 111, 115, 116, 184
spironolactone-hctz 91, 111, 116, 184, 188
SPORANOX 29
SPRAVATO (56 MG DOSE) ..... 12 , 146
SPRAVATO (84 MG DOSE) 128, 146
sprintec 28 ..... 235, 245, 258
SPRITAM 126
SPRIX 149, 158, 203
SPS (SODIUM POLYSTYRENE SULF) 18, 184, 2 5
sronyx 235, 245, 258
ssd 323, 338
SSKI 30
sss 10-5 ..... 320, 336
ST JOSEPH LOW DOSE 88, 89, 132, 159
STENDRA 114, 115
STEQEYMA 2 0
STIOLTO RESPIMAT 69, 6
STIVARGA 56
STRENSIQ 190
STRIBILD ..... 34, 3 , 29
STRIVERDI RESPIMAT 6, 313
STROMECTOL 24
SUBOXONE 153, 154
subvenite 126, 130
subvenite starter kit-blue 126, 130
subvenite starter kit-green 126, 130
subvenite starter kit-orange 126, 130
SUCRAID 190
sucralfate 216
SUFLAVE 210
SULAR ..... 10 , 108
SULCONAZOLE NITRATE 324
sulfacetamide sodium 193, 320
sulfacetamide sodium (acne) 320
sulfacetamide sodium (cleans) 320
sulfacetamide sodium-sulfur 320, 336
sulfacetamide sod-sulfur wash 320, 336
sulfacetamide-prednisolone 193, 201
sulfacetamide-sulfur in urea 320, 336
SULFACLEANSE 8/4 ..... 321, 336
sulfadiazine 45
sulfamethoxazole-trimethoprim ..... 2 , 45, 46
sulfamez wash 321, 336
SULFAMYLON 321, 338
sulfasalazine ..... 45, 209, 26 , 286, 292
sulfatrim pediatric ..... 2 , 45, 46
sulfurated lime 339
sulindac 149, 158
sumatriptan 161
sumatriptan succinate 161
sumatriptan succinate refill subcutaneous solution cartridge 161
SUMAXIN 321, 336
SUMAXIN CP 321, 336
sunitinib malate 56
SUNLENCA ..... 2 , 28, 33
SUNOSI 164
SUPREP BOWEL PREP KIT 211
SUTAB 211
syeda 235, 245, 258
SYMBICORT 6, 223
SYMBYAX 130, 135, 162, 208
SYMDEKO 305, 306
SYMFI 35, 3
SYMPAZAN ..... 13 , 138
SYMPROIC 206, 215
SYNALAR 201, 331
SYNAREL 248
SYNDROS 208, 215
SYNJARDY 228, 261
SYNJARDY XR 228, 261
TABLOID 56

TABRECTA 56
TACLONEX 325, 331, 343
tacrolimus 265, 266, 294, 333, 343
tadalafil 114, 115, 310
tadalafil (pah) 114, 115, 310, 314
TADLIQ 114, 115, 310, 314
TAFINLAR 56, 5
tafluprost (pf) 205
TAGRISSO 5
take action 226, 235, 258
TAKHZYRO 90, 282, 294
TALZENNA 5
tamoxifen citrate ..... 5 , 238
tamsulosin hcl 4
TANLOR 0
TAPERDEX 12-DAY 201, 223
TAPERDEX 6-DAY 201, 223
TAPERDEX -DAY 201, 223
tarina 24 fe 235, 245, 258
tarina fe 1/20 eq 235, 245, 258
TARPEYO 223
tasimelteon 134, 145
tavaborole 338
TAVALISSE 8
TAVNEOS 266, 281, 282
taysofy 235, 245, 258
TAYTULLA 235, 245, 258
tazarotene 336, 343
TAZAROTENE 336, 343
TAZORAC 336, 343
TAZVERIK 5
TECHLITE LANCETS 26G 1
TECHLITE PLUS PEN NEEDLES 1 8
TEGLUTIK 119, 140
TEGRETOL 126, 130
TEGRETOL-XR 126, 130
TEKTURNA 115
telmisartan 92, 93
telmisartan-amlodipine 93, 10
telmisartan-hctz 94, 188
temazepam 139
TEMBEXA 41
temozolomide 5
TENCON 122, 136, 148
TENIVAC 61
tenofovir disoproxil fumarate 3
TEPMETKO 5
terazosin hcl 2, 91, 92, 9
terbinafine hcl 22
terbutaline sulfate 6, 313
terconazole 324
teriflunomide 265, 292
TERIPARATIDE 249, 2 6
terrell 144
TESTIM 225, 226
testosterone 225, 22
testosterone cypionate 225, 226
testosterone enanthate 225, 226
tetrabenazine 164
tetracaine hcl 204, 2 3
tetracycline hcl 26, 46, 209, 321
TEXACORT 201, 223, 331
TEZSPIRE 308, 312
THALITONE 91, 116, 188
THALOMID ..... 5 , 292
THEO-24 ..... 109, 15 , 182, 315, 344
theophylline ..... 109, 15 , 182, 315, 345
theophylline er ..... 109, 15 , 182, 315, 345
THIOLA 29
THIOLA EC 29
thioridazine hcl 155
thiothixene 163
THROMBIN-JMI 84
THROMBIN-JMI EPISTAXIS 84
THROMBOGEN 84
THYQUIDITY 264
thyroid 264
tiadylt er 99, 100, 106, 118
tiagabine hcl 126, 143
TIAZAC 99, 100, 106, 118
TIBSOVO 5
ticagrelor 88
TIGLUTIK 119, 140
TIKOSYN 106
tilia fe 235, 245, 259
timolol hemihydrate ..... 2, 9 , 105, 195
timolol maleate ..... 2, 9 , 103, 105, 113, 132, 196
timolol maleate (once-daily) ..... 2, 9 , 105, 196
timolol maleate ocudose ..... 2, 9 , 105, 196
timolol maleate pf 2, 98, 105, 196
TIMOPTIC OCUDOSE 2, 98, 105, 196
tinidazole 2
tiopronin 29
TIROSINT 264
TIROSINT-SOL 264
TISSEEL 326, 343
TIVICAY 34
TIVICAY PD 34
tizanidine hcl 0, 1
TOBI NEBULIZER 23, 193
TOBI PODHALER 23, 193
TOBRADEX 23, 194, 202
TOBRADEX ST 23, 194, 202
tobramycin 23, 194
tobramycin-dexamethasone 23, 194, 202
TOBREX 23, 194
TODAY SPONGE 299
TOLAK ..... 5 , 316, 343
tolcapone 139
tolterodine tartrate 344
tolterodine tartrate er 344
tolvaptan 188
TOPAMAX 126, 132
TOPAMAX SPRINKLE 126, 132
TOPICORT 331
topiramate 126, 132
toremifene citrate ..... 5 , 238
torpenz ..... 5 , 268
torsemide 90, 111, 183
TOSYMRA 161
TOUJEO MAX SOLOSTAR 249
TOUJEO SOLOSTAR 249
tovet 331
TPOXX 29
TRACLEER ..... 118, 30 , 314
TRADJENTA 23
tramadol hcl 152
TRAMADOL HCL (ER BIPHASIC) 152
tramadol hcl (er biphasic) 152
tramadol hcl er 152
tramadol-acetaminophen 122, 148, 152
trandolapril 94, 95
trandolapril-verapamil hcl er 95, 100
tranexamic acid 85
tranylcypromine sulfate 146
travoprost (bak free) 205
trazodone hcl 162
TRELEGY ELLIPTA 69, 6, 202, 223, 305
TREMFYA ..... 26 , 333, 334, 343
TREMFYA ONE-PRESS ..... 26 , 333, 343
TREMFYA PEN ..... 26 , 333
TREMFYA-CD/UC INDUCTION ..... 26 , 334

tretinoin ..... 5 , 326
tretinoin microsphere ..... 5 , 326
tretinoin microsphere pump ..... 5 , 326
TRETTEN 85
TREXALL .. 5 , 26 , 286, 292, 294
TREZIX 122, 148, 152, 15
triamcinolone acetonide 223, 331
triamterene 91, 115, 184
triamterene-hctz 184, 188
triazolam 139
TRICITRASOL 8
tricitrates 181
triderm 223, 331
trientine hcl 218
tri-estarylla 235, 245, 259
trifluoperazine hcl 155
trifluridine 195
trihexyphenidyl hcl 69, 122
TRIJARDY XR 228, 23 , 261, 262
TRIKAFTA 305, 306
tri-legest fe 235, 245, 259
TRILEPTAL 126, 144
tri-linyah 235, 245, 259
tri-lo-estarylla 235, 245, 259
tri-lo-marzia 235, 246, 259
tri-lo-mili 235, 246, 259
tri-lo-sprintec 235, 246, 259
trimethobenzamide hcl 208
trimethoprim 46
tri-mili 235, 246, 259
trimipramine maleate 163
TRINATE ..... 8 , 34 , 349
TRINTELLIX 162
tri-sprintec 235, 246, 259
TRISTART DHA ..... 8 , 186, 29 , 34 , 350
TRIUMEQ 34, 3
TRIUMEQ PD 34, 3
TRI-VI-FLOR 166, 168, 281, 34 , 348, 350, 351
TRI-VI-FLORO 166, 168, 281, 34 , 348, 350, 351
TRI-VITAMIN WITH FLUORIDE 166, 169, 281, 34
tri-vite/fluoride 166, 169, 281, 34 , 348, 350, 351
tri-vylibra 235, 246, 259
tri-vylibra lo 235, 246, 259
trospium chloride 344
trospium chloride er 344
TRUE COMFORT SAFETY PEN NEEDLE 1 8
TRUE COVER 299
TRUE FOLIC ACID 350
true laxative 211
TRUE METRIX LEVEL 1 ..... 1 8
TRUE METRIX LEVEL 2 ..... 1 8
TRUE METRIX LEVEL 3 ..... 1 8
TRULANCE 206, 215
TRULICITY 248
TRUMENBA 64
TRUQAP ..... 5 , 58
TRUVADA ..... 3 , 41
TRYNGOLZA 96, 224, 2 6
TRYVIO 30
TUKYSA 58
TURALIO 58
turpentine 325
turqoz 235, 246, 259
TUXARIN ER 20, 21, 303
TWIIST REFILL KIT 1 8
TWIIST REFILL KIT/INFUSION SET 1 8
TWIIST STARTER KIT 1 8
TWINRIX 64
TWIRLA 235, 246, 259
TWYNEO 326, 338
TYBLUME 236, 246, 259
TYBOST 29
tydemy 236, 246, 259, 350
TYENNE 2 0
TYMLOS 249, 2
TYRVAYA 66, 203
TYVASO 118, 311, 314
TYVASO DPI INSTITUTIONAL KIT 118, 311, 314
TYVASO DPI MAINTENANCE KIT 118, 311, 314
TYVASO DPI TITRATION KIT 118, 311, 314
TYVASO REFILL KIT 118, 311, 314
TYVASO STARTER KIT 119, 311, 315
UBRELVY 139
UCERIS 224
UDENYCA 81
ULTANE 144
UMECTA MOUSSE 90, 183, 205, 336
UNIFINE OTC PEN NEEDLES 1 8
UNIFINE PROTECT PEN NEEDLE 1 8
UNISTRIP CONTROL 1 8
unithroid 264
UPNEEQ 206
UPTRAVI 315
UPTRAVI TITRATION 315
URAMAXIN 90, 183, 205, 336
urea 90, 183, 205, 336
urea nail 90, 183, 205, 33
URELLE 46, 69, 122, 29
UREMEZ-40 ..... 90, 183, 205, 33
uretron d/s 46, 69, 122, 29
UROCIT-K 10 181
UROCIT-K 15 181
UROGESIC-BLUE ..... 4 , 69, 29
ursodiol 211
VAFSEO 81
valacyclovir hcl 41
VALCHLOR 316, 343
valganciclovir hcl 41
valproic acid .. 126, 130, 133, 143
valsartan 92, 94
valsartan-hydrochlorothiazide 94, 188
VALTOCO 10 MG DOSE 13
VALTOCO 15 MG DOSE 13
VALTOCO 20 MG DOSE 13
VALTOCO 5 MG DOSE 13
valtya 1/50 ..... 236, 246, 259
VANCOCIN 31
vancomycin hcl 31
VANDAZOLE 23, 40, 321
VANFLYTA 58
VANRAFIA ..... 28 , 30
VAQTA 64
vardenafil hcl 114, 115
varenicline tartrate 66, 0
varenicline tartrate (starter) 66, 0
varenicline tartrate(continue) 66, 0
VARIVAX 64
VAXELIS 61, 64
VAXNEUVANCE 64
VCF VAGINAL CONTRACEPTIVE 299
VECAMYL 116
velivet 236, 246, 259
VELPHORO 183
VELTASSA 184
VENCLEXTA 58

VENCLEXTA STARTING PACK 58
VENELEX 343
VENLAFAXINE BESYLATE ER 160
venlafaxine hcl 160
venlafaxine hcl er 160
VENTAVIS 119, 311, 315
VEOZAH 140
verapamil hcl 99, 100, 101, 106, 119
verapamil hcl er 99, 100, 101, 106, 119
VEREGEN ..... 33 , 343
VERIFINE INSULIN PEN NEEDLE 1 8
VERIFINE INSULIN SYRINGE 1 8
VERIFINE PLUS PEN NEEDLE 1 8
VERIFINE SAFE LANCET MINI 21G 1 8
VERIFINE SAFE LANCET MINI 23G 1 8
VERIFINE SAFE LANCET MINI 28G 1 8
VERIFINE SAFE LANCET MINI 30G 1 8
VERIFINE SHARPS CONTAINER 1 8
VERISAFE SAFETY STERILE NEEDLE 1 8
VERKAZIA 195, 202, 266
VERQUVO 103, 119
VERSACLOZ 135
VERSAPENN (AG) ANHYDROUS 300
VERSAPENN (AL) ANHYD LIPID 300
VERZENIO 58
VESICARE 344
vestura 236, 246, 259
VFEND 29
VIBERZI ..... 20 , 215
vienva 236, 246, 259
vigabatrin 126, 143
VIGADRONE ..... 12 , 143
VIGAFYDE 143
VIJOICE ..... 29 , 298
vilazodone hcl 162
VILEVEV MB ..... 4 , 69, 122, 298
VIMPAT ..... 12 , 144
VIOKACE 190, 212
viorele 236, 246, 259
VIRACEPT 38
VIREAD 3
VISTOGARD 18, 2 5
VITAFOL FE ..... 8 , 186, 298, 34 , 350
VITAFOL-OB DHA ..... 8 , 186, 298, 34 , 350
VITAMIN C BRIGHTENING SERUM 325
vitamin d (ergocalciferol) 351
VITATHELY WITH GINGER ..... 8 , 34 , 350
VITRAKVI 58
VIVAGUARD INO CONTROL SOLUTION 1 9
VIVAGUARD LANCETS 30G . 1 9
VIVAGUARD LANCING DEVICE 1 9
VIVAGUARD SAFETY LANCETS 28G 1 9
VIVJOA 29
VIZIMPRO 58
VOCABRIA 34
volnea 236, 246, 259
VONVENDI 85
VOQUEZNA 216, 21
VOQUEZNA DUAL PAK ... 24, 216
VOQUEZNA TRIPLE PAK 24, 42, 216
VORANIGO 58
voriconazole 29, 30
VORTEX VALVE CHAMBER-PEDI MASK 1 9
VORTEX VALVED HOLDING CHAMBER 1 9
VOSEVI 32, 33
VOWST 215, 298
VOXZOGO 298
VOYDEYA 281
VRAYLAR 135
VTAMA 321, 326, 343
VUSION 323, 324, 332
vyfemla 236, 246, 259
VYLEESI 141, 218
vylibra 236, 246, 259
VYNDAMAX 101, 141, 298
VYNDAQEL 101, 298
VYZULTA 205
WAINUA 2 6
WAKIX 165
warfarin sodium 8
WELIREG 58
wera 236, 246, 259
WESCAP-PN DHA ..... 8 , 186, 298, 34 , 350
WESNATAL DHA COMPLETE ..... 8 , 186, 298, 34 , 350
WESNATE DHA 8 , 298, 34 , 350
wes-phos 250 neutral 186
WESTGEL DHA ..... 8 , 186, 298, 34 , 350
WEZLANA 2 0
wheat germ oil 351
WIDE-SEAL DIAPHRAGM 60 299
WIDE-SEAL DIAPHRAGM 65 300
WIDE-SEAL DIAPHRAGM 0 300
WIDE-SEAL DIAPHRAGM 5 300
WIDE-SEAL DIAPHRAGM 80 300
WIDE-SEAL DIAPHRAGM 85 300
WIDE-SEAL DIAPHRAGM 90 300
WIDE-SEAL DIAPHRAGM 95 300
WILATE 85
WINREVAIR 312
wixela inhub 6, 202, 224, 305
wymzya fe 236, 246, 259
XACIATO 39, 321
xarah fe 236, 246, 259
XARELTO 9
XARELTO STARTER PACK 9
XATMEP ... 58, 26 , 286, 292, 294
XCOPRI ..... 12 , 144, 145
XDEMVY 194
XELJANZ 2 0, 286
XELJANZ XR 2 1, 28
XELPROS 205
xelria fe 236, 246, 259
XELSTRYM 121
XERMELO 20
XIFAXAN 44
XIIDRA 195, 202
XIRUN 325, 33
XOFLUZA (40 MG DOSE) .. 29, 30
XOFLUZA (80 MG DOSE) .. 29, 30
XOLAIR 269, 312
XOLEGEL COREPAK 30, 324, 331
XOLEGEL DUO/HEAD & SHOULDERS 30, 325, 338
XOLEGEL DUO/XOLEX 30, 325, 338
XOLREMDI 81
XOPENEX HFA 6, 313
XOSPATA 58
XPHOZAH 183, 184, 215

XPOVIO (100 MG ONCE WEEKLY) **59**
XPOVIO (40 MG ONCE WEEKLY) **59**
XPOVIO (40 MG TWICE WEEKLY) **59**
XPOVIO (60 MG ONCE WEEKLY) **59**
XPOVIO (60 MG TWICE WEEKLY) **59**
XPOVIO (80 MG ONCE WEEKLY) **59**
XPOVIO (80 MG TWICE WEEKLY) **59**
XROMI **59**
XTAMPZA ER **152, 153**
XTANDI **59**
xulane **236, 246, 259**
XURIDEN **18, 298**
XYNTHA **85**
XYNTHA SOLOFUSE **85**
XYWAV **141**
YASMIN 28 ..... **236, 246, 259**
YAZ **236, 246, 260**
YESINTEK **2 0**
YEZTUGO **33**
YORVIPATH **250**
YUPELRI **69, 302**
yuvafem **246, 2 8**
ZACARE **325, 338**
ZACLIR CLEANSING **338**
zafemy **236, 246, 260**
zafirlukast **308**
zaleplon **134, 146**
ZANAFLEX **1**
ZARONTIN **162, 163**
ZARXIO **81**
ZAVZPRET **139**
ZEGALOGUE ..... **18, 24 , 2 5**
ZELAPAR **145, 146**
ZELBORAF **59**
zelvysia **189, 298**
ZEMBRACE SYMTOUCH **161**
ZEMPLAR **351**
zenatane ..... **33 , 343**
ZENPEP **190, 212**
ZEPATIER **32, 33**
ZEPOSIA **292**
ZEPOSIA -DAY STARTER PACK **292**
ZEPOSIA STARTER KIT **292**
ZESTRIL **94, 95**
ZIAGEN **3**
zidovudine **3**
ZILBRYSQ **266, 281, 282**
zileuton er **308**
ZILXI **26, 46, 194, 321**
ZIMHI ..... **1 , 18, 153, 2 5**
ZIOPTAN **205**
ziprasidone hcl **130, 135**
ZIPSOR **149**
ZIRGAN **41, 195**
ZITHROMAX **42, 43**
ZITHROMAX TRI-PAK **42, 43**
ZITHROMAX Z-PAK **42, 43**
ZITUVIMET **228, 23**
ZITUVIMET XR **228, 229, 23**
ZITUVIO **23**
ZOKINVY **189, 298**
ZOLINZA **59**
zolmitriptan **161**
ZOLPIDEM TARTRATE **134, 146**
zolpidem tartrate **134, 146**
zolpidem tartrate er **134, 146**
ZOMIG **161**
ZONEGRAN ..... **12 , 145**
ZONISADE ..... **12 , 145**
zonisamide ..... **12 , 145**
ZONTIVITY **88**
ZORYVE **310, 334, 339, 343**
zovia 1/35 (28) **236, 246, 260**
ZOVIRAX **41, 323**
ZTALMY ..... **12 , 143**
ZTLIDO **2 4, 322**
ZUBSOLV **153, 154**
zumandimine ..... **236, 24 , 260**
ZURZUVAE **128**
ZYDELIG **59**
ZYFLO **308**
ZYLET **194, 202**
ZYPITAMAG **110**
ZYVOX **43**