



2026 Illinois Traditional Large Group 3 and 4-Tier Prescription Drug List

Please note: This Prescription Drug List (PDL) is accurate as of April 1, 2026 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 All previous versions of this PDL are no longer in effect.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.pdf](#).

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

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

- Heritage Plus
- Heritage Select

Updated 2/1/2026

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.....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 get updated information about my pharmacy benefit? ...10

Nondiscrimination notice and access to communication services ...11

Prescription drug list.....15

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, or iii) a quantity of a drug above a quantity limit. 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 this PDL 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.

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

Prior authorization 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.

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 both available and 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	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	

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

Below is a list of drug tier numbers, abbreviations and designations used in the PDL as well as an explanation for each. 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	SP	Specialty Medication
Drug Tier 2	Your mid-range cost medications	CM	Orally administered anti-cancer medication
Drug Tier 3	Your mid-range to high-cost medications	SMCS	Specialty medication cost share may apply
Drug Tier 3/4	Your highest cost medications	E	Excluded from coverage unless covered as part of health care reform preventive
PA	Prior authorization required	SM	Cost-share cap by state mandate applies when condition appropriate
QL	Quantity limit		
H	Part of health care reform		
H-N	Part of health care reform preventive with confirmation of age and/or condition appropriate preventive use		

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.

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. For information related to specialty medication cost share, please refer to the Specialty Medication Cost Share (SMCS) section below.

When does the PDL change?

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

- Medications may move to a lower tier or coverage may be added at any time.
- Medications may move to a higher tier when a generic becomes available.
- Medications may move to a higher tier, become non-formulary, or the dosage form covered may change, most often on Jan. 1, May 1, or Sept. 1.
- Medications may be subject to new or updated utilization management requirements at any time. This includes prior authorization or quantity limits. These changes most commonly occur upon FDA approval of a medication or its generic equivalent, or on scheduled update dates: 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 provider 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.

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

These medications are 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.

Specialty Medication Cost Share (SMCS) – Specialty medication cost share may apply. Please refer to the Pharmacy Schedule of Benefits for specific cost share.

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

Before certain Prescription Drug Products are dispensed to you, your prescribing provider or your pharmacist is required to obtain prior authorization from us. Your prescribing provider can submit a request by phone to Optum Rx® or electronically by contacting us at [ProviderPA.com](https://www.providerpa.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 by going online at myuhc.com or by calling at the toll-free phone number on the back of your member ID card.

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, 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 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 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 provider 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.

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 કોલ કરો.

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे क्लर्क ब्रिंट, 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ヤ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: ຖ້າຫາກທ່ານເວົ້າພາສາລາວ (Lao), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆຟຣີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທຟຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

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

بوحه: لکړه يې د اېس ې (Persian-Farsi) صحې مې کښې حېماپ پلکان کمکې د لې و لېداطاب
پلکان دې والې اي ټکړې مې کښې حېماپ پلکان کمکې د لې و لېداطاب
سې لې لې عېصو ټې اې ټې مې کښې د.

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.

ਦਿਆਨ ਦਿਓ ' ਤੁਸ਼ ਪੰਜਾਬੀ (Punjabi) ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ
ਫ਼ਾ ਮੈਟਾਂ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪ੍ਰਿੰਟ, ਵਿੱਚ ਮੁਫਤ 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.

โปรดทราบหากคุณพูดภาษาไทย (Thai) ได้
คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่นๆ ฟรีเช่นกัน
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.

موجود ہیں: اگر اب اردو (Urdu) ردا ے لہے صحت و ردا ے کی معاو ے خدمات اور بکرو واپس ے
مواطن اب، جس ے درجہ رب، اب کل ے مقب ے شہاد ے صحت ے ممبرس ے احی ے کارب رت ے کتب ول وری
ممبر ر کال کرس۔

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.....	15
ANTIHISTAMINE DRUGS - Drugs for Allergy.....	17
ANTI-INFECTIVE AGENTS - Drugs for Infections.....	20
ANTINEOPLASTIC AGENTS - Drugs for Cancer.....	45
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES - DRUGS FOR THE IMMUNE SYSTEM.....	58
AUTONOMIC DRUGS.....	63
AUTONOMIC DRUGS - Drugs for the Nervous System.....	65
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood.....	76
CARDIOVASCULAR DRUGS.....	89
CARDIOVASCULAR DRUGS - Drugs for the Heart.....	90
CENTRAL NERVOUS SYSTEM AGENTS.....	117
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System.....	117
DENTAL AGENTS.....	159
DENTAL AGENTS - Oral Care.....	160
DEVICES - Medical Supplies and Durable Medical Equipment.....	162
DIAGNOSTIC AGENTS.....	173
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants.....	175
ELECTROLYTIC, CALORIC, AND WATER BALANCE.....	175
ENZYMES.....	182
EYE, EAR, NOSE AND THROAT (EENT) PREPS.....	184
GASTROINTESTINAL DRUGS.....	198
GASTROINTESTINAL DRUGS - Drugs for the Stomach.....	199
GOLD COMPOUNDS.....	208
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron.....	209
HORMONES AND SYNTHETIC SUBSTITUTES.....	209
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones.....	209
IMMUNOMODULATORY AGENTS (90:00).....	254
LOCAL ANESTHETICS - Drugs for Numbing.....	263
MISCELLANEOUS THERAPEUTIC AGENTS.....	263
NONHORMONAL CONTRACEPTIVES - Drugs for Women.....	286
OXYTOCICS - Drugs for Women.....	287
PHARMACEUTICAL AIDS.....	288
RESPIRATORY TRACT AGENTS.....	288
RESPIRATORY TRACT AGENTS - Drugs for the Lungs.....	288
SKIN AND MUCOUS MEMBRANE AGENTS.....	302
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin.....	303
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles.....	327
VITAMINS.....	328

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIDOTE THERAPEUTICS		
ACETAMINOPHEN ANTIDOTE		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	
ALCOHOL DETERRENTS (91:02)		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
ANTIDOTE THERAPEUTICS		
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	QL (2 intranasal devices per prescription.)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	QL (2 intranasal devices per prescription.)
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	2	
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	2	
<i>ft naloxone hcl nasal liquid 4 mg/0.1ml</i>	1	SM
<i>glucagon emergency kit injection solution reconstituted 1 mg</i>	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML (<i>glucagon</i>)	2	QL (0.2 ml per prescription.)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML (<i>glucagon</i>)	2	QL (0.4 ml per prescription.)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML (<i>glucagon</i>)	2	QL (0.2 ml per prescription.)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML (<i>glucagon</i>)	2	QL (0.4 ml per prescription.)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (<i>glucagon</i>)	2	QL (2 vials per copay.)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (<i>glucagon</i>)	2	QL (2 prefilled syringes per copay.)
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	1	
<i>hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	1	
<i>hyosyne oral elixir 0.125 mg/5ml</i>	1	
<i>hyosyne oral solution 0.125 mg/ml</i>	1	
<i>iodine strong oral solution 5 %</i>	1	
KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>)	1	SM
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG (<i>hyoscyamine sulfate</i>)	3/4	
LEVSIN ORAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	3/4	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG (<i>hyoscyamine sulfate</i>)	3/4	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	SM
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	SM
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	1	SM
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	1	SM
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	1	SM
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (<i>hyoscyamine sulfate</i>)	3/4	
OSCIMIN ORAL TABLET 0.125 MG	3/4	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	3/4	
<i>penicillamine oral tablet 250 mg</i>	1	
<i>phytonadione oral tablet 5 mg</i>	1	QL (5 tablets per prescription.)
REXTOVY NASAL LIQUID 4 MG/0.25ML (<i>naloxone hcl</i>)	1	SM
RIVIVE NASAL LIQUID 3 MG/0.1ML (<i>naloxone hcl</i>)	1	SM
ANTIDOTES (91:04)		
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	SM

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<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	SM
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	1	SM
<i>naltrexone hcl oral tablet 50 mg</i>	1	
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	3	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	1	PA
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	3	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (<i>sodium polystyrene sulfonate</i>)	3	
CHEMOTHERAPY ANTIDOTES/PROTECTANTS		
<i>lederle leucovorin oral tablet 5 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
CYANIDE ANTIDOTES		
EXODERM EXTERNAL LOTION 25-1 % (<i>sod thiosulfate-salicylic acid</i>)	3	
FLUOROPYRIMIDINE ANTIDOTE		
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	2	QL (20 packets per prescription.)
ANTI-HISTAMINE DRUGS - Drugs for Allergy		
ANTI-HISTAMINE DRUGS - Drugs for Allergy		
<i>promethazine hcl oral tablet 25 mg</i>	1	
ETHANOLAMINE DERIVATIVES - Drugs for Allergy		
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
CARBZAH ORAL SOLUTION 4 MG/5ML	2	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
CLEMSZA ORAL TABLET 2.68 MG (<i>clemastine fumarate</i>)	3	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIRST GEN. ANTIHIST. DERIVATIVES, MISC. - Drugs for Allergy		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
FIRST GENERATION ANTIHISTAMINES - Drugs for Allergy		
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
CARBZAH ORAL SOLUTION 4 MG/5ML	2	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
CLEMSZA ORAL TABLET 2.68 MG (<i>clemastine fumarate</i>)	3	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	1	PA; QL (360 ml per month.)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	3	
<i>promethazine hcl oral solution 12.5 mg/10ml, 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	1	PA; QL (360 ml per month.)
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	1	PA; QL (360 ml per month.)
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (<i>promethazine hcl</i>)	3	
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	3	PA; QL (10 tablets per prescription and 30 tablets per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OTHER ANTIHISTAMINES - Drugs for Allergy		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	1	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>olopatadine hcl nasal solution 0.6 %</i>	1	
PHENOTHIAZINE DERIVATIVES - Drugs for Allergy		
<i>promethazine hcl oral solution 12.5 mg/10ml, 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	1	PA; QL (360 ml per month.)
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	1	PA; QL (360 ml per month.)
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (<i>promethazine hcl</i>)	3	
PROPYLAMINE DERIVATIVES - Drugs for Allergy		
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	1	PA; QL (360 ml per month.)
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	3	
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	3	PA; QL (10 tablets per prescription and 30 tablets per month.)
SECOND GENERATION ANTIHISTAMINES - Drugs for Allergy		
<i>epinastine hcl ophthalmic solution 0.05 %</i>	1	QL (5 ml per prescription)
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	1	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTI-INFECTIVE AGENTS - Drugs for Infections		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	1	
<i>cefadroxil oral tablet 1 gm</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	1	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	1	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
CEFIXIME ORAL TABLET 400 MG	3/4	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	1	
ADAMANTANE ANTIVIRALS - Drugs for Viral Infections		
<i>amantadine hcl oral capsule 100 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
<i>rimantadine hcl oral tablet 100 mg</i>	1	
ALLYLAMINE ANTIFUNGALS - Drugs for Fungus		
<i>terbinafine hcl oral tablet 250 mg</i>	1	
AMEBICIDES - Drugs for the Mouth and Throat		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
HUMATIN ORAL CAPSULE 250 MG (<i>paromomycin sulfate</i>)	2	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	1	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	3/4	
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	3/4	
<i>metronidazole external cream 0.75 %</i>	1	
<i>metronidazole external gel 0.75 %</i>	1	
<i>metronidazole external lotion 0.75 %</i>	1	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	3/4	
<i>perio gard mouth/throat solution 0.12 %</i>	1	
VANDAZOLE VAGINAL GEL 0.75 % (<i>metronidazole</i>)	3/4	
AMINOGLYCOSIDE ANTIBIOTICS - Antibiotics		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (<i>amikacin sulfate liposome</i>)	3/4	PA; QL (8.4 ml per day.)
<i>gentamicin sulfate external cream 0.1 %</i>	1	QL (30 grams per prescription.)
<i>gentamicin sulfate external ointment 0.1 %</i>	1	QL (30 grams per prescription.)
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	QL (15 ml per prescription.)
HUMATIN ORAL CAPSULE 250 MG (<i>paromomycin sulfate</i>)	2	
<i>neomycin sulfate oral tablet 500 mg</i>	1	
TOBI NEBULIZER INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	3/4	PA; QL (280 ml (1 carton) per 56 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	3	PA; QL (224 capsules per 56 days.)
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	3	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	1	PA; QL (224 ml per 56 days.)
<i>tobramycin ophthalmic solution 0.3 %</i>	1	QL (5 ml per prescription.)
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	
TOBREX OPHTHALMIC OINTMENT 0.3 % (<i>tobramycin</i>)	3	QL (3.5 grams per prescription.)
AMINOMETHYLCYCLINES - Antibiotics		
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	3/4	QL (30 tablets per prescription.)
AMINOPENICILLIN ANTIBIOTICS - Antibiotics		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (<i>amoxicillin-vonoprazan</i>)	3/4	QL (112 tablets per 180 days.)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicillin-clarithro-vonoprazan</i>)	3/4	QL (112 tablets per 180 days.)
ANTHELMINTICS - Drugs for Parasites		
<i>albendazole oral tablet 200 mg</i>	1	QL (124 tablets per month.)
BILTRICIDE ORAL TABLET 600 MG (<i>praziquantel</i>)	3/4	
EGATEN ORAL TABLET 250 MG (<i>triclabendazole</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>)	3/4	QL (6 tablets per 3 days.)
<i>ivermectin oral tablet 3 mg</i>	1	PA; QL (20 tablets per 3 months.)
<i>ivermectin oral tablet 6 mg</i>	1	PA
<i>praziquantel oral tablet 600 mg</i>	1	
STROMECTOL ORAL TABLET 3 MG (<i>ivermectin</i>)	3/4	PA; QL (20 tablets per 3 months.)
ANTIFUNGALS, MISCELLANEOUS - Drugs for Fungus		
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>iodine strong oral solution 5 %</i>	1	
ANTI-INFECTIVES (SYSTEMIC), MISC. - Drugs for Infections		
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	QL (120 capsules per 180 days.)
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	QL (120 capsules per 180 days.)
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3/4	QL (120 capsules per 180 days.)
ANTILEPROSY AGENTS - Antibiotics		
<i>dapsone external gel 5 %, 7.5 %</i>	1	QL (60 grams per prescription.)
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
ANTIMALARIALS - Drugs for the Mouth and Throat		
AMZEEQ EXTERNAL FOAM 4 % (<i>minocycline hcl micronized</i>)	3/4	QL (30 grams per prescription.)
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	3/4	QL (16 tablets per month.)
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	1	
AVIDOXY ORAL TABLET 100 MG	3/4	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COARTEM ORAL TABLET 20-120 MG (<i>artemether-lumefantrine</i>)	2	
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	3/4	PA
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	1	QL (2 tablets per prescription.)
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (<i>atovaquone-proguanil hcl</i>)	3/4	
<i>mefloquine hcl oral tablet 250 mg</i>	1	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	1	PA
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>quinine sulfate oral capsule 324 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
ZILXI EXTERNAL FOAM 1.5 % (<i>minocycline hcl micronized</i>)	3/4	PA; QL (30 grams per prescription.)
ANTIMYCOBACTERIALS, MISCELLANEOUS - Antibiotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
ANTIPROTOZOALS, CRYPTOSPORIDIOSIS - Drugs for the Mouth and Throat		
<i>nitazoxanide oral tablet 500 mg</i>	1	QL (6 tablets per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIPROTOZOALS, MISCELLANEOUS - Drugs for the Mouth and Throat		
<i>atovaquone oral suspension 750 mg/5ml</i>	1	
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	3/4	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	3/4	
BENZNIDAZOLE ORAL TABLET 100 MG	2	QL (240 tablets per 720 days.)
BENZNIDAZOLE ORAL TABLET 12.5 MG	2	QL (720 tablets per 720 days.)
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	QL (120 capsules per 180 days.)
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	QL (120 capsules per 180 days.)
<i>dapsone external gel 5 %, 7.5 %</i>	1	QL (60 grams per prescription.)
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	2	QL (84 capsules per course of therapy.)
LAMPIT ORAL TABLET 120 MG (<i>nifurtimox</i>)	3/4	QL (7.5 tablets per day.)
LAMPIT ORAL TABLET 30 MG (<i>nifurtimox</i>)	3/4	QL (9 tablets per day.)
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	3/4	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (<i>pentamidine isethionate</i>)	3/4	
<i>nitazoxanide oral tablet 500 mg</i>	1	QL (6 tablets per prescription.)
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	1	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3/4	QL (120 capsules per 180 days.)
SOLOSEC ORAL PACKET 2 GM (<i>secnidazole</i>)	3/4	QL (1 packet per prescription.)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	2	
ANTIVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
LIVTENCITY ORAL TABLET 200 MG (<i>maribavir</i>)	3/4	PA; QL (4 tablets per day.)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	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 (<i>nirmatrelvir-ritonavir</i>)	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 (<i>nirmatrelvir-ritonavir</i>)	2	QL (60 tablets per 365 days. 30 tablets per prescription.)
PREVYMIS ORAL PACKET 120 MG, 20 MG (<i>letermovir</i>)	2	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	2	PA
TPOXX ORAL CAPSULE 200 MG (<i>tecovirimat</i>)	3/4	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (<i>baloxavir marboxil</i>)	3	QL (1 tablet per month.)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	3	QL (1 tablet per month.)
AZOLE ANTIFUNGALS - Drugs for Fungus		
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (<i>isavuconazonium sulfate</i>)	3	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	QL (180 capsules per 365 days)
<i>itraconazole oral solution 10 mg/ml</i>	1	QL (1800 ml per 365 days)
<i>ketoconazole external cream 2 %</i>	1	QL (30 grams per prescription.)
<i>ketoconazole external foam 2 %</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ketodan external foam 2 %</i>	1	
NOXAFIL ORAL PACKET 300 MG (<i>posaconazole</i>)	2	
<i>posaconazole oral suspension 40 mg/ml</i>	1	QL (20 ml per day.)
<i>posaconazole oral tablet delayed release 100 mg</i>	1	
SPORANOX ORAL CAPSULE 100 MG (<i>itraconazole</i>)	3/4	QL (180 capsules per 365 days)
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>voriconazole</i>)	3/4	QL (300 mL per prescription.)
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (<i>oteseconazole</i>)	3	PA; QL (18 capsules per 84 days.)
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	1	QL (300 mL per prescription.)
<i>voriconazole oral tablet 200 mg</i>	1	QL (62 tablets per prescription.)
<i>voriconazole oral tablet 50 mg</i>	1	QL (124 tablets per prescription)
BACITRACIN ANTIBIOTICS - Antibiotics		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
CORONAVIRUS (COVID-19) - Drugs for Viral Infections		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	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 (<i>nirmatrelvir-ritonavir</i>)	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 (<i>nirmatrelvir-ritonavir</i>)	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 (<i>baloxavir marboxil</i>)	3	QL (1 tablet per month.)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	3	QL (1 tablet per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ERYTHROMYCIN ANTIBIOTICS - Antibiotics		
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	3	
ERY EXTERNAL PAD 2 %	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (<i>erythromycin ethylsuccinate</i>)	3/4	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	1	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	1	
<i>erythromycin external gel 2 %</i>	1	
<i>erythromycin external solution 2 %</i>	1	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	1	
GLYCOPEPTIDE ANTIBIOTICS - Antibiotics		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (<i>vancomycin hcl</i>)	3/4	
VANOCIN ORAL CAPSULE 125 MG, 250 MG (<i>vancomycin hcl</i>)	3/4	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	1	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml</i>	1	
HCV POLYMERASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; QL (2 packets per day and 84 packets per 720 days.)
EPCLUSA ORAL PACKET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; QL (1 packet per day and 84 packets per 720 days.)
EPCLUSA ORAL TABLET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; QL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; QL (84 tablets per 720 days.)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; QL (1 pellet packet per day and 28 pellet packets per month.)
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; QL (84 tablets per 720 days.)
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; QL (1 tablet per day and 28 tablets per month.)
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	2	PA; QL (1 tablet per day and 28 tablets per month.)
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	2	PA; QL (84 tablets per 720 days.)
SOVALDI ORAL PACKET 150 MG, 200 MG (<i>sofosbuvir</i>)	3/4	PA; QL (1 packet of pellets per day and 84 packets of pellets per 720 days.)
SOVALDI ORAL TABLET 200 MG, 400 MG (<i>sofosbuvir</i>)	3/4	PA; QL (84 tablets per 720 days.)
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	2	PA; QL (84 tablets per 720 days.)
HCV PROTEASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
MAVYRET ORAL PACKET 50-20 MG (<i>glecaprevir-pibrentasvir</i>)	2	PA; QL (5 packets per day and 280 packets per 720 days.)
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	2	PA; QL (168 tablets per 720 days.)
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	2	PA; QL (84 tablets per 720 days.)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	2	PA; QL (84 tablets per 720 days (12 weeks).)
HCV REPLICATION COMPLEX INHIBITORS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; QL (2 packets per day and 84 packets per 720 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPCLUSA ORAL PACKET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; QL (1 packet per day and 84 packets per 720 days.)
EPCLUSA ORAL TABLET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; QL (1 tablet per day.)
EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; QL (84 tablets per 720 days.)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; QL (1 pellet packet per day and 28 pellet packets per month.)
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; QL (84 tablets per 720 days.)
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; QL (1 tablet per day and 28 tablets per month.)
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	2	PA; QL (1 tablet per day and 28 tablets per month.)
MAVYRET ORAL PACKET 50-20 MG (<i>glecaprevir-pibrentasvir</i>)	2	PA; QL (5 packets per day and 280 packets per 720 days.)
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	2	PA; QL (168 tablets per 720 days.)
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	2	PA; QL (84 tablets per 720 days.)
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	2	PA; QL (84 tablets per 720 days.)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	2	PA; QL (84 tablets per 720 days (12 weeks).)
HIV CAPSID INHIBITORS - Drugs for Viral Infections		
SUNLENCA ORAL TABLET 300 MG (<i>lenacapavir sodium</i>)	3/4	PA; QL (24 tablets per year.)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG (<i>lenacapavir sodium</i>)	3/4	PA; QL (4 tablets per 365 days.)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG (<i>lenacapavir sodium</i>)	3/4	PA; QL (5 tablets per 365 days.)
YEZTUGO ORAL TABLET 300 MG (<i>lenacapavir sodium</i>)	3/4	QL (4 tablets per year.); SM

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofovir</i>)	3/4	QL (1 tablet per day.); SM
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudine-tenofovir df</i>)	2	QL (1 tablet per day.)
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	2	SM
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG (<i>rilpivirine hcl</i>)	2	SM
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitab-tenofovir df oral tablet 600-200-300 mg</i>	1	QL (1 tablet per day.)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	QL (1 tablet per day.)
<i>emtricitab-rilpivir-tenofovir df oral tablet 200-25-300 mg</i>	1	QL (1 tablet per day.); SM
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	SM
INTELENCE ORAL TABLET 100 MG, 200 MG (<i>etravirine</i>)	3/4	SM
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	2	SM
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	2	QL (1 tablet per day.)
<i>methocarbamol oral tablet 500 mg</i>	1	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	
<i>nevirapine oral suspension 50 mg/5ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab-rilpivir-tenofovir af</i>)	3/4	QL (1 tablet per day.)
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	3	
<i>rilpivirine hcl oral tablet 25 mg</i>	1	SM
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	2	QL (1 tablet per day.)
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS - Drugs for Viral Infections		
<i>abacavir sulfate oral solution 20 mg/ml</i>	1	
<i>abacavir sulfate oral tablet 300 mg</i>	1	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir-emtricitab-tenofovir</i>)	3/4	QL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	2	QL (1 tablet per day.)
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitabine-rilpivir-tenofovir</i>)	3/4	QL (1 tablet per day.); SM
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirine-lamivudine-tenofovir df</i>)	2	QL (1 tablet per day.)
DESCOVY ORAL TABLET 120-15 MG (<i>emtricitabine-tenofovir af</i>)	3/4	QL (1 tablet per day.); SM
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	3/4	QL (1 tablet per day.); H; SM
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	2	QL (1 tablet per day.)
<i>efavirenz-emtricitabine-tenofovir oral tablet 600-200-300 mg</i>	1	QL (1 tablet per day.)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	QL (1 tablet per day.)
<i>emtricitabine oral capsule 200 mg</i>	1	SM
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	QL (1 tablet per day.); SM
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	1	QL (1 tablet per day.); H; SM
<i>emtricitabine-rilpivir-tenofovir df oral tablet 200-25-300 mg</i>	1	QL (1 tablet per day.); SM
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	3/4	SM
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	2	SM
EPIVIR ORAL SOLUTION 10 MG/ML (<i>lamivudine</i>)	3/4	SM
EPIVIR ORAL TABLET 150 MG, 300 MG (<i>lamivudine</i>)	3/4	SM
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricitabine-tenofovir af</i>)	3/4	QL (1 tablet per day.)
<i>lamivudine oral solution 10 mg/ml</i>	1	SM
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	SM
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	SM
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitabine-rilpivir-tenofovir af</i>)	3/4	QL (1 tablet per day.)
RETROVIR ORAL CAPSULE 100 MG (<i>zidovudine</i>)	3/4	SM
RETROVIR ORAL SYRUP 50 MG/5ML (<i>zidovudine</i>)	3	SM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	3/4	QL (1 tablet per day.); SM
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	2	QL (1 tablet per day.)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	H-N
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	2	QL (1 tablet per day.)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	2	QL (6 tablets per day.)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (<i>emtricitabine-tenofovir df</i>)	3/4	QL (1 tablet per day.); SM
VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	2	
ZIAGEN ORAL SOLUTION 20 MG/ML (<i>abacavir sulfate</i>)	3/4	
<i>zidovudine oral capsule 100 mg</i>	1	SM
<i>zidovudine oral syrup 50 mg/5ml</i>	1	SM
<i>zidovudine oral tablet 300 mg</i>	1	SM
HIV PROTEASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	2	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	1	SM
<i>darunavir oral tablet 600 mg, 800 mg</i>	1	SM
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	2	
<i>fosamprenavir calcium oral tablet 700 mg</i>	1	
KALETRA ORAL SOLUTION 400-100 MG/5ML (<i>lopinavir-ritonavir</i>)	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (<i>lopinavir-ritonavir</i>)	3/4	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	
NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>)	2	SM
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG (<i>darunavir-cobicistat</i>)	2	
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	2	SM

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>clindamycin phos-benzoyl perox gel 1-5 % external</i>	1	QL (50 grams per prescription.)
<i>clindamycin phosphate external foam 1 %</i>	1	
<i>clindamycin phosphate external lotion 1 %</i>	1	
<i>clindamycin phosphate external solution 1 %</i>	1	
<i>clindamycin phosphate external swab 1 %</i>	1	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
CLINDESSE VAGINAL CREAM 2 % (<i>clindamycin phosphate (1 dose)</i>)	2	
<i>neuac external gel 1.2-5 %</i>	1	QL (1 bottle (45 grams) per month.)
XACIATO VAGINAL GEL 2 % (<i>clindamycin phosphate</i>)	2	QL (1 gel tube (8 grams) per prescription.)
MONOBACTAM ANTIBIOTICS - Antibiotics		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (<i>aztreonam lysine</i>)	3/4	PA; 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 (<i>nirsevimab-alip</i>)	3	H
ENFLONISIA INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 105 MG/0.7ML (<i>clesrovimab-cfor</i>)	3	H
NATURAL PENICILLIN ANTIBIOTICS - Antibiotics		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
NEURAMINIDASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	1	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	1	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (<i>zanamivir</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NITROIMIDAZOLE DERIVATIVE, ANTI-LEISHMAL - Drugs for the Mouth and Throat		
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	2	QL (84 capsules per course of therapy.)
NITROIMIDAZOLE DERIVATIVE, TRYPANOCIDAL - Drugs for the Mouth and Throat		
BENZNIDAZOLE ORAL TABLET 100 MG	2	QL (240 tablets per 720 days.)
BENZNIDAZOLE ORAL TABLET 12.5 MG	2	QL (720 tablets per 720 days.)
NITROIMIDAZOLE DERIVATIVES, MISC - Drugs for the Mouth and Throat		
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	3/4	
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	3/4	
<i>metronidazole external cream 0.75 %</i>	1	
<i>metronidazole external gel 0.75 %</i>	1	
<i>metronidazole external lotion 0.75 %</i>	1	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
VANDAZOLE VAGINAL GEL 0.75 % (<i>metronidazole</i>)	3/4	
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - Drugs for Viral Infections		
<i>acyclovir external ointment 5 %</i>	1	QL (15 grams per prescription.)
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>adefovir dipivoxil oral tablet 10 mg</i>	1	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	2	
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitabine-rilpivir-tenofovir</i>)	3/4	QL (1 tablet per day.); SM
DESCOVY ORAL TABLET 120-15 MG (<i>emtricitabine-tenofovir af</i>)	3/4	QL (1 tablet per day.); SM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	3/4	QL (1 tablet per day.); H; SM
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	QL (1 tablet per day.); SM
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	1	QL (1 tablet per day.); H; SM
<i>emtricitab-rilpivir-tenofovir df oral tablet 200-25-300 mg</i>	1	QL (1 tablet per day.); SM
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
LAGEVRIO ORAL CAPSULE 200 MG (<i>molnupiravir</i>)	2	QL (80 capsules per 365 days. 40 capsules per prescription.)
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab-rilpivir-tenofovir af</i>)	3/4	QL (1 tablet per day.)
<i>ribavirin inhalation solution reconstituted 6 gm</i>	1	
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
TEMBEXA ORAL SUSPENSION 10 MG/ML (<i>brincidofovir</i>)	3/4	
TEMBEXA ORAL TABLET 100 MG (<i>brincidofovir</i>)	3/4	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (<i>emtricitabine-tenofovir df</i>)	3/4	QL (1 tablet per day.); SM
<i>valacyclovir hcl oral tablet 1 gm</i>	1	QL (31 tablets per prescription)
<i>valacyclovir hcl oral tablet 500 mg</i>	1	QL (62 tablets per prescription.)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	1	
<i>valganciclovir hcl oral tablet 450 mg</i>	1	
ZIRGAN OPHTHALMIC GEL 0.15 % (<i>ganciclovir</i>)	3	
OTHER MACROLIDE ANTIBIOTICS - Antibiotics		
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fidaxomicin</i>)	3	QL (136 mL per 10 days.)
<i>fidaxomicin oral tablet 200 mg</i>	1	QL (20 tablets per 7 days)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicill-clarithro-vonoprazan</i>)	3/4	QL (112 tablets per 180 days.)
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>azithromycin</i>)	3/4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (<i>azithromycin</i>)	3/4	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (<i>azithromycin</i>)	3/4	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (<i>azithromycin</i>)	3/4	
OTHER MACROLIDES (8:12.12.92) - Antibiotics		
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fidaxomicin</i>)	3	QL (136 mL per 10 days.)
<i>fidaxomicin oral tablet 200 mg</i>	1	QL (20 tablets per 7 days)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicill-clarithro-vonoprazan</i>)	3/4	QL (112 tablets per 180 days.)
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>azithromycin</i>)	3/4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (<i>azithromycin</i>)	3/4	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (<i>azithromycin</i>)	3/4	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (<i>azithromycin</i>)	3/4	
OXAZOLIDINONE ANTIBIOTICS - Antibiotics		
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>linezolid oral tablet 600 mg</i>	1	
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	3	QL (6 tablets per prescription.)
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>linezolid</i>)	3/4	
PENICILLINASE-RESISTANT PENICILLINS - Antibiotics		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	
POLYENE ANTIFUNGALS - Drugs for Fungus		
<i>klayesta external powder 100000 unit/gm</i>	1	QL (120 grams per prescription.)
<i>nyamyc external powder 100000 unit/gm</i>	1	QL (120 grams per prescription.)
<i>nystatin external cream 100000 unit/gm</i>	1	QL (90 grams per prescription.)
<i>nystatin external ointment 100000 unit/gm</i>	1	QL (90 grams per prescription.)
<i>nystatin external powder 100000 unit/gm</i>	1	QL (120 grams per prescription.)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
<i>nystop external powder 100000 unit/gm</i>	1	QL (120 grams per prescription.)
POLYMYXIN ANTIBIOTICS - Antibiotics		
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	1	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED 150 MG (<i>colistimethate sodium</i>)	3/4	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
PYRIMIDINE ANTIFUNGALS - Drugs for Fungus		
ANCOBON ORAL CAPSULE 250 MG (<i>flucytosine</i>)	3/4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANCOBON ORAL CAPSULE 500 MG (<i>flucytosine</i>)	3	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
QUINOLONE ANTIBIOTICS - Antibiotics		
BAXDELA ORAL TABLET 450 MG (<i>delafloxacin meglumine</i>)	3	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (<i>ciprofloxacin</i>)	3	
CIPRO ORAL TABLET 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	3/4	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>levofloxacin ophthalmic solution 0.5 %, 1.5 %</i>	1	
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (<i>ofloxacin</i>)	3/4	
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<i>ofloxacin otic solution 0.3 %</i>	1	
RIFAMYCIN ANTIBIOTICS - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	2	
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	3	PA; QL (9 tablets per prescription)
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	3	PA; QL (62 tablets per month.)
SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - Antibiotics		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	3/4	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3/4	
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	3/4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	3/4	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	1	
TETRACYCLINE ANTIBIOTICS - Antibiotics		
AMZEEQ EXTERNAL FOAM 4 % (<i>minocycline hcl micronized</i>)	3/4	QL (30 grams per prescription.)
AVIDOXY DK COMBINATION KIT 100 MG (<i>doxycycline-sunscreen-sal acid</i>)	3	
AVIDOXY ORAL TABLET 100 MG	3/4	
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	QL (120 capsules per 180 days.)
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	QL (120 capsules per 180 days.)
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3/4	QL (120 capsules per 180 days.)
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZILXI EXTERNAL FOAM 1.5 % (<i>minocycline hcl micronized</i>)	3/4	PA; QL (30 grams per prescription.)
TRIAZAACENAPHTHYLENES - Antibiotics		
BLUJEPAL ORAL TABLET 750 MG (<i>gepolidacin mesylate</i>)	3/4	QL (20 tablets per course of therapy.)
URINARY ANTI-INFECTIVES - Drugs for the Urinary System		
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	3/4	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	3/4	
<i>fosfomycin tromethamine oral packet 3 gm</i>	1	
HIPREX ORAL TABLET 1 GM (<i>methenamine hippurate</i>)	3/4	
MACROBID ORAL CAPSULE 100 MG (<i>nitrofurantoin monohydrate macro</i>)	3/4	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	3/4	
<i>me/naphos/mb/hyo1 oral tablet 81.6 mg</i>	1	
<i>methenamine hippurate oral tablet 1 gm</i>	1	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystals oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	1	
ORLYNVAH ORAL TABLET 500-500 MG (<i>sulopenem etzadrox-probenecid</i>)	3/4	QL (10 tablets per course of therapy.)
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
URELLE ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	1	QL (4 tablets per day.); CM
abirtega oral tablet 250 mg	1	QL (4 tablets per day.); CM
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (niraparib-abiraterone acetate)	3/4	PA; QL (2 tablets per day.); SP; CM; SMCS
ALECENSA ORAL CAPSULE 150 MG (alectinib hcl)	2	PA; QL (8 capsules per day.); CM
ALUNBRIG ORAL TABLET 180 MG, 90 MG (brigatinib)	2	PA; QL (1 tablet per day.); CM
ALUNBRIG ORAL TABLET 30 MG (brigatinib)	2	PA; QL (4 tablets per day.); CM
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (brigatinib)	2	PA; QL (30 packs per year.); CM
anastrozole oral tablet 1 mg	1	H-N
AUGTYRO ORAL CAPSULE 160 MG (repotrectinib)	2	PA; QL (60 capsules per month.); CM
AUGTYRO ORAL CAPSULE 40 MG (repotrectinib)	2	PA; QL (8 capsules per day.); CM
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.); CM
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 (<i>ropeginterferon alfa-2b-njft</i>)	3/4	PA; QL (0.08 ml per day.); SP; CM; SMCS
bexarotene external gel 1 %	1	QL (60 grams per prescription.)
bexarotene oral capsule 75 mg	1	CM
bicalutamide oral tablet 50 mg	1	CM
BOSULIF ORAL CAPSULE 100 MG (<i>bosutinib</i>)	2	PA; QL (3 Capsules per day.); SP; CM; SMCS
BOSULIF ORAL CAPSULE 50 MG (<i>bosutinib</i>)	2	PA; QL (1 Capsule per day.); SP; CM; SMCS
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	2	PA; QL (4 tablets per day.); SP; CM; SMCS
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	2	PA; QL (1 tablet per day.); SP; CM; SMCS
BRAFTOVI ORAL CAPSULE 75 MG (<i>encorafenib</i>)	3/4	PA; QL (6 capsules per day.); SP; CM; SMCS
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	3	PA; CM
BRUKINSA ORAL TABLET 160 MG (<i>zanubrutinib</i>)	3	PA; QL (60 capsules per month.); CM
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	2	PA; QL (1 tablet per day.); SP; CM; SMCS
CALQUENCE ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>)	2	PA; QL (2 tablets per day.); CM
capecitabine oral tablet 150 mg, 500 mg	1	CM
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	2	PA; QL (2 tablets per day.); SP; CM; SMCS
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	2	PA; QL (1 tablet per day.); SP; CM; SMCS
cladribine (10 tabs) oral tablet therapy pack 10 mg	1	PA; QL (40 tablets per 720 days.); SP; SMCS
cladribine (4 tabs) oral tablet therapy pack 10 mg	1	PA; QL (40 tablets per 720 days.); SP; SMCS
cladribine (5 tabs) oral tablet therapy pack 10 mg	1	PA; QL (40 tablets per 720 days.); SP; SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cladribine (6 tabs) oral tablet therapy pack 10 mg</i>	1	PA; QL (40 tablets per 720 days.); SP; SMCS
<i>cladribine (7 tabs) oral tablet therapy pack 10 mg</i>	1	PA; QL (40 tablets per 720 days.); SP; SMCS
<i>cladribine (8 tabs) oral tablet therapy pack 10 mg</i>	1	PA; QL (40 tablets per 720 days.); SP; SMCS
<i>cladribine (9 tabs) oral tablet therapy pack 10 mg</i>	1	PA; QL (40 tablets per 720 days.); SP; SMCS
COMETRIQ ORAL KIT 20 MG (<i>cabozantinib s-malate</i>)	2	PA; QL (93 capsules per month.); SP; CM; SMCS
COMETRIQ ORAL KIT 3 X 20 MG & 80 MG (<i>cabozantinib s-malate</i>)	2	PA; QL (124 capsules per month.); SP; CM; SMCS
COMETRIQ ORAL KIT 80 & 20 MG (<i>cabozantinib s-malate</i>)	2	PA; QL (62 capsules per month.); SP; CM; SMCS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	3/4	PA; QL (2 capsules per day.); SP; CM; SMCS
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	2	PA; QL (63 tablets per 21 days); SP; CM; SMCS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	CM
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	2	CM
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	1	PA; QL (1 tablet per day.); CM
<i>dasatinib oral tablet 20 mg</i>	1	PA; QL (90 tablets per month.); CM
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	2	PA; QL (2 tablets per day.); SP; CM; SMCS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	1	CM
ENSACOVE ORAL CAPSULE 100 MG, 25 MG (<i>ensartinib hcl</i>)	2	PA; QL (60 capsules per month.); CM
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	2	PA; QL (1 capsule per day.); SP; CM; SMCS
ERLEADA ORAL TABLET 240 MG (<i>apalutamide</i>)	2	PA; QL (1 tablet per day.)
ERLEADA ORAL TABLET 60 MG (<i>apalutamide</i>)	2	PA; QL (4 tablets per day.); CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	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.); CM
everolimus oral tablet 2.5 mg, 5 mg	1	PA; QL (1 tablet per day.); CM
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	1	PA; QL (1 tablet per day.); CM
exemestane oral tablet 25 mg	1	H-N
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (degarelix acetate)	3	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (degarelix acetate)	3	
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (tivozanib hcl)	3/4	PA; QL (0.75 capsules per day.); SP; CM; SMCS
FRUZAQLA ORAL CAPSULE 1 MG (fruquintinib)	3/4	PA; QL (84 capsules per 21 days.); CM
FRUZAQLA ORAL CAPSULE 5 MG (fruquintinib)	3/4	PA; QL (21 capsules per 21 days.); CM
GAVRETO ORAL CAPSULE 100 MG (pralsetinib)	3/4	PA; QL (4 capsules per day.); CM
gefitinib oral tablet 250 mg	1	PA; QL (2 tablets per day.); CM
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	CM
GOMEKLI ORAL CAPSULE 1 MG (mirdametinib)	3/4	PA; QL (42 capsules per 4 weeks.); SP; SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GOMEKLI ORAL CAPSULE 2 MG (<i>mirdametinib</i>)	3/4	PA; QL (84 capsules per 4 weeks.); SP; SMCS
GOMEKLI ORAL TABLET SOLUBLE 1 MG (<i>mirdametinib</i>)	3/4	PA; QL (168 tablets per 4 weeks.); SP; SMCS
HEPZATO W/50MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED 50 MG (<i>melfalan hcl</i>)	3	
HEPZATO W/62MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED 50 MG (<i>melfalan hcl</i>)	3	
HERNEXEOS ORAL TABLET 60 MG (<i>zongertinib</i>)	3/4	PA; QL (90 tablets per month.); SP; CM; SMCS
HYCANTIN ORAL CAPSULE 0.25 MG (<i>topotecan hcl</i>)	2	PA; QL (20 capsules per three weeks.); CM
HYCANTIN ORAL CAPSULE 1 MG (<i>topotecan hcl</i>)	2	PA; QL (30 capsules per 3 weeks.); CM
hydroxyurea oral capsule 500 mg	1	CM
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	3/4	PA; QL (21 capsules per month.); CM
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	3/4	PA; QL (0.75 tablets per day.); CM
IBTROZI ORAL CAPSULE 200 MG (<i>taletrectinib adipate</i>)	3/4	PA; QL (90 capsules per month.); SP; CM; SMCS
ICLUSIG ORAL TABLET 15 MG, 45 MG (<i>ponatinib hcl</i>)	3	PA; QL (1 tablet per day.); SP; CM; SMCS
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	2	PA; QL (1 tablet per day.); CM
imatinib mesylate oral tablet 100 mg	1	QL (6 tablets per day.); CM
imatinib mesylate oral tablet 400 mg	1	QL (1 tablet per day.); CM
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	2	PA; QL (4 capsules per day.); CM
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	2	PA; QL (1 capsule per day.); CM
IMBRUVICA ORAL SUSPENSION 70 MG/ML (<i>ibrutinib</i>)	2	PA; QL (7.2 ml per day.); CM
IMBRUVICA ORAL TABLET 420 MG (<i>ibrutinib</i>)	2	PA; QL (1 tablet per day.); CM

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IMKELDI ORAL SOLUTION 80 MG/ML	3/4	PA; QL (280 ml (2 bottles) per month.); CM
INLURIYO ORAL TABLET 200 MG (<i>imlunestrant tosylate</i>)	3/4	PA; QL (56 tablets per month.); CM
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	3	PA; QL (6 tablets per day.); SP; CM; SMCS
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	3	PA; QL (124 tablets per 30 days.); SP; CM; SMCS
INQOVI ORAL TABLET 35-100 MG (<i>decitabine-cedazuridine</i>)	3/4	PA; QL (5 tablets per month.); SP; CM; SMCS
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	3/4	PA; QL (2 tablets per day.); CM
ITOVEBI ORAL TABLET 3 MG (<i>inavolisib</i>)	2	PA; QL (56 tablets per month.); CM
ITOVEBI ORAL TABLET 9 MG (<i>inavolisib</i>)	2	PA; QL (28 tablets per month.); CM
IWILFIN ORAL TABLET 192 MG (<i>eflornithine hcl</i>)	2	PA; QL (8 tablets per day.); CM
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	2	PA; QL (2 tablets per day.); CM
JAYPIRCA ORAL TABLET 100 MG (<i>pirtobrutinib</i>)	3/4	PA; QL (3 tablets per day.); CM
JAYPIRCA ORAL TABLET 50 MG (<i>pirtobrutinib</i>)	3/4	PA; QL (1 tablet per day.); CM
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3/4	PA; CM
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	2	PA; QL (21 tablets per month.); CM
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	2	PA; QL (42 tablets per 21 days.); CM
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	2	PA; QL (63 tablets per 21 days.); CM
KOSELUGO ORAL CAPSULE 10 MG (<i>selumetinib sulfate</i>)	3	PA; QL (8 capsules per day.); CM
KOSELUGO ORAL CAPSULE 25 MG (<i>selumetinib sulfate</i>)	3	PA; QL (4 capsules per day.); CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG (<i>selumetinib sulfate</i>)	3	PA
KRAZATI ORAL TABLET 200 MG (<i>adagrasib</i>)	3/4	PA; QL (6 tablets per day.); CM
<i>lapatinib ditosylate oral tablet 250 mg</i>	1	PA; QL (186 tablets per month.); CM
LAZCLUZE ORAL TABLET 240 MG (<i>lazertinib mesylate</i>)	3	PA; QL (30 tablets per month.); CM
LAZCLUZE ORAL TABLET 80 MG (<i>lazertinib mesylate</i>)	3	PA; QL (60 tablets per month.); CM
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg</i>	1	PA; QL (28 capsules per 21 days.); SP; CM; SMCS
<i>lenalidomide oral capsule 20 mg, 25 mg</i>	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 (<i>lenvatinib mesylate</i>)	2	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 (<i>lenvatinib mesylate</i>)	2	PA; QL (3 capsules per day.); SP; CM; SMCS
LENVIMA ORAL CAPSULE THERAPY PACK 10 MG, 4 MG (<i>lenvatinib mesylate</i>)	2	PA; QL (1 capsule per day.); SP; CM; SMCS
<i>letrozole oral tablet 2.5 mg</i>	1	H-N
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	2	CM
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	PA; SM
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	1	CM
LONSURF ORAL TABLET 15-6.14 MG (<i>trifluridine-tipiracil</i>)	3/4	PA; QL (100 tablets per month.); SP; CM; SMCS
LONSURF ORAL TABLET 20-8.19 MG (<i>trifluridine-tipiracil</i>)	3/4	PA; QL (80 tablets per 21 days.); SP; CM; SMCS
LORBRENA ORAL TABLET 100 MG (<i>lorlatinib</i>)	3	PA; QL (30 tablets per month.); CM
LORBRENA ORAL TABLET 25 MG (<i>lorlatinib</i>)	3	PA; QL (90 tablets per month.); CM
LUMAKRAS ORAL TABLET 120 MG (<i>sotorasib</i>)	3/4	PA; QL (240 tablets per month.); CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LUMAKRAS ORAL TABLET 240 MG (<i>sotorasib</i>)	3/4	PA; QL (120 tablets per month.); CM
LUMAKRAS ORAL TABLET 320 MG (<i>sotorasib</i>)	3/4	PA; QL (3 tablets per day.); CM
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	2	PA; QL (4 tablets per day.); SP; CM; SMCS
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	2	CM
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	3/4	PA; QL (84 tablets per month.); CM
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	3/4	PA; QL (112 tablets per month.); CM
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	3/4	PA; QL (140 tablets per month.); CM
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	2	SP; CM; SMCS
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	3	PA; QL (40 tablets per 720 days.); SP; SMCS
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	1	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (<i>trametinib dimethyl sulfoxide</i>)	3/4	QL (17.4 ml per day.); CM
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	3/4	PA; QL (2 tablets per day.); CM
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	3/4	PA; QL (1 tablet per day.); CM
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	3/4	PA; QL (6 tablets per day.); SP; CM; SMCS
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	1	CM
<i>mercaptopurine oral tablet 50 mg</i>	1	CM
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	CM

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MODEYSO ORAL CAPSULE 125 MG (<i>dordaviprone hcl</i>)	3/4	PA; QL (20 capsules per month.); SP; CM; SMCS
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	2	CM
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	2	PA; QL (6 tablets per day.); CM
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>	1	PA; QL (4 capsules per day.); SP; CM; SMCS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	2	PA; QL (3 capsules per prescription.); SP; CM; SMCS
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	2	PA; QL (4 tablets per day.); CM
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	2	PA; QL (1 capsule per day.); CM
OGSIVEO ORAL TABLET 100 MG, 150 MG (<i>nirogacestat hydrobromide</i>)	2	PA; QL (56 tablets per month.); CM
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML (<i>tovorafenib</i>)	3/4	PA; QL (96 ml per month.); CM
OJEMDA ORAL TABLET 100 MG (<i>tovorafenib</i>)	3/4	PA; QL (24 tablets per month.); CM
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (<i>momelotinib dihydrochloride</i>)	3/4	PA; QL (1 tablet per day.); CM
ONUREG ORAL TABLET 200 MG, 300 MG (<i>azacitidine</i>)	2	PA; QL (14 tablets per 24 days.); CM
OPZELURA EXTERNAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	3/4	PA; QL (240 grams per prescription and 1200 grams per 365 days.)
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	3	PA; QL (1 tablet per day); CM
ORSERDU ORAL TABLET 86 MG (<i>elacestrant hydrochloride</i>)	2	PA; QL (3 tablets per day.); CM
<i>pazopanib hcl oral tablet 200 mg</i>	1	PA; QL (4 tablets per day.); SP; CM; SMCS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	2	

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PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	2	
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (<i>pemigatinib</i>)	3/4	PA; QL (31 tablets per month.); CM
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG (<i>alpelisib</i>)	2	PA; QL (2 tablets per day.); CM
PIQRAY ORAL TABLET THERAPY PACK 200 MG (<i>alpelisib</i>)	2	PA; QL (1 tablet per day.); CM
<i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i>	1	PA; QL (21 capsules per 21 days.); SP; CM; SMCS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	3	PA; QL (21 capsules per 21 days.); SP; CM; SMCS
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	3	CM
QINLOCK ORAL TABLET 50 MG (<i>ripretinib</i>)	3/4	PA; QL (3 tablets per day.); SP; CM; SMCS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG (<i>selpercatinib</i>)	3/4	PA; QL (60 tablets per month.); CM
RETEVMO ORAL TABLET 40 MG (<i>selpercatinib</i>)	3/4	PA; QL (90 tablets per month.); CM
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>lenalidomide</i>)	2	PA; QL (28 capsules per 21 days.); SP; CM; SMCS
REVLIMID ORAL CAPSULE 20 MG, 25 MG (<i>lenalidomide</i>)	2	PA; QL (21 capsules per 21 days.); SP; CM; SMCS
REVUFORJ ORAL TABLET 110 MG (<i>revumenib citrate</i>)	3/4	PA; QL (120 tablets per month.); SP; CM; SMCS
REVUFORJ ORAL TABLET 160 MG (<i>revumenib citrate</i>)	3/4	PA; QL (60 tablets per month.); SP; CM; SMCS
REVUFORJ ORAL TABLET 25 MG (<i>revumenib citrate</i>)	3/4	PA; QL (240 tablets per month.); SP; CM; SMCS
REZLIDHIA ORAL CAPSULE 150 MG (<i>olutasidenib</i>)	2	PA; QL (2 capsules per day.); CM
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG (<i>vimseltinib</i>)	2	PA; QL (8 capsules per 4 weeks.); SP; CM; SMCS
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (<i>entrectinib</i>)	2	PA; QL (3 capsules per day.); CM

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ROZLYTREK ORAL PACKET 50 MG (<i>entrectinib</i>)	2	PA; QL (84 packets (2 boxes) per month.); CM
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>)	3	PA; QL (4 tablets per day.); SP; CM; SMCS
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	2	PA; QL (8 capsules per day.); CM
SCEMBLIX ORAL TABLET 100 MG (<i>asciminib hcl</i>)	3/4	PA; QL (120 tablets per month.); SP; CM; SMCS
SCEMBLIX ORAL TABLET 20 MG, 40 MG (<i>asciminib hcl</i>)	3/4	PA; QL (2 tablets per day.); SP; CM; SMCS
<i>sorafenib tosylate oral tablet 200 mg</i>	1	PA; QL (4 tablets per day.); SP; CM; SMCS
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	2	PA; QL (84 tablets per 21 days.); SP; CM; SMCS
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	PA; QL (1 capsule per day.); SP; CM; SMCS
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	2	CM
TABRECTA ORAL TABLET 150 MG, 200 MG (<i>capmatinib hcl</i>)	3/4	PA; QL (4 tablets per day.); CM
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	3/4	PA; QL (4 capsules per day.); CM
TAFINLAR ORAL TABLET SOLUBLE 10 MG (<i>dabrafenib mesylate</i>)	3/4	QL (420 tablets per month.); CM
TAGRISSE ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	3	PA; QL (1 tablet per day.); CM
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (<i>talazoparib tosylate</i>)	3/4	PA; QL (1 capsule per day.); SP; CM; SMCS
<i>tamoxifen citrate oral tablet 10 mg</i>	1	
<i>tamoxifen citrate oral tablet 20 mg</i>	1	H-N
TAZVERIK ORAL TABLET 200 MG (<i>tazemetostat hbr</i>)	3/4	PA; QL (8 tablets per day.); SP; CM; SMCS
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	1	CM
TEPMETKO ORAL TABLET 225 MG (<i>tepotinib hcl</i>)	3/4	PA; QL (2 tablets per day.); SP; CM; SMCS

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THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	2	PA; QL (28 capsules per prescription.); SP; CM; SMCS
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	2	PA; QL (2 tablets per day.); SP; CM; SMCS
<i>toremifene citrate oral tablet 60 mg</i>	1	CM
<i>torpenz oral tablet 10 mg, 7.5 mg</i>	1	PA; QL (2 tablets per day.); CM
<i>torpenz oral tablet 2.5 mg, 5 mg</i>	1	PA; QL (1 tablet per day.); CM
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	QL (20 grams per prescription.)
<i>tretinoin oral capsule 10 mg</i>	1	QL (279 capsules per prescription.); CM
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	2	CM
TRUQAP ORAL TABLET 200 MG (<i>capivasertib</i>)	2	PA; QL (64 tablets per month.)
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG (<i>capivasertib</i>)	2	PA; QL (64 tablets every month.); CM
TUKYSA ORAL TABLET 150 MG (<i>tucatinib</i>)	2	PA; QL (4 tablets per day.); CM
TUKYSA ORAL TABLET 50 MG (<i>tucatinib</i>)	2	PA; QL (10 tablets per day.); CM
TURALIO ORAL CAPSULE 125 MG (<i>pexidartinib hcl</i>)	2	PA; QL (4 capsules per day.); SP; CM; SMCS
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (<i>quizartinib dihydrochloride</i>)	3/4	PA; QL (2 tablets per day.); SP; CM; SMCS
VENCLEXTA ORAL TABLET 10 MG (<i>venetoclax</i>)	2	PA; QL (14 tablets per month.); CM
VENCLEXTA ORAL TABLET 100 MG (<i>venetoclax</i>)	2	PA; QL (4 tablets per day.); CM
VENCLEXTA ORAL TABLET 50 MG (<i>venetoclax</i>)	2	PA; QL (1 tablet per day.); CM
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	2	PA; QL (42 tablets per year.); CM

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VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (abemaciclib)	2	PA; QL (2 tablets per day.); CM
VITRAKVI ORAL CAPSULE 100 MG (larotrectinib sulfate)	2	PA; QL (2 capsules per day.); CM
VITRAKVI ORAL CAPSULE 25 MG (larotrectinib sulfate)	2	PA; QL (6 capsules per day.); CM
VITRAKVI ORAL SOLUTION 20 MG/ML (larotrectinib sulfate)	2	PA; QL (10 mL per day.); CM
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (dacomitinib)	3	PA; QL (1 tablet per day.); CM
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; CM
XOSPATA ORAL TABLET 40 MG (gilteritinib fumarate)	3	PA; QL (3 tablets per day.); CM
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (selinexor)	3/4	PA; QL (0.26 tablet per day.); CM
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG (selinexor)	3/4	PA; QL (16 tablets per month.); CM
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (selinexor)	3/4	PA; QL (0.29 tablet per day.); CM
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (selinexor)	3/4	PA; QL (1 therapy pack per month.); CM
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (selinexor)	3/4	PA; QL (0.86 tablets per day.); CM
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (selinexor)	3/4	PA; QL (0.29 tablet per day.); CM
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG (selinexor)	3/4	PA; CM
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (selinexor)	3/4	PA; QL (1.15 tablets per day.); CM
XROMI ORAL SOLUTION 100 MG/ML (hydroxyurea)	3/4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	2	PA; QL (4 capsules per day.); SP; CM; SMCS
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	2	PA; QL (8 tablets per day.); SP; CM; SMCS
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	2	PA; QL (4 capsules per day.); CM
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	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		
GRASSTK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (<i>timothy grass pollen allergen</i>)	3/4	PA; QL (1 tablet per day.)
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (<i>dust mite mixed allergen ext</i>)	3/4	PA; QL (1 tablet per day.)
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	3/4	PA; QL (1 tablet per day.)
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 100 IR (<i>grass mix pollens allergen ext</i>)	3/4	PA; QL (3 tablets per year.)
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	3/4	PA; QL (1 tablet per day.)
PALFORZIA (1 MG DAILY DOSE) ORAL 1 X 1 MG (<i>peanut powder-dnfp</i>)	3	PA
PALFORZIA INITIAL DOSE 1-3YRS ORAL 0.5 & 1 & 1.5 & 3 MG (<i>peanut powder-dnfp</i>)	3	PA; QL (7 capsules (1 pack) per 365 days.)
PALFORZIA INITIAL DOSE 4-17YRS ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (<i>peanut powder-dnfp</i>)	3	PA; QL (13 capsules per year.)
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (<i>peanut powder-dnfp</i>)	3	PA; QL (13 capsules per year.)
PALFORZIA ORAL 2 X 1 MG & 10 MG, 3 X 1 MG (<i>peanut powder-dnfp</i>)	3	PA; QL (45 capsules per 13 days.)
PALFORZIA ORAL 2 X 100 MG, 2 X 20 MG, 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	3	PA; QL (30 capsules per 13 days.)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VAXELIS INTRAMUSCULAR SUSPENSION (<i>dtap-ipv-hib-hepatitis b recmb</i>)	3	H
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv-hib-hepatitis b recmb</i>)	3	H
VACCINES - Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML (<i>rsv pre-fusion f a&b vac rcmb</i>)	3	H
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	2	H
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	3	H
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	3	H
AFLURIA INTRAMUSCULAR SUSPENSION (<i>influenza virus vaccine split</i>)	3	H
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza virus vacc split pf</i>)	3	H
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML (<i>rsvpref3 vac recomb adjuvanted</i>)	3	H
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>meningococcal b recomb omv adj</i>)	3	H
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	2	H
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (<i>pneumococcal 21-valent conjuga</i>)	3	H
COMIRNATY 5-11 YEARS INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML (<i>covid-19 mrna virus vaccine</i>)	3	H
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML (<i>covid-19 mrna virus vaccine</i>)	3	H
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (<i>diphth-acell pertussis-tetanus</i>)	2	H

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML (<i>mening acy&w-135 tetanus conj</i>)	3	H
MENVEO INTRAMUSCULAR SOLUTION (<i>meningococcal a c y&w-135 olig</i>)	3	H
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>meningococcal a c y&w-135 olig</i>)	3	H
M-M-R II INJECTION SOLUTION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	2	H
MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 10 MCG/0.2ML (<i>covid-19 mrna virus vaccine</i>)	3	H
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-hepatitis b recomb-ipv</i>)	3	H
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML (<i>haemophilus b polysac conj vac</i>)	2	H
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>mening acyw(tet conj)-b(rcmb)</i>)	3	H
PENMENVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	H
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>dtap-ipv-hib vaccine</i>)	3	H
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (<i>pneumococcal vac polyvalent</i>)	2	H
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>pneumococcal 20-val conj vacc</i>)	3	H
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	3	H
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles-mumps-rubella-varicell</i>)	3	H
QUADRACEL INTRAMUSCULAR SUSPENSION (<i>dtap-ipv vaccine</i>)	3	H
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML (<i>hepatitis b vac recombinant</i>)	2	H
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML (<i>hepatitis b vac recombinant</i>)	2	H
ROTARIX ORAL SUSPENSION (<i>rotavirus vaccine live oral</i>)	3	H

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ROTATEQ ORAL SOLUTION (<i>rotavirus vac live pentavalent</i>)	3	H
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML (<i>zoster vac recomb adjuvanted</i>)	3	H
SPIKEVAX 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML (<i>covid-19 mrna virus vaccine</i>)	3	H
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (<i>covid-19 mrna virus vaccine</i>)	3	H
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>meningococcal b vac (recomb)</i>)	3	H
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (<i>hepatitis a-hep b recomb vac</i>)	3	H
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (<i>hepatitis a vaccine</i>)	2	H
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML (<i>hepatitis a vaccine</i>)	2	H
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML (<i>varicella virus vaccine live</i>)	3	H
VAXELIS INTRAMUSCULAR SUSPENSION (<i>dtap-ipv-hib-hepatitis b recmb</i>)	3	H
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv-hib-hepatitis b recmb</i>)	3	H
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>pneumococcal 15-val conj vacc</i>)	3	H
AUTONOMIC DRUGS		
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	H
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG (<i>varenicline tartrate</i>)	1	H
CHANTIX ORAL TABLET 0.5 MG, 1 MG (<i>varenicline tartrate</i>)	1	H
CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42 (<i>varenicline tartrate</i>)	1	H

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<i>ft nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	1	H
<i>ft nicotine mouth/throat gum 2 mg, 4 mg</i>	1	H
<i>ft nicotine mouth/throat lozenge 2 mg, 4 mg</i>	1	H
<i>ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	1	H
<i>goodsense nicotine mouth/throat gum 2 mg, 4 mg</i>	1	H
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	1	H
<i>goodsense nicotine polacrilex mouth/throat gum 4 mg</i>	1	H
<i>habitrol transdermal patch 24 hour 21 mg/24hr</i>	1	H
<i>naltrexone hcl oral tablet 50 mg</i>	1	
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	1	H
NICORETTE MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	1	H
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	1	H
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	1	H
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	1	H
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	1	H
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	1	H
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	1	H
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	1	H
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	1	H
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	1	H
<i>nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr</i>	1	H
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	1	H
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (<i>varenicline tartrate</i>)	3/4	PA; QL (0.28 ml per day.)
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	1	H
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	1	H
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AUTONOMIC DRUGS - Drugs for the Nervous System		
ALPHA- AND BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADRENALIN NASAL SOLUTION 0.1 % (<i>epinephrine hcl (nasal)</i>)	2	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML (<i>epinephrine</i>)	2	QL (2 pens per prescription.); SM
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	2	QL (2 injections per prescription.); SM
<i>droxidopa oral capsule 100 mg</i>	1	PA; QL (90 tablets per month.)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	1	PA; QL (180 tablets per month.)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml</i>	1	QL (2 injections per prescription.); SM
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	1	QL (4 injections per prescription.); SM
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	SM
NEFFY NASAL SOLUTION 1 MG/0.1ML, 2 MG/0.1ML (<i>epinephrine</i>)	3/4	QL (2 nasal sprays (1 box) per copay.)
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
ALPHA-ADRENERGIC AGONISTS (12:12) - Drugs for Heart and Lungs		
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	
<i>lofexidine hcl oral tablet 0.18 mg</i>	1	
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	PA
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	3	

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ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML (<i>clonidine hcl</i>)	3	QL (120 mL per month.)
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	1	
ANTIMUSCARINICS/ANTISPASMODICS - Drugs for Parkinson		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium-vilanterol</i>)	3	SM
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	3	QL (0.87 grams per day.); SM
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	1	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	2	QL (0.36 grams per day.); SM
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	3	QL (0.36 grams per day.); SM
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	3	QL (0.28 grams per day.); SM
CUVPOSA ORAL SOLUTION 1 MG/5ML (<i>glycopyrrolate</i>)	3/4	
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	1	PA; QL (120 mL per prescription and 360 ml per month.)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	1	PA
<i>hydromet oral solution 5-1.5 mg/5ml</i>	1	PA; QL (120 mL per prescription and 360 ml per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	1	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	1	
hyoscyamine sulfate oral solution 0.125 mg/ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	1	
hyoscyamine sulfate 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	SM
ipratropium bromide nasal solution 0.03 %, 0.06 %	1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	SM
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 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	
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); SM
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT (tiotropium bromide)	2	QL (0.15 grams per day.); SM
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (tiotropium bromide)	2	SM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	2	SM
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	3	QL (2 blisters per day.); SM
URELLE ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
<i>uretron d/s oral tablet 81.6 mg</i>	1	
UROGESIC-BLUE ORAL TABLET 81.6 MG (<i>methen-hyosc-meth blue-na phos</i>)	2	
VILEVEV MB ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	3/4	PA; QL (3 ml per day.); SM
ANTIPARKINSONIAN AGENTS - Drugs for Parkinson		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
AUTONOMIC DRUGS, MISCELLANEOUS - Drugs for the Nervous System		
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG (<i>varenicline tartrate</i>)	1	H
CHANTIX ORAL TABLET 0.5 MG, 1 MG (<i>varenicline tartrate</i>)	1	H
CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42 (<i>varenicline tartrate</i>)	1	H
<i>ft nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	1	H
<i>ft nicotine mouth/throat gum 2 mg, 4 mg</i>	1	H
<i>ft nicotine mouth/throat lozenge 2 mg, 4 mg</i>	1	H
<i>ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	1	H
<i>goodsense nicotine mouth/throat gum 2 mg, 4 mg</i>	1	H
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	1	H
<i>goodsense nicotine polacrilex mouth/throat gum 4 mg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>habitrol transdermal patch 24 hour 21 mg/24hr</i>	1	H
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	1	H
NICORETTE MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	1	H
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	1	H
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	1	H
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	1	H
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	1	H
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	1	H
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	1	H
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	1	H
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	1	H
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	1	H
<i>nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr</i>	1	H
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	1	H
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	1	H
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	1	H
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	1	H
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT - Drugs for Relaxing Muscles		
<i>carisoprodol oral tablet 350 mg</i>	1	
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
TANLOR ORAL TABLET 1000 MG (<i>methocarbamol</i>)	3	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	
TONMYA SUBLINGUAL TABLET SUBLINGUAL 2.8 MG (<i>cyclobenzaprine hcl (fibromy)</i>)	3/4	PA; QL (60 sublingual tablets per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZANAFLEX ORAL TABLET 4 MG (<i>tizanidine hcl</i>)	3/4	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS - Drugs for Relaxing Muscles		
DANTRIUM ORAL CAPSULE 25 MG (<i>dantrolene sodium</i>)	3/4	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	1	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
<i>baclofen oral solution 10 mg/5ml</i>	1	PA
<i>baclofen oral solution 5 mg/5ml</i>	1	
<i>baclofen oral suspension 25 mg/5ml</i>	1	PA
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (<i>baclofen</i>)	3/4	PA
OZOBAX DS ORAL SOLUTION 10 MG/5ML (<i>baclofen</i>)	3/4	PA
INDIRECT-ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	
NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	3/4	
BETIMOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol hemihydrate</i>)	3/4	QL (5 ml per prescription.)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	3	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	3/4	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	3/4	PA
<i>timolol hemihydrate ophthalmic solution 0.5 %</i>	1	QL (5 ml per prescription.)
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ocudose ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>timolol maleate pf ophthalmic solution 0.25 %, 0.5 %</i>	1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	3/4	
NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS - Drugs for the Heart		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3/4	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
TEZRULY ORAL SOLUTION 1 MG/ML (<i>terazosin hcl</i>)	3/4	PA
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	1	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	QL (8 mL per prescription.)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (<i>ergotamine tartrate</i>)	3/4	QL (5 tablets per prescription.)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	1	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - Drugs for Bladder Incontinence		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>cevimeline hcl oral capsule 30 mg</i>	1	
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	1	
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	2	PA; QL (300 tablets per month.)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	1	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	
MESTINON ORAL SOLUTION 60 MG/5ML (<i>pyridostigmine bromide</i>)	3/4	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	1	
PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG	3	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	1	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (<i>pilocarpine hcl</i>)	3/4	
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT - Drugs for the Heart		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	

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<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	
SELECTIVE BETA-2-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	3	QL (0.4 grams per day.); SM
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	QL (10.7 grams per prescription.); SM
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	1	QL (1 inhaler per copay.); SM
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	1	QL (1 inhaler per prescription.); SM
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	1	QL (18 grams per prescription.); SM
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	1	QL (6.7 grams per prescription.); SM
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	1	QL (8.5 grams per prescription.); SM
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	SM
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	1	SM
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	SM
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	PA
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium-vilanterol</i>)	3	SM
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	1	QL (2 nebules per day); SM
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	2	QL (0.36 grams per day.); SM
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	3	SM

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BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT (fluticasone furoate-vilanterol)	3	QL (2 blisters per day.); SM
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (budeson-glycopyrrol-formoterol)	3	QL (0.36 grams per day.); SM
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (ipratropium-albuterol)	3	QL (0.28 grams per day.); SM
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.); SM
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL (0.04 mcg per day.); SM
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	1	QL (2 vials per day.); SM
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	SM
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	1	QL (90 ml per prescription.); SM
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	1	QL (30 vials per prescription); SM
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL (15 grams per prescription.); SM
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (formoterol fumarate)	3/4	QL (2 vials per day.); SM
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (salmeterol xinafoate)	2	QL (1 diskus (60 blisters) per month.); SM
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (tiotropium bromide-olodaterol)	2	SM
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (olodaterol hcl)	2	SM
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT (budesonide-formoterol fumarate)	1	QL (0.35 grams per day.); SM
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT (budesonide-formoterol fumarate)	1	SM
terbutaline sulfate oral tablet 2.5 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	3	QL (2 blisters per day.); SM
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL (2 blisters per day.); SM
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (<i>levalbuterol tartrate</i>)	3	QL (15 grams per prescription.); SM
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT - Drugs for the Heart		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	3	
<i>bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	3/4	
LOPRESSOR ORAL SOLUTION 10 MG/ML (<i>metoprolol tartrate</i>)	3/4	PA
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	3/4	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - Drugs for Relaxing Muscles		
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood		
ANTIANEMIA DRUGS - Vitamins and Minerals		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML (<i>darbepoetin alfa</i>)	2	QL (2 syringes per month)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	2	QL (4 syringes per month)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML (<i>darbepoetin alfa</i>)	2	QL (1.6 ml per month.)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML (<i>darbepoetin alfa</i>)	2	QL (1 prefill syringe per month)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	2	QL (2 vials per month)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML (<i>darbepoetin alfa</i>)	2	QL (4 vials per month)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML (<i>darbepoetin alfa</i>)	2	QL (2 vials per prescription)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>darbepoetin alfa</i>)	2	QL (2 syringes per month)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML (<i>epoetin alfa-epbx</i>)	2	QL (8 ml per 21 days)
RETACRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa-epbx</i>)	2	QL (12 ml per 21 days.)
RETACRIT INJECTION SOLUTION 20000 UNIT/ML (<i>epoetin alfa-epbx</i>)	2	
RETACRIT INJECTION SOLUTION 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	2	QL (4 ml per 21 days.)
ANTICOAGULANTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML (<i>anticoagulant cit dext soln a</i>)	3	
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION 4 %, 4 GM/100ML	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	1	QL (24 ml (30 syringes) per prescription)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	1	QL (15 ml (30 syringes) per prescription)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	1	QL (12 ml (30 syringes) per prescription)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	1	QL (18 ml (30 syringes) per prescription)
TRICITRASOL IN VITRO CONCENTRATE 46.7 % (<i>anticoagulant sodium citrate</i>)	3	
ANTITHROMBOTIC AGENTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	2	PA; QL (1 vial per day and 58 vials per 120 days.); SP; SMCS
LODOCO ORAL TABLET 0.5 MG (<i>colchicine</i>)	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 (<i>mitapivat sulfate</i>)	3	PA; QL (56 tablets per 28 days.); CM
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG (<i>mitapivat sulfate</i>)	3	PA; QL (7 tablets per 365 days.); CM
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG (<i>mitapivat sulfate</i>)	3	PA; QL (14 tablets per 365 days.); CM
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	3/4	PA; QL (2 tablets per day.); SP; SMCS
COUMARIN DERIVATIVES - Drugs to Prevent Blood Clots		
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
DIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG (<i>apixaban</i>)	2	QL (152 tablets per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG (<i>apixaban</i>)	2	QL (152 tablets per month.)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (<i>apixaban</i>)	2	QL (2.5 tablets per day.)
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG (<i>apixaban</i>)	2	QL (76 sprinkle capsules per month.)
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	2	QL (2 tablets per day.)
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	2	QL (2.5 tablets per day.)
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG (<i>apixaban</i>)	2	QL (152 tablets per month.)
<i>rivaroxaban oral suspension reconstituted 1 mg/ml</i>	1	QL (20 ml per day.)
<i>rivaroxaban oral tablet 2.5 mg</i>	1	QL (2 tablets per day.)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	3/4	QL (1 tablet per day.)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (<i>rivaroxaban</i>)	2	QL (20 ml per day.)
XARELTO ORAL TABLET 10 MG (<i>rivaroxaban</i>)	2	QL (1 tablet per day.)
XARELTO ORAL TABLET 15 MG (<i>rivaroxaban</i>)	2	QL (52 tablets per month initial 1 tablet per day for maintenance.)
XARELTO ORAL TABLET 2.5 MG (<i>rivaroxaban</i>)	2	QL (2 tablets per day.)
XARELTO ORAL TABLET 20 MG (<i>rivaroxaban</i>)	2	QL (31 tablets per 31 days.)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	2	QL (51 tablets per year.)
DIRECT THROMBIN INHIBITORS - Drugs to Prevent Blood Clots		
<i>dabigatran etexilate mesylate oral capsule 110 mg</i>	1	QL (2 tablets per day.)
<i>dabigatran etexilate mesylate oral capsule 150 mg, 75 mg</i>	1	QL (62 capsules per 31 days.)
PRADAXA ORAL PACKET 110 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>dabigatran etexilate mesylate</i>)	3/4	PA; QL (4 packets per day.)
PRADAXA ORAL PACKET 150 MG (<i>dabigatran etexilate mesylate</i>)	3/4	PA; QL (2 packets per day.)
HEMATOPOIETIC AGENTS - Drugs for Anemia		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (<i>eltrombopag choline</i>)	3/4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML (<i>darbepoetin alfa</i>)	2	QL (2 syringes per month)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	2	QL (4 syringes per month)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML (<i>darbepoetin alfa</i>)	2	QL (1.6 ml per month.)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML (<i>darbepoetin alfa</i>)	2	QL (1 prefill syringe per month)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	2	QL (2 vials per month)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML (<i>darbepoetin alfa</i>)	2	QL (4 vials per month)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML (<i>darbepoetin alfa</i>)	2	QL (2 vials per prescription)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>darbepoetin alfa</i>)	2	QL (2 syringes per month)
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	3/4	PA; QL (60 tablets per month.)
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG (<i>avatrombopag maleate</i>)	3/4	PA; QL (60 capsules per month.)
<i>eltrombopag olamine oral packet 12.5 mg, 25 mg</i>	1	PA; QL (6 packets per day.)
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (<i>sargramostim</i>)	2	
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML (<i>plerixafor</i>)	3/4	
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	3/4	PA; QL (7 tablets per prescription.)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	2	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	2	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>plerixafor subcutaneous solution 24 mg/1.2ml</i>	1	
PROMACTA ORAL PACKET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	3/4	PA; QL (6 packets per day.)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML (<i>epoetin alfa-epbx</i>)	2	QL (8 ml per 21 days)
RETACRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa-epbx</i>)	2	QL (12 ml per 21 days.)
RETACRIT INJECTION SOLUTION 20000 UNIT/ML (<i>epoetin alfa-epbx</i>)	2	
RETACRIT INJECTION SOLUTION 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	2	QL (4 ml per 21 days.)
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	2	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	2	
VAFSEO ORAL TABLET 150 MG, 300 MG (<i>vadadustat</i>)	3/4	PA; QL (31 tablets per month.)
XOLREMDI ORAL CAPSULE 100 MG (<i>mavorixafor</i>)	2	PA; QL (120 capsules per month.); SP; SMCS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	2	
HEMORRHEOLOGIC AGENTS - Drugs for Blood Flow		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	
HEMOSTATICS - Drugs to Prevent Bleeding		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	2	
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	3/4	
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>)	3/4	
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor-vwf</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>coagulation factor ix</i>)	2	
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>coagulation factor ix (rfixfc)</i>)	3	
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact fc-vwf-xten-eh1l</i>)	3/4	
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	1	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	1	
ASTRINGYN EXTERNAL SOLUTION 259 MG/GM (<i>ferric subsulfate</i>)	3	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	2	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (<i>coagulation factor x (human)</i>)	2	
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (<i>factor xiii concentrate human</i>)	2	
CRENESSITY ORAL CAPSULE 100 MG, 50 MG (<i>crinecerfont</i>)	3/4	PA; QL (62 capsules per month.); SP; SMCS
CRENESSITY ORAL SOLUTION 50 MG/ML (<i>crinecerfont</i>)	3/4	PA; QL (120 mL (4 bottles) per month.); SP; SMCS
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	1	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	3	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	1	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	1	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (<i>antihem fact (bdd-rfviiiifc)</i>)	3/4	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (<i>antiinhibitor coagulant cmlpx</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GELFILM OPHTHALMIC FILM (<i>gelatin adsorbable</i>)	2	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML (<i>emicizumab-kxwh</i>)	2	PA; SP; SMCS
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	2	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (<i>antihemophilic factor-vwf</i>)	2	
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>marstacimab-hncq</i>)	2	PA; QL (4 mL (4 Auto-injectors) per month.)
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (<i>coagulation factor ix (rix-fp)</i>)	3	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>ahf (bdd-rfviii peg-aucI)</i>)	3/4	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	2	
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>antihemophilic factor</i>)	2	
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	2	
MONSELS FERRIC SUBSULFATE EXTERNAL SOLUTION	3	
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact bd truncated</i>)	2	
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (<i>coagulation factor viia recomb</i>)	2	
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	2	
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	3	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>factor ix complex</i>)	2	
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2ML (<i>fitusiran sodium</i>)	3/4	PA; QL (0.2 mL (1 vial) per month.)
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (<i>fitusiran sodium</i>)	3/4	PA; QL (0.5 mL (1 pen) per month.)
RECOMBIMATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (<i>antihem factor recomb (rfviii)</i>)	2	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT (<i>thrombin (recombinant)</i>)	3	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT (<i>thrombin (recombinant)</i>)	3	
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	2	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT 5000 UNIT (<i>thrombin</i>)	3	
THROMBIN-JMI EXTERNAL KIT 20000 UNIT, 5000 UNIT (<i>thrombin</i>)	3	
THROMBOGEN EXTERNAL KIT 10000 UNIT (<i>thrombin</i>)	3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED 1000 UNIT, 10000 UNIT (<i>thrombin</i>)	3	
<i>tranexamic acid oral tablet 650 mg</i>	1	QL (Benefit maximum quantity 1 per day.)
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT (<i>coagulation factor xiii a-sub</i>)	3	SP; SMCS
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (<i>von willebrand factor (recomb)</i>)	2	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (<i>antihemophilic factor-vwf</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	3/4	PA
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	3/4	PA
HEPARINS - Drugs to Prevent Blood Clots		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	1	QL (42 ml (14 vials) per prescription)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	1	QL (30 syringes per prescription)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	1	QL (24 ml (30 syringes) per prescription)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	1	QL (9 ml (30 syringes) per prescription)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	1	QL (12 ml (30 syringes) per prescription)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	1	QL (18 ml (30 syringes) per prescription)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	3/4	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML (<i>dalteparin sodium</i>)	3/4	QL (10 ml (10 syringes) per prescription.)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML (<i>dalteparin sodium</i>)	3/4	QL (5 ml (10 syringes) per prescription.)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML (<i>dalteparin sodium</i>)	3/4	QL (6 ml (10 syringes) per prescription.)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML (<i>dalteparin sodium</i>)	3/4	QL (8 ml (10 syringes) per prescription)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML (<i>dalteparin sodium</i>)	3/4	QL (2 ml (10 syringes) per prescription.)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML (<i>dalteparin sodium</i>)	3/4	QL (3 ml (10 syringes) per prescription.)
<i>heparin na (pork) lock flsh pf intravenous solution 10 unit/ml, 100 unit/ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml</i>	1	
<i>heparin sodium (porcine) +rfid injection solution 1000 unit/ml</i>	1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	
<i>heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml</i>	1	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml, 5000 unit/ml</i>	1	
INDIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	1	QL (24 ml (30 syringes) per prescription)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	1	QL (15 ml (30 syringes) per prescription)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	1	QL (12 ml (30 syringes) per prescription)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	1	QL (18 ml (30 syringes) per prescription)
IRON PREPARATIONS - Vitamins and Minerals		
ELITE-OB ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	3	
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	3	
HEMATINIC/FOLIC ACID ORAL TABLET 324-1 MG	3/4	
MATRONEX ORAL TABLET 27-1 MG	3	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	1	
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (<i>prenat-fe-methylfol-dha w/o a</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-w/o vit a</i>)	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
ONENATAL RX ORAL TABLET 1 MG (<i>prenatal multivit-min-fe-fa</i>)	3	
<i>pnv 27-ca/fe/fa oral tablet 60-1 mg</i>	1	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (<i>ped multivitamins-fl-iron</i>)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (<i>ped multivitamins-fl-iron</i>)	3	
<i>prenatal oral tablet 27-1 mg</i>	1	
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (<i>prenatal-feaspgly-methylfol-fa</i>)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (<i>prenat-fechn-feasp-meth-fa-dha</i>)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
RELEVIA ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	3/4	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 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		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
<i>cyanocobalamin nasal solution 500 mcg/0.1ml</i>	1	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	3	
PLATELET-AGGREGATION INHIBITORS - Drugs to Prevent Blood Clots		
<i>aspirin 81 oral tablet delayed release 81 mg</i>	E	H
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	E	H
<i>aspirin childrens oral tablet chewable 81 mg</i>	E	H
<i>aspirin ec adult low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	E	H
<i>aspirin low dose oral tablet chewable 81 mg</i>	E	H
<i>aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin oral tablet chewable 81 mg</i>	E	H
<i>aspirin oral tablet delayed release 81 mg</i>	E	H
<i>aspirin regimen oral tablet delayed release 81 mg</i>	E	H
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>ft aspirin oral tablet chewable 81 mg</i>	E	H
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>mm aspirin oral tablet delayed release 81 mg</i>	E	H
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	E	H
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	E	H
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	1	QL (2 tablets per day.)
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	3/4	QL (1 tablet per day.)
PLATELET-REDUCING AGENTS - Drugs to Prevent Blood Clots		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	1	
THROMBOLYTIC AGENTS - Drugs to Prevent Blood Clots		
<i>aspirin 81 oral tablet delayed release 81 mg</i>	E	H
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	E	H
<i>aspirin childrens oral tablet chewable 81 mg</i>	E	H
<i>aspirin ec adult low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	E	H
<i>aspirin low dose oral tablet chewable 81 mg</i>	E	H
<i>aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin oral tablet chewable 81 mg</i>	E	H
<i>aspirin oral tablet delayed release 81 mg</i>	E	H
<i>aspirin regimen oral tablet delayed release 81 mg</i>	E	H
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>ft aspirin oral tablet chewable 81 mg</i>	E	H
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	E	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>mm aspirin oral tablet delayed release 81 mg</i>	E	H
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	E	H
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	E	H
VON WILLEBRAND FACTOR-RELATED ANTITHROMB - Drugs to Prevent Blood Clots		
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	2	PA; QL (1 vial per day and 58 vials per 120 days.); SP; SMCS
CARDIOVASCULAR DRUGS		
BRADYKININ RECEPTORS ANTAGONISTS		
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	PA; QL (0.6 ml per day.); SMCS
CARBONIC ANHYDRASE INHIBITORS (24:36)		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>dichlorphenamide oral tablet 50 mg</i>	1	PA; QL (4 tablets per day.)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
FACTOR XIa INHIBITORS		
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.2ML (<i>garadacimab-gxii</i>)	2	PA; QL (1 auto-injector per month.)
KALLIKREIN INHIBITORS (24:48:08)		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	2	PA; QL (0.072 ml per day.); SP; SMCS
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>lanadelumab-flyo</i>)	2	PA; QL (0.0375 ml per day.); SP; SMCS
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>lanadelumab-flyo</i>)	2	PA; QL (0.072 ml per day.); SP; SMCS
LOOP DIURETICS (24:36)		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BUMEX ORAL TABLET 0.5 MG (<i>bumetanide</i>)	3	
<i>ethacrynic acid oral tablet 25 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FUROSIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (<i>furosemide</i>)	3/4	PA; QL (4 cartridges per prescription.)
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (<i>furosemide</i>)	3/4	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
OSMOTIC DIURETICS (24:36)		
HYDRO 40 EXTERNAL FOAM 40 % (<i>urea</i>)	3	
<i>urea external cream 20 %, 40 %</i>	1	
<i>urea external lotion 40 %</i>	1	
POTASSIUM-SPARING DIURETICS (24:36)		
<i>amiloride hcl oral tablet 5 mg</i>	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	3/4	PA; SM
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	PA; SM
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	SM
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
THIAZIDE DIURETICS (24:36)		
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
INZIRQO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>hydrochlorothiazide</i>)	3/4	PA
THIAZIDE-LIKE DIURETICS (24:36)		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
CARDIOVASCULAR DRUGS - Drugs for the Heart		
ACL INHIBITORS - Drugs for Cholesterol		
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	2	PA; QL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	2	PA; QL (1 tablet per day.)
ALPHA-ADRENERGIC BLOCKING AGENTS (24:16) - Drugs for Varicose Veins		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3/4	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
TEZRULY ORAL SOLUTION 1 MG/ML (<i>terazosin hcl</i>)	3/4	PA
ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3/4	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST/NEPROLYS - Drugs for the Heart		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG (<i>sacubitril-valsartan</i>)	3/4	PA; QL (240 sprinkle capsules (pellets) per month.)
ENTRESTO ORAL CAPSULE SPRINKLE 6-6 MG (<i>sacubitril-valsartan</i>)	3/4	PA; QL (240 sprinkle capsules (pellets) per month)
<i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i>	1	PA; QL (2 tablets per day.)
ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN) - Drugs for High Blood Pressure & Angina		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	

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; H: Part of Health Care Reform; 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; E: Excluded from coverage unless covered as part of health care reform preventive; SM: State Mandated Benefit Program, Cost-share cap by state mandate applies when condition appropriate.; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	3/4	PA
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>benazepril-hydrochlorothiazide</i>)	3/4	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	3/4	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
QBRELIS ORAL SOLUTION 1 MG/ML (<i>lisinopril</i>)	3/4	PA
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
ANTIARRHYTHMICS, MISCELLANEOUS - Drugs for Angina		
<i>digoxin oral solution 0.05 mg/ml</i>	1	
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG (<i>digoxin</i>)	3	
LANOXIN ORAL TABLET 62.5 MCG (<i>digoxin</i>)	3/4	
ANTILIPEMIC AGENTS, MISCELLANEOUS - Drugs for Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG (<i>lomitapide mesylate</i>)	3/4	PA; QL (1 capsule per day.)
JUXTAPID ORAL CAPSULE 30 MG (<i>lomitapide mesylate</i>)	3/4	PA; QL (62 capsules per month.)
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	2	PA; QL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	2	PA; QL (1 tablet per day.)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	1	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	1	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>olezarsen sodium</i>)	3/4	PA; QL (1 Auto-injector (0.8 mL) per month.); SP; SMCS
BETA-ADRENERGIC BLOCKING AGENTS (24:20) - Drugs for High Blood Pressure		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	3/4	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
BETIMOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol hemihydrate</i>)	3/4	QL (5 ml per prescription.)
<i>bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3/4	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	3	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	3/4	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	3/4	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
LOPRESSOR ORAL SOLUTION 10 MG/ML (<i>metoprolol tartrate</i>)	3/4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	3/4	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	3/4	PA
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>timolol hemihydrate ophthalmic solution 0.5 %</i>	1	QL (5 ml per prescription.)
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ocudose ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>timolol maleate pf ophthalmic solution 0.25 %, 0.5 %</i>	1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	3/4	
BILE ACID SEQUESTRANTS - Drugs for Cholesterol		
<i>cholestyramine light oral packet 4 gm</i>	1	
<i>cholestyramine light oral powder 4 gm/dose</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cholestyramine oral packet 4 gm</i>	1	
<i>cholestyramine oral powder 4 gm/dose</i>	1	
<i>colesevelam hcl oral packet 3.75 gm</i>	1	
<i>colesevelam hcl oral tablet 625 mg</i>	1	
COLESTID ORAL GRANULES 5 GM (<i>colestipol hcl</i>)	3	
COLESTID ORAL TABLET 1 GM (<i>colestipol hcl</i>)	3/4	
<i>colestipol hcl oral granules 5 gm</i>	1	
<i>colestipol hcl oral packet 5 gm</i>	1	
<i>colestipol hcl oral tablet 1 gm</i>	1	
<i>prevalite oral packet 4 gm</i>	1	
<i>prevalite oral powder 4 gm/dose</i>	1	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE (<i>cholestyramine light</i>)	3/4	
QUESTRAN ORAL PACKET 4 GM (<i>cholestyramine</i>)	3/4	
QUESTRAN ORAL POWDER 4 GM/DOSE (<i>cholestyramine</i>)	3/4	
CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN) - Drugs for High Blood Pressure & Angina		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARBONIC ANHYDRASE INHIBITORS(HYPOTEN) - Drugs for High Blood Pressure & Angina		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
CARDIAC DRUGS, MISCELLANEOUS - Drugs for Angina		
ATTRUBY ORAL TABLET THERAPY PACK 356 MG (<i>acoramidis hcl</i>)	2	PA; QL (124 tablets per month.)
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>mavacamten</i>)	3/4	PA; QL (1 capsule per day.)
CORLANOR ORAL SOLUTION 5 MG/5ML (<i>ivabradine hcl</i>)	3	PA; QL (20 ml per day.)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	3	PA; QL (2 tablets per day.)
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	1	PA; QL (2 tablets per day.)
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	1	
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	2	PA; QL (1 capsule per day.)
CARDIOTONIC AGENTS - Drugs for Angina		
CORLANOR ORAL SOLUTION 5 MG/5ML (<i>ivabradine hcl</i>)	3	PA; QL (20 ml per day.)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	3	PA; QL (2 tablets per day.)
<i>digoxin oral solution 0.05 mg/ml</i>	1	
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	1	
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	1	PA; QL (2 tablets per day.)
LANOXIN ORAL TABLET 125 MCG, 250 MCG (<i>digoxin</i>)	3	
LANOXIN ORAL TABLET 62.5 MCG (<i>digoxin</i>)	3/4	
CENTRAL ALPHA-AGONISTS - Drugs for Abnormal Heart Rhythms		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	3/4	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	3	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	3/4	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	3/4	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	PA
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	3/4	PA
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CGMP SYNTHESIS AGENT - Drugs for High Blood Pressure & Angina		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	3/4	PA; QL (1 tablet per day.)
CHOLESTEROL ABSORPTION INHIBITORS - Drugs for Cholesterol		
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	2	PA; QL (1 tablet per day.)
CLASS IA ANTIARRHYTHMICS - Drugs for Angina		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (<i>disopyramide phosphate</i>)	2	
NORPACE ORAL CAPSULE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	3/4	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
CLASS IB ANTIARRHYTHMICS - Drugs for Angina		
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (<i>phenytoin</i>)	3	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (<i>phenytoin sodium extended</i>)	3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	3	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	1	
<i>phenytek oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
CLASS IC ANTIARRHYTHMICS - Drugs for Angina		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLASS IV ANTIARRHYTHMICS - Drugs for Angina		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	3/4	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
DIHYDROPYRIDINES - Drugs for High Blood Pressure & Angina		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
NIMODIPINE ORAL SOLUTION 60 MG/20ML	2	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	3/4	PA
NYMALIZE ORAL SOLUTION 6 MG/ML (<i>nimodipine</i>)	2	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (<i>nisoldipine</i>)	3/4	
DIHYDROPYRIDINES (ANTIHYPERTENSIVE) - Drugs for High Blood Pressure & Angina		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
NIMODIPINE ORAL SOLUTION 60 MG/20ML	2	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	3/4	PA
NYMALIZE ORAL SOLUTION 6 MG/ML (<i>nimodipine</i>)	2	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (<i>nisoldipine</i>)	3/4	
DIRECT VASODILATORS - Drugs for High Blood Pressure & Angina		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (<i>alprostadil (vasodilator)</i>)	3	QL (6 units per month.)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	3	QL (6 units per month.)
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	
EDEX (2 CARTRIDGE) INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	3	QL (6 units per month.)
EDEX (6 CARTRIDGE) INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	3	QL (6 units per month.)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	PA
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
DIURETICS, MISCELLANEOUS (HYPOTENSIVE) - Drugs for High Blood Pressure & Angina		
<i>elixophyllin oral elixir 80 mg/15ml</i>	3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>theophylline oral solution 80 mg/15ml</i>	1	
FIBRIC ACID DERIVATIVES - Drugs for Cholesterol		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	1	
<i>gemfibrozil oral tablet 600 mg</i>	1	
LOPID ORAL TABLET 600 MG (<i>gemfibrozil</i>)	3/4	
HMG-COA REDUCTASE INHIBITORS - Drugs for Cholesterol		
ATORVALIQ ORAL SUSPENSION 20 MG/5ML (<i>atorvastatin calcium</i>)	3/4	PA
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	1	H-N
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	1	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	3	PA
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
FLOLIPID ORAL SUSPENSION 20 MG/5ML, 40 MG/5ML	3/4	PA
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	1	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	1	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	H
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	H-N
<i>simvastatin oral tablet 80 mg</i>	1	
LOOP DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BUMEX ORAL TABLET 0.5 MG (<i>bumetanide</i>)	3	
<i>ethacrynic acid oral tablet 25 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (<i>furosemide</i>)	3/4	PA; QL (4 cartridges per prescription.)
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (<i>furosemide</i>)	3/4	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS - Drugs for the Heart		
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	3/4	PA; SM
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
KERENDIA ORAL TABLET 10 MG, 20 MG (<i>finerenone</i>)	3/4	PA; QL (1 tablet per day.)
KERENDIA ORAL TABLET 40 MG (<i>finerenone</i>)	3/4	PA; QL (30 tablets per month.)
<i>spironolactone oral suspension 25 mg/5ml</i>	1	PA; SM
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	SM
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT) - Drugs for High Blood Pressure & Angina		
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	3/4	PA; SM
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	PA; SM
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	SM
MTP PROTEIN INHIBITORS - Drugs for Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG (<i>lomitapide mesylate</i>)	3/4	PA; QL (1 capsule per day.)
JUXTAPID ORAL CAPSULE 30 MG (<i>lomitapide mesylate</i>)	3/4	PA; QL (62 capsules per month.)
NITRATES AND NITRITES - Drugs for High Blood Pressure & Angina		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	3/4	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	3	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	3/4	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	3/4	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (<i>nitroglycerin</i>)	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	3	
<i>nitroglycerin rectal ointment 0.4 %</i>	1	QL (30 grams per month.)
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (<i>nitroglycerin</i>)	3/4	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (<i>nitroglycerin</i>)	3	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PCSK9 INHIBITORS - Drugs for Cholesterol		
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	2	QL (2 syringes per 28 days.)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	2	QL (2 pens per month.)
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for High Blood Pressure & Angina		
<i>alyq oral tablet 20 mg</i>	1	PA; QL (2 tablets per day)
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i>	1	PA; QL (3 tablets per month.)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	PA; QL (186 ml per month.)
<i>sildenafil citrate oral tablet 100 mg, 20 mg, 25 mg, 50 mg</i>	1	QL (0.5 tablet per day.)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (<i>avanafil</i>)	3/4	PA; QL (3 tablets per month.)
<i>tadalafil (pah) oral tablet 20 mg</i>	1	PA; QL (2 tablets per day)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	QL (0.5 tablet per day.)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	QL (1 tablet per day.)
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	3	PA; QL (10 ml per day.)
<i>varafenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	QL (3 tablets per month.)
<i>varafenafil hcl oral tablet dispersible 10 mg</i>	1	QL (3 tablets per month.)
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for the Heart		
<i>alyq oral tablet 20 mg</i>	1	PA; QL (2 tablets per day)
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i>	1	PA; QL (3 tablets per month.)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	PA; QL (186 ml per month.)
<i>sildenafil citrate oral tablet 100 mg, 20 mg, 25 mg, 50 mg</i>	1	QL (0.5 tablet per day.)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (<i>avanafil</i>)	3/4	PA; QL (3 tablets per month.)
<i>tadalafil (pah) oral tablet 20 mg</i>	1	PA; QL (2 tablets per day)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	QL (0.5 tablet per day.)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	QL (1 tablet per day.)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT) - Drugs for High Blood Pressure & Angina		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
VASODILATING AGENTS, MISC (24:08) - Drugs for High Blood Pressure & Angina		
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	1	
VECAMEYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	3/4	PA
VASODILATING AGENTS, MISCELLANEOUS - Drugs for the Heart		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; QL (1 tablet per day.); SP; SMCS
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; QL (2 tablets per day.); SP; SMCS
<i>bosentan oral tablet soluble 32 mg</i>	1	PA; QL (4 tablets per day.); SP; SMCS
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (<i>alprostadil (vasodilator)</i>)	3	QL (6 units per month.)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	3	QL (6 units per month.)
CORLANOR ORAL SOLUTION 5 MG/5ML (<i>ivabradine hcl</i>)	3	PA; QL (20 ml per day.)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	3	PA; QL (2 tablets per day.)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 (2 CARTRIDGE) INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (alprostadil (vasodilator))	3	QL (6 units per month.)
EDEX (6 CARTRIDGE) 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.)
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	
NORLIQVA ORAL SOLUTION 1 MG/ML (amlodipine besylate)	3/4	PA
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.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	3/4	PA; QL (336 tablets per year.)
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	3/4	PA; QL (252 tablets per year.)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	3/4	PA; QL (6 tablets per day.)
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	3/4	
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	2	PA; QL (2 tablets per day.); SP; SMCS
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	3/4	PA; QL (4 tablets per day.); SP; SMCS
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	2	PA; QL (112 cartridges per 23 days.); SP; SMCS
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 80 MCG (<i>treprostinil</i>)	2	PA; SP; SMCS
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X 64MCG, 112 X 48MCG & 112 X 64MCG, 80 MCG (<i>treprostinil</i>)	2	PA; SP; SMCS
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	2	PA; QL (112 cartridges per 23 days.); SP; SMCS
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (<i>treprostinil</i>)	2	PA; QL (252 cartridges per 365 days.); SP; SMCS
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	PA; SP; SMCS
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	PA; SP; SMCS
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	PA; SP; SMCS
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	3/4	PA; QL (1 tablet per day.)
CENTRAL NERVOUS SYSTEM AGENTS		
AMYOTROPHIC LATERAL SCLEROSIS(ALS) AGENT		
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	3	PA; QL (50 ml per month.)
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	3	PA; QL (1 starter kit per year.)
<i>riluzole oral tablet 50 mg</i>	1	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	3	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	3	PA
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System		
ADAMANTANES (CNS) - Drugs for Parkinson		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
ADENOSINE A2A RECEPTOR ANTAGONISTS - Drugs for Parkinson		
NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>)	3	PA; QL (1 tablet per day.)
AMPHETAMINES - Drugs for the Nervous System		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	QL (2 capsules per day.)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	QL (1 capsule per day.)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	1	QL (5 capsules per day.)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	QL (4 capsules per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1	QL (10 capsules per day.)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg</i>	1	QL (2 capsules per day.)
<i>lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg</i>	1	QL (1 capsule per day)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg</i>	1	QL (2 tablets per day.)
<i>lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg</i>	1	QL (1 tablet per day.)
<i>methamphetamine hcl oral tablet 5 mg</i>	1	
PROCENTRA ORAL SOLUTION 5 MG/5ML (<i>dextroamphetamine sulfate</i>)	3	
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (<i>dextroamphetamine</i>)	3	PA; QL (1 patch per day.)
ANALGESICS AND ANTIPYRETICS, MISC. - Drugs for Pain		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	NTT
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	NTT
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	NTT
<i>bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg</i>	1	QL (6 tablets per day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	1	QL (Benefit maximum quantity 6 per day.)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	QL (6 capsules per day)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	QL (6 tablets per day)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	NTT
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	3/4	QL (6 capsules per day)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>gabapentin oral solution 250 mg/5ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 7.5-325 mg/15ml</i>	1	NTT
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	NTT
JOURNAVX ORAL TABLET 50 MG (<i>suzetrigine</i>)	3/4	QL (30 tablets per 90 days.)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (<i>gabapentin</i>)	3/4	PA
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	3/4	PA
NEURONTIN ORAL TABLET 600 MG, 800 MG (<i>gabapentin</i>)	3/4	PA
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	NTT
TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>)	3	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	NTT
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	3	NTT
URELLE ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
<i>uretron d/s oral tablet 81.6 mg</i>	1	
VILEVEV MB ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
ANOREXIGENIC AGENTS, MISCELLANEOUS - Drugs for the Nervous System		
<i>liraglutide solution pen-injector 18 mg/3ml subcutaneous</i>	1	PA; QL (2 pens (6 mL) per month.)
<i>liraglutide solution pen-injector 18 mg/3ml subcutaneous</i>	1	PA; QL (If member has previous history of Victoza, then member may be eligible to receive 9ml (3 pens) per month (only applies to 3 pack NDC-00169406013). This medication is over-rideable.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTICHOLINERGIC AGENTS (CNS) - Drugs for Parkinson		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
ANTICONVULSANTS, MISCELLANEOUS - Drugs for Seizures		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
APTOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	3/4	PA
BANZEL ORAL SUSPENSION 40 MG/ML (<i>rufinamide</i>)	3/4	PA
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	3/4	PA
BRIVIACT ORAL SOLUTION 10 MG/ML (<i>brivaracetam</i>)	3/4	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (<i>brivaracetam</i>)	3	PA
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	3/4	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	3/4	PA
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	3/4	PA
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (<i>divalproex sodium</i>)	3/4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	3	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG (<i>stiripentol</i>)	3	PA
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>)	3	PA
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine (antipsychotic)</i>)	3/4	
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	1	PA
<i>felbamate oral suspension 600 mg/5ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FELBATOL ORAL TABLET 400 MG, 600 MG (<i>felbamate</i>)	3/4	PA
FINTEPLA ORAL SOLUTION 2.2 MG/ML (<i>fenfluramine hcl</i>)	3/4	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>)	3/4	PA
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>perampanel</i>)	3	PA
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
KEPPRA ORAL SOLUTION 100 MG/ML (<i>levetiracetam</i>)	3/4	PA
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	3/4	PA
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (<i>levetiracetam</i>)	3/4	PA
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	1	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (<i>lamotrigine</i>)	3/4	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	3/4	PA

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	3/4	PA
NEURONTIN ORAL TABLET 600 MG, 800 MG (<i>gabapentin</i>)	3/4	PA
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>perampanel oral suspension 0.5 mg/ml</i>	1	PA
<i>perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	PA
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral solution 20 mg/ml</i>	1	
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	PA
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	1	
<i>subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (<i>carbamazepine</i>)	3/4	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	3/4	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	3/4	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	3/4	PA
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (<i>topiramate</i>)	3/4	PA
<i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (<i>oxcarbazepine</i>)	3/4	PA
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	3/4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
<i>vigabatrin oral packet 500 mg</i>	1	PA; QL (6 packets per day.); SP; SMCS
<i>vigabatrin oral tablet 500 mg</i>	1	PA; QL (6 tablets per day.); SP; SMCS
VIGADRONE ORAL PACKET 500 MG (<i>vigabatrin</i>)	1	PA; QL (6 packets per day.); SP; SMCS
VIGADRONE ORAL TABLET 500 MG (<i>vigabatrin</i>)	1	PA; QL (6 tablets per day.); SP; SMCS
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	3/4	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>lacosamide</i>)	3/4	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>cenobamate</i>)	3	PA
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG (<i>cenobamate</i>)	3	PA
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (<i>zonisamide</i>)	3/4	PA
ZONISADE ORAL SUSPENSION 100 MG/5ML (<i>zonisamide</i>)	3/4	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML (<i>ganaxolone</i>)	3/4	PA
ANTIDEPRESSANTS, MISCELLANEOUS - Drugs for Depression & Psychosis		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (<i>dextromethorphan-bupropion</i>)	3/4	QL (2 tablets per day.)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	H
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	3/4	PA; QL (8 devices (4 kits) per month.)
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	3/4	PA; QL (12 devices (4 kits) per month.)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG (<i>zuranolone</i>)	2	PA; QL (28 capsules per year.)
ZURZUVAE ORAL CAPSULE 30 MG (<i>zuranolone</i>)	2	PA; QL (14 capsules per year.)
ANTIMANIC AGENTS - Drugs for Personality Disorder		
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	1	QL (1 tablet per day.)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	1	QL (2 tablets per day)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	1	QL (2 tablets per day.)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	3/4	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	3/4	PA
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	3/4	PA
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (<i>divalproex sodium</i>)	3/4	PA
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine (antipsychotic)</i>)	3/4	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (<i>lamotrigine</i>)	3/4	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	3/4	PA
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (<i>lamotrigine</i>)	3/4	PA
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (<i>lamotrigine</i>)	3/4	PA
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (<i>lamotrigine</i>)	3/4	PA
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	3	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (<i>lamotrigine</i>)	3	PA
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	1	PA
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	1	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	1	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (<i>lithium carbonate</i>)	3/4	PA
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg</i>	1	QL (1 capsule per day)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	1	
<i>subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (<i>carbamazepine</i>)	3/4	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	3/4	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	3/4	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIMIGRAINE AGENTS, MISCELLANEOUS - Migraine Treatment		
<i>aspirin 81 oral tablet delayed release 81 mg</i>	E	H
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	E	H
<i>aspirin childrens oral tablet chewable 81 mg</i>	E	H
<i>aspirin ec adult low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	E	H
<i>aspirin low dose oral tablet chewable 81 mg</i>	E	H
<i>aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin oral tablet chewable 81 mg</i>	E	H
<i>aspirin oral tablet delayed release 81 mg</i>	E	H
<i>aspirin regimen oral tablet delayed release 81 mg</i>	E	H
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	1	QL (7.5 ml (3 bottles) per prescription.)
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	3/4	PA
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	3/4	PA
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (<i>divalproex sodium</i>)	3/4	PA
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	1	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	QL (8 mL per prescription.)
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (<i>ergotamine tartrate</i>)	3/4	QL (5 tablets per prescription.)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIPSYCHOTICS, MISCELLANEOUS - Drugs for Depression & Psychosis		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (<i>xanomeline-trospium chloride</i>)	3/4	PA; QL (62 capsules per month.)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG (<i>xanomeline-trospium chloride</i>)	3/4	PA; QL (1 starter pack per year.)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC - Drugs for Anxiety & Sleep Disorder		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	3/4	QL (1 tablet per day.)
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelteon</i>)	3/4	PA; QL (5.1 mL per day.)
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	3/4	PA; QL (1 capsule per day.)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
<i>promethazine hcl oral solution 12.5 mg/10ml, 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (<i>promethazine hcl</i>)	3	
<i>ramelteon oral tablet 8 mg</i>	1	QL (1 tablet per day)
<i>tasimelteon oral capsule 20 mg</i>	1	PA; QL (1 capsule per day.)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	1	
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ATYPICAL ANTIPSYCHOTICS - Drugs for Depression & Psychosis		
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	1	QL (1 tablet per day.)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	1	QL (2 tablets per day)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	1	QL (2 tablets per day.)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (<i>lumateperone tosylate</i>)	3/4	PA; QL (1 capsule per day.)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	
CLOZARIL ORAL TABLET 100 MG, 25 MG (<i>clozapine</i>)	3/4	
FANAPT ORAL TABLET 1 MG (<i>iloperidone</i>)	3/4	QL (86 tablets per year.)
FANAPT ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	3/4	QL (2 tablets per day)
FANAPT ORAL TABLET 2 MG (<i>iloperidone</i>)	3/4	QL (56 tablets per year.)
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG (<i>iloperidone</i>)	3	QL (8 tablets (1 pack) per 365 days.)
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG (<i>iloperidone</i>)	3/4	QL (1 pack (12 tablets) per 365 days.)
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG (<i>iloperidone</i>)	3/4	QL (2 pack (8 tablets) per 365 days.)
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 60 mg</i>	1	QL (1 tablet per day.)
<i>lurasidone hcl oral tablet 40 mg</i>	1	QL (1 tablet per day)
<i>lurasidone hcl oral tablet 80 mg</i>	1	QL (2 tablets per day.)
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	3/4	PA; QL (31 capsules per month.)
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	3/4	PA; QL (31 tablets per month.)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	QL (1 capsule per day)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	1	QL (1 tablet per day)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	QL (2 tablets per day)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	3/4	QL (1 tablet per day.)
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG (<i>cariprazine hcl</i>)	3/4	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	3/4	QL (1 capsule per day.)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
BARBITURATES (ANTICONVULSANTS) - Drugs for Seizures		
MYSOLINE ORAL TABLET 250 MG, 50 MG (<i>primidone</i>)	2	PA
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
<i>primidone oral tablet 125 mg</i>	1	PA
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety & Sleep Disorder		
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg</i>	1	QL (6 tablets per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	1	QL (Benefit maximum quantity 6 per day.)
<i>butalbital-apap-cafeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	QL (6 capsules per day)
<i>butalbital-apap-cafeine oral tablet 50-325-40 mg</i>	1	QL (6 tablets per day)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-cafeine oral capsule 50-325-40 mg</i>	1	
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-cafeine</i>)	3/4	QL (6 capsules per day)
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>)	3	
BENZODIAZEPINES (ANTICONVULSANTS) - Drugs for Seizures		
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	QL (1 box (2 doses/box) per prescription)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	3	PA; QL (1 box per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)	3/4	PA
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	3/4	PA
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 7.5 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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	QL (1 box (2 doses/box) per prescription)
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	1	
HALCION ORAL TABLET 0.25 MG (<i>triazolam</i>)	3/4	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>midazolam hcl oral syrup 2 mg/ml</i>	1	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	3	PA; QL (1 box per prescription.)
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	3/4	PA
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	3/4	PA
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (<i>temazepam</i>)	3/4	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	3/4	PA
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	
BUTYROPHENONES - Drugs for Depression & Psychosis		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
CALCITONIN GENE-RELATED PEPTIDE ANTAG. - Migraine Treatment		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	2	PA; QL (1 pen per month.)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	2	PA; QL (0.04 ml per day.)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	2	PA; QL (0.1 mL per day.)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	2	PA; QL (0.04 ml per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NURTEC ORAL TABLET DISPERSIBLE 75 MG (<i>rimegepant sulfate</i>)	2	PA; QL (0.27 tablets per day. 8 tablets per prescription.)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (<i>atogepant</i>)	2	PA; QL (1 tablet per day.)
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	2	PA; QL (0.27 tablets per day.)
ZAVZPRET NASAL SOLUTION 10 MG/ACT (<i>zavegepant hcl</i>)	3/4	PA; QL (6 mg per prescription.)
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB. - Drugs for Parkinson		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
<i>tolcapone oral tablet 100 mg</i>	1	
CENTRAL NERVOUS SYSTEM AGENTS, MISC. - Drugs for Attention Deficit Disorder		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	
ADDYI ORAL TABLET 100 MG (<i>flibanserin</i>)	3/4	PA; QL (1 tablet per day.)
<i>atomoxetine hcl oral capsule 10 mg, 25 mg</i>	1	QL (3 capsules per day.)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (1 capsule per day)
<i>atomoxetine hcl oral capsule 18 mg</i>	1	QL (5 capsules per day.)
<i>atomoxetine hcl oral capsule 40 mg</i>	1	QL (2 capsules per day)
DAYBUE ORAL SOLUTION 200 MG/ML (<i>trofinetide</i>)	2	PA; QL (120 ml per day.)
DAYBUE STIX ORAL PACKET 5000 MG, 6000 MG, 8000 MG (<i>trofinetide</i>)	2	PA
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (<i>sodium oxybate</i>)	3/4	PA; QL (1 packet per day.)
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	1	
NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>)	3	PA; QL (1 tablet per day.)
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>)	2	PA; QL (2 capsules per day.)
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	3	PA; QL (50 ml per month.)
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	3	PA; QL (1 starter kit per year.)
riluzole oral tablet 50 mg	1	
sodium oxybate solution 500 mg/ml oral	1	PA; QL (18 ml per day.); SP; SMCS
sodium oxybate solution 500 mg/ml oral	3/4	PA; QL (18 ml per day.); SP; SMCS
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	3	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	3	PA
VEOZAH ORAL TABLET 45 MG (<i>fezolinetant</i>)	3/4	PA; QL (1 tablet per day.)
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	3/4	PA; QL (4 autoinjector pens (1.2mls) per month.)
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	2	PA; QL (1 capsule per day.)
XYWAV ORAL SOLUTION 500 MG/ML (<i>ca, mg, k, and na oxybates</i>)	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		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
CREXONT ORAL CAPSULE EXTENDED RELEASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG (<i>carbidopa-levodopa</i>)	3/4	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (<i>carbidopa-levodopa</i>)	3/4	PA
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	3	PA; QL (10 tablets per day.)
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (<i>carbidopa-levodopa</i>)	3/4	
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS - Drugs for Parkinson		
<i>bromocriptine mesylate oral capsule 5 mg</i>	1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	1	
<i>cabergoline oral tablet 0.5 mg</i>	1	
FIBROMYALGIA AGENTS - Drugs for Nerve Pain		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (<i>pregabalin</i>)	3/4	PA
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	3/4	PA
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral solution 20 mg/ml</i>	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	3/4	QL (2 tablets per day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	3/4	QL (1 pack per 365 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TONMYA SUBLINGUAL TABLET SUBLINGUAL 2.8 MG (<i>cyclobenzaprine hcl (fibromy)</i>)	3/4	PA; QL (60 sublingual tablets per month.)
GABA-MEDIATED ANTICONVULSANTS - Drugs for Seizures		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	3/4	PA
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	3/4	PA
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	3	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG (<i>stiripentol</i>)	3	PA
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (<i>pregabalin</i>)	3/4	PA
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	3/4	PA
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (<i>gabapentin</i>)	3/4	PA
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	3/4	PA
NEURONTIN ORAL TABLET 600 MG, 800 MG (<i>gabapentin</i>)	3/4	PA
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral solution 20 mg/ml</i>	1	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
<i>vigabatrin oral packet 500 mg</i>	1	PA; QL (6 packets per day.); SP; SMCS
<i>vigabatrin oral tablet 500 mg</i>	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 (<i>vigabatrin</i>)	1	PA; QL (6 packets per day.); SP; SMCS
VIGADRONE ORAL TABLET 500 MG (<i>vigabatrin</i>)	1	PA; QL (6 tablets per day.); SP; SMCS
VIGAFYDE ORAL SOLUTION 100 MG/ML (<i>vigabatrin</i>)	1	PA; QL (900 mL per month.); SP; SMCS
ZTALMY ORAL SUSPENSION 50 MG/ML (<i>ganaxolone</i>)	3/4	PA
HYDANTOINS - Drugs for Seizures		
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (<i>phenytoin</i>)	3	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (<i>phenytoin sodium extended</i>)	3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	3	
<i>phenytek oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
INHALATION ANESTHETICS - Anesthetics		
FORANE INHALATION SOLUTION (<i>isoflurane</i>)	2	
<i>isoflurane inhalation solution</i>	1	
<i>sevoflurane inhalation solution</i>	1	
<i>terrell inhalation solution</i>	1	
ULTANE INHALATION SOLUTION (<i>sevoflurane</i>)	3	
ION CHANNEL INHIBITION AGENTS - Drugs for Seizures		
APTOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	3/4	PA
BANZEL ORAL SUSPENSION 40 MG/ML (<i>rufinamide</i>)	3/4	PA
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	3/4	PA
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	1	PA
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>lacosamide</i>)	3	PA
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	PA
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (<i>oxcarbazepine</i>)	3/4	PA
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	3/4	PA
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	3/4	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>lacosamide</i>)	3/4	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>cenobamate</i>)	3	PA
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG (<i>cenobamate</i>)	3	PA
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (<i>zonisamide</i>)	3/4	PA
ZONISADE ORAL SUSPENSION 100 MG/5ML (<i>zonisamide</i>)	3/4	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
MELATONIN RECEPTOR AGONISTS - Drugs for Anxiety & Sleep Disorder		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelteon</i>)	3/4	PA; QL (5.1 mL per day.)
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	3/4	PA; QL (1 capsule per day.)
<i>ramelteon oral tablet 8 mg</i>	1	QL (1 tablet per day)
<i>tasimelteon oral capsule 20 mg</i>	1	PA; QL (1 capsule per day.)
MONOAMINE OXIDASE B INHIBITORS - Drugs for Parkinson		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	3	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>selegiline hcl oral tablet 5 mg</i>	1	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	3	
MONOAMINE OXIDASE INHIBITORS - Drugs for Depression & Psychosis		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	3	
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	3	
NARDIL ORAL TABLET 15 MG (<i>phenelzine sulfate</i>)	3/4	
PARNATE ORAL TABLET 10 MG (<i>tranylcypromine sulfate</i>)	3/4	
<i>phenelzine sulfate oral tablet 15 mg</i>	1	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	1	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	3	
NMDA ANTAGONISTS - Drugs for Depression & Psychosis		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	3/4	PA; QL (8 devices (4 kits) per month.)
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	3/4	PA; QL (12 devices (4 kits) per month.)
NON-BENZODIAZEPINE ANXIOLYTICS - Drugs for Anxiety & Sleep Disorder		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
NON-BENZODIAZEPINE HYPNOTICS - Drugs for Anxiety & Sleep Disorder		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	1	
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - Drugs for Parkinson		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (<i>apomorphine hcl</i>)	3/4	PA; QL (3 ml per day.)
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	1	PA; QL (3 ml per day.)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (<i>rotigotine</i>)	3	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
NON-OPIOID ANALGESICS - Drugs for Pain		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	NTT
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	NTT
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	NTT
<i>bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg</i>	1	QL (6 tablets per day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	1	QL (Benefit maximum quantity 6 per day.)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	QL (6 capsules per day)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	QL (6 tablets per day)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	NTT
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	3/4	QL (6 capsules per day)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 7.5-325 mg/15ml</i>	1	NTT
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	NTT

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	NTT
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	3	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	NTT
TREZIX ORAL CAPSULE 320.5-30-16 MG (apap-caff-dihydrocodeine)	3	NTT
NONSTEROIDAL ANTI-INFLAMM. AGENTS, MISC - Drugs for Pain		
diclofenac potassium oral tablet 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	
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	PA
INDOCIN RECTAL SUPPOSITORY 50 MG (indomethacin)	3/4	PA
indomethacin er oral capsule extended release 75 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin oral suspension 25 mg/5ml	1	PA
indomethacin rectal suppository 50 mg	1	PA
ketorolac tromethamine oral tablet 10 mg	1	
LURBIRO ORAL TABLET 100 MG (flurbiprofen)	3	
meclofenamate sodium oral capsule 100 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>mefenamic acid oral capsule 250 mg</i>	1	
MELOXICAM ORAL SUSPENSION 7.5 MG/5ML	3/4	PA
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	3/4	QL (5 bottles per prescription.)
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
OPIOID AGONISTS (28:08) - Drugs for Pain		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	NTT
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	NTT
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	NTT
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	1	QL (Benefit maximum quantity 6 per day.)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	NTT
<i>diskets oral tablet soluble 40 mg</i>	1	QL (1.5 tablets per day.)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	NTT
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL (0.34 patches per day.)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr</i>	1	PA; QL (15 patches per 31 days.)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	PA; QL (2 capsules per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg</i>	1	PA; QL (0 tablets per 100 days, diagnosis review required.)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	PA; QL (1 tablet per day.)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 7.5-325 mg/15ml</i>	1	NTT
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	NTT
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	NTT
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg</i>	1	PA; QL (2 tablets per day.)
<i>hydromorphone hcl er oral tablet extended release 24 hour 16 mg, 8 mg</i>	1	PA; QL (1 tablet per day.)
<i>hydromorphone hcl er oral tablet extended release 24 hour 32 mg</i>	1	PA; QL (0 tablet per 100 days, diagnosis review required.)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	1	NTT
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	1	NTT
<i>hydromorphone hcl rectal suppository 3 mg</i>	1	NTT
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	1	QL (4 tablets per day.); NTT
<i>meperidine hcl oral solution 50 mg/5ml</i>	1	NTT
<i>meperidine hcl oral tablet 50 mg</i>	1	NTT
<i>methadone hcl intensol oral concentrate 10 mg/ml</i>	1	QL (6 ml per day.)
<i>methadone hcl oral concentrate 10 mg/ml</i>	1	QL (6 ml per day.)
<i>methadone hcl oral solution 10 mg/5ml</i>	1	PA; QL (11.3 ml per day.)
<i>methadone hcl oral solution 5 mg/5ml</i>	1	PA; QL (22.6 ml per day.)
<i>methadone hcl oral tablet 10 mg</i>	1	PA; QL (2 tablets per day.)
<i>methadone hcl oral tablet 5 mg</i>	1	PA; QL (4 tablets per day.)
<i>methadone hcl oral tablet soluble 40 mg</i>	1	QL (1.5 tablets per day.)
METHADOSE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	3	QL (6 ml per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>methadose oral tablet soluble 40 mg</i>	1	QL (1.5 tablets per day.)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	3	QL (6 ml per day.)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	NTT
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>	1	PA; QL (0 capsule per 100 days, diagnosis review required.)
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	PA; QL (1 capsule per day.)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	1	PA; QL (62 capsules per 31 days.)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg</i>	1	PA; QL (0 capsule per 100 days, diagnosis review required.)
<i>morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg</i>	1	PA; QL (1 capsule per day.)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	1	PA; QL (0 capsules per 100 days, diagnosis review required.)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	1	PA; QL (93 tablets per 31 days.)
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	1	NTT
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	1	NTT
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	NTT
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 50 MG (<i>tapentadol hcl</i>)	3	PA; QL (2 tablets per day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG, 250 MG (<i>tapentadol hcl</i>)	3	PA; QL (0 capsules per 100 days, diagnosis review required.)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (<i>tapentadol hcl</i>)	3/4	QL (6 tablets per day); NTT
<i>opium oral tincture 10 mg/ml (1%)</i>	1	
<i>oxycodone hcl oral capsule 5 mg</i>	1	NTT
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	NTT

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>oxycodone hcl oral solution 5 mg/5ml</i>	1	NTT
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	NTT
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	NTT
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg</i>	1	PA; QL (2 tablets per day.)
<i>oxymorphone hcl er oral tablet extended release 12 hour 20 mg, 30 mg, 40 mg</i>	1	PA; QL (0 tablet per 100 days.)
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	1	QL (6 tablets per day.); NTT
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	1	QL (1 tablet per day)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	1	QL (1 tablet per day)
<i>tramadol hcl oral tablet 50 mg</i>	1	NTT
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	NTT
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	3	NTT
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 9 MG (<i>oxycodone</i>)	3/4	PA; QL (2 tablets per day.)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG (<i>oxycodone</i>)	3/4	PA; QL (0 capsules per 100 days, diagnosis review required.)
<i>xyvona oral tablet 2 mg, 3 mg</i>	1	QL (4 tablets per day.); NTT
OPIOID ANTAGONISTS (28:10) - Drugs for Overdose or Poisoning		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	
<i>ft naloxone hcl nasal liquid 4 mg/0.1ml</i>	1	SM
KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>)	1	SM
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	SM
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	SM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	1	SM
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	1	SM
<i>naltrexone hcl oral tablet 50 mg</i>	1	
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	1	SM
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (<i>nalmefene hcl</i>)	1	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	1	NTT
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	3/4	PA; QL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	3/4	PA; QL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	3/4	PA; QL (0.4 ml per day.)
REXTOVY NASAL LIQUID 4 MG/0.25ML (<i>naloxone hcl</i>)	1	SM
RIVIVE NASAL LIQUID 3 MG/0.1ML (<i>naloxone hcl</i>)	1	SM
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	1	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	1	
ZURNAI INJECTION SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML (<i>nalmefene hcl</i>)	1	QL (2 auto-injector pens per copay per prescription.)
OPIOID PARTIAL AGONISTS - Drugs for Pain		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 900 MCG (<i>buprenorphine hcl</i>)	3	PA; QL (2 Films per day.)
BELBUCA BUCCAL FILM 750 MCG (<i>buprenorphine hcl</i>)	3	PA; QL (2 films per day.)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 20 mcg/hr, 5 mcg/hr</i>	1	PA; QL (4 patches per 28 days.)
<i>buprenorphine transdermal patch weekly 15 mcg/hr, 7.5 mcg/hr</i>	1	PA; QL (4 patches per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	1	QL (7.5 ml (3 bottles) per prescription.)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	1	NTT
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	1	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	1	
OREXIN RECEPTOR ANTAGONISTS - Drugs for Anxiety & Sleep Disorder		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	3/4	QL (1 tablet per day.)
PHENOTHIAZINES - Drugs for Depression & Psychosis		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	1	PA
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg</i>	1	QL (6 tablets per day.)
<i>chlorpromazine hcl oral tablet 100 mg, 50 mg</i>	1	QL (4 tablets per day.)
<i>chlorpromazine hcl oral tablet 200 mg</i>	1	QL (2 tablets per day.)
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
RESPIRATORY AND CNS STIMULANTS - Drugs for the Nervous System		
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	NTT
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>atomoxetine hcl oral capsule 10 mg, 25 mg</i>	1	QL (3 capsules per day.)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (1 capsule per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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, 39.2-7.8 MG, 52.3-10.4 MG (serdexmethylphen-dexmethylphen)	3	QL (1 capsule per day.)
bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg	1	QL (6 tablets per day)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL (Benefit maximum quantity 6 per day.)
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	1	QL (6 capsules per day)
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	QL (6 tablets per day)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	1	
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 5 mg	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.)
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)	3	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.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg</i>	1	QL (5capsules per day.)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	1	QL (3 capsules per day.)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg</i>	1	QL (2 capsules per day.)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>	1	QL (31 capsules per month.)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	1	QL (2 tablets per day.)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	1	QL (10 tablets per day.)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	1	QL (5 tablets per day.)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	3	NTT
REVERSIBLE COX-1/COX-2 INHIBITORS - Drugs for Pain		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (<i>ketorolac tromethamine</i>)	3/4	
ACULAR OPHTHALMIC SOLUTION 0.5 % (<i>ketorolac tromethamine</i>)	3/4	
<i>diclofenac sodium external gel 3 %</i>	1	PA; QL (100 grams per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>diflunisal oral tablet 500 mg</i>	1	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	NTT
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	3/4	PA
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	3/4	PA
<i>indomethacin er oral capsule extended release 75 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral suspension 25 mg/5ml</i>	1	PA
<i>indomethacin rectal suppository 50 mg</i>	1	PA
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	1	
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	
LURBIRO ORAL TABLET 100 MG (<i>flurbiprofen</i>)	3	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	
MELOXICAM ORAL SUSPENSION 7.5 MG/5ML	3/4	PA
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	3/4	QL (5 bottles per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
SALICYLATES - Drugs for Pain		
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>aspirin 81 oral tablet delayed release 81 mg</i>	E	H
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	E	H
<i>aspirin childrens oral tablet chewable 81 mg</i>	E	H
<i>aspirin ec adult low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	E	H
<i>aspirin low dose oral tablet chewable 81 mg</i>	E	H
<i>aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin oral tablet chewable 81 mg</i>	E	H
<i>aspirin oral tablet delayed release 81 mg</i>	E	H
<i>aspirin regimen oral tablet delayed release 81 mg</i>	E	H
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>ft aspirin oral tablet chewable 81 mg</i>	E	H
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>mm aspirin oral tablet delayed release 81 mg</i>	E	H
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	E	H
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	E	H
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR - Drugs for Depression & Psychosis		
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	1	

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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 (<i>duloxetine hcl</i>)	3/4	QL (2 capsules per day.)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG (<i>duloxetine hcl</i>)	3/4	QL (1 capsule per day.)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	3/4	QL (1 capsule per day.)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	3/4	QL (28 capsules per year.)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	3/4	QL (2 tablets per day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	3/4	QL (1 pack per 365 days.)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
SELECTIVE SEROTONIN AGONISTS - Migraine Treatment		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	QL (10 tablets per copay.)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	1	QL (10 tablets per copay.)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	1	QL (10 tablets per copay.)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	1	QL (10 per prescription.)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	1	QL (10 tablets per copay.)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	1	QL (10 per prescription.)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>	1	QL (10 tablets per copay.)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	1	QL (6 spray bottles per prescription)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (10 tablets per prescription.)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QL (2 kits per prescription)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	1	QL (2 kits per prescription)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL (10 tablets per copay.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	1	QL (10 tablets per copay.)
ZOMIG NASAL SOLUTION 2.5 MG (<i>zolmitriptan</i>)	3	QL (6 units per prescription.)
ZOMIG NASAL SOLUTION 5 MG (<i>zolmitriptan</i>)	1	QL (1 box per prescription)
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS - Drugs for Depression & Psychosis		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	1	QL (4 capsules per 28 days.)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>	1	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	1	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	QL (1 capsule per day)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	1	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
SEROTONIN MODULATORS - Drugs for Depression & Psychosis		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
RALDESY ORAL SOLUTION 10 MG/ML (<i>trazodone hcl</i>)	3/4	PA
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	3/4	QL (1 tablet per day.)
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	
SUCCINIMIDES - Drugs for Seizures		
CELONTIN ORAL CAPSULE 300 MG (<i>methsuximide</i>)	3/4	
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5ml</i>	1	
<i>methsuximide oral capsule 300 mg</i>	1	
ZARONTIN ORAL CAPSULE 250 MG (<i>ethosuximide</i>)	3/4	
ZARONTIN ORAL SOLUTION 250 MG/5ML (<i>ethosuximide</i>)	3/4	
THIOXANTHENES - Drugs for Depression & Psychosis		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
TRICYCLICS, OTHER NOREPI-RU INHIBITORS - Drugs for Depression & Psychosis		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin hcl external cream 5 %</i>	1	PA; QL (45 grams per prescription.)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (<i>desipramine hcl</i>)	3/4	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	1	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 9 MG (<i>deutetrabenazine</i>)	2	PA; QL (4 tablets per day.)
AUSTEDO ORAL TABLET 6 MG (<i>deutetrabenazine</i>)	2	PA; QL (2 tablets per day.)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (<i>deutetrabenazine</i>)	2	PA; QL (30 tablets per month.)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG (<i>deutetrabenazine</i>)	2	PA; QL (30 Tablets per month.)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG (<i>deutetrabenazine</i>)	2	PA; QL (1 kit (28 tablets) per year.)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	2	PA; QL (1 capsule per day.)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG (<i>valbenazine tosylate</i>)	2	PA; QL (30 tablets per month.)
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG (<i>valbenazine tosylate</i>)	2	PA; QL (30 capsules per month.)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	2	PA; QL (1 kit (28 tablets) per year.)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	1	PA; SP; SMCS
WAKEFULNESS-PROMOTING AGENTS - Drugs for the Nervous System		
<i>armodafinil oral tablet 150 mg, 250 mg</i>	1	QL (1 tablet per day)
<i>armodafinil oral tablet 200 mg</i>	1	QL (1 tablet per day.)
<i>armodafinil oral tablet 50 mg</i>	1	QL (2 tablets per day.)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	1	
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (<i>sodium oxybate</i>)	3/4	PA; QL (1 packet per day.)
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM (<i>sodium oxybate</i>)	3/4	PA; QL (1 box (28 packets) per year.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	QL (3 tablets per day.)
<i>sodium oxybate solution 500 mg/ml oral</i>	1	PA; QL (18 ml per day.); SP; SMCS
<i>sodium oxybate solution 500 mg/ml oral</i>	3/4	PA; QL (18 ml per day.); SP; SMCS
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	2	PA; QL (1 tablet per day.)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	3/4	PA; QL (2 tablets per day.)
DENTAL AGENTS		
NUTRITIONAL SUPPLEMENTS		
DENTA 5000 PLUS DENTAL CREAM 1.1 % (<i>sodium fluoride</i>)	3/4	
DENTAGEL DENTAL GEL 1.1 %	3/4	
EASYGEL DENTAL GEL 0.4 % (<i>stannous fluoride</i>)	3	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (<i>sodium fluoride-vitamin d</i>)	3	
FLOTREX ORAL TABLET CHEWABLE 1 MG (<i>pediatric multivitamins-fl</i>)	3	
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 % (<i>stannous fluoride</i>)	3	
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (<i>sodium fluoride</i>)	3/4	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (<i>sodium fluoride</i>)	3/4	
PREVIDENT DENTAL GEL 1.1 % (<i>sodium fluoride</i>)	3/4	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 % (<i>sodium fluoride</i>)	3	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride 5000 ppm dental gel 1.1 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sodium fluoride dental cream 1.1 %</i>	1	
<i>sodium fluoride dental gel 1.1 %</i>	1	
<i>sodium fluoride mouth/throat solution 0.2 %</i>	1	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	1	H
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	1	H
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	1	H
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
DENTAL AGENTS - Oral Care		
DENTAL AGENTS - Oral Care		
CLINPRO 5000 DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (<i>sodium fluoride</i>)	3/4	
DENTA 5000 PLUS SENSITIVE DENTAL GEL 1.1-5 %	3	
DENTAGEL DENTAL GEL 1.1 %	3/4	
EASYGEL DENTAL GEL 0.4 % (<i>stannous fluoride</i>)	3	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (<i>sodium fluoride-vitamin d</i>)	3	
FLOTREX ORAL TABLET CHEWABLE 1 MG (<i>pediatric multivitamins-fl</i>)	3	
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 % (<i>stannous fluoride</i>)	3	
FLUORIDEX DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
FLUORIMAX 5000 SENSITIVE DENTAL GEL 1.1-5 % (<i>sod fluoride-potassium nitrate</i>)	3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	

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; H: Part of Health Care Reform; 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; E: Excluded from coverage unless covered as part of health care reform preventive; SM: State Mandated Benefit Program, Cost-share cap by state mandate applies when condition appropriate.; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
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	
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 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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
DEVICES - Medical Supplies and Durable Medical Equipment		
DEVICES - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK AVIVA IN VITRO SOLUTION (<i>blood glucose calibration</i>)	1	
ACCU-CHEK FASTCLIX LANCET KIT KIT (<i>lancets misc.</i>)	1	
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
ACCU-CHEK GUIDE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	2	
ACCU-CHEK GUIDE ME KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	2	
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT KIT (<i>lancets misc.</i>)	1	
ADVANTAGE SAFETY LANCETS 28G	3	
ADVOCATE SAFETY LANCETS 21G (<i>lancets</i>)	3	
ADVOCATE SAFETY LANCETS 23G (<i>lancets</i>)	3	
ADVOCATE SAFETY LANCETS 28G (<i>lancets</i>)	3	
AEROCHAMBER HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	SM
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE (<i>spacer/aero-holding chambers</i>)	2	SM
AEROCHAMBER PLUS FLO-VU INTERM DEVICE (<i>spacer/aero-holding chambers</i>)	2	SM
AEROCHAMBER PLUS FLO-VU LARGE DEVICE (<i>spacer/aero-holding chambers</i>)	2	SM
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE (<i>spacer/aero-holding chambers</i>)	2	SM
AEROCHAMBER PLUS FLO-VU SMALL DEVICE (<i>spacer/aero-holding chambers</i>)	2	SM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AEROCHAMBER2GO ANTI-STATIC DEVICE (<i>spacer/aero-holding chambers</i>)	2	SM
ALCOHOL PREP PADS SHEET 70 %	3	
AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (10 syringes per day.)
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM	2	QL (10 pen needles per day.)
ASSURE CONTROL SOLUTION 2/3 IN VITRO LIQUID (<i>blood glucose calibration</i>)	2	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
ASSURE ID PRO PEN NEEDLES 30G X 5 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	2	QL (10 pen needles per day.)
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	QL (10 pen needles per day.)
AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	QL (10 pen needles per day.)
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
AUTOLET LANCING DEVICE (<i>lancet devices</i>)	3	QL (1 device per prescription.)
AUTOLET LITE LANCING DEVICE (<i>lancet devices</i>)	3	QL (1 device per prescription.)
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
BD BLUNT FILL NEEDLE 18G X 1" (<i>needle (disp)</i>)	2	
BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2" (<i>needle (disp)</i>)	2	
BD ECLIPSE NEEDLE 18G X 1-1/2" , 23G X 1" , 25G X 1-1/2" , 25G X 5/8" (<i>needle (disp)</i>)	2	
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
BD SAFETYGLIDE NEEDLE 23G X 1-1/2" (<i>needle (disp)</i>)	2	
BD SHARPS COLLECTOR (<i>sharps container</i>)	3	
BD ULTRA-FINE INSULIN SYRINGES 29G X 1/2" 0.3 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	QL (10 syringes per day.)
BD ULTRA-FINE INSULIN SYRINGES 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	2	QL (10 syringes per day.)
BD ULTRA-FINE PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>)	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 (<i>insulin syringe-needle u-100</i>)	2	QL (10 syringes per day.)
BIGFOOT UNITY PROGRAM KIT (<i>blood glucose monitoring suppl</i>)	3	
BREATHE COMFORT CHAMBER/ADULT DEVICE	2	SM
BREATHE COMFORT CHAMBER/CHILD DEVICE	2	SM
CAREPOINT POLY HUB NEEDLE 18G X 1" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 21G X 1-1/2"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT POLY HUB NEEDLE 27G X 1/2"	2	
CAREPOINT PRECISION POLY HUB 23G X 1" (<i>needle (disp)</i>)	2	
CAREPOINT SAFETY 1ST NEEDLE 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	2	
CARESENS CONTROL SOLUTION A/B IN VITRO SOLUTION (<i>blood glucose calibration</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARESENS LANCETS 30G (<i>lancets</i>)	3	
CARESENS S CONTROL SOLN A/B IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
CARETOUCH HYPODERMIC NEEDLE 22G X 1" , 27G X 1-1/2" (<i>needle (disp)</i>)	2	
CARETOUCH LANCING/EJECTOR (<i>lancet devices</i>)	3	QL (1 device per prescription.)
CEQUR SIMPLICITY 2U DEVICE (<i>injection device for insulin</i>)	3	
CHEMSTRIP BG LOG BOOK (<i>blood glucose monitoring suppl</i>)	1	
CHOSEN LANCETS 30G (<i>lancets</i>)	3	
CHOSEN LANCING DEVICE (<i>lancet devices</i>)	3	QL (1 device per prescription.)
CHOSEN SAFETY LANCETS 28G (<i>lancets</i>)	3	
CLEVER CHOICE COMFORT EZ (<i>lancets</i>)	3	
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
COMFORT TOUCH TWIST LANCET 30G (<i>lancets</i>)	3	
CONTOUR CONTROL IN VITRO LIQUID HIGH (<i>blood glucose calibration</i>)	3	
CONTOUR CONTROL IN VITRO LIQUID LOW , NORMAL (<i>blood glucose calibration</i>)	2	
CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL (<i>blood glucose calibration</i>)	2	
CONTOUR NEXT EZ KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	1	
CONTOUR NEXT GEN MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	1	
CONTOUR NEXT MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	1	
CONTOUR NEXT ONE KIT (<i>blood glucose monitoring suppl</i>)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CONTOUR NEXT ONE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	1	SM
CONTOUR PLUS BLUE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	1	
CONTOUR PLUS CONTROL SOLUTION IN VITRO LIQUID (<i>blood glucose calibration</i>)	2	
DEXCOM G6 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	3	PA; QL (1 kit per 999 days.); SM
DEXCOM G6 SENSOR (<i>continuous glucose sensor</i>)	3	PA; QL (3 sensors per month.); SM
DEXCOM G6 TRANSMITTER (<i>continuous glucose transmitter</i>)	3	PA; QL (Benefit maximum quantity 1 transmitter per 3 months for Dexcom G6 Transmitter.); SM
DEXCOM G7 15 DAY SENSOR (<i>continuous glucose sensor</i>)	3	PA; QL (2 sensors per month.); SM
DEXCOM G7 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	3	PA; QL (1 kit per 999 days.); SM
DEXCOM G7 SENSOR (<i>continuous glucose sensor</i>)	3	PA; QL (3 sensors per month.); SM
DIABETES MONITOR DIGIT ADD-ON KIT	3	
DIABETES MONITOR DIGIT SOLN KIT	3	
DROPLET MICRON 34G X 3.5 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
DROPSAFE ACTI-LANCE 23G (<i>lancets</i>)	3	
DROPSAFE AUTOPROTECT DUO 31G X 4 MM , 31G X 5 MM , 31G X 8 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
DROPSAFE MEDLANCE LANCET 30G (<i>lancets</i>)	3	
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	QL (10 syringes per day.)
DROPSAFE SICURA 25G X 1" , 25G X 5/8" (<i>needle (disp)</i>)	2	
EASIVENT (<i>spacer/aero-holding chambers</i>)	2	SM
EASY COMFORT SHARPS CONTAINER	3	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLEXICHAMBER CHILD MASK/LARGE (<i>spacer/aero-hold chamber mask</i>)	2	SM
FLEXICHAMBER CHILD MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	2	SM
FLEXICHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	SM
FONDCIRCLE CONTROL SOLUTION IN VITRO LIQUID NORMAL	2	
FONDCIRCLE LANCING DEVICE	3	QL (1 device per prescription.)
FONDCIRCLE SINGLE USE LANCETS	3	
FORA TEST N' GO ADVANCE DEVICE (<i>blood glucose/ketone monitor</i>)	3	
FREESTYLE LIBRE 14 DAY READER DEVICE (<i>continuous glucose receiver</i>)	3	PA; QL (1 receiver per 999 days.); SM
FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous glucose sensor</i>)	3	PA; QL (2 sensors per 21 days.); SM
FREESTYLE LIBRE 2 PLUS SENSOR (<i>continuous glucose sensor</i>)	3	PA; QL (2 sensors per month.); SM
FREESTYLE LIBRE 2 READER DEVICE (<i>continuous glucose receiver</i>)	3	PA; QL (1 receiver per 999 days.); SM
FREESTYLE LIBRE 2 SENSOR (<i>continuous glucose sensor</i>)	3	PA; QL (2 sensors per 21 days.); SM
FREESTYLE LIBRE 3 PLUS SENSOR (<i>continuous glucose sensor</i>)	3	PA; QL (2 sensors per month.); SM
FREESTYLE LIBRE 3 READER DEVICE (<i>continuous glucose receiver</i>)	3	PA; QL (1 reader per 999 days.); SM
FREESTYLE LIBRE 3 SENSOR (<i>continuous glucose sensor</i>)	3	PA; QL (2 sensors per 21 days.); SM
FREESTYLE LIBRE READER DEVICE (<i>continuous glucose receiver</i>)	3	PA; QL (1 kit per 999 days.); SM
GUARDIAN 4 GLUCOSE SENSOR (<i>continuous glucose sensor</i>)	3	PA; QL (5 sensors per month.); SM
GUARDIAN 4 TRANSMITTER (<i>continuous glucose transmitter</i>)	3	PA; QL (1 transmitter kit per year.); SM
GUARDIAN LINK 3 TRANSMITTER (<i>continuous glucose transmitter</i>)	3	PA; QL (1 transmitter kit per 365 days.); SM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GUARDIAN REAL-TIME CHARGER (<i>continuous glucose monitor sup</i>)	3	PA; SM
GUARDIAN REAL-TIME TEST PLUG (<i>continuous glucose monitor sup</i>)	3	PA; SM
GUARDIAN SENSOR 3	3	PA; QL (5 sensors per 24 days.); SM
HAN-EASE (<i>injection device</i>)	3	
IHEALTH CONTROL SOLUTION IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
IHEALTH LANCING DEVICE (<i>lancet devices</i>)	3	QL (1 device per prescription.)
INPEN 100-BLUE-LILLY-HUMALOG DEVICE (<i>injection device for insulin</i>)	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE (<i>injection device for insulin</i>)	3	
INPEN 100-GREY-LILLY-HUMALOG DEVICE (<i>injection device for insulin</i>)	3	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE (<i>injection device for insulin</i>)	3	
INPEN 100-PINK-LILLY-HUMALOG DEVICE (<i>injection device for insulin</i>)	3	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE (<i>injection device for insulin</i>)	3	
INSPIREASE RESERVOIR BAGS (<i>spacer/aero-hold chamber bags</i>)	2	SM
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 8MM , 31G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM (<i>insulin pen needle</i>)	2	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 , 31G X 8 MM , 32G X 4 MM	2	QL (10 pen needles per day.)
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML (OTC)	2	QL (10 syringes per day.)
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML (RX)	2	QL (10 syringes per day.)
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML (OTC)	2	QL (10 syringes per day.)
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML (RX)	2	QL (10 syringes per day.)

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; H: Part of Health Care Reform; 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; E: Excluded from coverage unless covered as part of health care reform preventive; SM: State Mandated Benefit Program, Cost-share cap by state mandate applies when condition appropriate.; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML (OTC)	2	QL (10 syringes per day.)
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML (RX)	2	QL (10 syringes per day.)
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	2	QL (10 syringes per day.)
INSULIN SYRINGES 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 1/2" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML	2	QL (10 syringes per day.)
INSUL-TOTE ULTIMATE SUPPLIES (<i>blood glucose monitoring suppl</i>)	3	
INSUPEN32G EXTR3ME 32G X 6 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
KT TAPE CGM PATCH (<i>continuous glucose monitor sup</i>)	3	PA; SM
LANCETS (<i>lancets</i>)	1	
LANCETS	3	
LANCETS 28G THIN	3	
LANCETS SUPER THIN (<i>lancets</i>)	3	
MICROLET NEXT LANCING DEVICE (<i>lancet devices</i>)	3	QL (1 device per prescription.)
MINIMED INSTINCT GLUC SENSOR (<i>continuous glucose sensor</i>)	3/4	PA; QL (2 sensors per month.); SM
MOBILE LANCETS 30G	3	
NORDIPEN 5 INJECTION DEVICE (<i>injection device</i>)	3	
NOVOFINE PEN NEEDLE 32G X 6 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
NOVOPEN ECHO DEVICE (<i>injection device for insulin</i>)	3	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per 180 days.)
OMNIPOD 5 DEXG7G6 PODS GEN 5 (<i>insulin disposable pump</i>)	2	PA
OMNIPOD 5 DEXG7G6 PODS GEN 5 (<i>insulin disposable pump</i>)	2	PA; QL (10 pods per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT (<i>insulin disposable pump</i>)	2	PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS (<i>insulin disposable pump</i>)	2	PA
ONETOUCH DELICA PLUS LANCING (<i>lancet devices</i>)	1	QL (1 device per prescription.)
ONETOUCH DELICA SAFETY LANCING (<i>lancets</i>)	1	
ONETOUCH ULTRA IN VITRO LIQUID (<i>blood glucose calibration</i>)	1	
ONETOUCH VERIO IN VITRO LIQUID HIGH (<i>blood glucose calibration</i>)	1	
PARI VORTEX ADULT MASK (<i>spacer/aero-hold chamber mask</i>)	2	SM
PARI VORTEX PEDIATRIC MASK (<i>spacer/aero-hold chamber mask</i>)	2	SM
PEN NEEDLE/5-BEVEL TIP 31G X 8 MM , 32G X 4 MM	2	QL (10 pen needles per day.)
PEN NEEDLES 31G X 8 MM (OTC)	2	QL (10 pen needles per day.)
PEN NEEDLES 31G X 8 MM (RX)	2	QL (10 pen needles per day.)
PEN NEEDLES 32G X 4 MM (OTC)	2	QL (10 pen needles per day.)
PEN NEEDLES 32G X 4 MM (RX)	2	QL (10 pen needles per day.)
PERFECT POINT SAFETY LANCETS (<i>lancets</i>)	3	
PERFECT POINT SAFETY NEEDLE 25G X 1" (<i>needle (disp)</i>)	2	
PIP GLUCOSE CONTROL SOLUTION IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	2	QL (10 pen needles per day.)
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM , 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 (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	2	QL (10 pen needles per day.)
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM	2	QL (10 pen needles per day.)
SENSILANCE SAFETY LANCETS 21G (<i>lancets</i>)	3	
SENSILANCE SAFETY LANCETS 26G (<i>lancets</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SENSILANCE SAFETY LANCETS 28G (<i>lancets</i>)	3	
SHARPS COLLECTOR	3	
SHARPS CONTAINER	3	
SIMPLERA SYNC SENSOR (<i>continuous glucose sensor</i>)	3	PA; SM
SURE COMFORT PEN NEEDLES 32G X 4 MM (OTC)	2	QL (10 pen needles per day.)
TECHLITE LANCETS 26G (<i>lancets</i>)	3	
TECHLITE PLUS PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>)	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 (<i>blood glucose calibration</i>)	2	
TRUE METRIX LEVEL 2 IN VITRO SOLUTION NORMAL (<i>blood glucose calibration</i>)	2	
TRUE METRIX LEVEL 3 IN VITRO SOLUTION HIGH (<i>blood glucose calibration</i>)	2	
TWIST REFILL KIT KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per copay.)
TWIST REFILL KIT/INFUSION SET KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per copay.)
TWIST STARTER KIT KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per 730 days.)
UNIFINE OTC PEN NEEDLES 31G X 5 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
UNISTRIIP CONTROL IN VITRO SOLUTION LOW (<i>blood glucose calibration</i>)	3	
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)
VERIFINE INSULIN SYRINGE 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 (<i>insulin syringe-needle u-100</i>)	2	QL (10 syringes per day.)
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	QL (10 pen needles per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VERIFINE SAFE LANCET MINI 21G (<i>lancets</i>)	3	
VERIFINE SAFE LANCET MINI 23G (<i>lancets</i>)	3	
VERIFINE SAFE LANCET MINI 28G (<i>lancets</i>)	3	
VERIFINE SAFE LANCET MINI 30G (<i>lancets</i>)	3	
VERIFINE SHARPS CONTAINER (<i>sharps container</i>)	3	
VERISAFE SAFETY STERILE NEEDLE 23G X 1-1/2" , 25G X 1" (<i>needle (disp)</i>)	2	
VIVAGUARD INO CONTROL SOLUTION LIQUID IN VITRO (<i>blood glucose calibration</i>)	2	
VIVAGUARD INO CONTROL SOLUTION LIQUID IN VITRO (<i>blood glucose calibration</i>)	3	
VIVAGUARD LANCETS 30G (<i>lancets</i>)	3	
VIVAGUARD LANCING DEVICE (<i>lancet devices</i>)	3	QL (1 device per prescription.)
VIVAGUARD SAFETY LANCETS 28G (<i>lancets</i>)	3	
VORTEX VALVE CHAMBER-PEDI MASK DEVICE (<i>spacer/aero-holding chambers</i>)	2	SM
VORTEX VALVED HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	SM
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML (<i>corticotropin</i>)	3/4	PA; QL (10.5 mL (21 injectors) per treatment course.); SP; SMCS
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 80 UNIT/ML (<i>corticotropin</i>)	3/4	PA; QL (21 mL (21 injectors) per treatment course.); SP; SMCS
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	3/4	PA; QL (20 ml per 24 days.); SP; SMCS
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML (<i>corticotropin</i>)	3/4	PA; SP; SMCS
CORTROPHIN INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	3/4	PA; QL (20 ml per 24 days.); SP; SMCS
CORTROSYN INJECTION SOLUTION RECONSTITUTED 0.25 MG (<i>cosyntropin</i>)	3/4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cosyntropin injection solution reconstituted 0.25 mg</i>	1	
CARDIAC FUNCTION		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DIABETES MELLITUS		
ACCU-CHEK GUIDE TEST IN VITRO STRIP (<i>glucose blood</i>)	2	QL (51 strips per prescription without history 204 strips per prescription with history.)
CONTOUR NEXT TEST IN VITRO STRIP (<i>glucose blood</i>)	1	QL (51 strips per prescription without history 204 strips per prescription with history.)
CONTOUR PLUS TEST IN VITRO STRIP (<i>glucose blood</i>)	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 (<i>ketone blood test</i>)	3	
RELION GLUCOSE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	3/4	QL (51 strips per prescription without history 204 strips per prescription with history.)
KETONES		
CHEMSTRIP K IN VITRO STRIP (<i>acetone (urine) test</i>)	2	
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	2	
PHEOCHROMOCYTOMA		
<i>metirosine oral capsule 250 mg</i>	1	PA
PITUITARY FUNCTION		
METOPIRONE ORAL CAPSULE 250 MG (<i>metyrapone</i>)	3	
SUGAR		
DIASTIX REAGENT IN VITRO STRIP (<i>glucose urine test-glucose ox</i>)	3	
URINE AND FECES CONTENTS		
CHEMSTRIP UGK IN VITRO STRIP (<i>urine glucose-ketones test</i>)	3	
KETO-DIASTIX IN VITRO STRIP (<i>urine glucose-ketones test</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KETONE CARE IN VITRO STRIP (<i>urine glucose-ketones test</i>)	2	
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
<i>formaldehyde external solution 37 %</i>	1	
<i>glutaraldehyde external solution 25 %</i>	1	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AGENTS		
K-PHOS NO 2 ORAL TABLET 305-700 MG (<i>pot & sod ac phosphates</i>)	2	
ALKALINIZING AGENTS		
<i>cytra k crystals oral packet 3300-1002 mg</i>	1	
ORACIT ORAL SOLUTION 490-640 MG/5ML (<i>sod citrate-citric acid</i>)	2	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	1	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	1	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	1	
<i>tricitrates oral solution 550-500-334 mg/5ml</i>	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (<i>potassium citrate</i>)	3/4	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (<i>potassium citrate</i>)	3/4	
AMMONIA DETOXICANTS		
<i>carglumic acid oral tablet soluble 200 mg</i>	1	PA; SP; SMCS
<i>constulose oral solution 10 gm/15ml</i>	1	
<i>enulose oral solution 10 gm/15ml</i>	1	
<i>generlac oral solution 10 gm/15ml</i>	1	
<i>glycerol phenylbutyrate oral liquid 1.1 gm/ml</i>	1	PA; QL (17.5 ml per day.)
KRISTALOSE ORAL PACKET 10 GM, 20 GM (<i>lactulose</i>)	3	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lactulose oral packet 20 gm</i>	1	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	1	
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	3	
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	1	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA
CALORIC AGENTS - Drugs for Nutrition		
DOJOLVI ORAL LIQUID 100 % (<i>triheptanoin</i>)	3/4	PA
CARBONIC ANHYDRASE INHIBITORS (40:28) - Drugs for Water Balance		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
DIURETICS, MISCELLANEOUS - Drugs for Water Balance		
<i>elixophyllin oral elixir 80 mg/15ml</i>	3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
LOOP DIURETICS (40:28) - Drugs for Water Balance		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BUMEX ORAL TABLET 0.5 MG (<i>bumetanide</i>)	3	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (<i>furosemide</i>)	3/4	PA; QL (4 cartridges per prescription.)
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (<i>furosemide</i>)	3/4	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OSMOTIC DIURETICS (40:28) - Drugs for Water Balance		
HYDRO 40 EXTERNAL FOAM 40 % (<i>urea</i>)	3	
<i>urea external cream 20 %, 40 %</i>	1	
<i>urea external lotion 40 %</i>	1	
OTHER ION-REMOVING AGENTS		
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	3	
PHOSPHATE-REMOVING AGENTS		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	1	
<i>calcium acetate oral tablet 667 mg</i>	1	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	3	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	1	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	1	PA
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	3/4	
XPHOZAH ORAL TABLET 20 MG, 30 MG (<i>tenapanor hcl (ckd)</i>)	3/4	PA; QL (2 tablets per day.)
POTASSIUM-REMOVING AGENTS		
LOKELMA ORAL PACKET 10 GM (<i>sodium zirconium cyclosilicate</i>)	3	PA; QL (1 packet per day.)
LOKELMA ORAL PACKET 5 GM (<i>sodium zirconium cyclosilicate</i>)	3	PA; QL (3 packets per day.)
<i>sodium polystyrene sulfonate oral powder</i>	1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	3	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (<i>sodium polystyrene sulfonate</i>)	3	
VELTASSA ORAL PACKET 1 GM (<i>patiromer sorbitex calcium</i>)	3	PA; QL (124 packets per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	3	PA; QL (1 Packet per day.)
XPHOZAH ORAL TABLET 30 MG (<i>tenapanor hcl (ckd)</i>)	3/4	PA; QL (2 tablets per day.)
POTASSIUM-SPARING DIURETICS (40:28) - Drugs for Water Balance		
<i>amiloride hcl oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	3/4	PA; SM
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	PA; SM
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	SM
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
REPLACEMENT PREPARATIONS		
CALCIFOL ORAL WAFER 1342-1.6 MG (<i>ca carb-fa-d-b6-b12-boron-mg</i>)	3	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	1	
<i>calcium acetate oral tablet 667 mg</i>	1	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (<i>potassium bicarb-citric acid</i>)	2	
<i>effer-k oral tablet effervescent 25 meq</i>	1	
GALZIN ORAL CAPSULE 25 MG, 50 MG (<i>zinc acetate (oral)</i>)	3	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con m10 oral tablet extended release 10 meq</i>	1	
<i>klor-con m15 oral tablet extended release 15 meq</i>	1	
<i>klor-con m20 oral tablet extended release 20 meq</i>	1	
<i>klor-con oral packet 20 meq</i>	1	
<i>klor-con oral tablet extended release 8 meq</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
K-PHOS ORAL TABLET 500 MG (<i>potassium phosphate monobasic</i>)	2	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG (<i>k phos mono-sod phos di & mono</i>)	2	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (<i>insulin regular(human) in nacl</i>)	3	SM
ONENATAL RX ORAL TABLET 1 MG (<i>prenatal multivit-min-fe-fa</i>)	3	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG (<i>k phos mono-sod phos di & mono</i>)	2	
<i>phosphorous oral tablet 155-852-130 mg</i>	1	
<i>phospho-trin 250 neutral oral tablet 155-852-130 mg</i>	1	
PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION 22-4-1 MEQ-MMOL/L	3	
PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5-1 MEQ-MMOL/L	3	
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	
PREMESISRX ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	3	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (<i>prenat-fecbn-feasp-meth-fa-dha</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (<i>prenat mv-min-methylfolate-fa</i>)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION 22-4 MEQ/L (<i>bicarb-dextrose-k (crrt)</i>)	3	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION 32-2.5 MEQ/L (<i>bicarb-dextrose-ca (crrt)</i>)	3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION 32-2 MEQ/L (<i>bicarb-dextrose-k (crrt)</i>)	3	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION 32-2-3.5 MEQ/L (<i>bicarb-dextrose-k-ca (crrt)</i>)	3	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION 32-4-1.2 MEQ/L (<i>bicarb-dextrose-k-mg (crrt)</i>)	3	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5 MEQ/L (<i>bicarb-dextrose-k-ca (crrt)</i>)	3	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION 32-1.2 MEQ/L (<i>bicarb-mg (crrt)</i>)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3/4	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
THIAZIDE DIURETICS (40:28) - Drugs for Water Balance		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	2	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
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 (<i>hydrochlorothiazide</i>)	3/4	PA
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 (<i>benazepril-hydrochlorothiazide</i>)	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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THIAZIDE-LIKE DIURETICS (40:28) - Drugs for Water Balance		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
URICOSURIC AGENTS		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	
ORLYNVAH ORAL TABLET 500-500 MG (<i>sulopenem etzadrox-probenecid</i>)	3/4	QL (10 tablets per course of therapy.)
<i>probenecid oral tablet 500 mg</i>	1	
VASOPRESSIN ANTAGONISTS - Drugs for Water Balance		
SAMSCA ORAL TABLET 15 MG (<i>tolvaptan</i>)	3/4	PA; QL (90 tablets per 365 days.); SP; SMCS
SAMSCA ORAL TABLET 30 MG (<i>tolvaptan</i>)	3/4	PA; QL (60 tablets per 365 days.); SP; SMCS
<i>tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg</i>	1	PA; QL (2 tablets per day.)
<i>tolvaptan tablet 15 mg oral</i>	1	PA; SMCS
<i>tolvaptan tablet 15 mg oral</i>	1	PA; QL (90 tablets per 365 days.); SMCS
<i>tolvaptan tablet 30 mg oral</i>	1	PA; SMCS
<i>tolvaptan tablet 30 mg oral</i>	1	PA; QL (60 tablets per 365 days.); SMCS
ENZYMES		
ENZYME COFACTORS/CHAPERONES		
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	3/4	PA; QL (14 capsules per 21 days.)
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG (<i>arimoclomol citrate</i>)	3/4	PA; QL (90 capsules per month.)
<i>sapropterin dihydrochloride oral packet 100 mg</i>	1	PA; QL (16 packets per day.)
<i>sapropterin dihydrochloride oral packet 500 mg</i>	1	PA; QL (4 packets per day.)
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	1	PA; QL (16 tablets per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SEPHIENCE ORAL PACKET 1000 MG (<i>sepiapterin</i>)	3/4	PA; QL (186 packets per month.)
SEPHIENCE ORAL PACKET 250 MG (<i>sepiapterin</i>)	3/4	PA; QL (682 packets per month.)
<i>zelvysia oral packet 100 mg</i>	1	PA; QL (589 packets per month.)
<i>zelvysia oral packet 500 mg</i>	1	PA; QL (4 packets per day.)
ENZYME INHIBITORS		
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	2	PA
<i>miglustat oral capsule 100 mg</i>	1	
OPFOLDA ORAL CAPSULE 65 MG (<i>miglustat (gaa deficiency)</i>)	2	PA; QL (8 capsules per 21 days.)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	1	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	2	PA
ZOKINVY ORAL CAPSULE 50 MG (<i>lonafarnib</i>)	2	PA; QL (5 capsules per day.)
ZOKINVY ORAL CAPSULE 75 MG (<i>lonafarnib</i>)	2	PA; QL (1 tablet per day.)
ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	2	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML (<i>pegvaliase-pqpz</i>)	3	PA; QL (7 mL per year.); SP; SMCS
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML (<i>pegvaliase-pqpz</i>)	3	PA; QL (6 syringes per 365 days.); SP; SMCS
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>pegvaliase-pqpz</i>)	3	PA; QL (1 ml per day.); SP; SMCS
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3/4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	2	PA; QL (5 ml per day.)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	3	QL (90 grams per prescription.)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML (<i>asfotase alfa</i>)	2	PA; QL (5.4 ml per month.); SP; SMCS
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML (<i>asfotase alfa</i>)	2	PA; QL (8.4 ml per month.); SP; SMCS
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML (<i>asfotase alfa</i>)	2	PA; QL (12 ml tablets per month.); SP; SMCS
STRENSIQ SUBCUTANEOUS SOLUTION 80 MG/0.8ML (<i>asfotase alfa</i>)	2	PA; QL (9.6 ml (12 vials) per month.); SP; SMCS
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	2	PA; SP; SMCS
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3/4	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	2	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ALPHA-ADRENERGIC AGONISTS (52:40) - Drugs for the Eye		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (<i>brimonidine tartrate</i>)	1	QL (10 ml per prescription)
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (<i>brimonidine tartrate</i>)	3/4	QL (10 ml per prescription)
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	1	
<i>brimonidine tartrate external gel 0.33 %</i>	1	PA; QL (30 grams per prescription.)
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	1	QL (10 ml per prescription)
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	1	QL (5 ml per prescription)
IOPIDINE OPHTHALMIC SOLUTION 1 % (<i>apraclonidine hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	2	PA; QL (30 grams per prescription.)
ANTIALLERGIC AGENTS - Drugs for Allergy		
ALOCRILOPHthalmic SOLUTION 2 % (<i>nedocromil sodium</i>)	3	
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	1	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	SM
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	1	QL (5 ml per prescription)
<i>olopatadine hcl nasal solution 0.6 %</i>	1	
ANTIBACTERIALS (52:04) - Drugs for Infections		
AMZEEQ EXTERNAL FOAM 4 % (<i>minocycline hcl micronized</i>)	3/4	QL (30 grams per prescription.)
AZASITE OPHTHALMIC SOLUTION 1 % (<i>azithromycin</i>)	3	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (<i>besifloxacin hcl</i>)	3	
CETRAXAL OTIC SOLUTION 0.2 % (<i>ciprofloxacin hcl</i>)	3	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (<i>ciprofloxacin hcl</i>)	3	
CIPRO HC OTIC SUSPENSION 0.2-1 % (<i>ciprofloxacin-hydrocortisone</i>)	3/4	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	1	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	1	
<i>ciprofloxacin-hydrocortisone otic suspension 0.2-1 %</i>	1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (<i>neomycin-colist-hc-thonzonium</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ERY EXTERNAL PAD 2 %	3	
<i>erythromycin external gel 2 %</i>	1	
<i>erythromycin external solution 2 %</i>	1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	H-N
<i>gatifloxacin ophthalmic solution 0.5 %</i>	1	
<i>gentamicin sulfate external cream 0.1 %</i>	1	QL (30 grams per prescription.)
<i>gentamicin sulfate external ointment 0.1 %</i>	1	QL (30 grams per prescription.)
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	QL (15 ml per prescription.)
<i>levofloxacin ophthalmic solution 0.5 %, 1.5 %</i>	1	
<i>loteprednol-tobramycin ophthalmic suspension 0.5-0.3 %</i>	1	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (<i>neomycin-polymyxin-dexameth</i>)	3/4	
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (<i>neomycin-polymyxin-dexameth</i>)	3/4	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
MITOSOL OPHTHALMIC KIT 0.2 MG (<i>mitomycin</i>)	3	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	
<i>neomycin sulfate oral tablet 500 mg</i>	1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (ofloxacin)	3/4	
ofloxacin ophthalmic solution 0.3 %	1	
ofloxacin otic solution 0.3 %	1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	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.)
TOBI PODHALER INHALATION CAPSULE 28 MG (tobramycin)	3	PA; QL (224 capsules per 56 days.)
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	3	
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA; QL (224 ml per 56 days.)
tobramycin ophthalmic solution 0.3 %	1	QL (5 ml per prescription.)
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
TOBREX OPHTHALMIC OINTMENT 0.3 % (tobramycin)	3	QL (3.5 grams per prescription.)
ZILXI EXTERNAL FOAM 1.5 % (minocycline hcl micronized)	3/4	PA; QL (30 grams per prescription.)
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (loteprednol-tobramycin)	3	
ANTIFUNGALS (EENT) - Drugs for Infections		
NATACYN OPHTHALMIC SUSPENSION 5 % (natamycin)	3	
ANTI-INFECTIVES, MISCELLANEOUS (52:04) - Drugs for Infections		
ARZOL SILVER NIT APPLICATORS EXTERNAL 75-25 % (silver nitrate-pot nitrate)	3	
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % (povidone-iodine)	3	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	3/4	
<i>periogard mouth/throat solution 0.12 %</i>	1	
PRAMOTIC OTIC LIQUID 1-0.1 % (<i>pramoxine-chloroxylonol</i>)	3	
<i>silver nitrate external solution 0.5 %</i>	1	
XDEMVEY OPHTHALMIC SOLUTION 0.25 % (<i>lotilaner</i>)	3/4	PA; QL (10 ml per 63 days.)
ANTI-INFLAMMATORY AGENTS (EENT) - Drugs for Inflammation		
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (<i>perfluorohexyloctane</i>)	3/4	PA; QL (3 ml per 23 days.)
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	3/4	PA; QL (1 ml per day and 56 ml per 365 days.); SP; SMCS
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	1	PA; QL (60 vials per prescription.)
VERKAZIA OPHTHALMIC EMULSION 0.1 % (<i>cyclosporine</i>)	3/4	PA; QL (4 vials per day.)
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	3/4	PA; QL (60 vials per prescription.)
ANTIVIRALS (EENT) - Drugs for Infections		
<i>trifluridine ophthalmic solution 1 %</i>	1	
ZIRGAN OPHTHALMIC GEL 0.15 % (<i>ganciclovir</i>)	3	
ASTRINGENTS (52:04) - Drugs for Infections		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	3/4	
<i>periogard mouth/throat solution 0.12 %</i>	1	
BETA-ADRENERGIC BLOCKING AGENTS (52:40) - Drugs for the Eye		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BETIMOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol hemihydrate</i>)	3/4	QL (5 ml per prescription.)
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	3	
<i>carteolol hcl ophthalmic solution 1 %</i>	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	1	QL (5 ml per prescription)
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	3/4	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	1	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	3/4	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>timolol hemihydrate ophthalmic solution 0.5 %</i>	1	QL (5 ml per prescription.)
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ocudose ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate pf ophthalmic solution 0.25 %, 0.5 %</i>	1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	3/4	
CARBONIC ANHYDRASE INHIBITORS (52:40) - Drugs for the Eye		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>brinzolamide ophthalmic suspension 1 %</i>	1	QL (10 ml per prescription)
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	3/4	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3/4	
<i>dorzolamide hcl solution 2 % ophthalmic</i>	1	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORTICOSTEROIDS (EENT) - Drugs for Inflammation		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (fluticasone-salmeterol)	3	QL (0.4 grams per day.); SM
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (albuterol-budesonide)	3	QL (10.7 grams per prescription.); SM
ALA SCALP EXTERNAL LOTION 2 % (hydrocortisone)	3/4	
ALREX OPHTHALMIC SUSPENSION 0.2 % (loteprednol etabonate)	3/4	QL (5 ml per prescription)
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	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (fluticasone furoate)	1	SM
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (fluticasone furoate)	1	QL (1 packet per day.); SM
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 50-25 MCG/INH (fluticasone furoate-vilanterol)	3	SM
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT (fluticasone furoate-vilanterol)	3	QL (2 blisters per day.); SM
CIPRO HC OTIC SUSPENSION 0.2-1 % (ciprofloxacin-hydrocortisone)	3/4	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	1	
ciprofloxacin-hydrocortisone otic suspension 0.2-1 %	1	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (hc-pramoxine-chloroxylonol)	3/4	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (hydrocortisone)	3/4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (fluocinolone acetonide)	3/4	QL (118.28 ml per prescription.)
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (fluocinolone acetonide)	3/4	
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)	3/4	QL (8.3 mL per prescription)
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	QL (118.28 ml per prescription.)
fluocinolone acetonide external cream 0.01 %, 0.025 %	1	QL (15 grams per prescription.)
fluocinolone acetonide external ointment 0.025 %	1	QL (15 grams per prescription.)
fluocinolone acetonide external solution 0.01 %	1	QL (60 ml per prescription.)
fluocinolone acetonide otic oil 0.01 %	1	
fluocinolone acetonide scalp external oil 0.01 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fluorometholone ophthalmic suspension 0.1 %	1	
fluticasone propionate nasal suspension 50 mcg/act	1	
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.); SM
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL (0.04 mcg per day.); SM
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	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	1	
hydrocortisone butyrate external cream 0.1 %	1	
hydrocortisone butyrate external ointment 0.1 %	1	
hydrocortisone butyrate external solution 0.1 %	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
hydrocortisone rectal enema 100 mg/60ml	1	
hydrocortisone valerate external cream 0.2 %	1	QL (15 grams per prescription.)
hydrocortisone valerate external ointment 0.2 %	1	QL (15 grams per prescription.)
hydrocortisone-acetic acid otic solution 1-2 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
INVELTYS OPHTHALMIC SUSPENSION 1 % (loteprednol etabonate)	3	
KHINDIVI ORAL SOLUTION 1 MG/ML (hydrocortisone)	3/4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (<i>loteprednol etabonate</i>)	3	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (<i>loteprednol etabonate</i>)	3	QL (5 grams per prescription.)
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	1	QL (5 ml per prescription)
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	1	QL (5 ml per prescription.)
<i>loteprednol-tobramycin ophthalmic suspension 0.5-0.3 %</i>	1	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (<i>dexamethasone</i>)	2	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (<i>neomycin-polymyxin-dexameth</i>)	3/4	
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (<i>neomycin-polymyxin-dexameth</i>)	3/4	
<i>mometasone furoate external cream 0.1 %</i>	1	
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	QL (34 grams (2 bottles) per copay.)
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	
NUCORT EXTERNAL LOTION 2 % (<i>hydrocortisone acetate</i>)	3	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (<i>prednisolone sodium phosphate</i>)	3/4	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	3	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	
<i>prednisolone oral solution 15 mg/5ml</i>	1	
<i>prednisolone oral tablet 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible 30 mg</i>	1	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	2	
<i>procto-med hc external cream 2.5 %</i>	1	
PROCTOSOL HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	3/4	
PROCTOZONE-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	3/4	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (<i>dexamethasone</i>)	3/4	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) (<i>dexamethasone</i>)	3	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	3	
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	2	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	3	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	3	QL (2 blisters per day.); SM
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL (2 blisters per day.); SM
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EENT ANTI-INFLAMMATORY AGENTS, MISC. - Drugs for Inflammation		
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	1	PA; QL (60 vials per prescription.)
VERKAZIA OPHTHALMIC EMULSION 0.1 % (<i>cyclosporine</i>)	3/4	PA; QL (4 vials per day.)
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	3/4	PA; QL (60 vials per prescription.)
EENT DRUGS, MISCELLANEOUS		
<i>acetic acid otic solution 2 %</i>	1	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	1	
AQUORAL MOUTH/THROAT SOLUTION (<i>artificial saliva</i>)	3	
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	SM
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (<i>cysteamine hcl</i>)	3/4	PA; QL (20 mL per 21 days); SP; SMCS
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	2	PA; QL (60 ml (4 bottles) per month.); SP; SMCS
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (<i>sulfuric acid-sulf phenolics</i>)	2	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	
IOPIDINE OPHTHALMIC SOLUTION 1 % (<i>apraclonidine hcl</i>)	3	
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (<i>perfluorohexyloctane</i>)	3/4	PA; QL (3 ml per 23 days.)
MUCOSITISRX MOUTH/THROAT PACKET (<i>artificial saliva</i>)	3	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	3/4	PA; QL (1 ml per day and 56 ml per 365 days.); SP; SMCS
TRYPTYR OPHTHALMIC SOLUTION 0.003 % (<i>acoltremon</i>)	3/4	PA; QL (60 vials per month.)
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (<i>varenicline tartrate</i>)	3/4	PA; QL (0.28 ml per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Inflammation		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (<i>ketorolac tromethamine</i>)	3/4	
ACULAR OPHTHALMIC SOLUTION 0.5 % (<i>ketorolac tromethamine</i>)	3/4	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	1	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	1	
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	
LURBIRO ORAL TABLET 100 MG (<i>flurbiprofen</i>)	3	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (<i>nepafenac</i>)	3/4	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	3/4	QL (5 bottles per prescription.)
LOCAL ANESTHETICS (EENT) - Drugs for Numbing		
AKTEN OPHTHALMIC GEL 3.5 % (<i>lidocaine hcl</i>)	3	
ALCAINE OPHTHALMIC SOLUTION 0.5 % (<i>proparacaine hcl</i>)	3	
ALTACAIN OPHTHALMIC SOLUTION 0.5 % (<i>tetracaine hcl</i>)	3	
<i>lidocaine hcl mouth/throat solution 4 %</i>	1	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	1	
PRAMOTIC OTIC LIQUID 1-0.1 % (<i>pramoxine-chloroxylonol</i>)	3	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	1	
<i>tetracaine hcl ophthalmic solution 0.5 %</i>	1	
MACULAR DEGENERATION AGENTS		
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (<i>cysteamine hcl</i>)	3/4	PA; QL (20 mL per 21 days); SP; SMCS
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	2	PA; QL (60 ml (4 bottles) per month.); SP; SMCS
MIOTICS - Drugs for the Eye		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (<i>echothiophate iodide</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (<i>pilocarpine hcl</i>)	3/4	
MYDRIATICS - Drugs for the Eye		
<i>altafrin ophthalmic solution 10 %, 2.5 %</i>	1	
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 % (<i>cyclopentolate hcl</i>)	3/4	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (<i>cyclopentolate-phenylephrine</i>)	3	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	1	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	1	
OSMOTIC AGENTS - Drugs for the Eye		
HYDRO 40 EXTERNAL FOAM 40 % (<i>urea</i>)	3	
<i>urea external cream 20 %, 40 %</i>	1	
<i>urea external lotion 40 %</i>	1	
PROSTAGLANDIN ANALOGS - Drugs for the Eye		
BIMATOPROST OPHTHALMIC SOLUTION 0.01 %	2	QL (2.5 mL per copay.)
<i>bimatoprost ophthalmic solution 0.03 %</i>	1	QL (2.5 ml per prescription.)
<i>latanoprost ophthalmic solution 0.005 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	2	QL (2.5 mL per copay.)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	3	QL (2.5 mL per prescription.)
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	1	QL (30 unit of use droppers per prescription.)
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	1	QL (2.5 ml per prescription)
XELPROS OPHTHALMIC EMULSION 0.005 % (<i>latanoprost</i>)	3	QL (2.5 ml per prescription.)
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (<i>tafluprost</i>)	3	QL (30 unit of use droppers per prescription.)
RHO KINASE INHIBITORS - Drugs for the Eye		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (<i>netarsudil dimesylate</i>)	3	QL (2.5 ml per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	3	QL (2.5 mL per prescription.)
VASOCONSTRICTORS		
ADRENALIN NASAL SOLUTION 0.1 % (<i>epinephrine hcl</i> (<i>nasal</i>))	2	
<i>altafrin ophthalmic solution 10 %, 2.5 %</i>	1	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (<i>cyclopentolate-phenylephrine</i>)	3	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	1	
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	3/4	PA; QL (30 grams per prescription.)
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (<i>oxymetazoline hcl</i>)	3/4	PA; QL (30 single-use vials per prescription.)
GASTROINTESTINAL DRUGS		
CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	PA; QL (2 capsules per day.)
GUANYLATE CYCLASE C (GCC) RECEPT AGONIST		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	2	PA; QL (1 capsule per day.)
IMMUNOMODULATORY AGENTS (56:44)		
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (<i>vedolizumab</i>)	2	PA; QL (0.05 ml per day.)
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML (<i>mirikizumab-mrkz</i>)	2	PA; QL (3 ml (2 syringes/1 box) per month.)
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML (<i>mirikizumab-mrkz</i>)	2	PA; QL (3 ml (2 syringes/1 box) per month.)
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mirikizumab-mrkz</i>)	2	PA; QL (0.072 ml per day.)
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>mirikizumab-mrkz</i>)	2	PA; QL (2 ml (1 auto-injector) per month.)
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mirikizumab-mrkz</i>)	2	PA; QL (2 prefilled syringe per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (<i>mirikizumab-mrkz</i>)	2	PA; QL (2 ml (1 prefilled syringe) per month.)
OPIOID ANTAGONISTS (56:18)		
<i>alvimopan oral capsule 12 mg</i>	1	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	3/4	PA; QL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	3/4	PA; QL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	3/4	PA; QL (0.4 ml per day.)
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	2	PA; QL (1 tablet per day.)
GASTROINTESTINAL DRUGS - Drugs for the Stomach		
5-HT3 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	3/4	QL (1 capsule per prescription.)
ANZEMET ORAL TABLET 50 MG (<i>dolasetron mesylate</i>)	3	QL (6 tablets per prescription.)
<i>granisetron hcl oral tablet 1 mg</i>	1	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	1	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1	
<i>ondansetron odt oral tablet dispersible 4 mg, 8 mg</i>	1	
ANTIDIARRHEA AGENTS - Drugs for Diarrhea		
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	QL (120 capsules per 180 days.)
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	QL (120 capsules per 180 days.)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate-atropine</i>)	3/4	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	3/4	PA; QL (2 tablets per day.)
<i>opium oral tincture 10 mg/ml (1%)</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3/4	QL (120 capsules per 180 days.)
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	3	PA; QL (2 tablets per day.)
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	3	PA; QL (3 tablets per day.)
ANTIEMETICS, MISCELLANEOUS - Drugs for Vomiting and Nausea		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	QL (1 capsule per day)
<i>promethazine hcl oral solution 12.5 mg/10ml, 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (<i>promethazine hcl</i>)	3	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	3/4	PA; QL (4 ml per day.)
ANTI-HISTAMINES (GI DRUGS) - Drugs for Vomiting and Nausea		
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	1	
ANTI-INFLAMMATORY AGENTS (GI DRUGS) - Drugs for Inflammation		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	1	PA; QL (2 tablets per day)
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	3/4	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3/4	
<i>balsalazide disodium oral capsule 750 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIPENTUM ORAL CAPSULE 250 MG (<i>olsalazine sodium</i>)	3	
<i>mesalamine oral capsule delayed release 400 mg</i>	1	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	1	
<i>mesalamine rectal enema 4 gm</i>	1	QL (28 bottles per month.)
<i>mesalamine rectal suppository 1000 mg</i>	1	QL (1 suppository per day.)
<i>mesalamine-cleanser rectal kit 4 gm</i>	1	QL (4 kits per month.)
ROWASA RECTAL KIT 4 GM (<i>mesalamine-cleanser</i>)	3/4	QL (4 kits per month.)
SFROWASA RECTAL ENEMA 4 GM/60ML (<i>mesalamine</i>)	3/4	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
ANTIULCER AGENTS AND ACID SUPPRESS.,MISC - Drugs for Ulcers and Stomach Acid		
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	QL (120 capsules per 180 days.)
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	QL (120 capsules per 180 days.)
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3/4	QL (120 capsules per 180 days.)
ANTIULCER AGENTS AND ACID SUPPRESSANTS - Drugs for Ulcers and Stomach Acid		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	3/4	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
CATHARTICS AND LAXATIVES - Drugs for Constipation		
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	E	H
<i>citroma oral solution 1.745 gm/30ml</i>	E	H
<i>clearlax oral powder 17 gm/scoop</i>	E	H
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML (<i>sod picosulfate-mag ox-cit acd</i>)	3	QL (350 ml per prescription.)
<i>ft clearlax oral powder 17 gm/scoop</i>	E	H
<i>ft laxative oral tablet delayed release 5 mg</i>	E	H
<i>ft magnesium citrate oral solution 1.745 gm/30ml</i>	E	H
<i>gavilax oral powder 17 gm/scoop</i>	E	H
<i>gavilyte-c oral solution reconstituted 240 gm</i>	1	H
<i>gavilyte-g oral solution reconstituted 236 gm</i>	1	QL (4000 mL per prescription.); H
<i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>	1	QL (4000 ml per prescription.); H
<i>gentle laxative oral tablet delayed release 5 mg</i>	E	H
<i>glycolax oral powder 17 gm/scoop</i>	E	H
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	1	QL (4000 mL per prescription.); H
<i>laxative osmotic oral powder 17 gm/scoop</i>	E	H
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	E	H
<i>mineral oil heavy oral oil</i>	1	
<i>mm clearlax oral powder 17 gm/scoop</i>	E	H
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	3/4	QL (1 kit per prescription.)
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	1	QL (354 ml per prescription.)
<i>peg 3350 oral powder 17 gm/scoop</i>	E	H
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	1	QL (4000 ml per prescription.); H
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	QL (4000 mL per prescription.); H

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peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	1	QL (1 kit per prescription.)
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	1	QL (1 kit per prescription.)
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)	3	QL (3 cartons per prescription.)
polyethylene glycol 3350 oral powder 17 gm/scoop	E	H
smooth lax oral powder 17 gm/scoop	E	H
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (peg 3350-kcl-nacl-nasulf-mgsul)	3	QL (2 doses (1 box) per prescription.)
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (na sulfate-k sulfate-mg sulf)	3	QL (354 ml per prescription.)
SUTAB ORAL TABLET 1479-225-188 MG (sodium sulfate-mag sulfate-kcl)	3	
CHOLELITHOLYTIC AGENTS - Drugs for the Stomach		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG (odevixibat)	3/4	PA; QL (2 capsules per day.)
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG (odevixibat)	3/4	PA; QL (1 capsule per day.)
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (odevixibat)	3/4	PA; QL (2 capsules per day.)
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (cholic acid)	2	PA; QL (4 capsules per day.)
CTEXLI ORAL TABLET 250 MG (chenodiol (basds))	3/4	PA; QL (93 tablets per month.)
IQIRVO ORAL TABLET 80 MG (elafibranor)	3/4	PA; QL (31 tablets per month.)
LIVDELZI ORAL CAPSULE 10 MG (seladelpar lysine)	3/4	PA; QL (30 capsules per month.)
LIVMARLI ORAL SOLUTION 19 MG/ML (maralixibat chloride)	3/4	PA; QL (60 mL (1140 mg) per month.)
LIVMARLI ORAL SOLUTION 9.5 MG/ML (maralixibat chloride)	3/4	PA; QL (4 mL per day.)
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG (maralixibat chloride)	3/4	PA; QL (60 tablets per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LIVMARLI ORAL TABLET 30 MG (<i>maralixibat chloride</i>)	3/4	PA; QL (30 tablets per month.)
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
DIGESTANTS - Drugs for the Stomach		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	2	
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	2	PA; QL (1 vial per day.); SP; SMCS
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3/4	
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3/4	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	2	
DOPAMINE RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (<i>promethazine hcl</i>)	3	
GI DRUGS, MISCELLANEOUS - Drugs for the Stomach		
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA; QL (0.03 ml per day.)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML	2	PA; QL (0.01 ml per day.)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	2	PA; QL (0.02 ml per day.)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; QL (0.03 ml per day.)
alvimopan oral capsule 12 mg	1	
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (adalimumab-atto)	2	PA; QL (2 auto-injectors (1 carton) per month.)
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (adalimumab-atto)	2	PA; QL (2 auto-injectors (1 carton) per month.)
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (adalimumab-atto)	2	PA; QL (2 syringes per month per month.)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML (adalimumab-atto)	2	PA
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG (odevixibat)	3/4	PA; QL (2 capsules per day.)
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG (odevixibat)	3/4	PA; QL (1 capsule per day.)
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (odevixibat)	3/4	PA; QL (2 capsules per day.)
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (cholic acid)	2	PA; QL (4 capsules per day.)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (certolizumab pegol)	2	PA; QL (2 syringes (1 carton) per month.)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (certolizumab pegol)	2	PA
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.)
GATTEX SUBCUTANEOUS KIT 5 MG (teduglutide (rdna))	2	PA; QL (1 vial per day.); SP; SMCS
IQIRVO ORAL TABLET 80 MG (elafibranor)	3/4	PA; QL (31 tablets per month.)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (linaclotide)	2	PA; QL (1 capsule per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LIVMARLI ORAL SOLUTION 9.5 MG/ML (<i>maralixibat chloride</i>)	3/4	PA; QL (4 mL per day.)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	PA; QL (2 capsules per day.)
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml</i>	1	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mirikizumab-mrkz</i>)	2	PA; QL (0.072 ml per day.)
<i>prucalopride succinate oral tablet 1 mg, 2 mg</i>	1	PA; QL (1 tablet per day.)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	3/4	PA; QL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	3/4	PA; QL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	3/4	PA; QL (0.4 ml per day.)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>golimumab</i>)	2	PA; QL (1 syringe per 21 days.)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (<i>golimumab</i>)	2	PA; QL (1 auto-injector per month.)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>golimumab</i>)	2	PA; QL (1 syringe per 21 days.)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>golimumab</i>)	2	PA; QL (1 syringe per month.)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (<i>risankizumab-rzaa</i>)	2	PA; QL (1.2 ml per 42 days.)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (<i>risankizumab-rzaa</i>)	2	PA; QL (2.4 mL per 42 days.)
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	2	PA; QL (1 tablet per day.)
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	3/4	PA; QL (4 ml per day.)
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	3	PA; QL (2 tablets per day.)
VOWST ORAL CAPSULE (<i>fecal microb spores, live-brpk</i>)	3/4	PA; QL (12 capsules per 365 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XPHOZAH ORAL TABLET 30 MG (<i>tenapanor hcl (ckd)</i>)	3/4	PA; QL (2 tablets per day.)
HISTAMINE H2-ANTAGONISTS - Drugs for Ulcers and Stomach Acid		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	1	
LIPOTROPIC AGENTS - Drugs for the Stomach		
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	
NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	3/4	QL (1 capsule per prescription.)
<i>aprepitant oral capsule 125 mg, 40 mg</i>	1	QL (1 capsule per prescription)
<i>aprepitant oral capsule 80 & 125 mg</i>	1	QL (3 capsules per prescription)
<i>aprepitant oral capsule 80 mg</i>	1	QL (2 capsules per prescription)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (<i>aprepitant</i>)	2	QL (3 pouches per prescription.)
POTASSIUM-COMPETITIVE ACID BLOCKERS - Drugs for Ulcers and Stomach Acid		
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (<i>amoxicillin-vonoprazan</i>)	3/4	QL (112 tablets per 180 days.)
VOQUEZNA ORAL TABLET 10 MG (<i>vonoprazan fumarate</i>)	3/4	PA; QL (1 tablet per day and 186 tablets per 365 days.)
VOQUEZNA ORAL TABLET 20 MG (<i>vonoprazan fumarate</i>)	3/4	PA; QL (60 tablets per month and 120 tablets per year.)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicill-clarithro-vonoprazan</i>)	3/4	QL (112 tablets per 180 days.)
PROKINETIC AGENTS - Drugs for the Stomach		
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
REGLAN ORAL TABLET 10 MG, 5 MG (<i>metoclopramide hcl</i>)	3/4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROSTAGLANDINS - Drugs for Ulcers and Stomach Acid		
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (<i>misoprostol</i>)	3/4	SM
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	SM
PROTECTANTS - Drugs for Ulcers and Stomach Acid		
<i>sucralfate oral suspension 1 gm/10ml</i>	1	
<i>sucralfate oral tablet 1 gm</i>	1	
PROTON-PUMP INHIBITORS - Drugs for Ulcers and Stomach Acid		
<i>esomeprazole magnesium oral packet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	PA; QL (1 packet per day.)
<i>esomeprazole magnesium oral packet 40 mg</i>	1	PA; QL (1 packet per day)
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML (<i>lansoprazole</i>)	3	PA
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	1	PA; QL (1 tablet per day.)
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>esomeprazole magnesium</i>)	3/4	PA; QL (1 packet per day.)
NEXIUM ORAL PACKET 40 MG (<i>esomeprazole magnesium</i>)	3/4	PA; QL (1 packet per day)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	1	QL (1 tablet per day)
VOQUEZNA ORAL TABLET 10 MG (<i>vonoprazan fumarate</i>)	3/4	PA; QL (1 tablet per day and 186 tablets per 365 days.)
VOQUEZNA ORAL TABLET 20 MG (<i>vonoprazan fumarate</i>)	3/4	PA; QL (60 tablets per month and 120 tablets per year.)
GOLD COMPOUNDS		
GOLD COMPOUNDS		
AURANOFIN ORAL CAPSULE 3 MG	3	
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	2	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	1	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	1	PA
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	2	
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	2	PA
FERRIPROX ORAL TABLET 1000 MG (<i>deferiprone</i>)	3/4	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (<i>deferiprone</i>)	3/4	PA
<i>penicillamine oral tablet 250 mg</i>	1	
<i>trientine hcl oral capsule 250 mg, 500 mg</i>	1	PA
HORMONES AND SYNTHETIC SUBSTITUTES		
MELANOCORTIN RECEPTOR AGONISTS		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	3/4	PA; QL (4 autoinjector pens (1.2mls) per month.)
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones		
ADRENALS - Hormones		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	3	QL (0.4 grams per day.); SM
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	QL (10.7 grams per prescription.); SM
ALA SCALP EXTERNAL LOTION 2 % (<i>hydrocortisone</i>)	3/4	
ANALPRAM HC EXTERNAL CREAM 1-1 %, 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	3/4	
ANALPRAM HC EXTERNAL LOTION 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	3	
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	2	
ANUSOL-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	3/4	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORTIFOAM EXTERNAL FOAM 10 % (hydrocortisone acetate)	2	
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	
DIPROLENE EXTERNAL OINTMENT 0.05 % (betamethasone dipropionate aug)	3/4	
fludrocortisone acetate oral tablet 0.1 mg	1	
flunisolide nasal solution 25 mcg/act (0.025%)	1	
fluticasone propionate external cream 0.05 %	1	
fluticasone propionate external lotion 0.05 %	1	QL (60 ml per prescription.)
fluticasone propionate external ointment 0.005 %	1	
fluticasone propionate nasal suspension 50 mcg/act	1	
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.); SM
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL (0.04 mcg per day.); SM
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	3	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	1	
hydrocortisone butyrate external cream 0.1 %	1	
hydrocortisone butyrate external ointment 0.1 %	1	
hydrocortisone butyrate external solution 0.1 %	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	

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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	QL (15 grams per prescription.)
hydrocortisone valerate external ointment 0.2 %	1	QL (15 grams per prescription.)
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.)
ISTURISA ORAL TABLET 5 MG (osilodrostat phosphate)	3/4	PA; QL (372 tablets per month.)
KHINDIVI ORAL SOLUTION 1 MG/ML (hydrocortisone)	3/4	PA
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	
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	QL (34 grams (2 bottles) per copay.)
NUCORT EXTERNAL LOTION 2 % (hydrocortisone acetate)	3	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (prednisolone sodium phosphate)	3/4	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible 30 mg</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	2	
<i>procto-med hc external cream 2.5 %</i>	1	
PROCTOSOL HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	3/4	
PROCTOZONE-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	3/4	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (<i>beclomethasone diprop hfa</i>)	1	QL (10.6 grams per month.); SM
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	1	QL (42.4 grams per month.); SM
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	1	QL (0.35 grams per day.); SM
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	1	SM
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (<i>dexamethasone</i>)	3/4	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) (<i>dexamethasone</i>)	3	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	3	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (<i>budesonide</i>)	3/4	PA; QL (4 capsules per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TEXACORT EXTERNAL SOLUTION 2.5 % (hydrocortisone)	2	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (fluticasone-umeclidin-vilant)	3	QL (2 blisters per day.); SM
triamcinolone acetonide external aerosol solution 0.147 mg/gm	1	QL (63 grams per prescription.)
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL (15 grams per prescription.)
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	QL (15 grams per prescription.)
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (olezarsen sodium)	3/4	PA; QL (1 Auto-injector (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.); SM
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EEMT ORAL TABLET 1.25-2.5 MG (<i>est estrogens-methyltest</i>)	2	
<i>est estrogens-methyltest ds oral tablet 1.25-2.5 mg</i>	1	
<i>est estrogens-methyltest hs oral tablet 0.625-1.25 mg</i>	1	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	1	
ESTRATEST H.S. ORAL TABLET 0.625-1.25 MG (<i>est estrogens-methyltest</i>)	3	
KYZATREX ORAL CAPSULE 150 MG, 200 MG (<i>testosterone undecanoate</i>)	3/4	PA; QL (4 capsules per day.); SM
METHITEST ORAL TABLET 10 MG	2	SM
<i>methyltestosterone oral capsule 10 mg</i>	1	SM
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	1	PA; QL (100 mg Testosterone (2 X 5 grams tubes = 10 grams) per day); SM
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	SM
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	SM
<i>testosterone gel 12.5 mg/act (1%) transdermal</i>	1	PA; QL (300 grams (4 pumps) per month); SM
<i>testosterone gel 20.25 mg/act (1.62%) transdermal</i>	1	PA; QL (150 grams (2 pumps) per month.); SM
<i>testosterone transdermal gel 1.62 %</i>	1	PA; QL (150 grams (2 pumps) per month.); SM
ANTIDIABETIC AGENTS, MISCELLANEOUS - Drugs for Diabetes		
<i>colesevelam hcl oral packet 3.75 gm</i>	1	
<i>colesevelam hcl oral tablet 625 mg</i>	1	
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	3	
<i>mifepristone oral tablet 300 mg</i>	1	PA; QL (4 tablets per day.); SP; SMCS
ANTIESTROGENS - Drugs for Women		
<i>anastrozole oral tablet 1 mg</i>	1	H-N
<i>exemestane oral tablet 25 mg</i>	1	H-N

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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; QL (14 cartons per 21 days.)
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	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (degarelix acetate)	3	
FYREMADEL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML (ganirelix acetate)	3	QL (7 ml per 21 days.)
ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml	1	QL (7 ml per 21 days.)
her style oral tablet 1.5 mg	1	H
KYZATREX ORAL CAPSULE 150 MG, 200 MG (testosterone undecanoate)	3/4	PA; 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	PA; 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); CM
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (elagolix-estradiol-norethind)	2	PA; QL (2 capsules per day.)
ORLISSA ORAL TABLET 150 MG (elagolix sodium)	2	PA; QL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORILISSA ORAL TABLET 200 MG (<i>elagolix sodium</i>)	2	PA; QL (2 tablets per day.)
PLAN B ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	1	H
<i>shewise oral tablet 1.5 mg</i>	1	H
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	3/4	H
<i>take action oral tablet 1.5 mg</i>	1	H
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	1	PA; QL (100 mg Testosterone (2 X 5 grams tubes = 10 grams) per day); SM
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	SM
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	SM
<i>testosterone gel 12.5 mg/act (1%) transdermal</i>	1	PA; QL (300 grams (4 pumps) per month); SM
<i>testosterone gel 20.25 mg/act (1.62%) transdermal</i>	1	PA; QL (150 grams (2 pumps) per month.); SM
<i>testosterone transdermal gel 1.62 %</i>	1	PA; QL (150 grams (2 pumps) per month.); SM
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS - Hormones		
<i>diazoxide oral suspension 50 mg/ml</i>	1	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (<i>diazoxide</i>)	3/4	
ANTIPARATHYROID AGENTS - Drugs for Bones		
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	1	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	1	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (<i>calcitonin (salmon)</i>)	3	
ANTITHYROID AGENTS - Drugs for the Thyroid		
<i>iodine strong oral solution 5 %</i>	1	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metform</i>)	2	QL (2 tablets per day.)
CONTRACEPTIVES - Drugs for Women		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	H
<i>aftera oral tablet 1.5 mg</i>	1	H
<i>altavera oral tablet 0.15-30 mg-mcg</i>	1	H
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>amethyst oral tablet 90-20 mcg</i>	1	H
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	3	QL (1 vaginal ring per 327 days); H
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	H
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	H
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	1	H
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	H
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
AVERI ORAL TABLET 0.15-0.03 MG (<i>desogestrel-eth estrad-fe</i>)	3/4	H
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	H
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	1	H
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	E	H
<i>balziva oral tablet 0.4-35 mg-mcg</i>	1	H
BEYAZ ORAL TABLET 3-0.02-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	E	H
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>emzahh oral tablet 0.35 mg</i>	1	H
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	1	H
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	H
<i>errin oral tablet 0.35 mg</i>	1	H
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	H
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	H
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	1	H
<i>falmina oral tablet 0.1-20 mg-mcg</i>	1	H
<i>feirza 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>feirza 1/20 oral tablet 1-20 mg-mcg</i>	1	H
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (norethindrone acet-ethinyl est)	3/4	H
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>galbriela oral tablet chewable 0.8-25 mg-mcg</i>	1	H
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	1	H
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	1	H
<i>heather oral tablet 0.35 mg</i>	1	H
<i>her style oral tablet 1.5 mg</i>	1	H
<i>iclevia oral tablet 0.15-0.03 mg</i>	1	H
<i>incassia oral tablet 0.35 mg</i>	1	H
<i>introvale oral tablet 0.15-0.03 mg</i>	1	H
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	H
<i>jaimiess oral tablet 0.15-0.03 & 0.01 mg</i>	1	H
<i>jasmiel oral tablet 3-0.02 mg</i>	1	H
<i>jencycla oral tablet 0.35 mg</i>	1	H
<i>jolessa oral tablet 0.15-0.03 mg</i>	1	H

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	1	H
<i>lo-zumandimine oral tablet 3-0.02 mg</i>	1	H
<i>luizza 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>luizza 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>lutra oral tablet 0.1-20 mg-mcg</i>	1	H
<i>lyleq oral tablet 0.35 mg</i>	1	H
<i>lyza oral tablet 0.35 mg</i>	1	H
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	H
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	QL (5 ml per year.); H; SM
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	1	QL (5 mL per 365 days.); H; SM
<i>meleya oral tablet 0.35 mg</i>	1	H
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	H
<i>minzoya oral tablet 0.1-20 mg-mcg(21)</i>	1	H
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	1	H
<i>my choice oral tablet 1.5 mg</i>	1	H
<i>my way oral tablet 1.5 mg</i>	1	H
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	1	H
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	H
<i>new day oral tablet 1.5 mg</i>	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	3/4	H
<i>nikki oral tablet 3-0.02 mg</i>	1	H
<i>nora-be oral tablet 0.35 mg</i>	1	H
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	1	H
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	1	H
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	H
<i>norethindrone oral tablet 0.35 mg</i>	1	H
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	1	H
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	H
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>norlyroc oral tablet 0.35 mg</i>	1	H
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	H
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	H
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	H
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>opcicon one-step oral tablet 1.5 mg</i>	1	H
OPILL ORAL TABLET 0.075 MG (<i>norgestrel</i>)	1	H
<i>option 2 oral tablet 1.5 mg</i>	1	H
<i>orquidea oral tablet 0.35 mg</i>	1	H
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	H
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
PLAN B ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	1	H
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	H
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	1	H
<i>rivelsa oral tablet 42-21-21-7 days</i>	1	H
<i>rosyrah oral tablet 42-21-21-7 days</i>	1	H
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	E	H
<i>setlakin oral tablet 0.15-0.03 mg</i>	1	H

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>valtya 1/50 oral tablet 1-50 mg-mcg</i>	1	H
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	H
<i>vestura oral tablet 3-0.02 mg</i>	1	H
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	H
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	1	H
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	H
<i>wera oral tablet 0.5-35 mg-mcg</i>	1	H
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	1	H
<i>xarah fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>xelria fe oral tablet chewable 0.4-35 mg-mcg</i>	1	H
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	1	H
YASMIN 28 ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	3	
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	3	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	1	H
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	H
<i>zumandimine oral tablet 3-0.03 mg</i>	1	H
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.)
BRYNOVIN ORAL SOLUTION 25 MG/ML (<i>sitagliptin hydrochloride</i>)	3/4	PA
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	2	QL (1 tablet per day.)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	2	QL (2 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>linagliptin-metformin hcl</i>)	2	QL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>linagliptin-metformin hcl</i>)	2	QL (1 tablet per day.)
<i>saxagliptin hcl oral tablet 2.5 mg, 5 mg</i>	1	QL (1 tablet per day)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg</i>	1	QL (62 tablets per month.)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg</i>	1	QL (31 tablets per month.)
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	2	QL (1 tablet per day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (<i>empagliflozin-linaglip-metform</i>)	2	QL (1 tablet per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linaglip-metform</i>)	2	QL (2 tablets per day.)
ESTROGEN AGONIST-ANTAGONISTS - Drugs for Women		
<i>clomid oral tablet 50 mg</i>	1	
<i>clomiphene citrate oral tablet 50 mg</i>	1	
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	3	QL (1 tablet per day.)
<i>milophene oral tablet 50 mg</i>	1	
OSPHEA ORAL TABLET 60 MG (<i>ospemifene</i>)	3	PA; QL (1 tablet per day.)
<i>raloxifene hcl oral tablet 60 mg</i>	1	H-N
<i>tamoxifen citrate oral tablet 10 mg</i>	1	
<i>tamoxifen citrate oral tablet 20 mg</i>	1	H-N
<i>toremifene citrate oral tablet 60 mg</i>	1	CM
ESTROGENS - Drugs for Women		
<i>abigale lo oral tablet 0.5-0.1 mg</i>	1	
<i>abigale oral tablet 1-0.5 mg</i>	1	
ACTIVEVIA ORAL TABLET 1-0.5 MG (<i>estradiol-norethindrone acet</i>)	3/4	
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	H

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ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 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 327 days); H
apri oral tablet 0.15-30 mg-mcg	1	H
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	1	H
ashlyna oral tablet 0.15-0.03 & 0.01 mg	1	H
aubra eq oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
aurovela 1/20 oral tablet 1-20 mg-mcg	1	H
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	1	H
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
aurovela fe 1/20 oral tablet 1-20 mg-mcg	1	H
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)	E	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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	H
<i>camrese lo oral tablet 0.1-0.02 & 0.01 mg</i>	1	H
<i>camrese oral tablet 0.15-0.03 & 0.01 mg</i>	1	H
<i>charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>chateal eq oral tablet 0.15-30 mg-mcg</i>	1	H
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>)	3	QL (4 patches per month.)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>)	3	QL (8 patches per 28 days.)
COVARYX HS ORAL TABLET 0.625-1.25 MG (<i>est estrogens-methyltest</i>)	3	
COVARYX ORAL TABLET 1.25-2.5 MG (<i>est estrogens-methyltest</i>)	2	
<i>cryselle oral tablet 0.3-30 mg-mcg</i>	1	H
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	1	H
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	H
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>daysee oral tablet 0.15-0.03 & 0.01 mg</i>	1	H
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML (<i>estradiol valerate</i>)	3/4	SM
<i>delyla oral tablet 0.1-20 mg-mcg</i>	1	H
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (<i>estradiol cypionate</i>)	3	SM
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (<i>estradiol</i>)	3	SM
<i>dolishale oral tablet 90-20 mcg</i>	1	H
<i>dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL (8 patches (1 box) per 28 days.); SM

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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/0.87 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
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
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL (37.5 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
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 (estrogens-methyltest)	3	
ESTRING VAGINAL RING 7.5 MCG/24HR (estradiol)	2	QL (1 ring per 90 days.)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (estradiol)	3	QL (37.5 grams (1 box) per month.); SM
estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 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
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
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 (estradiol)	2	QL (0.29 vaginal insert per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 4 MCG (<i>estradiol</i>)	2	QL (0.29 insert per day.)
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	2	QL (18 inserts per year.)
<i>introvale oral tablet 0.15-0.03 mg</i>	1	H
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	H
<i>jaimiess oral tablet 0.15-0.03 & 0.01 mg</i>	1	H
<i>jasmiel oral tablet 3-0.02 mg</i>	1	H
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>jolessa oral tablet 0.15-0.03 mg</i>	1	H
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	1	H
<i>juleber oral tablet 0.15-30 mg-mcg</i>	1	H
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	1	H
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	1	H
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	1	H
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	H
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	1	H
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	1	H
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	1	H
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	1	H
<i>lojaimiess oral tablet 0.1-0.02 & 0.01 mg</i>	1	H
<i>loryna oral tablet 3-0.02 mg</i>	1	H
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	1	H
<i>lo-zumandimine oral tablet 3-0.02 mg</i>	1	H
<i>luizza 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>luizza 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>lutra oral tablet 0.1-20 mg-mcg</i>	1	H
<i>lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL (8 patches (1 box) per 28 days.); SM
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	H
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	3	QL (4 patches (1 carton) per 28 days.); SM
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	H
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>minzoya oral tablet 0.1-20 mg-mcg(21)</i>	1	H
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	1	H
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>)	2	PA; QL (1 tablet day.)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	1	H
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	3/4	H
<i>nikki oral tablet 3-0.02 mg</i>	1	H
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	1	H
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	1	H
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	1	H
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	H
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	1	H
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	H
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	H
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	H
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	H
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	2	PA; QL (2 capsules per day.)
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	H
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	H
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	3	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrogen-medroxyprogesterone</i>)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrogen-medroxyprogesterone</i>)	3	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	1	H
<i>rivelsa oral tablet 42-21-21-7 days</i>	1	H
<i>rosyrah oral tablet 42-21-21-7 days</i>	1	H
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (<i>drospirenone-ethinyl estradiol</i>)	E	H
<i>setlakin oral tablet 0.15-0.03 mg</i>	1	H
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>simpanse oral tablet 0.15-0.03 & 0.01 mg</i>	1	H
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	1	H
<i>syeda oral tablet 3-0.03 mg</i>	1	H
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	1	H
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	1	H
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethindrone-ethinyl estradiol</i>)	E	H
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	3/4	H
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	1	H
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	1	H
<i>valtya 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>valtya 1/50 oral tablet 1-50 mg-mcg</i>	1	H
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	H
<i>vestura oral tablet 3-0.02 mg</i>	1	H
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	H
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	1	H
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	H
<i>wera oral tablet 0.5-35 mg-mcg</i>	1	H
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	1	H
<i>xarah fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>xelria fe oral tablet chewable 0.4-35 mg-mcg</i>	1	H
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	1	H
YASMIN 28 ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	3	
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	3	
<i>yuvaferm vaginal tablet 10 mcg</i>	1	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	1	H
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	H
<i>zumandimine oral tablet 3-0.03 mg</i>	1	H
GLYCOGENOLYTIC AGENTS - Hormones		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	QL (2 intranasal devices per prescription.)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	QL (2 intranasal devices per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
glucagon emergency kit injection 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 (glucagon)	2	QL (0.2 ml per prescription.)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML (glucagon)	2	QL (0.4 ml per prescription.)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML (glucagon)	2	QL (0.2 ml per prescription.)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML (glucagon)	2	QL (0.4 ml per prescription.)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (glucagon)	2	QL (2 vials per copay.)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (glucagon)	2	QL (2 prefilled syringes per copay.)
GONADOTROPINS - Hormones		
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	3	
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML (follitropin beta)	2	PA; QL (5.4 mL per 21 days.)
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 600 UNT/0.72ML, 900 UNT/1.08ML (follitropin beta)	2	PA; QL (8.64 mL per 21 days.)
GONAL-F INJECTION SOLUTION RECONSTITUTED 450 UNIT (follitropin alfa)	3/4	PA
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML (follitropin alfa)	3/4	PA
leuprolide acetate injection kit 1 mg/0.2ml	1	PA; SM
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (menotropins)	3/4	PA; QL (6 vials per day.)
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT (chorionic gonadotropin)	3	
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML (choriogonadotropin alfa)	3/4	

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PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (<i>chorionic gonadotropin</i>)	3	
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	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.)
<i>liraglutide solution pen-injector 18 mg/3ml subcutaneous</i>	1	PA; QL (2 pens (6 mL) per month.)
<i>liraglutide solution pen-injector 18 mg/3ml subcutaneous</i>	1	PA; QL (If member has previous history of Victoza, then member may be eligible to receive 9ml (3 pens) per month (only applies to 3 pack NDC-00169406013). This medication is over-rideable.)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide</i>)	2	PA; QL (0.08 ml per day.)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (<i>semaglutide</i>)	2	PA; QL (1 Pen-injector per month.)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML (<i>semaglutide</i>)	2	PA; QL (3 ml per month.)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	2	PA; QL (1 tablet per day.)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	2	QL (18 ml per month.); SM
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (<i>dulaglutide</i>)	2	PA; QL (2 ml per month.)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>)	2	PA; QL (2 mL per month.)
INTERMEDIATE-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	2	QL (75 ml per prescription.); SM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	1	QL (70 ml per prescription.); SM
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	2	QL (75 ml per prescription.); SM
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	1	QL (70 ml per prescription.); SM
LEPTINS - Hormones		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	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 (<i>insulin glargine</i>)	1	QL (75 ml per prescription.); SM
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	1	QL (70 ml per prescription.); SM
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	2	QL (18 ml per month.); SM
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	2	QL (75 ml per prescription.); SM
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	2	QL (37.5 ml per prescription.); SM
MEGLITINIDES - Drugs for Diabetes		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	QL (3 tablets per day)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (4 tablets per day)
<i>repaglinide oral tablet 2 mg</i>	1	QL (8 tablets per day)
PARATHYROID AGENTS - Drugs for Bones		
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (<i>teriparatide</i>)	3	PA
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	3	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	3	PA
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML (<i>palopegteriparatide</i>)	3/4	PA; QL (2 pens (1.12 mL) per 28 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 294 MCG/0.98ML (<i>palopegteriparatide</i>)	3/4	PA; QL (2 pens (1.96 mL) per 28 days.)
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 420 MCG/1.4ML (<i>palopegteriparatide</i>)	3/4	PA; QL (2 pens (2.8 mL) per 28 days.)
PITUITARY - Hormones		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML (<i>corticotropin</i>)	3/4	PA; QL (10.5 mL (21 injectors) per treatment course.); SP; SMCS
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 80 UNIT/ML (<i>corticotropin</i>)	3/4	PA; QL (21 mL (21 injectors) per treatment course.); SP; SMCS
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	3/4	PA; QL (20 ml per 24 days.); SP; SMCS
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML (<i>corticotropin</i>)	3/4	PA; SP; SMCS
CORTROPHIN INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	3/4	PA; QL (20 ml per 24 days.); SP; SMCS
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>crinecerfont</i>)	3/4	PA; QL (62 capsules per month.); SP; SMCS
CRENESSITY ORAL SOLUTION 50 MG/ML (<i>crinecerfont</i>)	3/4	PA; QL (120 mL (4 bottles) per month.); SP; SMCS
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	1	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	3	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	1	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	1	
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (<i>somatrogon-ghla</i>)	3/4	PA; QL (0.172 ml per day.)
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML (<i>somatropin</i>)	2	PA; QL (13.5 mL per month.)
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML (<i>somatropin</i>)	2	PA; QL (9 mL per month.)
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/1.5ML (<i>somatropin</i>)	2	PA; QL (27 mL per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML (somatropin)	2	PA; QL (13.5 mL per month.)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML (somatropin)	2	PA; QL (27 mL per month.)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (somatropin)	2	PA; QL (16 vials per month.)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (somatropin (non-refrigerated))	3/4	PA; QL (1 vial per day.)
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 2.1 MG, 2.5 MG (lonapegsomatropin-tcgd)	3/4	PA; QL (4 single-dose prefilled cartridges per month.)
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (lonapegsomatropin-tcgd)	3/4	PA; QL (0.143 cartridge per day.)
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 327 days); H
apri oral tablet 0.15-30 mg-mcg	1	H
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	1	H
ashlyna oral tablet 0.15-0.03 & 0.01 mg	1	H
aubra eq oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	1	H

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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)	E	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)	3	QL (4 patches per month.)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (estradiol-norethindrone acet)	3	QL (8 patches per 28 days.)
CRINONE VAGINAL GEL 4 %, 8 % (progesterone)	3/4	
cryselle oral tablet 0.3-30 mg-mcg	1	H
cyred eq oral tablet 0.15-30 mg-mcg	1	H

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

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

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

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<i>luter</i> oral tablet 0.1-20 mg-mcg	1	H
<i>lyleq</i> oral tablet 0.35 mg	1	H
<i>lyza</i> oral tablet 0.35 mg	1	H
<i>marlissa</i> oral tablet 0.15-30 mg-mcg	1	H
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	QL (5 ml per year.); H; SM
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	1	QL (5 mL per 365 days.); H; SM
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	SM
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	1	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	
<i>meleya</i> oral tablet 0.35 mg	1	H
<i>mibelas 24 fe</i> oral tablet chewable 1-20 mg-mcg(24)	1	H
<i>microgestin 1.5/30</i> oral tablet 1.5-30 mg-mcg	1	H
<i>microgestin 1/20</i> oral tablet 1-20 mg-mcg	1	H
<i>microgestin fe 1.5/30</i> oral tablet 1.5-30 mg-mcg	1	H
<i>microgestin fe 1/20</i> oral tablet 1-20 mg-mcg	1	H
<i>mili</i> oral tablet 0.25-35 mg-mcg	1	H
<i>mimvey</i> oral tablet 1-0.5 mg	1	
<i>minzoya</i> oral tablet 0.1-20 mg-mcg(21)	1	H
<i>mono-lynyah</i> oral tablet 0.25-35 mg-mcg	1	H
<i>my choice</i> oral tablet 1.5 mg	1	H
<i>my way</i> oral tablet 1.5 mg	1	H
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>)	2	PA; QL (1 tablet day.)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	1	H
<i>necon 0.5/35 (28)</i> oral tablet 0.5-35 mg-mcg	1	H
<i>new day</i> oral tablet 1.5 mg	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	3/4	H
<i>nikki</i> oral tablet 3-0.02 mg	1	H

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<i>nora-be oral tablet 0.35 mg</i>	1	H
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	1	H
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	1	H
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	1	H
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	H
<i>norethindrone oral tablet 0.35 mg</i>	1	H
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	1	H
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	H
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>norlyroc oral tablet 0.35 mg</i>	1	H
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	H
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	H
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	H
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>opcicon one-step oral tablet 1.5 mg</i>	1	H
OPILL ORAL TABLET 0.075 MG (<i>norgestrel</i>)	1	H
<i>option 2 oral tablet 1.5 mg</i>	1	H
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	2	PA; QL (2 capsules per day.)
<i>orquidea oral tablet 0.35 mg</i>	1	H
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	H
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H

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PLAN B ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	1	H
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	H
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrogen-medroxyprogesterone</i>)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrogen-medroxyprogesterone</i>)	3	
<i>progesterone intramuscular oil 50 mg/ml</i>	1	SM
<i>progesterone oral capsule 100 mg, 200 mg</i>	1	SM
<i>progesterone vaginal insert 100 mg</i>	1	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>medroxyprogesterone acetate</i>)	3/4	SM
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	1	H
<i>rivelsa oral tablet 42-21-21-7 days</i>	1	H
<i>rosyrah oral tablet 42-21-21-7 days</i>	1	H
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	E	H
<i>setlakin oral tablet 0.15-0.03 mg</i>	1	H
<i>sharobel oral tablet 0.35 mg</i>	1	H
<i>shewise oral tablet 1.5 mg</i>	1	H
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>simpesse oral tablet 0.15-0.03 & 0.01 mg</i>	1	H
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	3/4	H
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	1	H
<i>syeda oral tablet 3-0.03 mg</i>	1	H
<i>take action oral tablet 1.5 mg</i>	1	H
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	1	H
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	1	H
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	E	H
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SHORT-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	2	QL (75 ml per prescription.); SM
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	1	QL (70 ml per prescription.); SM
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	2	QL (75 mL per prescription.); SM
HUMULIN R VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	1	QL (70 ml per prescription.); SM
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (<i>insulin regular(human) in nacl</i>)	3	SM
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	2	QL (75 ml per prescription.); SM
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	2	QL (75 ml per prescription.); SM
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - Drugs for Diabetes		
BRENZAVVY ORAL TABLET 20 MG (<i>bexagliflozin</i>)	3	QL (1 tablet per day.)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	2	QL (1 tablet per day.)
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	2	QL (30 tablets per month.)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	2	QL (2 tablets per day.)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	QL (1 tablet per day.)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	QL (2 tablets per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (<i>empagliflozin-linaglip-metform</i>)	2	QL (1 tablet per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linaglip-metform</i>)	2	QL (2 tablets per day.)

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SOMATOSTATIN AGONISTS - Hormones		
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml</i>	1	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (<i>pasireotide diaspertate</i>)	3/4	PA; QL (2 ampules per day.); SP; SMCS
SOMATOTROPIN AGONISTS - Hormones		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG (<i>tesamorelin acetate</i>)	3/4	PA; QL (1 vial per day.); SP; SMCS
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG (<i>tesamorelin acetate</i>)	3/4	PA; QL (4 vials per month.); SP; SMCS
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>)	2	PA; QL (52 vials per month.); SP; SMCS
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML (<i>somatropin</i>)	2	PA; QL (13.5 mL per month.)
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML (<i>somatropin</i>)	2	PA; QL (9 mL per month.)
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/1.5ML (<i>somatropin</i>)	2	PA; QL (27 mL per month.)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML (<i>somatropin</i>)	2	PA; QL (13.5 mL per month.)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML (<i>somatropin</i>)	2	PA; QL (27 mL per month.)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	2	PA; QL (16 vials per month.)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	3/4	PA; QL (1 vial per day.)
SOMATOTROPIN ANTAGONISTS - Hormones		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	3/4	PA; QL (1 vial per day.); SP; SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SULFONYLUREAS - Drugs for Diabetes		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (<i>pioglitazone hcl-glimepiride</i>)	3	QL (1 tablet per day)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG (<i>glipizide</i>)	3/4	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	QL (1 tablet per day)
THIAZOLIDINEDIONES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-850 MG (<i>pioglitazone hcl-metformin hcl</i>)	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 (<i>pioglitazone hcl-glimepiride</i>)	3	QL (1 tablet per day)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (1 tablet per day)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	QL (1 tablet per day)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	QL (3 tablets per day)
THYROID AGENTS - Drugs for the Thyroid		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid</i>)	3	
EVEXITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 30 MG, 60 MG, 90 MG (<i>thyroid</i>)	3	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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.)
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (levothyroxine sodium)	2	PA
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
IMMUNOMODULATORY AGENTS (90:00)		
AMINO ACID POLYMERS		
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	1	PA; QL (30 ml per month.)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	1	PA; QL (12 ml per 21 days.)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	1	PA; QL (30 ml per month.)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	1	PA; QL (12 ml per 21 days.)
ANTIMETABOLITES		
cladribine (10 tabs) oral tablet therapy pack 10 mg	1	PA; QL (40 tablets per 720 days.); SP; SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cladribine (4 tabs) oral tablet therapy pack 10 mg</i>	1	PA; QL (40 tablets per 720 days.); SP; SMCS
<i>cladribine (5 tabs) oral tablet therapy pack 10 mg</i>	1	PA; QL (40 tablets per 720 days.); SP; SMCS
<i>cladribine (6 tabs) oral tablet therapy pack 10 mg</i>	1	PA; QL (40 tablets per 720 days.); SP; SMCS
<i>cladribine (7 tabs) oral tablet therapy pack 10 mg</i>	1	PA; QL (40 tablets per 720 days.); SP; SMCS
<i>cladribine (8 tabs) oral tablet therapy pack 10 mg</i>	1	PA; QL (40 tablets per 720 days.); SP; SMCS
<i>cladribine (9 tabs) oral tablet therapy pack 10 mg</i>	1	PA; QL (40 tablets per 720 days.); SP; SMCS
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	3	PA; QL (40 tablets per 720 days.); SP; SMCS
<i>teriflunomide oral tablet 14 mg</i>	1	PA; QL (1 tablet per day.)
<i>teriflunomide oral tablet 7 mg</i>	1	PA; QL (31 tablets per month.)
ANTIMETABOLITES, IMMUNOSUPP THERAPY MISC		
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	3/4	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
CALCINEURIN INHIBITORS, MISC (90:28)		
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
<i>engraft oral capsule 100 mg, 25 mg</i>	1	
<i>engraft oral solution 100 mg/ml</i>	1	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	3/4	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	3/4	PA
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	1	PA; QL (60 vials per prescription.)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	QL (30 grams per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
VERKAZIA OPHTHALMIC EMULSION 0.1 % (<i>cyclosporine</i>)	3/4	PA; QL (4 vials per day.)
COMPLEMENT INHIBITOR AGENTS (90:20)		
FABHALTA ORAL CAPSULE 200 MG (<i>iptacopan hcl</i>)	2	PA; QL (2 capsules per day.)
TAVNEOS ORAL CAPSULE 10 MG (<i>avacopan</i>)	3/4	PA; QL (6 capsules per day.); SP; SMCS
COMPLEMENT INHIBITORS (90:08)		
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML (<i>zilucoplan sodium</i>)	3/4	PA; QL (0.416 ml per day.); SP; SMCS
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML (<i>zilucoplan sodium</i>)	3/4	PA; QL (0.574 ml per day.); SP; SMCS
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML (<i>zilucoplan sodium</i>)	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 (<i>vedolizumab</i>)	2	PA; QL (0.05 ml per day.)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	3	PA; QL (4 autoinjectors per month.)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	3	PA; QL (4 syringes per month.)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (<i>abatacept</i>)	3	PA; QL (0.06 ml per day.)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (<i>abatacept</i>)	3	PA; QL (0.1 ml per day.)
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS		
AURANOFIN ORAL CAPSULE 3 MG	3	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	3/4	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3/4	
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; QL (2 syringes (1 carton) per month.)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	2	PA
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3/4	PA; CM
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	CM
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML (<i>methotrexate (anti-rheumatic)</i>)	2	QL (0.8 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML (<i>methotrexate (anti-rheumatic)</i>)	2	QL (0.6 ml (4 auto-injectors) per month.)
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	3	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	2	PA; QL (1 mL (1 device) every 8 weeks.)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	2	PA; QL (1 mL (1 device) every 8 weeks.)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>guselkumab</i>)	2	PA; QL (2 ml (1 auto-injector) per month.)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	2	PA; QL (1 mL (1 syringe) every 8 weeks.)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (<i>guselkumab</i>)	2	PA; QL (2 ml (1 syringe) per month.)
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>guselkumab</i>)	2	PA; QL (4 ml (2 pens/1 box) per month.)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3/4	PA; CM
FUMARATES		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	2	PA; QL (4 capsules per day.)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	1	PA; QL (56 capsules per year.); SP; SMCS

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	2	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	2	
INTERLEUKIN INHIBITOR AGENTS, MISC		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>omalizumab</i>)	2	PA; QL (2 auto injectors per month.)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>omalizumab</i>)	2	PA; QL (0.15 ml per day.)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (<i>omalizumab</i>)	2	PA; QL (0.04 ml per day.)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	2	PA; QL (0.08 ml per day.)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>omalizumab</i>)	2	PA; QL (0.15 ml per day.)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>)	2	PA; QL (0.04 ml per day.)
INTERLEUKIN-MEDIATED AGENTS, MISC		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	3	PA; QL (4 auto injector per month.)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	3	PA; QL (4 prefilled syringes per month.)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	2	PA; QL (0.072 ml per day.)
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	2	PA; QL (0.036 ml per day.)
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>secukinumab</i>)	2	PA; QL (0.018 ml per day.)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	2	PA; QL (0.072 ml per day.)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	2	PA; QL (0.036 ml per day.)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>secukinumab</i>)	2	PA; QL (0.072 ml per day.)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	3/4	PA; QL (2.28 ml per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>sarilumab</i>)	3/4	PA; QL (2.28 ml per month.)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	3	PA; QL (0.67 ml (1 syringe) per day.); SP; SMCS
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-stba</i>)	2	PA; QL (1 syringe every 3 months.)
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab-aazg</i>)	3	PA
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab-aazg</i>)	3	PA
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-auub</i>)	2	PA; QL (1 single-dose vial every 3 months.)
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-auub</i>)	2	PA; QL (1 syringe per 3 months.)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-kfce</i>)	2	PA; QL (1 single-dose vial every 3 months.)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-kfce</i>)	2	PA; QL (1 syringe every 3 months.)
JANUS KINASE INHIBITORS, MISCELLANEOUS		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	2	PA; QL (1 tablet per day.); CM
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (<i>baricitinib</i>)	3	PA; QL (1 tablet per day.)
RINVOQ LQ ORAL SOLUTION 1 MG/ML (<i>upadacitinib</i>)	2	PA; QL (360 mL (2 bottles) per month.)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>upadacitinib</i>)	2	PA; QL (1 tablet per day.)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (<i>upadacitinib</i>)	2	PA; QL (84 tablets per 365 days.)
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	2	PA; QL (8 mL per day.)
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	2	PA; QL (2 tablets per day.)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	2	PA; QL (1 tablet per day.)
MONOCARBOXYLIC ACID AMIDE AGENTS		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	

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MONOCLONAL ANTIBODIES (90:04)		
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (<i>ofatumumab</i>)	2	PA; QL (0.02 ml per day.)
MONOCLONAL ANTIBODIES (90:10)		
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 360 MG/1.8ML (<i>lecanemab-irmb</i>)	3/4	PA; QL (7.2 mL (4 autoinjectors) per month.)
MONOCLONAL ANTIBODIES (90:12)		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	3/4	PA; QL (0.04 ml per day.); SP; SMCS
MTOR INHIBITORS, MISCELLANEOUS		
HYFTOR EXTERNAL GEL 0.2 % (<i>sirolimus</i>)	3/4	PA; QL (10 g per 23 days.)
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
NEONATAL FC RECEPTOR BLOCKERS		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML (<i>efgartigimod alfa-hyalur-qvfc</i>)	3/4	PA; QL (4 syringes every 50 days.)
PHOSPHODIESTERASE-4 INHIBITORS, MISC		
OTEZLA ORAL TABLET 20 MG (<i>apremilast</i>)	2	PA; QL (60 tablets per month.)
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	2	PA; QL (2 tablets per day.)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	2	PA; QL (55 tablets (one starter pack) per year.)
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (<i>apremilast</i>)	2	PA; QL (1 starter pack per year.)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG (<i>apremilast</i>)	2	PA; QL (30 tablets per month.)
SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS		
<i>fingolimod hcl oral capsule 0.5 mg</i>	1	PA; QL (1 capsule per day.)
GILENYA ORAL CAPSULE 0.25 MG (<i>fingolimod hcl</i>)	3/4	PA; QL (1 capsule per day.)
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	3	PA; QL (4 tablets per day.)
MAYZENT ORAL TABLET 1 MG (<i>siponimod fumarate</i>)	3	PA; QL (1 tablet per day.)
MAYZENT ORAL TABLET 2 MG (<i>siponimod fumarate</i>)	3	PA; QL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (<i>siponimod fumarate</i>)	3	PA; QL (12 tablets per 365 days.)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (<i>siponimod fumarate</i>)	3	PA; QL (7 tablets per 365 days.)
T-CELL BLOCKERS (90:24)		
LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>)	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.)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	2	PA
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML	2	PA; QL (0.01 ml per day.)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	2	PA; QL (0.02 ml per day.)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; QL (0.03 ml per day.)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	2	PA; QL (2 auto-injectors (1 carton) per month.)
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	2	PA; QL (2 auto-injectors (1 carton) per month.)
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	2	PA; QL (2 syringes per month per month.)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML (<i>adalimumab-atto</i>)	2	PA
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; QL (2 syringes (1 carton) per month.)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	2	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	2	PA; QL (0.15 ml per day.)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	2	PA; QL (0.15 ml per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	2	PA; QL (0.15 ml per day.)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	2	PA; QL (0.15 ml per day.)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>golimumab</i>)	2	PA; QL (1 syringe per 21 days.)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (<i>golimumab</i>)	2	PA; QL (1 auto-injector per month.)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>golimumab</i>)	2	PA; QL (1 syringe per 21 days.)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>golimumab</i>)	2	PA; QL (1 syringe per month.)
LOCAL ANESTHETICS - Drugs for Numbing		
LOCAL ANESTHETICS - Drugs for Numbing		
ALTACAINE OPHTHALMIC SOLUTION 0.5 % (<i>tetracaine hcl</i>)	3	
<i>tetracaine hcl ophthalmic solution 0.5 %</i>	1	
ZTLIDO EXTERNAL PATCH 1.8 % (<i>lidocaine</i>)	3	PA; QL (3 patches per day.)
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
5-ALPHA-REDUCTASE INHIBITORS (92:04) - Drugs for Alcohol Dependence		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
ANTIDOTES (92:12) - Drugs for Overdose or Poisoning		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	QL (2 intranasal devices per prescription.)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	QL (2 intranasal devices per prescription.)
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	3	
<i>glucagon emergency kit injection solution reconstituted 1 mg</i>	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML (<i>glucagon</i>)	2	QL (0.2 ml per prescription.)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML (<i>glucagon</i>)	2	QL (0.4 ml per prescription.)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML (<i>glucagon</i>)	2	QL (0.2 ml per prescription.)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML (<i>glucagon</i>)	2	QL (0.4 ml per prescription.)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (<i>glucagon</i>)	2	QL (2 vials per copay.)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (<i>glucagon</i>)	2	QL (2 prefilled syringes per copay.)
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	1	
<i>lederle leucovorin oral tablet 5 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	SM
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	SM
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	1	SM
<i>naltrexone hcl oral tablet 50 mg</i>	1	
<i>phytonadione oral tablet 5 mg</i>	1	QL (5 tablets per prescription.)
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	3	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	1	PA
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	3	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (<i>sodium polystyrene sulfonate</i>)	3	
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	2	QL (20 packets per prescription.)
ANTIGOUT AGENTS - Drugs for Gout		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (<i>colchicine</i>)	3/4	PA
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	3/4	PA
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	3/4	PA
<i>indomethacin er oral capsule extended release 75 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral suspension 25 mg/5ml</i>	1	PA
<i>indomethacin rectal suppository 50 mg</i>	1	PA
MITIGARE ORAL CAPSULE 0.6 MG (<i>colchicine</i>)	2	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
ORLYNVAH ORAL TABLET 500-500 MG (<i>sulopenem etzadrox-probenecid</i>)	3/4	QL (10 tablets per course of therapy.)
<i>probenecid oral tablet 500 mg</i>	1	
ANTISENSE OLIGONUCLEOTIDES		
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (<i>sodium oxybate</i>)	3/4	PA; QL (1 packet per day.)
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM (<i>sodium oxybate</i>)	3/4	PA; QL (1 box (28 packets) per year.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sodium oxybate solution 500 mg/ml oral</i>	1	PA; QL (18 ml per day.); SP; SMCS
<i>sodium oxybate solution 500 mg/ml oral</i>	3/4	PA; QL (18 ml per day.); SP; SMCS
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>olezarsen sodium</i>)	3/4	PA; QL (1 Auto-injector (0.8 mL) per month.); SP; SMCS
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML (<i>eplontersen sodium</i>)	2	PA; QL (0.029 ml per day.)
BONE ANABOLIC AGENTS		
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (<i>teriparatide</i>)	3	PA
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	3	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	3	PA
BONE RESORPTION INHIBITORS - Drugs for Bone Loss		
<i>alendronate sodium oral solution 70 mg/75ml</i>	1	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	1	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	3	QL (8 patches (1 box) per 28 days.); SM
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	1	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	1	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML (<i>estradiol valerate</i>)	3/4	SM
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (<i>estradiol cypionate</i>)	3	SM
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (<i>estradiol</i>)	3	SM
<i>dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL (8 patches (1 box) per 28 days.); SM
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	3	SM
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	SM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	SM
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL (37.5 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
ESTRING VAGINAL RING 7.5 MCG/24HR (estradiol)	2	QL (1 ring per 90 days.)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (estradiol)	3	QL (37.5 grams (1 box) per month.); SM
estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	1	
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 70 MG (alendronate sodium)	3/4	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (alendronate-cholecalciferol)	3	
ibandronate sodium oral tablet 150 mg	1	
lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	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)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	3	
<i>raloxifene hcl oral tablet 60 mg</i>	1	H-N
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	1	
<i>yuvaferm vaginal tablet 10 mcg</i>	1	
BRADYKININ RECEPTOR ANTAGONISTS		
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	PA; QL (0.6 ml per day.); SMCS
CARBONIC ANHYDRASE INHIBITORS (92:26)		
<i>dichlorphenamide oral tablet 50 mg</i>	1	PA; QL (4 tablets per day.)
CARIOSTATIC AGENTS - Vitamins and Fluoride		
CLINPRO 5000 DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (<i>sodium fluoride</i>)	3/4	
DENTA 5000 PLUS SENSITIVE DENTAL GEL 1.1-5 %	3	
DENTAGEL DENTAL GEL 1.1 %	3/4	
EASYGEL DENTAL GEL 0.4 % (<i>stannous fluoride</i>)	3	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (<i>sodium fluoride-vitamin d</i>)	3	
FLOTREX ORAL TABLET CHEWABLE 1 MG (<i>pediatric multivitamins-fl</i>)	3	
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 % (<i>stannous fluoride</i>)	3	
FLUORIDEX DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
FLUORIMAX 5000 SENSITIVE DENTAL GEL 1.1-5 % (<i>sod fluoride-potassium nitrate</i>)	3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	

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multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (ped multivitamins-fl-iron)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (ped multivitamins-fl-iron)	3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (sodium fluoride)	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (sodium fluoride)	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	
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 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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
COMPLEMENT INHIBITORS		
BERINERT INTRAVENOUS KIT 500 UNIT (c1 esterase inhibitor (human))	3/4	PA; 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.)
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; QL (16 vials per month.); SP; SMCS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (c1 esterase inhibitor (recomb))	3/4	PA; QL (0.27 vials per day.)
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.)
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG (danicopan)	2	PA; QL (180 tablets per month.)
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/0.574ML (zilucoplan sodium)	3/4	PA; QL (0.574 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; 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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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; QL (16 vials per month.); SP; SMCS
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	1	PA; QL (0.6 ml per day.); SMCS
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (c1 esterase inhibitor (recomb))	3/4	PA; QL (0.27 vials per day.)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (lanadelumab-flyo)	2	PA; QL (0.072 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; QL (4 auto injector per month.)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (tocilizumab)	3	PA; QL (4 prefilled syringes per month.)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA; QL (0.03 ml per day.)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	2	PA
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML	2	PA; QL (0.01 ml per day.)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	2	PA; QL (0.02 ml per day.)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; QL (0.03 ml per day.)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (adalimumab-atto)	2	PA; QL (2 auto-injectors (1 carton) per month.)
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (adalimumab-atto)	2	PA; QL (2 auto-injectors (1 carton) per month.)
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (adalimumab-atto)	2	PA; QL (2 syringes per month per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML (<i>adalimumab-atto</i>)	2	PA
AURANOFIN ORAL CAPSULE 3 MG	3	
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	3/4	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	3/4	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3/4	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	2	PA; QL (1 tablet per day.); CM
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; QL (2 syringes (1 carton) per month.)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	2	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	2	PA; QL (0.072 ml per day.)
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	2	PA; QL (0.036 ml per day.)
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>secukinumab</i>)	2	PA; QL (0.018 ml per day.)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	2	PA; QL (0.072 ml per day.)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	2	PA; QL (0.036 ml per day.)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>secukinumab</i>)	2	PA; QL (0.072 ml per day.)
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	2	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	2	PA; QL (0.15 ml per day.)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	2	PA; QL (0.15 ml per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	2	PA; QL (0.15 ml per day.)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	2	PA; QL (0.15 ml per day.)
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3/4	PA; CM
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	3/4	PA; QL (2.28 ml per month.)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>sarilumab</i>)	3/4	PA; QL (2.28 ml per month.)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	3	PA; QL (0.67 ml (1 syringe) per day.); SP; SMCS
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	CM
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (<i>baricitinib</i>)	3	PA; QL (1 tablet per day.)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	3	PA; QL (4 autoinjectors per month.)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	3	PA; QL (4 syringes per month.)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (<i>abatacept</i>)	3	PA; QL (0.06 ml per day.)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (<i>abatacept</i>)	3	PA; QL (0.1 ml per day.)
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	2	PA; QL (2 tablets per day.)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	2	PA; QL (55 tablets (one starter pack) per year.)
<i>penicillamine oral tablet 250 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML (methotrexate (anti-rheumatic))	2	QL (0.8 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML (methotrexate (anti-rheumatic))	2	QL (1 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML (methotrexate (anti-rheumatic))	2	QL (1.2 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML (methotrexate (anti-rheumatic))	2	QL (1.4 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (methotrexate (anti-rheumatic))	2	QL (1.6 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML (methotrexate (anti-rheumatic))	2	QL (1.8 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML (methotrexate (anti-rheumatic))	2	QL (2 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML (methotrexate (anti-rheumatic))	2	QL (2.4 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML (methotrexate (anti-rheumatic))	2	QL (0.6 ml (4 auto-injectors) per month.)
RIDAURA ORAL CAPSULE 3 MG (auranofin)	3	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (upadacitinib)	2	PA; QL (1 tablet per day.)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (upadacitinib)	2	PA; QL (84 tablets per 365 days.)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (golimumab)	2	PA; QL (1 syringe per 21 days.)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (golimumab)	2	PA; QL (1 auto-injector per month.)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (golimumab)	2	PA; QL (1 syringe per 21 days.)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (golimumab)	2	PA; QL (1 syringe per month.)
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	2	CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3/4	PA; CM
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	2	PA; QL (8 mL per day.)
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	2	PA; QL (2 tablets per day.)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	2	PA; QL (1 tablet per day.)
ENDOTHELIN RECEPTOR ANTAGONISTS (92:48)		
FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>)	3/4	PA; QL (1 tablet per day.)
VANRAFIA ORAL TABLET 0.75 MG (<i>atrasentan hcl</i>)	3/4	PA; QL (30 tablets per month.)
IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	3	PA; QL (4 auto injector per month.)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	3	PA; QL (4 prefilled syringes per month.)
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (<i>interferon gamma-1b</i>)	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.)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	2	PA
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML	2	PA; QL (0.01 ml per day.)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	2	PA; QL (0.02 ml per day.)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; QL (0.03 ml per day.)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	2	PA; QL (2 auto-injectors (1 carton) per month.)
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	2	PA; QL (2 auto-injectors (1 carton) per month.)
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	2	PA; QL (2 syringes per month per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML (<i>adalimumab-atto</i>)	2	PA
AURANOFIN ORAL CAPSULE 3 MG	3	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	2	PA; QL (4 pens (1 box) per month.)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	2	PA; QL (4 syringes (1 box) per month.)
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	3/4	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	3/4	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3/4	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	2	PA; QL (4 capsules per day.)
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	3/4	PA; QL (0.08 ml per day.); SP; CM; SMCS
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	2	PA; QL (14 vials per month.)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; QL (2 syringes (1 carton) per month.)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	2	PA
<i>cladribine (10 tabs) oral tablet therapy pack 10 mg</i>	1	PA; QL (40 tablets per 720 days.); SP; SMCS
<i>cladribine (4 tabs) oral tablet therapy pack 10 mg</i>	1	PA; QL (40 tablets per 720 days.); SP; SMCS
<i>cladribine (5 tabs) oral tablet therapy pack 10 mg</i>	1	PA; QL (40 tablets per 720 days.); SP; SMCS
<i>cladribine (6 tabs) oral tablet therapy pack 10 mg</i>	1	PA; QL (40 tablets per 720 days.); SP; SMCS
<i>cladribine (7 tabs) oral tablet therapy pack 10 mg</i>	1	PA; QL (40 tablets per 720 days.); SP; SMCS
<i>cladribine (8 tabs) oral tablet therapy pack 10 mg</i>	1	PA; QL (40 tablets per 720 days.); SP; SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cladribine (9 tabs) oral tablet therapy pack 10 mg	1	PA; QL (40 tablets per 720 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.)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (etanercept)	2	PA; QL (0.15 ml per day.)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (etanercept)	2	PA; QL (0.15 ml per day.)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (etanercept)	2	PA; QL (0.15 ml per day.)
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.)
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.)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	1	PA; QL (30 ml per month.)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	1	PA; QL (12 ml per 21 days.)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	1	PA; QL (30 ml per month.)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	1	PA; QL (12 ml per 21 days.)
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
JOENJA ORAL TABLET 70 MG (leniolisib phosphate)	2	PA; QL (2 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3/4	PA; CM
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (<i>ofatumumab</i>)	2	PA; QL (0.02 ml per day.)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	3	PA; QL (0.67 ml (1 syringe) per day.); SP; SMCS
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg</i>	1	PA; QL (28 capsules per 21 days.); SP; CM; SMCS
<i>lenalidomide oral capsule 20 mg, 25 mg</i>	1	PA; QL (21 capsules per 21 days.); SP; CM; SMCS
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	3	PA; QL (40 tablets per 720 days.); SP; SMCS
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	3	PA; QL (4 tablets per day.)
MAYZENT ORAL TABLET 1 MG (<i>siponimod fumarate</i>)	3	PA; QL (1 tablet per day.)
MAYZENT ORAL TABLET 2 MG (<i>siponimod fumarate</i>)	3	PA; QL (1 tablet per day.)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (<i>siponimod fumarate</i>)	3	PA; QL (12 tablets per 365 days.)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (<i>siponimod fumarate</i>)	3	PA; QL (7 tablets per 365 days.)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	CM
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	3	PA; QL (4 autoinjectors per month.)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	3	PA; QL (4 syringes per month.)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (<i>abatacept</i>)	3	PA; QL (0.06 ml per day.)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (<i>abatacept</i>)	3	PA; QL (0.1 ml per day.)
OTEZLA ORAL TABLET 20 MG (<i>apremilast</i>)	2	PA; QL (60 tablets per month.)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>golimumab</i>)	2	PA; QL (1 syringe per month.)
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
<i>teriflunomide oral tablet 14 mg</i>	1	PA; QL (1 tablet per day.)
<i>teriflunomide oral tablet 7 mg</i>	1	PA; QL (31 tablets per month.)
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	2	PA; QL (28 capsules per prescription.); SP; CM; SMCS
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3/4	PA; CM
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (<i>ozanimod hcl</i>)	3	PA; QL (7 capsules per year.)
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hcl</i>)	3	PA; QL (1 capsule per day.)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) (<i>ozanimod hcl</i>)	3	PA; QL (1 starter kit (28 capsules) per year.)
IMMUNOSUPPRESSIVE AGENTS - Drugs for Transplant		
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	3/4	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	2	PA; QL (4 ml per month.)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	2	PA; QL (4 ml per month.)
<i>cladribine (10 tabs) oral tablet therapy pack 10 mg</i>	1	PA; QL (40 tablets per 720 days.); SP; SMCS
<i>cladribine (4 tabs) oral tablet therapy pack 10 mg</i>	1	PA; QL (40 tablets per 720 days.); SP; SMCS
<i>cladribine (5 tabs) oral tablet therapy pack 10 mg</i>	1	PA; QL (40 tablets per 720 days.); SP; SMCS
<i>cladribine (6 tabs) oral tablet therapy pack 10 mg</i>	1	PA; QL (40 tablets per 720 days.); SP; SMCS
<i>cladribine (7 tabs) oral tablet therapy pack 10 mg</i>	1	PA; QL (40 tablets per 720 days.); SP; SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cladribine (8 tabs) oral tablet therapy pack 10 mg</i>	1	PA; QL (40 tablets per 720 days.); SP; SMCS
<i>cladribine (9 tabs) oral tablet therapy pack 10 mg</i>	1	PA; QL (40 tablets per 720 days.); SP; SMCS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	CM
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	2	CM
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
HYFTOR EXTERNAL GEL 0.2 % (<i>sirolimus</i>)	3/4	PA; QL (10 g per 23 days.)
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3/4	PA; CM
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>)	3/4	PA; QL (6 capsules per day.); SP; SMCS
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	3	PA; QL (40 tablets per 720 days.); SP; SMCS
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	1	CM
<i>mercaptopurine oral tablet 50 mg</i>	1	CM
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	CM
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	1	

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<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	1	
MYHIBBIN ORAL SUSPENSION 200 MG/ML (<i>mycophenolate mofetil</i>)	1	
<i>pimecrolimus external cream 1 %</i>	1	QL (30 grams per prescription.)
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	3/4	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	3/4	PA
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	3	CM
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	QL (30 grams per prescription.)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3/4	PA; CM
KALLIKREIN INHIBITORS		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	2	PA; QL (0.072 ml per day.); SP; SMCS
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>lanadelumab-flyo</i>)	2	PA; QL (0.0375 ml per day.); SP; SMCS
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>lanadelumab-flyo</i>)	2	PA; QL (0.072 ml per day.); SP; SMCS
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
AQNEURSA ORAL PACKET 1 GM (<i>levacetylleucine</i>)	3/4	PA; QL (112 packets per month.)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	2	PA; QL (4 vials per 21 days.); SP; SMCS
<i>betaine oral powder</i>	1	
CARNITOR ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	3/4	
CARNITOR ORAL TABLET 330 MG (<i>levocarnitine</i>)	3/4	

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CARNITOR SF ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	3/4	
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	2	PA
CYSTADANE ORAL POWDER (<i>betaine</i>)	3/4	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	2	
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	1	PA; QL (2 tablets per day)
DIABETES MONITOR DIGIT ADD-ON KIT	3	
DIABETES MONITOR DIGIT SOLN KIT	3	
DUVYZAT ORAL SUSPENSION 8.86 MG/ML (<i>givinostat hcl</i>)	3/4	PA; QL (420 mL per month.)
EC-RX DHEA EXTERNAL CREAM 10 %, 4 % (<i>prasterone (dhea)</i>)	3	
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	3/4	
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	3	
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	3/4	PA; QL (6 packets per day.)
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	2	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (<i>risdiplam</i>)	2	PA; QL (6.7 ml per day, 1280 ml per 180 days.); SP; SMCS
EVRYSDI ORAL TABLET 5 MG (<i>risdiplam</i>)	2	PA; QL (30 tablets per month.); SP; SMCS
FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>)	3/4	PA; QL (1 tablet per day.)
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	2	PA; QL (300 tablets per month.)
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	3/4	PA; QL (14 capsules per 21 days.)
ISTURISA ORAL TABLET 1 MG (<i>osilodrostat phosphate</i>)	3/4	PA; QL (8 tablets per day.)
ISTURISA ORAL TABLET 5 MG (<i>osilodrostat phosphate</i>)	3/4	PA; QL (372 tablets per month.)
<i>levocarnitine oral solution 1 gm/10ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
<i>levocarnitine sf oral solution 1 gm/10ml</i>	1	
<i>l-glutamine oral packet 5 gm</i>	1	PA; QL (6 packets per day.)
LODOCO ORAL TABLET 0.5 MG (<i>colchicine</i>)	3/4	QL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>me/naphos/mb/hyo1 oral tablet 81.6 mg</i>	1	
<i>metirosine oral capsule 250 mg</i>	1	PA
<i>miglustat oral capsule 100 mg</i>	1	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (<i>prenat-fe-methylfol-dha w/o a</i>)	3	
OPFOLDA ORAL CAPSULE 65 MG (<i>miglustat (gaa deficiency)</i>)	2	PA; QL (8 capsules per 21 days.)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	1	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	2	PA
PREMESISRX ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	3	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (<i>prenat-fecbn-feasp-meth-fa-dha</i>)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG (<i>darunavir-cobicistat</i>)	2	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (<i>cysteamine bitartrate</i>)	3/4	PA; SP; SMCS
PROCYSBI ORAL PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	3/4	SP; SMCS
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
REZUROCK ORAL TABLET 200 MG (<i>belumosudil mesylate</i>)	3/4	PA; QL (1 tablet per day.); SP; SMCS
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML (<i>nedosiran sodium</i>)	3/4	PA; QL (0.04 ml per day.)

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RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML (<i>nedosiran sodium</i>)	3/4	PA; QL (0.03 ml per day.)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (<i>nedosiran sodium</i>)	3/4	PA; QL (0.04 ml per day.)
<i>sapropterin dihydrochloride oral packet 100 mg</i>	1	PA; QL (16 packets per day.)
<i>sapropterin dihydrochloride oral packet 500 mg</i>	1	PA; QL (4 packets per day.)
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	1	PA; QL (16 tablets per day)
SKYCLARYS ORAL CAPSULE 50 MG (<i>omaveloxolone</i>)	2	PA; QL (3 capsules per day.)
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (<i>palovarotene</i>)	3/4	PA; QL (1 capsule per day.)
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	3/4	QL (1 tablet per day.); SM
<i>tiopronin oral tablet 100 mg</i>	1	CM
<i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>	1	CM
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	2	
URELLE ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
<i>uretron d/s oral tablet 81.6 mg</i>	1	
UROGESIC-BLUE ORAL TABLET 81.6 MG (<i>methen-hyosc-meth blue-na phos</i>)	2	
VIJOICE ORAL PACKET 50 MG (<i>alpelisib</i>)	3/4	PA; QL (28 packets (1 carton) per month.)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG (<i>alpelisib</i>)	3/4	PA; QL (28 tablets (1 blister pack) per month.)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG (<i>alpelisib</i>)	3/4	PA; QL (56 tablets (2 blister packs) per month.)
VILEVEV MB ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	3	
VOWST ORAL CAPSULE (<i>fecal microb spores, live-brpk</i>)	3/4	PA; QL (12 capsules per 365 days.)

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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.)
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 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	
zelvysia oral packet 100 mg	1	PA; QL (589 packets per month.)
zelvysia oral packet 500 mg	1	PA; QL (4 packets per day.)
ZOKINVY ORAL CAPSULE 50 MG (lonafarnib)	2	PA; QL (5 capsules per day.)
ZOKINVY ORAL CAPSULE 75 MG (lonafarnib)	2	PA; QL (1 tablet per day.)
PROTECTIVE AGENTS		
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	QL (45 grams per prescription)
dalfampridine er oral tablet extended release 12 hour 10 mg	1	PA; QL (2 tablets per day)
mesna oral tablet 400 mg	1	CM
MESNEX ORAL TABLET 400 MG (mesna)	3/4	CM
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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>)	3	H
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (<i>nonoxynol-9</i>)	E	H
PHEXX VAGINAL GEL 1.8-1-0.4 % (<i>lactic ac-citric ac-pot bitart</i>)	3/4	H
TODAY SPONGE VAGINAL 1000 MG (<i>nonoxynol-9</i>)	E	H
TRUE COVER DEVICE	3	QL (12 condoms per month.); H
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>)	E	H
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	E	H
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	2	H
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	2	H
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	2	H
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	2	H
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	2	H
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	2	H
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	2	H
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	2	H
OXYTOCICS - Drugs for Women		
OXYTOCICS - Drugs for Women		
CERVIDIL VAGINAL INSERT 10 MG (<i>dinoprostone</i>)	3	
METHERGINE ORAL TABLET 0.2 MG (<i>methylergonovine maleate</i>)	3/4	QL (28 tablets per year.)
<i>methylergonovine maleate oral tablet 0.2 mg</i>	1	QL (28 tablets per year.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MIFEPREX ORAL TABLET 200 MG (<i>mifepristone</i>)	3	SM
<i>mifepristone oral tablet 200 mg</i>	1	SM
PREPIDIL VAGINAL GEL 0.5 MG/3GM (<i>dinoprostone</i>)	3	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
VERSAPENN (AG) ANHYDROUS TRANSDERMAL GEL (<i>transdermal base</i>)	3	
VERSAPENN (AL) ANHYD LIPID TRANSDERMAL GEL (<i>transdermal base</i>)	3	
RESPIRATORY TRACT AGENTS		
DUAL PHOSPHODIESTERASE INHIBITOR (48:34)		
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML (<i>ensifentrine</i>)	3/4	PA; QL (150 mL per month.); SM
RESPIRATORY TRACT AGENTS - Drugs for the Lungs		
ALPHA AND BETA ADRENERGIC AGONIST(RESPR) - Drugs for Asthma/COPD		
ADRENALIN NASAL SOLUTION 0.1 % (<i>epinephrine hcl (nasal)</i>)	2	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML (<i>epinephrine</i>)	2	QL (2 pens per prescription.); SM
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	2	QL (2 injections per prescription.); SM
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml</i>	1	QL (2 injections per prescription.); SM
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	1	QL (4 injections per prescription.); SM
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	SM
ANTICHOLINERGIC AGENTS (RESPIR.TRACT) - Drugs for Asthma/COPD		
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	3	QL (0.87 grams per day.); SM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	3	QL (0.28 grams per day.); SM
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	1	
<i>hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	1	
<i>hyosyne oral elixir 0.125 mg/5ml</i>	1	
<i>hyosyne oral solution 0.125 mg/ml</i>	1	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	SM
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	1	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	SM
LEVVID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG (<i>hyoscyamine sulfate</i>)	3/4	
LEVSIN ORAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	3/4	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG (<i>hyoscyamine sulfate</i>)	3/4	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (<i>hyoscyamine sulfate</i>)	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 (<i>tiotropium bromide</i>)	1	QL (1 capsule per day); SM
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT (<i>tiotropium bromide</i>)	2	QL (0.15 grams per day.); SM
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>tiotropium bromide</i>)	2	SM
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	3/4	PA; QL (3 ml per day.); SM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIFIBROTIC AGENTS - Drugs for the Lungs		
JASCAYD ORAL TABLET 18 MG, 9 MG (<i>nerandomilast</i>)	3/4	PA
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	3/4	PA; QL (2 capsules per day.)
<i>pirfenidone oral capsule 267 mg</i>	1	PA; QL (9 capsules per day.)
<i>pirfenidone oral tablet 267 mg</i>	1	PA; QL (9 tablets per day.)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	1	PA; QL (3 tablets per day.)
ANTI-INFLAMMATORY AGENTS (RESPIRATORY) - Drugs for Inflammation		
BRINSUPRI ORAL TABLET 10 MG, 25 MG (<i>brensocatib</i>)	3/4	PA; QL (31 tablets per month.)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	3/4	PA; QL (0.04 mL per day.)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	3/4	PA; QL (0.04 mL per day.)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>mepolizumab</i>)	3/4	PA; QL (0.015 ml per day.)
ANTITUSSIVES - Drugs for Cough and Cold		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	NTT
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml</i>	1	
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	1	PA; QL (360 ml per month.)
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	1	PA; QL (120 mL per prescription and 360 ml per month.)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	1	PA
<i>hydromet oral solution 5-1.5 mg/5ml</i>	1	PA; QL (120 mL per prescription and 360 ml per month.)
<i>maxi-tuss ac oral solution 100-10 mg/5ml</i>	1	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	1	PA; QL (360 ml per month.)
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	1	PA; QL (360 ml per month.)
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	3	PA; QL (10 tablets per prescription and 30 tablets per month.)
CORTICOSTEROIDS (RESPIRATORY TRACT) - Drugs for Inflammation		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	3	QL (0.4 grams per day.); SM
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	QL (10.7 grams per prescription.); SM
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate</i>)	1	SM
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>fluticasone furoate</i>)	1	QL (1 packet per day.); SM
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	3	SM
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT (<i>fluticasone furoate-vilanterol</i>)	3	QL (2 blisters per day.); SM
<i>budesonide inhalation suspension 0.25 mg/2ml</i>	1	SM
<i>budesonide inhalation suspension 0.5 mg/2ml</i>	1	QL (120 ml (2 boxes) per 30 days.); SM
<i>budesonide inhalation suspension 1 mg/2ml</i>	1	QL (60 ml (1 box) per 30 days.); SM
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL (2 blisters per day.); SM
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL (0.04 mcg per day.); SM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>mometasone furoate external cream 0.1 %</i>	1	
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	QL (34 grams (2 bottles) per copay.)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (<i>beclomethasone diprop hfa</i>)	1	QL (10.6 grams per month.); SM
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	1	QL (42.4 grams per month.); SM
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	3	QL (2 blisters per day.); SM
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL (2 blisters per day.); SM
CYSTIC FIBROSIS (CFTR) CORRECTORS - Drugs for the Lungs		
ALYFTREK ORAL TABLET 10-50-125 MG (<i>vanzacaft-tezacaft-deutivacaft</i>)	3/4	PA; QL (56 tablets per month.)
ALYFTREK ORAL TABLET 4-20-50 MG (<i>vanzacaft-tezacaft-deutivacaft</i>)	3/4	PA; QL (84 tablets per month.)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (<i>lumacaftor-ivacaftor</i>)	2	PA; QL (728 packets per 356 days.)
ORKAMBI ORAL PACKET 75-94 MG (<i>lumacaftor-ivacaftor</i>)	2	PA; QL (2 packets per day and 56 packets per 21 days.)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	2	PA; QL (1456 tablets per 356 days.)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	2	PA; QL (56 tablets per month. 728 tablets per 365 days.)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	2	PA; QL (3 tablets per day (1 pack per month) and 1092 tablets per year.)
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	2	PA; QL (3 tablets per day. 1092 tablets per 364 days.)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	2	PA; QL (2 packets per day. 728 packets per 356 days.)

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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 (<i>vanzacaft-tezacaft-deutivacaft</i>)	3/4	PA; QL (56 tablets per month.)
ALYFTREK ORAL TABLET 4-20-50 MG (<i>vanzacaft-tezacaft-deutivacaft</i>)	3/4	PA; QL (84 tablets per month.)
KALYDECO ORAL PACKET 13.4 MG (<i>ivacaftor</i>)	2	PA; QL (2 packets per day. 728 packets per 356 days.)
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	2	PA; QL (728 packets per 356 days.)
KALYDECO ORAL PACKET 5.8 MG (<i>ivacaftor</i>)	2	PA; QL (2 packets per day and 728 packets per 365 days.)
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	2	PA; QL (780 tablets per 356 days.)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (<i>lumacaftor-ivacaftor</i>)	2	PA; QL (728 packets per 356 days.)
ORKAMBI ORAL PACKET 75-94 MG (<i>lumacaftor-ivacaftor</i>)	2	PA; QL (2 packets per day and 56 packets per 21 days.)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	2	PA; QL (1456 tablets per 356 days.)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	2	PA; QL (56 tablets per month. 728 tablets per 365 days.)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	2	PA; QL (3 tablets per day (1 pack per month) and 1092 tablets per year.)
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	2	PA; QL (3 tablets per day. 1092 tablets per 364 days.)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	2	PA; QL (2 packets per day. 728 packets per 356 days.)
ENDOTHELIN RECEPTOR ANTAGONISTS (48:48) - Drugs for the Lungs		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; QL (1 tablet per day.); SP; SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; QL (2 tablets per day.); SP; SMCS
<i>bosentan oral tablet soluble 32 mg</i>	1	PA; QL (4 tablets per day.); SP; SMCS
FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>)	3/4	PA; QL (1 tablet per day.)
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	2	PA; QL (1 tablet per day.); SP; SMCS
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	2	PA; QL (2 tablets per day.); SP; SMCS
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	3/4	PA; QL (4 tablets per day.); SP; SMCS
TRYVIO ORAL TABLET 12.5 MG (<i>aprocitentan</i>)	3/4	PA; QL (1 tablet per day.)
VANRAFIA ORAL TABLET 0.75 MG (<i>atrasentan hcl</i>)	3/4	PA; QL (30 tablets per month.)
EXPECTORANTS - Drugs for the Lungs		
<i>guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml</i>	1	
<i>iodine strong oral solution 5 %</i>	1	
<i>maxi-tuss ac oral solution 100-10 mg/5ml</i>	1	
<i>potassium iodide (expectorant) oral solution 1 gm/ml</i>	1	
SSKI ORAL SOLUTION 1 GM/ML (<i>potassium iodide (expectorant)</i>)	3	
FIRST GENERATION ANTIHIST.(RESPIR TRACT) - Drugs for Allergy		
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
CARBZAH ORAL SOLUTION 4 MG/5ML	2	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
CLEMSZA ORAL TABLET 2.68 MG (<i>clemastine fumarate</i>)	3	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>promethazine hcl oral solution 12.5 mg/10ml, 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (<i>promethazine hcl</i>)	3	
INTERLEUKIN ANTAGONISTS - Drugs for Inflammation		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	2	PA; QL (4 vials per 21 days.); SP; SMCS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>dupilumab</i>)	2	PA; QL (0.09 ml per day.)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	3/4	PA; QL (1 pen every 2 months.)
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	3/4	PA; QL (0.07 ml per day.)
LEUKOTRIENE MODIFIERS - Drugs for Inflammation		
ACCOLATE ORAL TABLET 10 MG, 20 MG (<i>zafirlukast</i>)	3/4	
<i>montelukast sodium oral packet 4 mg</i>	1	
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	
SINGULAIR ORAL PACKET 4 MG (<i>montelukast sodium</i>)	3	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	1	
MAST-CELL STABILIZERS - Drugs for Inflammation		
ALOCRIL OPHTHALMIC SOLUTION 2 % (<i>nedocromil sodium</i>)	3	
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	SM
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	
MUCOLYTIC AGENTS - Drugs for the Lungs		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %, 7 % (<i>sodium chloride</i>)	2	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % (<i>sodium chloride</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 % (<i>sodium chloride</i>)	2	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	2	PA; QL (5 ml per day.)
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	1	
NASAL PREPARATIONS (STEROIDS) - Drugs for Inflammation		
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	QL (34 grams (2 bottles) per copay.)
NEUTROPHIL SERINE PROTEASE INHIBITORS - Drugs for Inflammation		
BRINSUPRI ORAL TABLET 10 MG, 25 MG (<i>brensocatib</i>)	3/4	PA; QL (31 tablets per month.)
ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	QL (10.7 grams per prescription.); SM
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate</i>)	1	SM
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>fluticasone furoate</i>)	1	QL (1 packet per day.); SM
<i>budesonide inhalation suspension 0.25 mg/2ml</i>	1	SM
<i>budesonide inhalation suspension 0.5 mg/2ml</i>	1	QL (120 ml (2 boxes) per 30 days.); SM
<i>budesonide inhalation suspension 1 mg/2ml</i>	1	QL (60 ml (1 box) per 30 days.); SM
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (<i>beclomethasone diprop hfa</i>)	1	QL (10.6 grams per month.); SM
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	1	QL (42.4 grams per month.); SM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHOSPHODIESTERASE TYPE 4 INHIBITORS - Drugs for the Lungs		
JASCAYD ORAL TABLET 18 MG, 9 MG (<i>nerandomilast</i>)	3/4	PA
<i>roflumilast oral tablet 250 mcg</i>	1	QL (31 tablets per year.)
<i>roflumilast oral tablet 500 mcg</i>	1	QL (1 tablet per day)
ZORYVE EXTERNAL CREAM 0.05 % (<i>roflumilast</i>)	3/4	PA; QL (60 Grams per prescription.)
ZORYVE EXTERNAL CREAM 0.15 % (<i>roflumilast</i>)	3/4	PA; QL (60 grams per copay.)
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	3/4	PA; QL (60 grams per 30 days.)
ZORYVE EXTERNAL FOAM 0.3 % (<i>roflumilast</i>)	3/4	PA; QL (60 grams per prescription.)
PHOSPHODIESTERASE-5 INHIBITORS (RESPIR) - Drugs for the Lungs		
<i>alyq oral tablet 20 mg</i>	1	PA; QL (2 tablets per day)
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	PA; QL (186 ml per month.)
<i>sildenafil citrate oral tablet 100 mg, 20 mg, 25 mg, 50 mg</i>	1	QL (0.5 tablet per day.)
<i>tadalafil (pah) oral tablet 20 mg</i>	1	PA; QL (2 tablets per day)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	QL (0.5 tablet per day.)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	QL (1 tablet per day.)
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	3	PA; QL (10 ml per day.)
PROSTACYCLIN & PROSTACYCLIN DERIVATIVES - Drugs for the Lungs		
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	3/4	PA; QL (168 tablets per year.)
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	3/4	PA; QL (336 tablets per year.)
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	3/4	PA; QL (252 tablets per year.)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	3/4	PA; QL (6 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	2	PA; QL (112 cartridges per 23 days.); SP; SMCS
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 80 MCG (<i>treprostinil</i>)	2	PA; SP; SMCS
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X 64MCG, 112 X 48MCG & 112 X 64MCG, 80 MCG (<i>treprostinil</i>)	2	PA; SP; SMCS
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	2	PA; QL (112 cartridges per 23 days.); SP; SMCS
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (<i>treprostinil</i>)	2	PA; QL (252 cartridges per 365 days.); SP; SMCS
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	PA; SP; SMCS
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	PA; SP; SMCS
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	PA; SP; SMCS
RESPIRATORY TRACT AGENTS, MISCELLANEOUS - Drugs for the Lungs		
BRONCHITOL INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>)	3	PA; QL (20 capsules per day.); CM
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>)	3	PA; QL (20 capsules per day.); CM
<i>pirfenidone oral capsule 267 mg</i>	1	PA; QL (9 capsules per day.)
<i>pirfenidone oral tablet 267 mg</i>	1	PA; QL (9 tablets per day.)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	1	PA; QL (3 tablets per day.)
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	3/4	PA; QL (0.07 ml per day.)
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG (<i>sotatercept-csrk</i>)	3/4	PA; QL (1 kit every 3 weeks.); SP; SMCS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>omalizumab</i>)	2	PA; QL (2 auto injectors per month.)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>omalizumab</i>)	2	PA; QL (0.15 ml per day.)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (<i>omalizumab</i>)	2	PA; QL (0.04 ml per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	2	PA; QL (0.08 ml per day.)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>omalizumab</i>)	2	PA; QL (0.15 ml per day.)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>)	2	PA; QL (0.04 ml per day.)
SECOND GENERATION ANTIHIST(RESPIR TRACT) - Drugs for Allergy		
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	1	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - Drugs for Asthma/COPD		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	QL (10.7 grams per prescription.); SM
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	1	QL (1 inhaler per copay.); SM
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	1	QL (1 inhaler per prescription.); SM
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	1	QL (18 grams per prescription.); SM
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	1	QL (6.7 grams per prescription.); SM
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	1	QL (8.5 grams per prescription.); SM
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	SM
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	1	SM
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	SM
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	PA
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	1	QL (2 nebulizers per day); SM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	1	QL (2 vials per day.); SM
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	1	QL (90 ml per prescription.); SM
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	1	QL (30 vials per prescription); SM
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL (15 grams per prescription.); SM
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (formoterol fumarate)	3/4	QL (2 vials per day.); SM
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (salmeterol xinafoate)	2	QL (1 diskus (60 blisters) per month.); SM
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (olodaterol hcl)	2	SM
terbutaline sulfate oral tablet 2.5 mg, 5 mg	1	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (levalbuterol tartrate)	3	QL (15 grams per prescription.); SM
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.)
alyq oral tablet 20 mg	1	PA; QL (2 tablets per day)
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
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.)
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (treprostinil diolamine)	3/4	PA; QL (336 tablets per year.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	3/4	PA; QL (252 tablets per year.)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	3/4	PA; QL (6 tablets per day.)
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	PA; QL (186 ml per month.)
<i>sildenafil citrate oral tablet 100 mg, 20 mg, 25 mg, 50 mg</i>	1	QL (0.5 tablet per day.)
<i>tadalafil (pah) oral tablet 20 mg</i>	1	PA; QL (2 tablets per day)
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	3	PA; QL (10 ml per day.)
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	2	PA; QL (2 tablets per day.); SP; SMCS
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	3/4	PA; QL (4 tablets per day.); SP; SMCS
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	2	PA; QL (112 cartridges per 23 days.); SP; SMCS
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	2	PA; QL (112 cartridges per 23 days.); SP; SMCS
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (<i>treprostinil</i>)	2	PA; QL (252 cartridges per 365 days.); SP; SMCS
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	PA; SP; SMCS
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	PA; SP; SMCS
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	PA; SP; SMCS
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	3/4	PA; QL (2 tablets per day.)
UPTRAVI TABLET 200 MCG ORAL (<i>selexipag</i>)	3/4	PA; QL (140 tablets per 365 days.)
UPTRAVI TABLET 200 MCG ORAL (<i>selexipag</i>)	3/4	PA; QL (2 tablets per day.)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	3/4	PA; QL (200 tablets per year.)
VASODILATING AGENTS, MISC (48:48) - Drugs for the Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	2	PA; QL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	3/4	PA; QL (2 tablets per day.)
UPTRAVI TABLET 200 MCG ORAL (<i>selexipag</i>)	3/4	PA; QL (140 tablets per 365 days.)
UPTRAVI TABLET 200 MCG ORAL (<i>selexipag</i>)	3/4	PA; QL (2 tablets per day.)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	3/4	PA; QL (200 tablets per year.)
XANTHINE DERIVATIVES - Drugs for Asthma/COPD		
<i>elixophyllin oral elixir 80 mg/15ml</i>	3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTIPROLIFERANTS		
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	3	
<i>bexarotene external gel 1 %</i>	1	QL (60 grams per prescription.)
<i>bexarotene oral capsule 75 mg</i>	1	CM
<i>fluorouracil external cream 5 %</i>	1	
<i>fluorouracil external solution 2 %, 5 %</i>	1	
<i>imiquimod external cream 5 %</i>	1	
KLISYRI (250 MG) EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	3/4	QL (5 units per prescription)
KLISYRI (350 MG) EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	3/4	QL (5 units per prescription)
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>)	3	
PANRETIN EXTERNAL GEL 0.1 % (<i>alitretinoin</i>)	3	
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	2	PA; QL (120 grams per prescription.); SP; SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin		
ADRENERGIC AGONISTS - Drugs for the Skin		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (<i>brimonidine tartrate</i>)	1	QL (10 ml per prescription)
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (<i>brimonidine tartrate</i>)	3/4	QL (10 ml per prescription)
<i>brimonidine tartrate external gel 0.33 %</i>	1	PA; QL (30 grams per prescription.)
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	1	QL (10 ml per prescription)
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	1	QL (5 ml per prescription)
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	2	PA; QL (30 grams per prescription.)
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	3/4	PA; QL (30 grams per prescription.)
ANTIBACTERIALS (84:04) - Drugs for the Skin		
AMZEEQ EXTERNAL FOAM 4 % (<i>minocycline hcl micronized</i>)	3/4	QL (30 grams per prescription.)
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (<i>sulfacetamide sodium-sulfur</i>)	3/4	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 % (<i>sulfacetamide sodium-sulfur</i>)	3	
AVIDOXY ORAL TABLET 100 MG	3/4	
<i>azelaic acid external gel 15 %</i>	1	
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</i>)	3	QL (30 grams per prescription.)
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
BENZAMYCIN EXTERNAL GEL 5-3 % (<i>benzoyl peroxide-erythromycin</i>)	2	QL (23.3 grams per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
benzoyl peroxide-erythromycin external gel 5-3 %	1	QL (23.3 grams per prescription.)
bp 10-1 external emulsion 10-1 %	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG (clindamycin hcl)	3/4	
CLEOCIN ORAL CAPSULE 75 MG (clindamycin hcl)	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 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	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	1	
clindamycin phos (twice-daily) external gel 1 %	1	QL (75 grams per prescription.)
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL (1 bottle (45 grams) per month.)
clindamycin phos-benzoyl perox gel 1-5 % external	1	QL (50 grams per prescription.)
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	
CLINDESSE VAGINAL CREAM 2 % (clindamycin phosphate (1 dose))	2	
dapsone external gel 5 %, 7.5 %	1	QL (60 grams per prescription.)

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dapsone oral tablet 100 mg, 25 mg	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 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 %	3	
erythromycin external gel 2 %	1	
erythromycin external solution 2 %	1	
FINACEA EXTERNAL FOAM 15 % (azelaic acid)	3/4	
gentamicin sulfate external cream 0.1 %	1	QL (30 grams per prescription.)
gentamicin sulfate external ointment 0.1 %	1	QL (30 grams per prescription.)
gentamicin sulfate ophthalmic solution 0.3 %	1	QL (15 ml per prescription.)
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 0.75 % (metronidazole)	3/4	
metronidazole external cream 0.75 %	1	
metronidazole external gel 0.75 %	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	
moxifloxacin hcl oral tablet 400 mg	1	

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<i>mupirocin calcium external cream 2 %</i>	1	QL (15 grams per prescription)
<i>mupirocin external ointment 2 %</i>	1	QL (22 grams per prescription.)
<i>neomycin sulfate oral tablet 500 mg</i>	1	
<i>neuac external gel 1.2-5 %</i>	1	QL (1 bottle (45 grams) per month.)
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	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>sodium sulfacetamide external shampoo 10 %</i>	1	
<i>sodium sulfacetamide wash external liquid 10 %</i>	1	
<i>sss 10-5 external cream 10-5 %</i>	1	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	1	
<i>sulfacetamide sodium (cleans) external gel 10 %</i>	1	
<i>sulfacetamide sodium external liquid 10 %</i>	1	
<i>sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %</i>	1	
<i>sulfacetamide sodium-sulfur external emulsion 10-1 %</i>	1	
<i>sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %</i>	1	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	1	
<i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>	1	
<i>sulfacetamide sod-sulfur wash external liquid 9-4 %</i>	1	
<i>sulfacetamide-sulfur in urea external emulsion 10-5 %</i>	1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (mafenide acetate)	3	
SUMAXIN EXTERNAL PAD 10-4 % (sulfacetamide sodium-sulfur)	3/4	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
VANDAZOLE VAGINAL GEL 0.75 % (metronidazole)	3/4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XACIATO VAGINAL GEL 2 % (<i>clindamycin phosphate</i>)	2	QL (1 gel tube (8 grams) per prescription.)
ZILXI EXTERNAL FOAM 1.5 % (<i>minocycline hcl micronized</i>)	3/4	PA; QL (30 grams per prescription.)
ANTIFULGALS (SKIN, MUCOUS MEMBRANE), MISC - Drugs for the Skin		
EXODERM EXTERNAL LOTION 25-1 % (<i>sod thiosulfate-salicylic acid</i>)	3	
ANTI-INFLAMMATORY AGENTS, MISC (SKIN) - Drugs for the Skin		
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	3	QL (60 grams per prescription.)
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	3/4	PA; QL (60 grams per prescription.)
ANTIPRURITICS AND LOCAL ANESTHETICS - Drugs for the Skin		
ANALPRAM HC EXTERNAL CREAM 1-1 %, 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	3/4	
ANALPRAM HC EXTERNAL LOTION 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	3	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (<i>hc-pramoxine-chloroxylonol</i>)	3/4	
DIABECIN HR EXTERNAL CREAM 4.12-0.13 % (<i>lidocaine-benzalkonium (pod)</i>)	3	
<i>doxepin hcl external cream 5 %</i>	1	PA; QL (45 grams per prescription.)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	
DYCLOPRO EXTERNAL SOLUTION 0.5 %	3/4	
EPIFOAM EXTERNAL FOAM 1-1 % (<i>pramoxine-hc</i>)	2	
<i>glydo external prefilled syringe 2 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %</i>	1	
<i>hydrocort-pramoxine (perianal) external cream 2.5-1 %</i>	1	

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<i>lidocaine external ointment 5 %</i>	1	QL (1.19 grams per day.)
<i>lidocaine external patch 5 %</i>	1	PA; QL (3 patches per day)
<i>lidocaine hcl external solution 4 %</i>	1	
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	1	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	1	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	1	
PRAMOSONE EXTERNAL CREAM 1-1 % (<i>pramoxine-hc</i>)	2	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (<i>pramoxine-hc</i>)	2	
PRAMOSONE EXTERNAL OINTMENT 1-1 % (<i>pramoxine-hc</i>)	2	
PRAMOSONE EXTERNAL OINTMENT 1-2.5 % (<i>pramoxine-hc</i>)	3/4	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	2	
PYRIDIDIUM ORAL TABLET 100 MG, 200 MG (<i>phenazopyridine hcl</i>)	3	
ZTLIDO EXTERNAL PATCH 1.8 % (<i>lidocaine</i>)	3	PA; QL (3 patches per day.)
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>acyclovir external ointment 5 %</i>	1	QL (15 grams per prescription.)
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
ZELSUVMI EXTERNAL GEL 10.3 % (<i>berdazimer sodium</i>)	3/4	PA; QL (31 grams (1 box) per copay)
ASTRINGENTS (84:12) - Drugs for the Skin		
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	2	QL (0.36 grams per day.); SM
CUVPOSA ORAL SOLUTION 1 MG/5ML (<i>glycopyrrolate</i>)	3/4	
DRYSOL EXTERNAL SOLUTION 20 % (<i>aluminum chloride</i>)	3/4	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
ASTRINGENTS, ANTI-INFECTIVE - Drugs for the Skin		
<i>benzalkonium chloride external solution</i>	2	
<i>benzalkonium chloride external solution 50 %</i>	1	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	1	
<i>iodine strong oral solution 5 %</i>	1	
<i>iodine tincture external tincture 2 %</i>	1	
LUGOLS STRONG IODINE EXTERNAL SOLUTION 5-10 %	3	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	3/4	
<i>perio gard mouth/throat solution 0.12 %</i>	1	
<i>selenium sulfide external lotion 2.5 %</i>	1	
SILVADENE EXTERNAL CREAM 1 % (<i>silver sulfadiazine</i>)	3/4	
<i>silver sulfadiazine external cream 1 %</i>	1	
<i>ssd external cream 1 %</i>	1	
AZOLES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>clotrimazole mouth/throat troche 10 mg</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	
<i>econazole nitrate external cream 1 %</i>	1	
EXELDERM EXTERNAL CREAM 1 % (<i>sulconazole nitrate</i>)	3	
EXELDERM EXTERNAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	3	
GYNAZOLE-1 VAGINAL CREAM 2 % (<i>butoconazole nitrate (1 dose)</i>)	3	
JUBLIA EXTERNAL SOLUTION 10 % (<i>efinaconazole</i>)	3/4	PA; QL (4 ml per month.)
<i>ketoconazole external cream 2 %</i>	1	QL (30 grams per prescription.)
<i>ketoconazole external foam 2 %</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketodan external foam 2 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>miconazole 3 vaginal suppository 200 mg</i>	1	
ORAVIG BUCCAL TABLET 50 MG (<i>miconazole</i>)	3	
<i>oxiconazole nitrate external cream 1 %</i>	1	QL (30 grams per prescription.)
SULCONAZOLE NITRATE EXTERNAL CREAM 1 %	3	
SULCONAZOLE NITRATE EXTERNAL SOLUTION 1 %	3	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
BASIC LOTIONS AND LINIMENTS - Drugs for the Skin		
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (<i>salicylic acid-lactic acid</i>)	2	
<i>methyl salicylate external liquid</i>	1	
PRONAL EXTERNAL GEL 40-10 % (<i>urea-lactic acid</i>)	3	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 % (<i>salicylic acid-urea in lactac</i>)	3	
<i>turpentine external spirit</i>	1	
VITAMIN C BRIGHTENING SERUM EXTERNAL LIQUID	3	
XIRUN EXTERNAL GEL 40-10 %	3	
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 % (<i>benzoyl peroxide-hyaluronate</i>)	3	
BASIC OINTMENTS AND PROTECTANTS - Drugs for the Skin		
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML (<i>fibrin sealant component</i>)	3	
<i>calcipotriene external cream 0.005 %</i>	1	QL (60 grams per prescription)
<i>calcipotriene external ointment 0.005 %</i>	1	
<i>calcipotriene external solution 0.005 %</i>	1	QL (60 mL per prescription)
CALCITRENE EXTERNAL OINTMENT 0.005 % (<i>calcipotriene</i>)	3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3/4	QL (60 grams per prescription.)
<i>nitroglycerin rectal ointment 0.4 %</i>	1	QL (30 grams per month.)
RECTIV RECTAL OINTMENT 0.4 % (<i>nitroglycerin</i>)	3/4	QL (30 grams per month.)

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SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	3	QL (90 grams per prescription.)
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	1	
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML (<i>fibrin sealant component</i>)	3	
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	3/4	PA; QL (60 grams per prescription.)
BASIC POWDERS AND DEMULCENTS - Drugs for the Skin		
<i>benzoin external tincture</i>	1	
CELL STIMULANTS AND PROLIFERANTS - Drugs for the Skin		
<i>finasteride oral tablet 5 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	QL (20 grams per prescription.)
<i>tretinoin oral capsule 10 mg</i>	1	QL (279 capsules per prescription.); CM
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ALA SCALP EXTERNAL LOTION 2 % (<i>hydrocortisone</i>)	3/4	
<i>alclometasone dipropionate external cream 0.05 %</i>	1	
<i>alclometasone dipropionate external ointment 0.05 %</i>	1	
<i>amcinonide external cream 0.1 %</i>	1	
<i>amcinonide external ointment 0.1 %</i>	1	
ANALPRAM HC EXTERNAL CREAM 1-1 %, 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	3/4	
ANALPRAM HC EXTERNAL LOTION 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	3	
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	2	
ANUSOL-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	3/4	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	

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<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1	
<i>betamethasone dipropionate external cream 0.05 %</i>	1	
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	
<i>betamethasone valerate external cream 0.1 %</i>	1	
<i>betamethasone valerate external lotion 0.1 %</i>	1	
<i>betamethasone valerate external ointment 0.1 %</i>	1	
<i>budesonide rectal foam 2 mg, 2 mg/act</i>	1	
<i>clobetasol prop emollient base external cream 0.05 %</i>	1	QL (30 grams per prescription.)
<i>clobetasol propionate e external cream 0.05 %</i>	1	QL (30 grams per prescription.)
<i>clobetasol propionate external cream 0.05 %</i>	1	QL (30 grams per prescription.)
<i>clobetasol propionate external gel 0.05 %</i>	1	QL (30 grams per prescription.)
<i>clobetasol propionate external liquid 0.05 %</i>	1	QL (59 ml per prescription)
<i>clobetasol propionate external ointment 0.05 %</i>	1	QL (30 grams per prescription.)
<i>clobetasol propionate external solution 0.05 %</i>	1	QL (25 ml per prescription.)
<i>clocortolone pivalate external cream 0.1 %</i>	1	QL (75 grams per prescription.)
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (<i>flurandrenolide</i>)	3	QL (1 packet per prescription.)
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (<i>hc-pramoxine-chloroxylonol</i>)	3/4	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (<i>hydrocortisone</i>)	3/4	
CORTENEMA RECTAL ENEMA 100 MG/60ML (<i>hydrocortisone</i>)	3/4	
CORTIFOAM EXTERNAL FOAM 10 % (<i>hydrocortisone acetate</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	3/4	QL (118.28 ml per prescription.)
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	3/4	
DERMOTIC OTIC OIL 0.01 % (<i>fluocinolone acetonide</i>)	3/4	
<i>desonide external cream 0.05 %</i>	1	QL (15 grams per prescription.)
<i>desonide external gel 0.05 %</i>	1	QL (60 grams per prescription)
<i>desonide external lotion 0.05 %</i>	1	QL (60 ml per prescription.)
<i>desonide external ointment 0.05 %</i>	1	QL (15 grams per prescription.)
<i>desoximetasone external cream 0.05 %</i>	1	QL (60 gm per prescription.)
<i>desoximetasone external cream 0.25 %</i>	1	QL (15 grams per prescription.)
<i>desoximetasone external gel 0.05 %</i>	1	QL (15 grams per prescription.)
<i>desoximetasone external ointment 0.05 %</i>	1	QL (60 grams per prescription.)
<i>desoximetasone external ointment 0.25 %</i>	1	QL (15 grams per prescription.)
<i>diflorasone diacetate external cream 0.05 %</i>	1	QL (30 grams per prescription.)
DIPROLENE EXTERNAL OINTMENT 0.05 % (<i>betamethasone dipropionate aug</i>)	3/4	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3/4	QL (60 grams per prescription.)
EPIFOAM EXTERNAL FOAM 1-1 % (<i>pramoxine-hc</i>)	2	
<i>fluocinolone acetonide body external oil 0.01 %</i>	1	QL (118.28 ml per prescription.)
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	1	QL (15 grams per prescription.)
<i>fluocinolone acetonide external ointment 0.025 %</i>	1	QL (15 grams per prescription.)
<i>fluocinolone acetonide external solution 0.01 %</i>	1	QL (60 ml per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>fluocinolone acetonide otic oil 0.01 %</i>	1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	1	
<i>fluocinonide emulsified base external cream 0.05 %</i>	1	
<i>fluocinonide external cream 0.05 %</i>	1	
<i>fluocinonide external gel 0.05 %</i>	1	
<i>fluocinonide external ointment 0.05 %</i>	1	
<i>fluocinonide external solution 0.05 %</i>	1	
<i>flurandrenolide external lotion 0.05 %</i>	1	QL (120 ml per prescription.)
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external lotion 0.05 %</i>	1	QL (60 ml per prescription.)
<i>fluticasone propionate external ointment 0.005 %</i>	1	
<i>halcinonide external cream 0.1 %</i>	1	QL (30 grams per prescription.)
<i>halobetasol propionate external cream 0.05 %</i>	1	QL (15 grams per prescription.)
<i>halobetasol propionate external ointment 0.05 %</i>	1	QL (15 grams per prescription.)
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG (<i>hydrocortisone acetate</i>)	3	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate external solution 0.1 %</i>	1	
<i>hydrocortisone external cream 2.5 %</i>	1	
<i>hydrocortisone external lotion 2 %, 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	1	QL (15 grams per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocortisone valerate external ointment 0.2 %	1	QL (15 grams per prescription.)
hydrocortisone-acetic acid otic solution 1-2 %	1	
hydrocortisone-iodoquinol external cream 1-1 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
KHINDIVI ORAL SOLUTION 1 MG/ML (hydrocortisone)	3/4	PA
KOURZEQ MOUTH/THROAT PASTE 0.1 % (triamcinolone acetonide)	2	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
NUCORT EXTERNAL LOTION 2 % (hydrocortisone acetate)	3	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	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	
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	

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TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	1	
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	2	
TOPICORT EXTERNAL OINTMENT 0.05 % (<i>desoximetasone</i>)	3/4	QL (60 grams per prescription.)
TOPICORT EXTERNAL OINTMENT 0.25 % (<i>desoximetasone</i>)	3/4	QL (15 grams per prescription.)
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	1	QL (63 grams per prescription.)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external cream 0.5 %</i>	1	QL (15 grams per prescription.)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	1	
<i>triderm external cream 0.5 %</i>	1	QL (15 grams per prescription.)
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
<i>ciclodan external solution 8 %</i>	1	
<i>ciclopirox external gel 0.77 %</i>	1	
<i>ciclopirox external shampoo 1 %</i>	1	
<i>ciclopirox external solution 8 %</i>	1	
<i>ciclopirox olamine external cream 0.77 %</i>	1	
<i>ciclopirox olamine external suspension 0.77 %</i>	1	
IMMUNOMODULATORY AGENTS (84:06) - Drugs for the Skin		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>tralokinumab-ldrm</i>)	2	PA; QL (2 auto-injectors per month.)
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	2	PA; QL (0.15 ml per day.)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (<i>bimekizumab-bkzx</i>)	3	PA; QL (1 auto-injector per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML (<i>bimekizumab-bkzx</i>)	3	PA; QL (2 ml (1 syringe) per month.)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (<i>bimekizumab-bkzx</i>)	3	PA; QL (1 syringe per month.)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML (<i>bimekizumab-bkzx</i>)	3	PA; QL (2 ml (1 syringe) per month.)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML (<i>dupilumab</i>)	2	PA; QL (0.09 ml per day.)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>dupilumab</i>)	2	PA; QL (0.15 ml per day.)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>dupilumab</i>)	2	PA; QL (0.09 ml per day.)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>dupilumab</i>)	2	PA; QL (0.15 ml per day.)
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML (<i>lebrikizumab-lbkz</i>)	2	PA; QL (2 mL (1 pen) per month.)
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML (<i>lebrikizumab-lbkz</i>)	2	PA; QL (2 mL (1 syringe) per month.)
HYFTOR EXTERNAL GEL 0.2 % (<i>sirolimus</i>)	3/4	PA; QL (10 g per 23 days.)
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG (<i>nemolizumab-ilto</i>)	2	PA; QL (2 pens every 4 weeks.)
<i>pimecrolimus external cream 1 %</i>	1	QL (30 grams per prescription.)
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	3/4	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	3/4	PA
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	2	PA; QL (1 ml per 63 days.)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	2	PA; QL (1 ml per 63 days.)
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>spesolimab-sbzo</i>)	3/4	PA; QL (2 Prefilled syringes per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>spesolimab-sbzo</i>)	3/4	PA; QL (1 prefilled syringe per month.)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	QL (30 grams per prescription.)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	2	PA; QL (1 mL (1 device) every 8 weeks.)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	2	PA; QL (1 mL (1 device) every 8 weeks.)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>guselkumab</i>)	2	PA; QL (2 ml (1 auto-injector) per month.)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	2	PA; QL (1 mL (1 syringe) every 8 weeks.)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (<i>guselkumab</i>)	2	PA; QL (2 ml (1 syringe) per month.)
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>guselkumab</i>)	2	PA; QL (4 ml (2 pens/1 box) per month.)
JANUS KINASE INHIBITORS (84:06) - Drugs for the Skin		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	2	PA; QL (1 tablet per day.); CM
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	2	PA; QL (2 tablets per day.); CM
LITFULO ORAL CAPSULE 50 MG (<i>ritlecitinib tosylate</i>)	3	PA; QL (1 capsule per day.)
OPZELURA EXTERNAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	3/4	PA; QL (240 grams per prescription and 1200 grams per 365 days.)
<i>roflumilast oral tablet 250 mcg</i>	1	QL (31 tablets per year.)
<i>roflumilast oral tablet 500 mcg</i>	1	QL (1 tablet per day)
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	2	PA; QL (1 tablet per day.)
ZORYVE EXTERNAL CREAM 0.15 % (<i>roflumilast</i>)	3/4	PA; QL (60 grams per copay.)
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	3/4	PA; QL (60 grams per 30 days.)
ZORYVE EXTERNAL FOAM 0.3 % (<i>roflumilast</i>)	3/4	PA; QL (60 grams per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KERATOLYTIC AGENTS - Drugs for the Skin		
acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	QL (45 grams per prescription)
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	3/4	PA; QL (45 grams per prescription.)
amnestem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (<i>sulfacetamide sodium-sulfur</i>)	3/4	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 % (<i>sulfacetamide sodium-sulfur</i>)	3	
AVIDOXY DK COMBINATION KIT 100 MG (<i>doxycycline-sunscreen-sal acid</i>)	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 % (<i>podofilox</i>)	3/4	
EXODERM EXTERNAL LOTION 25-1 % (<i>sod thiosulfate-salicylic acid</i>)	3	
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (<i>salicylic acid-lactic acid</i>)	2	
HYDRO 40 EXTERNAL FOAM 40 % (<i>urea</i>)	3	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
PODOCON-25 EXTERNAL SOLUTION 25 % (<i>podophyllum resin</i>)	3	
podofilox external gel 0.5 %	1	
podofilox external solution 0.5 %	1	
PRONAL EXTERNAL GEL 40-10 % (<i>urea-lactic acid</i>)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
SALICATE EXTERNAL LIQUID 10 % (<i>salicylic acid</i>)	3	
salicylic acid external solution 26 %	1	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 % (<i>salicylic acid-urea in lactac</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SCALACORT DK EXTERNAL KIT 2 & 2-2 % (<i>hc & sal acid-sulfur & shampoo</i>)	3	
<i>sss 10-5 external cream 10-5 %</i>	1	
<i>sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %</i>	1	
<i>sulfacetamide sodium-sulfur external emulsion 10-1 %</i>	1	
<i>sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %</i>	1	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	1	
<i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>	1	
<i>sulfacetamide sod-sulfur wash external liquid 9-4 %</i>	1	
<i>sulfacetamide-sulfur in urea external emulsion 10-5 %</i>	1	
SUMAXIN EXTERNAL PAD 10-4 % (<i>sulfacetamide sodium-sulfur</i>)	3/4	
<i>tazarotene external cream 0.05 %, 0.1 %</i>	1	PA; QL (30 grams per prescription.)
<i>tazarotene external gel 0.05 %, 0.1 %</i>	1	PA; QL (30 grams per prescription.)
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (<i>tazarotene</i>)	3/4	PA; QL (30 grams per prescription.)
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	3/4	PA; QL (30 grams per prescription.)
<i>urea external cream 20 %, 40 %</i>	1	
<i>urea external lotion 40 %</i>	1	
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	3	QL (30 grams per prescription.)
XIRUN EXTERNAL GEL 40-10 %	3	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
KERATOPLASTIC AGENTS - Drugs for the Skin		
<i>coal tar external solution 20 %</i>	1	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS - Drugs for the Skin		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	1	QL (45 grams per prescription)
<i>benzalkonium chloride external solution</i>	2	
<i>benzalkonium chloride external solution 50 %</i>	1	

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BENZAMYCIN EXTERNAL GEL 5-3 % (<i>benzoyl peroxide-erythromycin</i>)	2	QL (23.3 grams per prescription.)
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	QL (23.3 grams per prescription.)
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	1	QL (1 bottle (45 grams) per month.)
<i>clindamycin phos-benzoyl perox gel 1-5 % external</i>	1	QL (50 grams per prescription.)
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (<i>hc-pramoxine-chloroxyleneol</i>)	3/4	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (<i>sulfuric acid-sulf phenolics</i>)	2	
DIABECIN HR EXTERNAL CREAM 4.12-0.13 % (<i>lidocaine-benzalkonium (pod)</i>)	3	
FEM PH VAGINAL GEL 0.9-0.025 % (<i>acetic acid-oxyquinoline</i>)	3/4	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	1	
<i>iodine tincture external tincture 2 %</i>	1	
LUGOLS STRONG IODINE EXTERNAL SOLUTION 5-10 %	3	
<i>neuac external gel 1.2-5 %</i>	1	QL (1 bottle (45 grams) per month.)
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	3/4	
<i>periogard mouth/throat solution 0.12 %</i>	1	
<i>selenium sulfide external lotion 2.5 %</i>	1	
SILVADENE EXTERNAL CREAM 1 % (<i>silver sulfadiazine</i>)	3/4	
<i>silver sulfadiazine external cream 1 %</i>	1	
<i>ssd external cream 1 %</i>	1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (<i>mafenide acetate</i>)	3	
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 % (<i>benzoyl peroxide-hyaluronate</i>)	3	
ZACLIR CLEANSING EXTERNAL LOTION 8 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin		
<i>diclofenac sodium external gel 3 %</i>	1	PA; QL (100 grams per prescription.)
OXABOROLES - Drugs for the Skin		
<i>tavaborole external solution 5 %</i>	1	PA; QL (10 mL per month.)
PHOSPHODIESTERASE-4 INHIBITORS (84:06) - Drugs for the Skin		
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	3	QL (60 grams per prescription.)
JASCAYD ORAL TABLET 18 MG, 9 MG (<i>nerandomilast</i>)	3/4	PA
<i>roflumilast oral tablet 250 mcg</i>	1	QL (31 tablets per year.)
<i>roflumilast oral tablet 500 mcg</i>	1	QL (1 tablet per day)
ZORYVE EXTERNAL CREAM 0.05 % (<i>roflumilast</i>)	3/4	PA; QL (60 Grams per prescription.)
ZORYVE EXTERNAL CREAM 0.15 % (<i>roflumilast</i>)	3/4	PA; QL (60 grams per copay.)
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	3/4	PA; QL (60 grams per 30 days.)
PIGMENTING AGENTS - Drugs for the Skin		
<i>methoxsalen rapid oral capsule 10 mg</i>	1	
POLYENES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>klayesta external powder 100000 unit/gm</i>	1	QL (120 grams per prescription.)
<i>nyamyc external powder 100000 unit/gm</i>	1	QL (120 grams per prescription.)
<i>nystatin external cream 100000 unit/gm</i>	1	QL (90 grams per prescription.)
<i>nystatin external ointment 100000 unit/gm</i>	1	QL (90 grams per prescription.)
<i>nystatin external powder 100000 unit/gm</i>	1	QL (120 grams per prescription.)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
<i>nystop external powder 100000 unit/gm</i>	1	QL (120 grams per prescription.)
SCABICIDES AND PEDICULICIDES - Drugs for the Skin		
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>)	3	
<i>malathion external lotion 0.5 %</i>	1	
OVIDE EXTERNAL LOTION 0.5 % (<i>malathion</i>)	3/4	
<i>permethrin external cream 5 %</i>	1	
PRURADIK EXTERNAL LOTION 10 % (<i>crotamiton</i>)	3	
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	1	QL (45 grams per prescription.)
<i>spinosad external suspension 0.9 %</i>	1	
<i>sulfurated lime external solution</i>	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC. - Drugs for the Skin		
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	1	QL (45 grams per prescription)
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	2	PA; QL (0.15 ml per day.)
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	3/4	PA; QL (45 grams per prescription.)
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	3	
<i>amnestem oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML (<i>fibrin sealant component</i>)	3	
<i>azelaic acid external gel 15 %</i>	1	
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</i>)	3	QL (30 grams per prescription.)
B & C EXTERNAL OINTMENT	3	

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<i>balsam peru-castor oil external ointment</i>	1	
<i>bexarotene external gel 1 %</i>	1	QL (60 grams per prescription.)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (<i>bimekizumab-bkzx</i>)	3	PA; QL (1 auto-injector per month.)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (<i>bimekizumab-bkzx</i>)	3	PA; QL (1 syringe per month.)
<i>brimonidine tartrate external gel 0.33 %</i>	1	PA; QL (30 grams per prescription.)
<i>calcipotriene external cream 0.005 %</i>	1	QL (60 grams per prescription)
<i>calcipotriene external ointment 0.005 %</i>	1	
<i>calcipotriene external solution 0.005 %</i>	1	QL (60 mL per prescription)
CALCITRENE EXTERNAL OINTMENT 0.005 % (<i>calcipotriene</i>)	3	
<i>calcitriol external ointment 3 mcg/gm</i>	1	QL (100 grams per prescription)
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	2	PA; QL (1 tablet per day.); CM
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
CONDYLOX EXTERNAL GEL 0.5 % (<i>podofilox</i>)	3/4	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	2	PA; QL (0.072 ml per day.)
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	2	PA; QL (0.036 ml per day.)
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>secukinumab</i>)	2	PA; QL (0.018 ml per day.)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	2	PA; QL (0.072 ml per day.)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	2	PA; QL (0.036 ml per day.)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>secukinumab</i>)	2	PA; QL (0.072 ml per day.)
<i>dapsone external gel 5 %, 7.5 %</i>	1	QL (60 grams per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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.)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (dupilumab)	2	PA; QL (0.15 ml per day.)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (dupilumab)	2	PA; QL (0.15 ml per day.)
ENDARI ORAL PACKET 5 GM (glutamine (sickle cell))	3/4	PA; QL (6 packets per day.)
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (calcipotriene-betameth diprop)	3/4	QL (60 grams per prescription.)
FEM PH VAGINAL GEL 0.9-0.025 % (acetic acid-oxyquinoline)	3/4	
FILSUEZ EXTERNAL GEL 10 % (birch triterpenes)	3/4	PA; QL (14.4 grams per day.)
FINACEA EXTERNAL FOAM 15 % (azelaic acid)	3/4	
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
HALUCORT EXTERNAL GEL (dermatological products, misc.)	3	PA
HYFTOR EXTERNAL GEL 0.2 % (sirolimus)	3/4	PA; QL (10 g per 23 days.)
imiquimod external cream 5 %	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
KLISYRI (250 MG) EXTERNAL OINTMENT 1 % (tirbanibulin)	3/4	QL (5 units per prescription)
KLISYRI (350 MG) EXTERNAL OINTMENT 1 % (tirbanibulin)	3/4	QL (5 units per prescription)
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (aminolevulinic acid hcl)	3	
L-glutamine oral packet 5 gm	1	PA; QL (6 packets per day.)
LITFULO ORAL CAPSULE 50 MG (ritlecitinib tosylate)	3	PA; QL (1 capsule per day.)
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; QL (30 grams per prescription.)
nitroglycerin rectal ointment 0.4 %	1	QL (30 grams per month.)

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OPZELURA EXTERNAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	3/4	PA; QL (240 grams per prescription and 1200 grams per 365 days.)
OTEZLA ORAL TABLET 20 MG (<i>apremilast</i>)	2	PA; QL (60 tablets per month.)
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	2	PA; QL (2 tablets per day.)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	2	PA; QL (55 tablets (one starter pack) per year.)
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (<i>apremilast</i>)	2	PA; QL (1 starter pack per year.)
PANRETIN EXTERNAL GEL 0.1 % (<i>alitretinoin</i>)	3	
<i>pimecrolimus external cream 1 %</i>	1	QL (30 grams per prescription.)
PODOCON-25 EXTERNAL SOLUTION 25 % (<i>podophyllum resin</i>)	3	
<i>podofilox external gel 0.5 %</i>	1	
<i>podofilox external solution 0.5 %</i>	1	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
RECTIV RECTAL OINTMENT 0.4 % (<i>nitroglycerin</i>)	3/4	QL (30 grams per month.)
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	3/4	PA; QL (30 grams per prescription.)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	3	QL (90 grams per prescription.)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	2	PA; QL (1 ml per 63 days.)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	2	PA; QL (1 ml per 63 days.)
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	2	PA; QL (1 tablet per day.)
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	1	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	QL (30 grams per prescription.)
<i>tazarotene external cream 0.05 %, 0.1 %</i>	1	PA; QL (30 grams per prescription.)

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tazarotene external gel 0.05 %, 0.1 %	1	PA; QL (30 grams per prescription.)
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (tazarotene)	3/4	PA; QL (30 grams per prescription.)
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (tazarotene)	3/4	PA; QL (30 grams per prescription.)
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML (fibrin sealant component)	3	
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (guselkumab)	2	PA; QL (1 mL (1 device) every 8 weeks.)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (guselkumab)	2	PA; QL (1 mL (1 syringe) every 8 weeks.)
VALCHLOR EXTERNAL GEL 0.016 % (mechlorethamine hcl (topical))	2	PA; QL (120 grams per prescription.); SP; SMCS
VENELEX EXTERNAL OINTMENT (balsam peru-castor oil)	3	
VEREGEN EXTERNAL OINTMENT 15 % (sinecatechins)	3	QL (30 grams per prescription.)
VTAMA EXTERNAL CREAM 1 % (tapinarof)	3/4	PA; QL (60 grams per prescription.)
ZELSUVMI EXTERNAL GEL 10.3 % (berdazimer sodium)	3/4	PA; QL (31 grams (1 box) per copay)
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; QL (60 grams per prescription.)
SUNSCREEN AGENTS - Drugs for the Skin		
AVIDOXY DK COMBINATION KIT 100 MG (doxycycline-sunscreen-sal acid)	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.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>flavoxate hcl oral tablet 100 mg</i>	1	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	1	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	1	
<i>tropium chloride oral tablet 20 mg</i>	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS - Drugs for Lungs		
<i>elixophyllin oral elixir 80 mg/15ml</i>	3	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	PA; QL (186 ml per month.)
<i>sildenafil citrate oral tablet 20 mg</i>	1	QL (0.5 tablet per day.)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
SELECTIVE BETA-3-ADRENERGIC AGONISTS - Drugs for the Urinary System		
<i>mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg</i>	1	
VITAMINS		
MULTIVITAMIN PREPARATIONS		
ELITE-OB ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	3	
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	3	
FLOTREX ORAL TABLET CHEWABLE 1 MG (<i>pediatric multivitamins-fl</i>)	3	
MATRONEX ORAL TABLET 27-1 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG (prenatal vit-fe fumarate-fa)	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (prenat-fe-methylfol-dha w/o a)	3	
NESTABS ORAL TABLET 32-1 MG (prenat-fe bisgly-fa-w/o vit a)	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
ONENATAL RX ORAL TABLET 1 MG (prenatal multivit-min-fe-fa)	3	
pnv 27-ca/fe/fa oral tablet 60-1 mg	1	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (ped multivitamins-fl-iron)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (ped multivitamins-fl-iron)	3	
PREMESISRX ORAL TABLET 1 MG (prenatal ca-b6-b12-fa-ginger)	3	
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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PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (<i>prenat-fecbn-feasp-meth-fa-dha</i>)	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (<i>prenat mv-min-methylfolate-fa</i>)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
RELEVIA ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	3/4	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 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 A		
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
VITAMIN B COMPLEX		
BEYAZ ORAL TABLET 3-0.02-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	E	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CALCIFOL ORAL WAFER 1342-1.6 MG (ca carb-fa-d-b6-b12-boron-mg)	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	3/4	
lederle leucovorin oral tablet 5 mg	1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
MATRONEX ORAL TABLET 27-1 MG	3	
M-NATAL PLUS ORAL TABLET 27-1 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 27-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG (prenatal vit-fe fumarate-fa)	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (prenat-fe-methylfol-dha w/o a)	3	
NESTABS ORAL TABLET 32-1 MG (prenat-fe bisgly-fa-w/o vit a)	3	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	1	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ONENATAL RX ORAL TABLET 1 MG (<i>prenatal multivit-min-fe-fa</i>)	3	
<i>pnv 27-ca/fe/fa oral tablet 60-1 mg</i>	1	
PREMESISRX ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	3	
<i>prenatal oral tablet 27-1 mg</i>	1	
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (<i>prenatal-feaspgly-methylfol-fa</i>)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (<i>prenat-fecbn-feasp-meth-fa-dha</i>)	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (<i>prenat mv-min-methylfolate-fa</i>)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
RELEVIA ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	E	H
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	3/4	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
TRUE FOLIC ACID ORAL TABLET 400 MCG	E	H
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 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 (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	3/4	QL (1 kit per prescription.)
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	1	QL (1 kit per prescription.)
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	1	QL (1 kit per prescription.)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	3	QL (3 cartons per prescription.)
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
VITAMIN D		
CALCIFOL ORAL WAFER 1342-1.6 MG (<i>ca carb-fa-d-b6-b12-boron-mg</i>)	3	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (<i>ergocalciferol</i>)	3/4	
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	1	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (<i>sodium fluoride-vitamin d</i>)	3	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (<i>calcitriol</i>)	3/4	
ROCALTROL ORAL SOLUTION 1 MCG/ML (<i>calcitriol</i>)	3/4	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	1	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (<i>paricalcitol</i>)	3/4	
VITAMIN E		
<i>wheat germ oil oral oil</i>	1	
VITAMIN K ACTIVITY		
<i>phytonadione oral tablet 5 mg</i>	1	QL (5 tablets per prescription.)

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Index of Drugs

abacavir sulfate	33	adapalene-benzoyl peroxide	ALCOHOL PREP PADS.....	163
abacavir sulfate-lamivudine ...	33	.....	ALECENSA.....	45
abigale	227, 241	ADBRY.....	alendronate sodium	266
abigale lo	227, 241	ADDYI.....	alfuzosin hcl er	72
abiraterone acetate	45	adefovir dipivoxil	aliskiren fumarate	113
abirtega	45	ADEMPAS.....	allopurinol	265
ABRYSVO.....	60	ADRENALIN.....	almotriptan malate	155
acamprosate calcium	15, 136	ADVAIR HFA....	ALOCIL.....	185, 295
acarbose	214	ADVANCE SAFETY	ALOGLIPTIN BENZOATE.....	226
ACCOLATE.....	295	LANCETS 28G.....	ALOGLIPTIN-METFORMIN	
ACCU-CHEK AVIVA.....	162	ADVATE.....	HCL.....	218, 226
ACCU-CHEK FASTCLIX		ADVOCATE SAFETY	ALOGLIPTIN-PIOGLITAZONE	
LANCET KIT.....	162	LANCETS 21G.....	.....	226, 253
ACCU-CHEK GUIDE.....	162	ADVOCATE SAFETY	ALORA.....	228, 266
ACCU-CHEK GUIDE		LANCETS 23G.....	alosetron hcl	200
CONTROL.....	162	ADVOCATE SAFETY	ALPHAGAN P.....	184, 303
ACCU-CHEK GUIDE ME.....	162	LANCETS 28G.....	ALPHANATE.....	80
ACCU-CHEK GUIDE TEST....	174	ADYNOVATE.....	ALPHANINE SD.....	81
ACCU-CHEK SMARTVIEW		AEROCHAMBER HOLDING	alprazolam	134
CONTROL.....	162	CHAMBER.....	alprazolam er	134
ACCU-CHEK SOFTCLIX		AEROCHAMBER PLS FLOVU	alprazolam intensol	134
LANCET DEVICE KIT.....	162	MTHPIECE.....	alprazolam xr	134
accutane	319, 323	AEROCHAMBER PLUS FLO-	ALPROLIX.....	81
ACD-A NOCLOT-50.....	76	VU INTERM.....	ALREX.....	190
acebutolol hcl		AEROCHAMBER PLUS FLO-	ALTACAIN.....	196, 263
.....	75, 95, 100, 103, 109	VU LARGE.....	altafrin	197, 198
acetaminophen-codeine		AEROCHAMBER PLUS FLO-	altavera	219, 228, 241
.....	118, 143, 145	VU MEDIUM.....	ALTUVIIIIO.....	81
acetazolamide		AEROCHAMBER PLUS FLO-	ALUNBRIG.....	45
.....	89, 100, 120, 176, 189	VU SMALL.....	ALVAIZ.....	78
acetazolamide er		AEROCHAMBER2GO ANTI-	alvimopan	199, 205
.....	89, 100, 120, 176, 189	STATIC.....	alyacen 1/35	219, 228, 241
acetic acid	195	afirmelle	alyacen 7/7/7	219, 228, 241
acetylcysteine	15, 263, 295	AFLURIA.....	ALYFTREK.....	292, 293
acitretin	319, 323	AFLURIA PRESERVATIVE	alyq	112, 297, 300
ACTEMRA.....	259, 271, 275	FREE.....	amantadine hcl	20, 21, 117
ACTEMRA ACTPEN		AFSTYLA.....	ambrisentan	114, 293, 300
.....	259, 271, 275	aftera	amcinonide	311
ACTHAR.....	173, 240	AIMOVIG.....	AMELUZ.....	302, 323
ACTHAR GEL.....	173, 240	AIRSUPRA	amethyst	219, 228, 241
ACTHIB.....	60	.....	amiloride hcl	90, 113, 178
ACTIMMUNE.....	275	73, 190, 209, 291, 296, 299	amiloride-	
ACTIVELLA.....	227, 241	AKEEGA.....	hydrochlorothiazide	178, 180
ACTOPLUS MET.....	218, 253	AKLIEF.....	aminocaproic acid	81
ACULAR.....	152, 196	AKTEN.....	amiodarone hcl	104
ACULAR LS.....	152, 196	AKYNZEO.....	amitriptyline hcl	157
acyclovir	38, 308	ALA SCALP.....	AMJEVITA.....	205, 262, 271, 275
ADACEL.....	59, 60	albendazole	AMJEVITA-PED 15KG TO	
ADALIMUMAB-ADAZ		albuterol sulfate	<30KG.....	205, 262, 272, 276
.....	204, 205, 262, 271, 275	73, 299	amlodipine besylate	
		ALBUTEROL SULFATE... 73, 299	.....	105, 106, 114
		albuterol sulfate hfa		
		73, 299		
		ALCAINE.....		
		196		
		alclometasone dipropionate		
		311		

amlodipine besylate- benazepril hcl	93, 105	arformoterol tartrate	73, 299	AUM INSULIN SAFETY PEN NEEDLE.....	163
amlodipine besylate- valsartan	92, 105	ARIKAYCE.....	21	AUM MINI INSULIN PEN NEEDLE.....	163
amnesteam	319, 323	aripiprazole	125, 131	AUM PEN NEEDLE.....	163
amoxapine	157	armodafinil	158	AUM READYGARD DUO PEN NEEDLE.....	163
amoxicillin	22, 201	ARMOUR THYROID.....	253	AUM SAFETY PEN NEEDLE.....	163
amoxicillin-potassium clavulanate	22	ARNUITY ELLIPTA	190, 210, 291, 296	AURANOFIN... ..	208, 256, 272, 276
amphetamine sulfate	117	ARTISS.....	310, 323	aurovela 1.5/30	219, 228, 241
amphetamine- dextroamphetamine	117	ARZOL SILVER NIT APPLICATORS.....	187	aurovela 1/20	219, 228, 242
amphetamine- dextroamphetamine er	117	ascomp-codeine	132, 145, 150, 154	aurovela 24 fe	219, 228, 242
amphet-dextroamphet 3- bead er	117	asenapine maleate	125, 131	aurovela fe 1.5/30 ..	219, 228, 242
ampicillin	22	ashlyna	219, 228, 241	aurovela fe 1/20	219, 228, 242
AMZEEQ.....	23, 43, 185, 303	aspirin	87, 88, 128, 154	AUSTEDO.....	158
anagrelide hcl	88	aspirin 81	87, 88, 128, 154	AUSTEDO XR.....	158
ANALPRAM HC	190, 209, 307, 311	aspirin adult low dose	87, 88, 128, 154	AUSTEDO XR PATIENT TITRATION.....	158
anastrozole	45, 215	aspirin adult low strength	87, 88, 128, 154	AUTOLET LANCING DEVICE	163
ANCOBON.....	41, 42	aspirin childrens	87, 88, 128, 154	AUTOLET LITE LANCING DEVICE.....	163
ANDEMBRY.....	89	aspirin ec adult low dose	87, 88, 128, 154	AUVELITY.....	124
ANGELIQ.....	228, 241	aspirin ec low dose	87, 88, 128, 154	AUVI-Q.....	65, 288
ANNOVERA.....	219, 228, 241	aspirin ec low strength	87, 88, 128, 154	avanafil	112
ANORO ELLIPTA.....	66, 73	aspirin low dose	87, 88, 128, 154	AVAR CLEANSER.....	303, 319
ANTICOAGULANT SODIUM CITRATE.....	76	aspirin regimen	87, 88, 128, 154	AVAR-E EMOLLIENT.....	303, 319
ANUCORT-HC.....	190, 209, 311	aspirin-dipyridamole er	87, 112, 154, 174	AVERI.....	219, 228, 242
ANUSOL-HC.....	190, 209, 311	ASSURE CONTROL SOLUTION 2/3.....	163	aviane	219, 228, 242
ANZEMET.....	199	ASSURE ID DUO PRO PEN NEEDLES.....	163	AVIDOXY.....	23, 43, 303
apap-caff-dihydrocodeine	118, 143, 145, 150	ASSURE ID PRO PEN NEEDLES.....	163	AVIDOXY DK.....	43, 319, 327
APOKYN.....	143	ASTRINGYN.....	81	AVMAPKI FAKZYNJA CO- PACK.....	45
apomorphine hcl	143	atazanavir sulfate	35	AVONEX PEN.....	258, 276
apraclonidine hcl	184, 195	atenolol	75, 95, 100, 103, 109	AVONEX PREFILLED....	258, 276
aprepitant	207	atenolol-chlorthalidone	95, 100, 182	ayuna	219, 228, 242
apri	219, 228, 241	atomoxetine hcl	136, 150, 151	AYVAKIT.....	45
APRISO.....	200	ATORVALIQ.....	108	AZASAN.....	255, 272, 276, 280
APTIOM.....	120, 140	atorvastatin calcium	108	AZASITE.....	185
APTIVUS.....	35	atovaquone	25	azathioprine	255, 272, 276, 280
AQ INSULIN SYRINGE.....	163	atovaquone-proguanil hcl	23	azelaic acid	303, 323
AQINJECT PEN NEEDLE.....	163	atropine sulfate	15, 66, 197, 288	azelastine hcl	185, 299
AQNEURSA.....	282	ATROVENT HFA.....	66, 288	AZELEX.....	303, 323
AQUORAL.....	195	ATTRUBY.....	100	azithromycin	39, 40
ARAKODA.....	23	aubra eq	219, 228, 241	AZSTARYS.....	151
aranelle	219, 228, 241	AUGTYRO.....	45	AZULFIDINE	42, 200, 256, 272, 276
ARANESP (ALBUMIN FREE)	76, 79			AZULFIDINE EN-TABS	42, 200, 256, 272, 276
ARBLI.....	92			azurette	219, 228, 242
ARCALYST.....	282, 295			B & C.....	323
AREXVY.....	60			bac (butalbital-acetamin- caff)	118, 132, 143, 151
				bacitracin	28, 185, 303

bacitracin-polymyxin b	BENZAMYCIN	BLUJEPa.....
..... 28, 185, 303	303, 321	44
bacitra-neomycin-	BENZNIDAZOLE	BONSITY
polymyxin-hc ... 28, 185, 190, 303	25, 38	239, 266
baclofen	benzoin	BOOSTRIX
70	311	59, 60
BACTRIM	benzonatate	bosentan
25, 43, 44	290	114, 294, 300
BACTRIM DS	benzoyl peroxide-	BOSULIF
25, 42, 44	erythromycin	46
BAFIERTAM	304, 321	bp 10-1
257, 276	benztropine mesylate	304, 319
BALCOLTRA	68, 120	BRAFTOVI
219, 228, 242	BERINERT	46
balsalazide disodium	270	BREATHE COMFORT
200	BESIVANCE	CHAMBER/ADULT
balsam peru-castor oil	185	164
324	BESREMI	BREATHE COMFORT
BALVERSA	36, 46, 276	CHAMBER/CHILD
45	BETADINE OPHTHALMIC	164
balziva	PREP	BRENZAVVY
219, 228, 242	187	251
BANZEL	betaine	BREO ELLIPTA
120, 140	282	 73, 74, 190, 210, 291
BAQSIMI ONE PACK 15, 236, 263	betamethasone dipropionate	BREZTRI AEROSPHERE
BAQSIMI TWO PACK	 210, 312	 66, 74, 210
..... 15, 236, 263	betamethasone dipropionate	briellyn
BARACLUDE	aug	220, 229, 242
38	210, 311, 312	brimonidine tartrate
BAXDELA	betamethasone valerate	 184, 303, 324
42	 210, 312	BRINSUPRI
BD AUTOSHIELD DUO PEN	BETAPACE AF	290, 296
NEEDLES	 70, 95, 100, 103, 104, 110	brinzolamide
163	BETASERON	189
BD BLUNT FILL NEEDLE	258, 276	BRIVIACT
163	betaxolol hcl	120
BD ECLIPSE LUER-LOK	 75, 95, 100, 103, 110, 188	bromfenac sodium (once-
NEEDLE	bethanechol chloride	daily)
163	72	196
BD ECLIPSE NEEDLE	BETIMOL	bromocriptine mesylate
163	70, 95, 103, 189	138
BD PEN NEEDLE MICRO	BETOPTIC-S	BRONCHITOL
ULTRAFINE	75, 103, 189	298
163	BEVESPI AEROSPHERE	BRONCHITOL TOLERANCE
BD PEN NEEDLE MINI	 66, 73, 308	TEST
ULTRAFINE	bexarotene	298
164	46, 302, 324	BRUKINSA
BD PEN NEEDLE NANO	BEXSERO	46
ULTRAFINE	60	BRYNOVIN
164	BEYAZ	226
BD PEN NEEDLE ORIG	219, 228, 242, 330	budesonide ... 210, 291, 296, 312
ULTRAFINE	BEYFORTUS	89, 108, 176
164	37	bumetanide
BD PEN NEEDLE SHORT	bicalutamide	89, 108, 176
ULTRAFINE	46	buprenorphine
164	BIGFOOT UNITY PROGRAM 164	149
BD SAFETYGLIDE NEEDLE ..	BIJUVA	buprenorphine hcl
164	228, 242	149
BD SHARPS COLLECTOR	BIKTARVY	buprenorphine hcl-naloxone
164	32, 33	hcl
BD ULTRA-FINE INSULIN	BILTRICIDE	148, 149
SYRINGES	22	bupropion hcl
164	BIMATOPROST	124
BD ULTRA-FINE PEN	bimatoprost	bupropion hcl er (smoking
NEEDLES	197	det)
164	BIMZELX	63, 124
BD VEO INSULIN SYR	316, 317, 324	bupropion hcl er (sr)
ULTRAFINE	bis subcit-metronid-tetracyc	124
164	 23, 25, 43, 199, 201	bupropion hcl er (xl)
BELBUCA	bisacodyl ec	124
149	202	bupirone hcl
belladonna alkaloids-opium	bismuth/metronidaz/tetracyc	130, 142
..... 66, 145	lin	butalbital-acetaminophen
BELSOMRA	23, 25, 43, 199, 201	 118, 133, 143
130, 150	bisoprolol fumarate	butalbital-apap-caff-cod
benazepril hcl	 75, 95, 101, 103, 110	 118, 133, 143, 145, 151
93	bisoprolol-	butalbital-apap-caffeine
benazepril-	hydrochlorothiazide 95, 101, 180	 118, 133, 143, 151
hydrochlorothiazide	blisovi 24 fe	butalbital-asa-caff-codeine
93, 180	219, 228, 242	 133, 145, 151, 154
BENEFIX	blisovi fe 1.5/30	
81	219, 228, 242	
BENLYSTA	blisovi fe 1/20	
258, 280	220, 229, 242	
benzalkonium chloride .		
309, 320		

butalbital-aspirin-caffeine	133, 151, 154	CARESENS LANCETS 30G ...	165	chlordiazepoxide-amitriptyline	134, 157
butorphanol tartrate	128, 150	CARESENS S CONTROL		chlordiazepoxide-clidinium	
BYLVAY	203, 205	SOLN A/B	165	.....	66, 134
BYLVAY (PELLETS).....	203, 205	CARETOUCH CONTROL SOL		chlorhexidine gluconate	
cabergoline	138	LEVEL 2.....	165	.....	21, 187, 188, 309, 321
CABLIVI.....	77, 89	CARETOUCH HYPODERMIC		chloroquine phosphate	23
CABOMETYX.....	46	NEEDLE	165	chlorpromazine hcl	150
caffeine citrate	128, 151	CARETOUCH		chlorthalidone	90, 114, 182
CALCIFOL.....	178, 331, 333	LANCING/EJECTOR.....	165	chlorzoxazone	69
calcipotriene	310, 324	carglumic acid	175	CHOLBAM	203, 205
calcitonin (salmon)	217, 266	carisoprodol	69	cholestyramine	97
CALCITRENE.....	310, 324	CARNITOR.....	282	cholestyramine light	96
calcitriol	324, 333	CARNITOR SF.....	283	CHORIONIC	
calcium acetate	177, 178	CAROSPIR.....	90, 109, 113, 178	GONADOTROPIN	237
calcium acetate (phos binder)	177, 178	carteolol hcl	189	CHOSEN LANCETS 30G.....	165
CALQUENCE	46	cartia xt	97, 98, 99, 105, 114	CHOSEN LANCING DEVICE.	165
camila	220, 242	carvedilol		CHOSEN SAFETY LANCETS	
camrese	220, 229, 242	.....	70, 72, 91, 95, 101, 103, 110	28G	165
camrese lo	220, 229, 242	CAVERJECT	107, 114	CIBINQO.....	260, 272, 318, 324
CAMZYOS.....	100	CAVERJECT IMPULSE..	107, 114	ciclodan	316
candesartan cilexetil	91, 92	CAYA.....	286	ciclopirox	316
candesartan cilexetil-hctz		CAYSTON.....	37	ciclopirox olamine	316
.....	92, 181	cefaclor	20	cilostazol	87, 112
capecitabine	46	cefaclor er	20	CILOXAN.....	185
CAPLYTA.....	131	cefadroxil	20	CIMDUO	34
CAPRELSA.....	46	cefdinir	20	cimetidine	19, 207
captopril	93	cefixime	20	cimetidine hcl	19, 207
captopril-hydrochlorothiazide	93, 181	CEFIXIME.....	20	CIMZIA (2 SYRINGE)	
CAPVAXIVE	60	cefpodoxime proxetil	20	.....	205, 256, 262, 272, 276
carbamazepine	120, 125	cefprozil	20	CIMZIA-STARTER	
carbamazepine er	120, 125	cefuroxime axetil	20	.....	205, 256, 262, 272, 276
CARBATROL	120, 125	celecoxib	137	cinacalcet hcl	217
carbidopa	137	CELONTIN.....	157	CIPRO.....	26, 42
carbidopa-levodopa	138	cephalexin	20	CIPRO HC	185, 190
carbidopa-levodopa er	138	CEQUR SIMPLICITY 2U	165	ciprofloxacin hcl	26, 42, 185
carbidopa-levodopa-entacapone	136, 138	CERDELGA.....	183, 283	ciprofloxacin-dexamethasone	185, 190
carbinoxamine maleate		CERVIDIL.....	287	ciprofloxacin-hydrocortisone	
.....	17, 18, 294	CETRAXAL.....	185	.....	185, 190
CARBZAH.....	17, 18, 294	CETROTIDE.....	216	cialopram hydrobromide	156
CARDURA.....	71, 91, 95	cevimeline hcl	72	citroma	202
CARDURA XL.....	71, 91, 95	CHANTIX.....	63, 68	cladribine (10 tabs)	
CAREPOINT POLY HUB		CHANTIX CONTINUING		.....	46, 254, 276, 280
NEEDLE	164	MONTH PAK.....	63, 68	cladribine (4 tabs)	
CAREPOINT PRECISION		CHANTIX STARTING MONTH		.....	46, 255, 276, 280
POLY HUB.....	164	PAK.....	63, 68	cladribine (5 tabs)	
CAREPOINT SAFETY 1ST		charlotte 24 fe	220, 229, 242	.....	46, 255, 276, 280
NEEDLE	164	chateal eq	220, 229, 242	cladribine (6 tabs)	
CARESENS CONTROL		CHEMET	15, 209, 263	.....	47, 255, 276, 280
SOLUTION A/B.....	164	CHEMSTRIP BG LOG BOOK.	165	cladribine (7 tabs)	
		CHEMSTRIP K.....	174	.....	47, 255, 276, 280
		CHEMSTRIP UGK.....	174		
		chlordiazepoxide hcl	134		

cladribine (8 tabs)	COBENFY	130, 327	COSENTYX (300 MG DOSE)	.....	259, 272, 324
..... 47, 255, 276, 281	COBENFY STARTER PACK	 130, 327	COSENTYX 150 MG/ML	.....	259, 272, 324
cladribine (9 tabs)	codeine sulfate	145, 290	COSENTYX SENSOREADY	.....	259, 272, 324
..... 47, 255, 277, 281	colchicine	265	(300 MG).....	259, 272, 324	
claravis	colchicine-probenecid ..	182, 265	COSENTYX SENSOREADY	.....	259, 272, 324
clarithromycin	colesevelam hcl	97, 215	PEN.....	259, 272, 324	
clarithromycin er ..	COLESTID	97	COSENTYX UNOREADY	.....	259, 272, 324
clearlax	colestipol hcl	97	.....	259, 272, 324	
clemastine fumarate ..	colistimethate sodium (cba) ..	41	COSOPT	189	
CLEMSZA	COLY-MYCIN M	41	cosyntropin	174	
CLENPIQ	COMBIGAN	184, 189, 303	COTELIC	47	
CLEOCIN	COMBIPATCH	229, 242	COVARYX	214, 229	
CLEOCIN-T	COMBIVENT RESPIMAT	 66, 74, 289	COVARYX HS	214, 229	
CLEVER CHOICE COMFORT	COMETRIQ	47	CRENESSITY	81, 240	
EZ	COMFORT EZ PRO PEN	 165	CREON	183, 204	
CLIMARA PRO	NEEDLES	165	CRESEMBA	27	
clindacin	COMFORT TOUCH TWIST	 165	CREXONT	138	
clindacin etz	LANCET 30G	165	CRINONE	242	
clindacin-p	COMIRNATY	60	cromolyn sodium ..	185, 195, 295	
clindamycin hcl	COMIRNATY 5-11 YEARS	60	CROTAN	323	
clindamycin palmitate hcl	COMPLERA	33, 34, 38	cryselle	220, 229, 242	
..... 36, 304	CONDOMS	286	CTEXLI	203	
clindamycin phos (twice-	CONDYLOX	319, 324	CUVPOSA	66, 308	
daily)	constulose	175	cyanocobalamin	87, 331	
clindamycin phos-benzoyl	CONTOUR CONTROL	165	CYANOCOBALAMIN	87, 331	
perox	CONTOUR NEXT CONTROL ..	165	cyclobenzaprine hcl	69	
clindamycin phosphate ..	CONTOUR NEXT EZ	165	CYCLOGYL	197	
CLINDESSE	CONTOUR NEXT GEN	 165	CYCLOMYDRIL	197, 198	
CLINPRO 5000	MONITOR	165	cyclopentolate hcl	197	
clobazam	CONTOUR NEXT MONITOR ..	165	cyclophosphamide ..	47, 258, 281	
clobetasol prop emollient	CONTOUR NEXT ONE ..	165, 166	CYCLOPHOSPHAMIDE	 47, 258, 281	
base	CONTOUR NEXT TEST	174	cycloserine	26	
clobetasol propionate	CONTOUR PLUS BLUE	166	CYCLOSET	215	
clobetasol propionate e	CONTOUR PLUS CONTROL	 166	cyclosporine	 188, 255, 272, 277, 281	
clocortolone pivalate	SOLUTION	166	cyclosporine modified	 188, 255, 272, 277, 281	
clomid	CONTOUR PLUS TEST	174	cyproheptadine hcl	18, 294	
clomiphene citrate	COPIKTRA	47	cyred eq	220, 229, 242	
clomipramine hcl	CORDRAN	312	CYSTADANE	283	
clonazepam	CORIFACT	81	CYSTADROPS	195, 196	
clonidine	CORLANOR	100, 114	CYSTAGON	283	
clonidine hcl	CORTANE-B	 190, 210, 307, 312, 321	CYSTARAN	195, 196	
clonidine hcl er	CORTEF	190, 210, 312	CYTOTEC	208	
clopidogrel bisulfate	CORTENEMA	191, 210, 312	cytra k crystals	175	
clorazepate dipotassium	CORTIFOAM	191, 211, 312	dabigatran etexilate	 78	
..... 133, 134	CORTISPORIN-TC	185, 191	mesylate	283, 286	
clotrimazole	CORTROPHIN	173, 240	dalfampridine er	214	
clotrimazole-betamethasone	CORTROPHIN GEL	173, 240	danazol	214	
..... 309, 312	CORTROSYN	173	DANTRIUM	70	
clozapine					
CLOZARIL					
COAGADEX					
coal tar					
COARTEM					

dantrolene sodium	70	desmopressin acetate spray	81, 240	diltiazem hcl er	97, 98, 99, 105, 115
dapsone		.....	81, 240	diltiazem hcl er beads	97, 98, 99, 105, 114
..... 23, 24, 25, 304, 305, 324, 325		desogestrel-ethinyl estradiol	220, 229, 243	diltiazem hcl er coated beads	97, 98, 99, 105, 115
DAPTACEL	59, 60	desonide	313	dilt-xr	97, 98, 99, 105, 115
DARAPRIM	24	desoximetasone	313	dimethyl fumarate	257, 258, 277
darunavir	35	desvenlafaxine succinate er	154	dimethyl fumarate starter pack	258, 277
dasatinib	47	dexamethasone	191, 211	DIPENTUM	201
dasetta 1/35 (28)	220, 229, 243	dexamethasone intensol	191, 211	diphenhydramine hcl	17, 18, 68, 120, 130, 290, 294
dasetta 7/7/7	220, 229, 243	.....	191, 211	.....	66, 199
DAURISMO	47	dexamethasone sodium phosphate	191	DIPROLENE	211, 313
DAYBUE	136	DEXCOM G6 RECEIVER	166	dipyridamole	88, 112, 115, 174
DAYBUE STIX	136	DEXCOM G6 SENSOR	166	diskets	145
daysee	220, 229, 243	DEXCOM G6 TRANSMITTER	166	disopyramide phosphate	102
DEBACTEROL	195, 321	DEXCOM G7 15 DAY		disulfiram	15, 263
deblitane	220, 243	SENSOR	166	DIURIL	90, 114, 181
deferasirox	209	DEXCOM G7 RECEIVER	166	divalproex sodium	121, 125, 126, 128, 139
deferasirox granules	209	DEXCOM G7 SENSOR	166	.....	121, 125, 128, 139
deferiprone	209	dexmethylphenidate hcl	151	DIVIGEL	229, 266
DELESTROGEN	229, 266	dexmethylphenidate hcl er	151	dofetilide	104
DELSTRIGO	33, 34	dextroamphetamine sulfate	118	DOJOLVI	176
delyla	220, 229, 243	er	117, 118	dolishale	220, 229, 243
demeclocycline hcl	43	DIABECIN HR	307, 321	donepezil hcl	72
DENG VAXIA	61	DIABETES MONITOR DIGIT		DOPTelet	79
DENTA 5000 PLUS	159, 160, 268	ADD-ON	166, 283	DOPTelet SPRINKLE	79
DENTA 5000 PLUS SENSITIVE	160, 268	DIABETES MONITOR DIGIT		DORZOLAMIDE HCL	189
DENTAGEL	159, 160, 268	SOLN	166, 283	dorzolamide hcl	189
DEPAKOTE	120, 125, 128, 139	DIACOMIT	121, 139	dorzolamide hcl-timolol mal	189
DEPAKOTE ER		DIASTIX REAGENT	174	dotti	229, 266
.....	120, 125, 128, 139	diazepam	133, 134, 135	DOVATO	32, 34
DEPAKOTE SPRINKLES		diazepam intensol	133, 134	doxazosin mesylate	71, 91, 95
.....	120, 125, 128	diazoxide	217	doxepin hcl	157, 307
DEPEN TITRATABS	15, 209, 272	dichlorphenamide	89, 268	doxercalciferol	333
DEPO-ESTRADIOL	229, 266	diclofenac potassium	144	doxycycline hyclate ..	24, 43, 305
DEPO-PROVERA	220, 243	diclofenac sodium	144, 152, 158, 196, 322	doxycycline monohydrate	24, 43, 305
DEPO-SUBQ PROVERA	104	.....	144, 152, 158, 196, 322	.....	24, 43, 305
.....	220, 243	diclofenac sodium er	144	DRISDOL	333
DEPO-TESTOSTERONE	214, 216	diclofenac-misoprostol	144, 208	DRIZALMA SPRINKLE	155
DERMA-SMOOTH/FS BODY		dicloxacin sodium	41	dronabinol	200, 205
.....	191, 313	dicyclomine hcl	66	DROPLET MICRON	166
DERMA-SMOOTH/FS		DIFICID	40	DROPSAFE ACTI-LANCE	
SCALP	191, 313	diflorasone diacetate	313	23G	166
DERMOTIC	191, 313	diflunisal	144, 153	DROPSAFE AUTOPROTECT	
DESCOVY	34, 38, 39	difluprednate	191	DUO	166
desipramine hcl	157	digoxin	94, 100	DROPSAFE MEDLANCE	
desmopressin ace spray		dihydroergotamine mesylate	71, 128	LANCET 30G	166
refrig	81, 240	.....	71, 128		
desmopressin acetate	81, 240	DILANTIN	102, 140		
DESMOPRESSIN ACETATE		DILANTIN INFATABS	102, 140		
.....	81, 240	DILANTIN-125	102, 140		
desmopressin acetate pf	81, 240	diltiazem hcl	97, 98, 99, 105, 115		

DROPSAFE SAFETY			
SYRINGE/NEEDLE	166		
DROPSAFE SICURA.....	166		
drosipren-eth estrad-			
levomefol	220, 230, 243, 331		
drosiprenone-ethinyl			
estradiol	220, 230, 243		
DROXIA.....	47		
droxidopa	65		
DRYSOL.....	308		
DUAVEE.....	227, 230		
DUETACT.....	253		
duloxetine hcl	138, 155		
DUOPA.....	138		
DUPIXENT	295, 317, 325		
DUREX EXTRA SENSITIVE			
THIN.....	286		
DUREX TROPICAL.....	286		
dutasteride	263		
DUVYZAT.....	283		
DYCLOPRO.....	307		
E.E.S. GRANULES.....	29		
EASIVENT.....	166		
EASY COMFORT SHARPS			
CONTAINER.....	166		
EASY TOUCH HEALTHPRO			
HIGH/LOW	167		
EASYGEL.....	159, 160, 268		
EASYMAX 15 LEVEL 2-3			
CONTROL.....	167		
EASYMAX CONTROL.....	167		
EASYMAX CONTROL			
NORMAL/HIGH.....	167		
EBGLYSS.....	317		
econazole nitrate	309		
econtra one-step	216, 220, 243		
EC-RX DHEA.....	283		
EDEX (2 CARTRIDGE) ...	107, 115		
EDEX (6 CARTRIDGE) ...	107, 115		
EDURANT.....	33		
EDURANT PED.....	33		
EEMT.....	215, 230		
EEMT HS.....	214, 230		
efavirenz	33		
efavirenz-emtricitab-tenofo			
df	33, 34		
efavirenz-lamivudine-			
tenofovir	33, 34		
EFFER-K.....	178		
effe-k	178		
EGATEN.....	22		
EGRIFTA SV.....	252		
EGRIFTA WR.....	252		
ELESTRIN.....	230, 266		
eletriptan hydrobromide	155		
elimest	220, 230, 243		
ELIQUIS.....	78		
ELIQUIS (1.5 MG PACK).....	77		
ELIQUIS (2 MG PACK).....	78		
ELIQUIS DVT/PE STARTER			
PACK.....	78		
ELITE-OB.....	85, 328, 331		
elixophyllin			
.....	107, 151, 176, 302, 328		
ELLA.....	220, 243		
ELMIRON.....	283		
ELOCTATE.....	81		
eltrombopag olamine	79		
eluryng	220, 230, 243		
EMBECTA AUTOSHIELD			
DUO.....	167		
EMBECTA INS SYR U/F 1/2			
UNIT.....	167		
EMBECTA INSULIN SYR			
ULTRAFINE.....	167		
EMBECTA INSULIN SYRINGE			
.....	167		
EMBECTA INSULIN SYRINGE			
U-100.....	167		
EMBECTA INSULIN SYRINGE			
U-500.....	167		
EMBECTA PEN NEEDLE			
NANO.....	167		
EMBECTA PEN NEEDLE			
NANO 2 GEN.....	167		
EMBECTA PEN NEEDLE			
ULTRAFINE.....	167		
EMBRACE PEN NEEDLES....	167		
EMEND.....	207		
EMGALITY.....	135		
EMPAVELI.....	270		
EMSAM.....	141, 142		
emtricitabine	34		
emtricitabine-tenofovir df	34, 39		
emtricitab-rilpivir-tenofov			
df	33, 34, 39		
EMTRIVA.....	34		
EMVERM.....	23		
emzahn	221, 243		
enalapril maleate	93		
enalapril-			
hydrochlorothiazide	93, 181		
ENBRACE HR..	85, 283, 328, 331		
ENBREL..	262, 263, 272, 273, 277		
ENBREL MINI.....	262, 272, 277		
ENBREL SURECLICK			
.....	263, 273, 277		
ENCARE.....	286		
ENDARI.....	283, 325		
endocet	118, 143, 145		
ENDOMETRIN.....	243		
ENFLONIA.....	37		
ENGERIX-B.....	61		
enilloring	221, 230, 243		
ENLITE GLUCOSE SENSOR.	167		
enoxaparin sodium	84		
ENSACOVE.....	47		
enskyce	221, 230, 243		
ENSPRYNG.....	261, 277		
ENSTILAR.....	310, 313, 325		
entacapone	136		
entecavir	39		
ENTRESTO.....	91, 92, 113		
ENTYVIO PEN.....	198, 205, 256		
enulose	175		
EPANED.....	93, 94		
EPCLUSA.....	29, 30, 31		
EPIDIOLEX.....	121		
EPIFOAM.....	307, 313		
epinastine hcl	19, 185		
epinephrine	65, 288		
EPINEPHRINE.....	65, 288		
EPIVIR.....	34		
eplerenone	90, 109, 113, 178		
EQUETRO.....	121, 126		
ergocalciferol	333		
ERGOMAR.....	71, 128		
ergotamine-caffeine	71, 128, 151		
ERIVEDGE.....	47		
ERLEADA.....	47		
erlotinib hcl	48		
errin	221, 243		
ERY.....	29, 186, 305		
ERYPED 400.....	29		
erythromycin	29, 186, 305		
erythromycin base	29		
erythromycin ethylsuccinate	29		
escitalopram oxalate	156		
eslicarbazepine acetate	121, 140		
esomeprazole magnesium	208		
est estrogens-methyltest			
.....	215, 230		
est estrogens-methyltest ds			
.....	215, 230		
est estrogens-methyltest hs			
.....	215, 230		
estarylla	221, 230, 243		
estazolam	135		

estradiol	230, 266, 267	FEMLYV	221, 231, 244	fluocinolone acetonide scalp	191, 314
estradiol valerate	230, 267	FEMRING	231, 267	fluocinonide	314
estradiol-norethindrone acet	231, 243	fenofibrate	108	fluocinonide emulsified base	314
ESTRATEST H.S.	215, 231	fenofibrate micronized	108	FLUORIDEX	160, 268
ESTRING	231, 267	fenofibric acid	108	FLUORIDEX DAILY	
estrogens conjugated	231, 267	fentanyl	145	RENEWAL	159, 160, 268
eszopiclone	130, 142	FERRIPROX	209	FLUORIDEX ENHANCED	
ethacrynic acid	89, 108, 176	FERRIPROX TWICE-A-DAY ..	209	WHITENING	160, 268
ethambutol hcl	26	FETZIMA	155	FLUORIMAX 5000	160, 268
ethosuximide	157	FETZIMA TITRATION	155	FLUORIMAX 5000 SENSITIVE	160, 268
ethynodiol diac-eth estradiol	221, 231, 243	fidaxomicin	40	.....	160, 268
etodolac	144, 153	FILSPARI	113, 275, 283, 294	fluorometholone	192
etodolac er	144, 153	FILSUVEZ	325	fluorouracil	48, 302, 325
etonogestrel-ethinyl		FINACEA	305, 325	fluoxetine hcl	156
estradiol	221, 231, 244	finasteride	263, 311	fluphenazine hcl	150
etoposide	48	finzolamod hcl	261, 277	flurandrenolide	314
etravirine	33	FINTEPLA	121	flurazepam hcl	135
EUCRISA	307, 322	finzala	221, 231, 244	flurbiprofen	144, 153, 196
EVAMIST	231, 267	FIORICET	118, 133, 143, 151	flurbiprofen sodium	153, 196
everolimus	48, 258, 281	FIRDAPSE	72, 283	fluticasone propionate	192, 211, 291, 296, 314
EVEXITHROID	253	FIRMAGON	48, 216	.....	
EVOTAZ	35, 283	FIRMAGON (240 MG DOSE)	48, 216	fluticasone-salmeterol	74, 192, 211, 291
EVRYSDI	283	.....	48, 216	FLUTICASONE-	
EXELDERM	309	FIRST-LANSOPRAZOLE	208	SALMETEROL ..	74, 192, 211, 291
exemestane	48, 215	FIRVANQ	29	fluvastatin sodium	108
EXENATIDE	238	FLAREX	191	fluvastatin sodium er	108
EXODERM	17, 307, 319	flavoxate hcl	328	fluvoxamine maleate	156
EYSUVIS	191	flecainide acetate	102	fluvoxamine maleate er	156
EZALLOR SPRINKLE	108	FLEQSUVY	70	FLUZONE	61
ezetimibe	102	FLEXICHAMBER	168	FLUZONE HIGH-DOSE	61
ezetimibe-simvastatin ..	102, 108	FLEXICHAMBER ADULT		FML FORTE	192
FABHALTA	256, 270	MASK/SMALL	167	FML LIQUIFILM	192
falmina	221, 231, 244	FLEXICHAMBER CHILD		FOCALIN	151
famciclovir	39	MASK/LARGE	168	folic acid	331
famotidine	19, 207	FLEXICHAMBER CHILD		FOLLISTIM AQ	237
FANAPT	131	MASK/SMALL	168	fondaparinux sodium	77, 85
FANAPT TITRATION PACK A	131	FLOLIPID	108	FONDCIRCLE CONTROL	
FANAPT TITRATION PACK B	131	FLORIVA	159, 160, 268, 333	SOLUTION	168
FANAPT TITRATION PACK C	131	FLOTREX	159, 160, 268, 328	FONDCIRCLE LANCING	
FASENRA PEN	295	FLUAD	61	DEVICE	168
FC2 FEMALE CONDOM	286	FLUARIX	61	FONDCIRCLE SINGLE USE	
febuxostat	265	FLUCELVAX	61	LANCETS	168
FEIBA	81	fluconazole	27	FORA TEST N' GO ADVANCE	168
feirza 1.5/30	221, 231, 244	flucytosine	42	.....	
feirza 1/20	221, 231, 244	fludrocortisone acetate	211	FORA TEST N'GO ADV-	
felbamate	121	FLULAVAL	61	VOICE-6 CON	174
FELBATOL	121	FLUMIST	61	FORANE	140
felodipine er	106	flunisolide	191, 211, 291, 296	formaldehyde	175
FEM PH	321, 325	fluocinolone acetonide	191, 313, 314	formoterol fumarate	74, 300
FEMCAP	286	.....		FOSAMAX	267

FOSAMAX PLUS D.....	267, 333	gavilax	202	guanfacine hcl er	136
fosamprenavir calcium	35	gavilyte-c	202	GUARDIAN 4 GLUCOSE	
fosfomycin tromethamine	44	gavilyte-g	202	SENSOR.....	168
fosinopril sodium	93, 94	gavilyte-n with flavor pack ...	202	GUARDIAN 4 TRANSMITTER	168
fosinopril sodium-hctz ...	94, 181	GAVRETO.....	48	GUARDIAN LINK 3	
FOSRENOL.....	177, 264	gefitinib	48	TRANSMITTER.....	168
FOTIVDA.....	48	GELFILM.....	82	GUARDIAN REAL-TIME	
FRAGMIN.....	84	gemfibrozil	108	CHARGER.....	169
FREESTYLE LIBRE 14 DAY		gemmily	221, 231, 244	GUARDIAN REAL-TIME TEST	
READER.....	168	generlac	175	PLUG.....	169
FREESTYLE LIBRE 14 DAY		gengraf ... 188, 255, 273, 277, 281		GUARDIAN SENSOR 3.....	169
SENSOR.....	168	gentamicin sulfate ..	21, 186, 305	GVOKE HYPOPEN 1-PACK	
FREESTYLE LIBRE 2 PLUS		gentle laxative	202	.....	15, 237, 264
SENSOR.....	168	GENVOYA.....	32, 34	GVOKE HYPOPEN 2-PACK	
FREESTYLE LIBRE 2		GILENYA.....	261, 277	.....	15, 237, 264
READER.....	168	GILOTRIF.....	48	GVOKE KIT.....	15, 237, 264
FREESTYLE LIBRE 2		glatiramer acetate	254, 277	GVOKE PFS.....	15, 237, 264
SENSOR.....	168	glatopa	254, 277	GYNAZOLE-1.....	309
FREESTYLE LIBRE 3 PLUS		GLEOSTINE.....	48	habitrol	64, 69
SENSOR.....	168	glimepiride	253	HAEGARDA.....	270, 271
FREESTYLE LIBRE 3		glipizide	253	hailey 1.5/30	221, 231, 244
READER.....	168	glipizide er	253	hailey 24 fe	221, 231, 244
FREESTYLE LIBRE 3		glipizide-metformin hcl ..	218, 253	hailey fe 1.5/30	221, 231, 244
SENSOR.....	168	GLOPERBA.....	265	hailey fe 1/20	221, 231, 244
FREESTYLE LIBRE READER	168	glucagon emergency kit		halcinonide	314
frovatriptan succinate	155	.....	15, 237, 264	HALCION.....	135
FRUZAQLA.....	48	GLUCAGON EMERGENCY		halobetasol propionate	314
ft aspirin	88, 129, 154	KIT.....	15, 237, 264	haloette	221, 231, 244
ft aspirin low dose ..	88, 129, 154	GLUCOTROL XL.....	253	haloperidol	135
ft clearlax	202	glutaraldehyde	175	haloperidol lactate	135
ft folic acid	331	glyburide	253	HALUCORT.....	325
ft laxative	202	glyburide-metformin	218, 253	HAN-EASE.....	169
ft magnesium citrate	202	glycerol phenylbutyrate	175	HARVONI.....	30, 31
ft naloxone hcl	15, 148	glycolax	202	HAVRIX.....	61
ft nicotine	64, 68	glycopyrrolate	66, 308, 309	heather	221, 244
ft nicotine mini	64, 68	glydo	307	HEMANGEOL	
FUROSCIX.....	90, 109, 176	GLYXAMBI.....	226, 251	.....	70, 95, 101, 103, 110, 129
furosemide	90, 109, 176	GOLYTELY.....	202	HEMATINIC/FOLIC ACID..	85, 331
fyavolv	231, 244	GOMEKLI.....	48, 49	HEMLIBRA.....	82
FYCOMPA.....	121	GONAL-F.....	237	HEMMOREX-HC....	192, 211, 314
FYREMADEL.....	216	GONAL-F RFF REDIRECT....	237	HEMOFIL M.....	82
gabapentin	118, 119, 121, 139	goodsense aspirin low dose		heparin na (pork) lock flsh pf ..	84
GALAFOLD.....	182, 283	.....	88, 129, 154	heparin sod (pork) lock flush ..	85
galantamine hydrobromide	72	goodsense nicotine	64, 68	heparin sodium (porcine)	85
galantamine hydrobromide		goodsense nicotine		heparin sodium (porcine)	
er	72	policrilex	64, 68	+rfid	85
galbriela	221, 231, 244	GORDOFILM.....	310, 319	heparin sodium (porcine) pf ..	85
gallifrey	244	granisetron hcl	199	HEPLISAV-B.....	61
GALZIN.....	178	GRASTEK.....	58	HEPZATO W/50MM	
ganirelix acetate	216	griseofulvin microsize	23	CATHETER.....	49
GARDASIL 9.....	61	griseofulvin ultramicrosize	23	HEPZATO W/62MM	
gatifloxacin	186	guaifenesin-codeine	290, 294	CATHETER.....	49
GATTEX.....	204, 205	guanfacine hcl	101, 107, 136	her style	216, 221, 244

HERNEXEOS.....	49	hydrocortisone-iodoquinol	21, 309, 315, 321	INLYTA.....	50
HETLIOZ.....	130, 141	hydrocort-pramoxine		INPEN 100-BLUE-LILLY-	
HETLIOZ LQ.....	130, 141	(perianal)	192, 212, 307, 315	HUMALOG.....	169
HIBERIX.....	61	hydromet	66, 290	INPEN 100-BLUE-NOVOLOG-	
HIPREX.....	44	hydromorphone hcl	146	FIASP.....	169
HUMALOG.....	250	hydromorphone hcl er	146	INPEN 100-GREY-LILLY-	
HUMALOG KWIKPEN.....	250	hydroxychloroquine sulfate		HUMALOG.....	169
HUMALOG MIX 50/50		.....	24, 256, 273, 277	INPEN 100-GREY-	
KWIKPEN.....	250	hydroxyurea	49	NOVOLOG-FIASP.....	169
HUMALOG MIX 75/25		hydroxyzine hcl	18, 19, 130	INPEN 100-PINK-LILLY-	
KWIKPEN.....	250	hydroxyzine pamoate	18, 19, 130	HUMALOG.....	169
HUMALOG MIX 75/25 VIAL....	250	HYFTOR.....	261, 281, 317, 325	INPEN 100-PINK-NOVOLOG-	
HUMALOG U-100 JUNIOR		HYMPAVZI.....	82	FIASP.....	169
KWIKPEN.....	250	hyoscyamine sulfate	16, 67, 289	INQOVI.....	50
HUMATE-P.....	82	hyoscyamine sulfate er		INSPIREASE RESERVOIR	
HUMATIN.....	21	.....	15, 67, 289	BAGS.....	169
HUMULIN 70/30 KWIKPEN		hyoscyamine sulfate sl		INSULIN LISPRO.....	250
.....	238, 251	.....	16, 67, 289	INSULIN LISPRO (1 UNIT	
HUMULIN 70/30 VIAL.....	239, 251	hyosyne	16, 67, 289	DIAL).....	250
HUMULIN N KWIKPEN.....	239	HYPERSAL.....	295	INSULIN LISPRO JUNIOR	
HUMULIN N VIAL.....	239	ibandronate sodium	267	KWIKPEN.....	250
HUMULIN R U-500 KWIKPEN	251	IBRANCE.....	49	INSULIN LISPRO PROT &	
HUMULIN R VIAL.....	251	IBTROZI.....	49	LISPRO.....	250
HYCANTIN.....	49	ibuprofen	129, 144, 153	INSULIN PEN NEEDLES	
hydralazine hcl	107	icatibant acetate	89, 268, 271	.....	169, 171, 172
HYDRO 40.....	90, 177, 197, 319	iclevia	221, 231, 244	INSULIN SYRINGES.....	169, 170
hydrochlorothiazide	90, 114, 181	ICLUSIG.....	49	INSUL-TOTE ULTIMATE.....	170
hydrocod poli-chlorphe poli		IDELVION.....	82	INSUPEN32G EXTR3ME.....	170
er	18, 19, 290	IDHIFA.....	49	INTELENCE.....	33
hydrocodone bitartrate er		IHEALTH CONTROL		INTRAROSA.....	212
.....	145, 146	SOLUTION.....	169	introvale	221, 232, 244
hydrocodone bit-homatrop		IHEALTH LANCING DEVICE.....	169	INVELTYS.....	192
mbr	66, 290	imatinib mesylate	49	INZIRQO.....	90, 181
hydrocodone-		IMBRUVICA.....	49	iodine strong	
acetaminophen	119, 143, 146	imipramine hcl	157	.....	16, 23, 217, 294, 309
hydrocodone-ibuprofen		imipramine pamoate	157	iodine tincture	309, 321
.....	144, 146, 153	imiquimod	302, 325	IOPIDINE.....	184, 195
hydrocortisone		IMKELDI.....	50	IPOL.....	61
.....	192, 211, 212, 314	IMPAVIDO.....	25, 38	ipratropium bromide	67, 289
hydrocortisone (perianal)		IMVEXXY MAINTENANCE		ipratropium-albuterol	67, 74, 289
.....	192, 211, 314	PACK.....	231, 232	IQIRVO.....	203, 205
hydrocortisone ace-		IMVEXXY STARTER PACK...	232	irbesartan	92
pramoxine	192, 211, 307, 314	INBRIJA.....	138	irbesartan-	
hydrocortisone acetate		incassia	221, 244	hydrochlorothiazide	92, 181
.....	192, 211, 314	INCRELEX.....	252	IRESSA.....	50
hydrocortisone butyrate		indapamide	90, 114, 182	ISENTRESS.....	32
.....	192, 211, 314	INDOCIN.....	144, 153, 265	ISENTRESS HD.....	32
hydrocortisone valerate		indomethacin	144, 153, 265	isibloom	221, 232, 244
.....	192, 212, 314, 315	indomethacin er	144, 153, 265	isoflurane	140
hydrocortisone-acetic acid		INFANRIX.....	59, 61	isoniazid	26
.....	192, 195, 212, 315	INGREZZA.....	158	isosorb dinitrate-hydralazine	
		INLURIYO.....	50	.....	107, 110, 111
				isosorbide dinitrate	110, 111

isosorbide mononitrate 110, 111	ketodan 28, 309	lamotrigine starter kit-green 122, 126
isosorbide mononitrate er 110, 111	KETO-DIASTIX 174	lamotrigine starter kit-orange 122, 126
isotretinoin 319, 325	KETONE CARE 175	LAMPIT 25
isradipine 106	ketorolac tromethamine 144, 153, 196	LANCETS 170
ISTALOL 70, 95, 103, 189	KETOSTIX 174	LANCETS 28G THIN 170
ISTURISA 212, 283	KEVZARA 259, 260, 273	LANCETS SUPER THIN 170
ITOVEBI 50	KHINDIVI 192, 212, 315	LANOXIN 94, 100
itraconazole 27	KINERET 260, 273, 278	lansoprazole 208
ivabradine hcl 100, 115	KISQALI (200 MG DOSE) 50	lanthanum carbonate 177, 264
ivermectin 23	KISQALI (400 MG DOSE) 50	LANTUS SOLOSTAR 239
IWILFIN 50	KISQALI (600 MG DOSE) 50	LANTUS U-100 VIAL 239
jaimiess 221, 232, 244	KLARON 305	lapatinib ditosylate 51
JAKAFI 50, 318	klayesta 41, 322	larin 1.5/30 222, 232, 245
jantoven 77	KLISYRI (250 MG) 302, 325	larin 1/20 222, 232, 245
JARDIANCE 251	KLISYRI (350 MG) 302, 325	larin 24 fe 222, 232, 245
JASCAYD 290, 297, 322	klor-con 178	larin fe 1.5/30 222, 232, 245
jasmiel 221, 232, 244	klor-con 10 178	larin fe 1/20 222, 232, 245
JAYPIRCA 50	klor-con m10 178	LASIX 90, 109, 176
jencycla 221, 244	klor-con m15 178	latanoprost 197
JENTADUETO 218, 226	klor-con m20 178	laxative osmotic 202
JENTADUETO XR 218, 227	KLOXXADO 16, 148	LAZCLUZE 51
jinteli 232, 244	KOATE 82	lederle leucovorin ... 17, 264, 331
JIVI 82	KOATE-DVI 82	LEDIPASVIR-SOFOSBUVIR 30, 31
JOENJA 277	KOSELUGO 50, 51	leflunomide ... 260, 273, 278, 281
jolessa 221, 232, 244	KOURZEQ 315	lenalidomide 51, 278
JORNAY PM 151	KOVALTRY 82	LENVIMA 51
JOURNAVX 119	K-PHOS 179	LEQEMBI IQLIK 261
joyeaux 222, 232, 244	K-PHOS NO 2 175	lessina 222, 232, 245
JUBLIA 309	K-PHOS-NEUTRAL 179	letrozole 51, 216
juleber 222, 232, 244	KRAZATI 51	leucovorin calcium . 17, 264, 331
JULUCA 32, 33	KRINTAFEL 24	LEUKERAN 51
junel 1.5/30 222, 232, 244	KRISTALOSE 175	LEUKINE 79
junel 1/20 222, 232, 244	KT TAPE CGM PATCH 170	leuprolide acetate 51, 237
junel fe 1.5/30 222, 232, 245	kurvelo 222, 232, 245	levalbuterol hcl 74, 300
junel fe 1/20 222, 232, 245	KYZATREX 215, 216	LEVALBUTEROL HFA 74, 300
junel fe 24 222, 232, 245	labetalol hcl 70, 72, 91, 95, 101, 103, 110	LEVVID 16, 67, 289
JUST RIGHT 5000 160, 268	lacosamide 121, 140, 141	levetiracetam 122
JUXTAPID 94, 109	lactulose 176	levetiracetam er 122
JYLAMVO. 50, 257, 273, 278, 281	lactulose encephalopathy 175	levobunolol hcl 189
kaitlib fe 222, 232, 245	LAGEVRIO 39	levocarnitine 283
KALETRA 35	LAMICTAL 122, 126	levocarnitine sf 283
kalliga 222, 232, 245	LAMICTAL ODT 121, 126	levocetirizine dihydrochloride 19
KALYDECO 293	LAMICTAL STARTER 122, 126	levofloxacin 26, 42, 186, 305
KAPSPARGO SPRINKLE 75, 95, 101, 103, 110	LAMICTAL XR 122, 126	levonest 222, 232, 245
kariva 222, 232, 245	lamivudine 34	levonorgest-eth est & eth est 222, 232, 245
kelnor 1/35 222, 232, 245	lamivudine-zidovudine 34	levonorgest-eth estrad 91-day 222, 232, 245
KEPPRA 121	lamotrigine 122, 126	
KEPPRA XR 121	lamotrigine er 122, 126	
KERENDIA 109	lamotrigine starter kit-blue 122, 126	
KESIMPTA 261, 278		
ketoconazole 27, 309		

levonorgest-eth estradiol-iron	222, 233, 245	LOPRESSOR	75, 95, 96, 101, 103, 110	marlissa	223, 233, 246
levonorgestrel	216, 222, 245	lorazepam	133, 135	MARPLAN	142
levonorgestrel-ethinyl estrad	222, 233, 245	lorazepam intensol	133, 135	MATRONEX	85, 328, 331
levonorg-eth estrad triphasic	222, 233, 245	LORBRENA	51	MATULANE	52
levorphanol tartrate	146	loryna	222, 233, 245	matzim la	97, 98, 99, 105, 115
levo-t	253	losartan potassium	92	MAVENCLAD	52, 255, 278, 281
levothyroxine sodium	254	losartan potassium-hctz	92, 181	MAVYRET	30, 31
levoxyl	254	LOTEMAX	193	MAXIDEX	193
LEVSIN	16, 67, 289	LOTEMAX SM	193	MAXITROL	186, 193
LEVSIN/SL	16, 67, 289	LOTENSIN	93, 94	maxi-tuss ac	290, 294
LEVULAN KERASTICK ..	302, 325	LOTENSIN HCT	94, 181	MAYZENT	261, 278
l-glutamine	283, 325	loteprednol etabonate	193	MAYZENT STARTER PACK	262, 278
lidocaine	308	loteprednol-tobramycin	186, 193	me/naphos/mb/hyo1 ..	44, 67, 284
lidocaine hcl	196, 308	lovastatin	108	meclofenamate sodium	144, 153
lidocaine hcl		low-ogestrel	223, 233, 245	MEDROL	212
urethral/mucosal	308	loxapine succinate	130, 137	medroxyprogesterone acetate	223, 246
lidocaine viscous hcl	196	lo-zumandimine	223, 233, 245	mefenamic acid	145, 153
lidocaine-prilocaine	308	lubiprostone	198, 206	mefloquine hcl	24
LIKMEZ	21, 25, 38, 201, 305	LUCEMYRA	65	megestrol acetate	52, 246
linezolid	40, 41	LUGOLS STRONG IODINE	309, 321	MEKINIST	52
LINZESS	198, 205	luizza 1.5/30	223, 233, 245	MEKTOVI	52
liomny	254	luizza 1/20	223, 233, 245	meleya	223, 246
liothyronine sodium	254	LUMAKRAS	51, 52	MELOXICAM	145, 153
liraglutide	119, 238	LUMIGAN	197	meloxicam	145, 153
lisdexanfetamine dimesylate	118	LUMRYZ	136, 158, 265	memantine hcl	136, 137
lisinopril	93, 94	LUMRYZ STARTER PACK	158, 265	memantine hcl er	136
lisinopril-hydrochlorothiazide	94, 181	LUPKYNIS	262, 281	MENOPUR	237
LITFULO	318, 325	lurasidone hcl	131	MENOSTAR	233, 267
lithium	127	LURBIRO	144, 153, 196	MENQUADFI	62
lithium carbonate	126, 127	lutura	223, 233, 246	MENVEO	62
lithium carbonate er	126	lyleq	223, 246	meperidine hcl	146
LITHOBID	127	lyllana	233, 267	meprobamate	130, 142
LITHOSTAT	176	LYNPARZA	52	mercaptapurine	52, 258, 281
LIVDELZI	203	LYRICA	122, 138, 139	mesalamine	201
LIVMARLI	203, 204, 206	LYSODREN	52	mesalamine-cleanser	201
LIVTENCITY	27	LYTGOBI (12 MG DAILY DOSE)	52	mesna	286
LO LOESTRIN FE ...222, 233, 245		LYTGOBI (16 MG DAILY DOSE)	52	MESNEX	286
LODOCO	77, 283	LYTGOBI (20 MG DAILY DOSE)	52	MESTINON	72
lofexidine hcl	65	LYUMJEV KWIKPEN	250	metaxalone	69
lojaimiess	222, 233, 245	LYUMJEV VIAL	250	metformin hcl	218
LOKELMA	177	lyza	223, 246	metformin hcl er	218
LOMOTIL	67, 199	MACROBID	44	methadone hcl	146
lomustine	51	MACRODANTIN	44	methadone hcl intensol	146
LONSURF	51	magnesium citrate	202	METHADOSE	146
LOPID	108	MALARONE	24	methadose	147
lopinavir-ritonavir	35	malathion	323	METHADOSE SUGAR-FREE	147
		maraviroc	32	methamphetamine hcl	118

methimazole	217	miglitol	214	multivitamin/fluoride	159, 161, 268, 329, 331
METHITEST	215	miglustat	183, 284	multi-vitamin/fluoride	159, 160, 268, 329
methocarbamol	33, 69	mili	223, 233, 246	multi-vitamin/fluoride/iron	85, 269, 329
methotrexate sodium	52, 257, 273, 278, 281	milophene	227	mupirocin	306
methotrexate sodium (pf)	52, 257, 273, 278, 281	mimvey	233, 246	mupirocin calcium	306
methoxsalen rapid	322	mineral oil heavy	202	my choice	216, 223, 246
methscopolamine bromide	67	MINIMED INSTINCT GLUC SENSOR.....	170	my way	216, 223, 246
methsuximide	157	minocycline hcl	24, 43, 186, 305	MYALEPT.....	239
methyl salicylate	310	minocycline hcl er	24, 43, 186, 305, 325	mycophenolate mofetil	255, 281
methyl dopa	65, 101, 107	minoxidil	107, 311	mycophenolate sodium	281
methylergonovine maleate	287	minzoya	223, 233, 246	mycophenolic acid	282
METHYLIN.....	151	MIPLYFFA.....	182	MYFEMBREE.....	216, 233, 246
methylphenidate hcl	152	mirabegron er	328	MYHIBBIN.....	282
methylphenidate hcl er	152	mirtazapine	124, 156	MYLERAN.....	53
methylphenidate hcl er (cd)	151	MIRVASO.....	185, 303, 325	MYSOLINE.....	132
methylphenidate hcl er (la)	151, 152	misoprostol	208	MYTESI.....	199
methylphenidate hcl er (osm)	152	MITIGARE.....	265	MYXREDLIN.....	179, 251
methylprednisolone	212	MITOSOL.....	186	na sulfate-k sulfate-mg sulf	202
methyltestosterone	215	mm aspirin	88, 89, 129, 154	nabumetone	145, 153
metoclopramide hcl	207	mm clearlax	202	nadolol	70, 75, 91, 96, 101, 103, 110
metolazone	90, 114, 182	M-M-R II.....	62	naloxone hcl	16, 17, 148, 149, 264
METOPIRONE.....	174	M-NATAL PLUS.....	85, 329, 331	naltrexone hcl	15, 17, 64, 149, 263, 264
metoprolol succinate er	75, 96, 101, 103, 110	MNEXSPIKE.....	62	naproxen	129, 145, 153, 265
metoprolol tartrate	75, 96, 101, 103, 110	MOBILE LANCETS 30G.....	170	naproxen dr	129, 145, 153, 265
metoprolol- hydrochlorothiazide	96, 101, 181	modafinil	159	naproxen sodium	129, 145, 153, 265
METROCREAM.....	21, 38, 305	MODEYSO.....	53	naratriptan hcl	155
metronidazole	21, 25, 38, 201, 305	moexipril hcl	93, 94	NARCAN.....	16, 149
metryrosine	174, 284	molindone hcl	130, 137	NARDIL.....	142
mexiletine hcl	102	mometasone furoate	193, 212, 292, 296, 315	NASCOBAL.....	87, 331
MIACALCIN.....	217, 267	mono-lynyah	223, 233, 246	NATACYN.....	187
mibelas 24 fe	223, 233, 246	MONSELS FERRIC SUBSULFATE.....	82	NATAL PNV.....	85, 329, 331
miconazole 3	310	montelukast sodium	295	NATAZIA.....	223, 233, 246
microgestin 1.5/30	223, 233, 246	morphine sulfate	147	nateglinide	239
microgestin 1/20	223, 233, 246	morphine sulfate (concentrate)	147	NAYZILAM.....	133, 135
microgestin fe 1.5/30	223, 233, 246	morphine sulfate er	147	nebivolol hcl	70, 96, 101, 103
microgestin fe 1/20	223, 233, 246	morphine sulfate er beads	147	NEBUPENT.....	25
MICROLET NEXT LANCING DEVICE.....	170	MOTPOLY XR.....	122, 141	NEBUSAL.....	295
midazolam hcl	135	MOUNJARO.....	238	necon 0.5/35 (28)	223, 233, 246
midodrine hcl	65	MOVIPREP.....	202, 333	nefazodone hcl	156
MIEBO.....	188, 195	moxifloxacin hcl	26, 42, 186, 305	NEFFY.....	65
MIFEPREX.....	288	moxifloxacin hcl (2x day)	42, 186	NEMPLUVIO.....	317
mifepristone	215, 288	MOZOBIL.....	79	neomycin sulfate	21, 186, 306
MIGERGOT.....	71, 129, 152	MUCOSITISRX.....	195	neomycin-bacitracin zn- polymyx	186
		MULPLETA.....	79	neomycin-polymyxin- dexameth	186, 193
		MULTAQ.....	104		
		multivitamin w/fluoride	159, 160, 268, 329		

neomycin-polymyxin-gramicidin	186	nitrofurantoin monohydrate macrocrystals	44	NUCALA	290
neomycin-polymyxin-hc	186, 187, 193	nitroglycerin .. 110, 111, 310, 325		NUCORT	193, 212, 315
NEONATAL COMPLETE	85, 329, 331	NITROSTAT	110, 111	NUCYNTA	147
NEONATAL PLUS	85, 329, 331	NITRO-TIME	110, 111	NUCYNTA ER	147
NEOTUSS PLUS ..	18, 19, 65, 290	NIVA THYROID	254	NUEDEXTA	137
NERLYNX	53	NIVESTYM	79	NULEV	16, 67, 289
NESTABS	86, 329, 331	nora-be	223, 247	NUPLAZID	131
NESTABS ONE ..	85, 284, 329, 331	NORDIPEN 5 INJECTION		NURTEC	136
neuac	37, 306, 321	DEVICE	170	NUWIQ	82, 83
NEULASTA	79	NORDITROPIN FLEXP		NUZYRA	22
NEUPRO	143	RO	240, 252	nyamyc	41, 322
NEURONTIN ...	119, 122, 123, 139	norelgestromin-eth estradiol	223, 234, 247	nylia 1/35	224, 234, 247
NEVANAC	196	norethin ace-eth estrad-fe	224, 234, 247	nylia 7/7/7	224, 234, 247
nevirapine	33	norethindrone	224, 247	NYMALIZE	106, 107, 115
nevirapine er	33	norethindrone acetate	247	nystatin	41, 322
new day	216, 223, 246	norethindrone acet-ethinyl est	224, 234, 247	nystatin-triamcinolone	41, 315, 323
NEXIUM	208	norethindrone-eth estradiol	234, 247	nystop	41, 323
NEXLETOL	90, 94	norethin-eth estradiol-fe	224, 234, 247	OBIZUR	83
NEXLIZET	91, 95, 102	norgestimate-eth estradiol	224, 234, 247	octreotide acetate	206, 252
NEXTSTELLIS	223, 234, 246	norgestimate-ethinyl estradiol triphasic	224, 234, 247	OCUFLOX	42, 187
NGENLA	240	NORLIQVA	106, 107, 115	ODACTRA	58
niacin er	95, 331	norlyroc	224, 247	ODEFSEY	33, 34, 39
(antihyperlipidemic)	95, 331	NORPACE	102	ODOMZO	53
nicardipine hcl	106, 115	NORPACE CR	102	OFEV	290
NICORETTE	64, 69	NORPRAMIN	157	ofloxacin	42, 187
NICORETTE MINI	64, 69	nortrel 0.5/35 (28) ..	224, 234, 247	OGSIVEO	53
nicotine	64, 69	nortrel 1/35 (21)	224, 234, 247	OHTUVAYRE	288
nicotine mini	64, 69	nortrel 1/35 (28)	224, 234, 247	OJEMDA	53
nicotine polacrilex	64, 69	nortrel 7/7/7	224, 234, 247	OJJAARA	53
nicotine polacrilex mini	64, 69	nortriptyline hcl	157	olanzapine	127, 131, 132, 200
nicotine step 1	64, 69	NORVIR	35	olanzapine-fluoxetine hcl	127, 132, 156, 200
nicotine step 2	64, 69	NOURIANZ	117, 137	olmesartan medoxomil	92
nicotine step 3	64, 69	NOVAREL	237	olmesartan medoxomil-hctz	92, 181
NICOTROL NS	64, 69	NOVOEIGHT	82	olopatadine hcl	19, 185
nifedipine	106, 115	NOVOFINE PEN NEEDLE	170	OLUMIANT	260, 273
nifedipine er	106, 115	NOVOFINE PLUS PEN		omega-3-acid ethyl esters	95, 111
nifedipine er osmotic release	106, 115	NEEDLE	170	omeprazole	208
nikki	223, 234, 246	NOVOLIN R FLEXPEN	251	OMNIFLEX DIAPHRAGM	287
nilotinib hcl	53	NOVOLIN R FLEXPEN		OMNIPOD 5 DEXG7G6	
nimodipine	106, 115	RELION	251	INTRO GEN 5	170
NIMODIPINE	106, 115	NOVOPEN ECHO	170	OMNIPOD 5 DEXG7G6 PODS	
NINLARO	53	NOVOSEVEN RT	82	GEN 5	170
nisoldipine er	106	NOXAFIL	28	OMNIPOD 5 LIBRE2 G6	
nitazoxanide	24, 25	np thyroid	254	INTRO GEN5	171
NITRO-BID	110, 111	NUBEQA	53	OMNIPOD 5 LIBRE2 PLUS G6	
NITRO-DUR	110, 111			PODS	171
nitrofurantoin	44			OMNITROPE	241, 252
nitrofurantoin macrocrystal ...	44			OMVOH	198, 199, 206
				OMVOH (300 MG DOSE)	198

ondansetron hcl	199	OSCIMIN.....	16, 67, 289	peg-	
ondansetron odt	199	oseltamivir phosphate	37	3350/electrolytes/ascorbat	
ONE VITE WOMENS PLUS		OSPHENA.....	227	.....	203, 333
.....	86, 329, 331	OTEZLA..	261, 273, 278, 279, 326	PEGASYS.....	36, 53, 54, 259, 279
ONENATAL RX.	86, 179, 329, 332	OTEZLA XR.....	261	peg-kcl-nacl-nasulf-na asc-c	
ONETOUCH DELICA PLUS		OVACE PLUS WASH.....	306	.....	203, 333
LANCING.....	171	OVACE WASH.....	306	PEG-PREP.....	203
ONETOUCH DELICA SAFETY		OVIDE.....	323	PEMAZYRE.....	54
LANCING.....	171	OVIDREL.....	237	PEN NEEDLE/5-BEVEL TIP ...	171
ONETOUCH ULTRA.....	171	oxaprozin	145, 153	PENBRAYA.....	62
ONETOUCH VERIO.....	171	oxazepam	135	penicillamine	16, 209, 273
ONFI.....	134, 135	oxcarbazepine	123, 141	penicillin v potassium	37
ONUREG.....	53	OXERVATE.....	188, 195	PENMENVY.....	62
ONYDA XR.....	66	oxiconazole nitrate	310	PENTACEL.....	59, 62
opcicon one-step ..	216, 224, 247	oxybutynin chloride	328	pentamidine isethionate	25
OPFOLDA.....	183, 284	oxybutynin chloride er	328	pentazocine-naloxone hcl	
OPILL.....	224, 247	oxycodone hcl	147, 148	.....	149, 150
opium	147, 199	oxycodone-acetaminophen		pentoxifylline er	80
OPSUMIT.....	115, 294, 300	.....	119, 144, 148	perampanel	123
option 2	216, 224, 247	oxymorphone hcl	148	PERFECT POINT SAFETY	
OPTIONS GYNOL II		oxymorphone hcl er	148	LANCETS.....	171
CONTRACEPTIVE.....	287	OZEMPIC.....	238	PERFECT POINT SAFETY	
OPVEE.....	149	OZOBAX DS.....	70	NEEDLE.....	171
OPZELURA.....	53, 318, 326	PACERONE.....	104	PERFOROMIST.....	74, 300
ORACIT.....	175	PALFORZIA.....	58, 59	PERIDEX.....	21, 188, 309, 321
ORALAIR.....	58	PALFORZIA (1 MG DAILY		perindopril erbumine	93, 94
ORALAIR ADULT STARTER		DOSE).....	58	periogard	21, 188, 309, 321
PACK.....	58	PALFORZIA INITIAL DOSE 1-		permethrin	323
ORALAIR CHILDRENS		3YRS.....	58	perphenazine	150
STARTER PACK.....	58	PALFORZIA INITIAL DOSE 4-		perphenazine-amitriptyline	
ORALONE.....	315	17YRS.....	58	.....	150, 158
ORAPRED ODT.....	193, 212	paliperidone er	132	PERTZYE.....	183, 204
ORAVIG.....	310	PALYNZIQ.....	183	phenazopyridine hcl	308
ORENCIA.....	256, 273, 278	PANCREAZE.....	183, 204	phenelzine sulfate	142
ORENCIA CLICKJECT		PANRETIN.....	302, 326	phenobarbital	132, 133
.....	256, 273, 278	pantoprazole sodium	208	phenoxybenzamine hcl ..	72, 114
ORENITRAM.....	116, 297, 301	PARI VORTEX ADULT MASK	171	phenylephrine hcl	197, 198
ORENITRAM MONTH 1		PARI VORTEX PEDIATRIC		phenytek	102, 140
.....	115, 297, 300	MASK.....	171	phenytoin	102, 140
ORENITRAM MONTH 2		paricalcitol	334	phenytoin infatabs	102, 140
.....	116, 297, 300	PARNATE.....	142	phenytoin sodium extended	
ORENITRAM MONTH 3		paroxetine hcl	156	.....	102, 140
.....	116, 297, 301	paroxetine hcl er	156	PHEXX.....	287
ORFADIN.....	183, 284	PAXLOVID (150/100).....	27, 28	philith	224, 234, 247
ORGOVYX.....	53, 216	PAXLOVID (300/100 &		PHOSPHA 250 NEUTRAL.....	179
ORIAHNN.....	216, 234, 247	150/100).....	27, 28	PHOSPHOLINE IODIDE.....	196
ORILISSA.....	216, 217	PAXLOVID (300/100).....	27, 28	phosphorous	179
ORKAMBI.....	292, 293	pazopanib hcl	53	phospho-trin 250 neutral	179
ORLYNVAH.....	44, 182, 265	PEDIARIX.....	59, 62	PHOXILLUM B22K4/0.....	179
orphenadrine citrate er		PEDVAX HIB.....	62	PHOXILLUM BK4/2.5.....	179
.....	70, 75, 120	peg 3350	202	phytonadione	16, 264, 334
orquidea	224, 247	peg 3350-kcl-na bicarb-nacl .	202	PIFELTRO.....	33
ORSERDU.....	53	peg-3350/electrolytes	202	pilocarpine hcl	72, 197

pimecrolimus 282, 317, 326	prednisone intensol 213	PRISMASOL BGK 4/0/1.2..... 180
pimozide 130, 137	pregabalin 123, 138, 139	PRISMASOL BGK 4/2.5..... 180
pimtrex 224, 234, 247	PREGNYL.....238	PRISMASOL BK 0/0/1.2..... 180
pindolol 70, 96, 101, 103, 111	PREMARIN..... 234, 267, 268	probenecid 182, 265
pioglitazone hcl 253	PREMESISRX 179, 284, 329, 332	PROCENTRA..... 118
pioglitazone hcl-glimepiride 253	PREMPHASE..... 235, 248	prochlorperazine 150, 200
pioglitazone hcl-metformin	PREMPRO.....235, 248	prochlorperazine maleate
hcl 218, 253	prenatal 86, 329, 332	 150, 200
PIP GLUCOSE CONTROL	prenatal plus vitamin/mineral	PROCTOFOAM HC
SOLUTION.....171	 86, 329, 332	 194, 213, 308, 315
PIQRAY..... 54	PRENATE.....180, 330, 332	procto-med hc 194, 213, 315
pirfenidone 290, 298	PRENATE DHA	PROCTOSOL HC... 194, 213, 315
piroxicam 145, 153	 86, 179, 284, 329, 332	PROCTOZONE-HC 194, 213, 315
PLAN B ONE-STEP 217, 224, 248	PRENATE ELITE..... 86, 329, 332	PROCYSBI..... 284
PLEGRIDY.....279	PRENATE ENHANCE	PROFILNINE..... 83
PLEGRIDY STARTER PACK. 279	 86, 179, 284, 329, 332	progesterone 248
PLENVU.....203, 333	PRENATE ESSENTIAL	PROGLYCEM..... 217
plerixafor 80	 86, 179, 284, 329, 332	PROGRAF..... 255, 282, 317
PNEUMOVAX 23..... 62	PRENATE MINI	PROMACTA.....80
pnv 27-ca/fe/fa 86, 329, 332	 86, 179, 284, 330, 332	promethazine hcl
PODOCON-25..... 319, 326	PRENATE PIXIE	17, 18, 19, 130, 200, 204, 294,
podofilox 319, 326	 86, 180, 284, 330, 332	295
polyethylene glycol 3350 203	PRENATE RESTORE	promethazine-codeine
polymyxin b-trimethoprim	 86, 180, 284, 330, 332	 18, 19, 291
..... 41, 187, 306	PREPIDIL.....288	promethazine-dm 18, 19, 291
POLY-VI-FLOR/IRON	PRETOMANID..... 26	promethazine-phenylephrine
..... 86, 269, 329	prevalite 97	 18, 19, 66
pomalidomide 54, 279	PREVIDENT..... 159, 161, 269	PROMETHEGAN
POMALYST..... 54, 279	PREVIDENT 5000 BOOSTER	 18, 19, 130, 200, 204, 295
portia-28 224, 234, 248	PLUS.....161, 269	PRONAL..... 310, 319
posaconazole 28	PREVIDENT 5000 DRY	propafenone hcl 103
potassium chloride 179	MOUTH..... 159, 161, 269	propafenone hcl er 103
potassium chloride crys er .. 179	PREVIDENT 5000 ENAMEL	proparacaine hcl 196
potassium chloride er 179	PROTECT.....161, 269	propranolol hcl
potassium citrate er 175	PREVIDENT 5000 KIDS. 161, 269	 70, 71, 96, 101, 104, 111, 129
potassium citrate-citric acid 175	PREVIDENT 5000 ORTHO	propranolol hcl er
potassium iodide	DEFENSE..... 161, 269	 70, 96, 101, 104, 111, 129
(expectorant) 294	PREVIDENT 5000 PLUS	propylthiouracil 217
PRADAXA.....78	 159, 161, 269	PROQUAD.....62
pramipexole dihydrochloride	PREVIDENT 5000 SENSITIVE	protriptyline hcl 158
..... 143	 161, 269	PROVERA..... 248
PRAMOSONE.....308, 315	PREVNAR 20.....62	prucalopride succinate 206
PRAMOTIC..... 188, 196	PREVYMIS..... 27	PRURADIK..... 323
prasugrel hcl 88	PREZCOBIX..... 35, 284	pseudoephedrine-
pravastatin sodium 108	PREZISTA..... 35, 36	bromphen-dm 18, 19, 65, 291
praziquantel 23	PRIFTIN..... 26, 42	PULMOSAL..... 296
prazosin hcl 71, 91, 96	primaquine phosphate 24	PULMOZYME..... 184, 296
PRED MILD..... 193, 212	primidone 132	PURE COMFORT SAFETY
prednisolone 193, 212	PRIORIX..... 62	PEN NEEDLE..... 171
prednisolone acetate 193, 212	PRISMASOL B22GK 4/0..... 180	PURIXAN..... 54, 258, 282
prednisolone sodium	PRISMASOL BGK 0/2.5..... 180	PYLERA..... 23, 25, 43, 200, 201
phosphate 194, 213	PRISMASOL BGK 2/0..... 180	pyrazinamide 27
prednisone 213	PRISMASOL BGK 2/3.5..... 180	PYRIDIDIUM..... 308

pyridostigmine bromide	72	RENTHYROID.....	254	rufinamide	123, 141
pyridostigmine bromide er	72	repaglinide	239	RUKOBIA.....	32
PYRIDOSTIGMINE BROMIDE		REPATHA.....	112	RYBELSUS.....	238
ER.....	72	REPATHA SURECLICK.....	112	RYDAPT.....	55
pyrimethamine	24	RESTASIS.....	188, 195, 255	sacubitril-valsartan ... 91, 92, 113	
PYROGALLIC ACID.....	288, 319, 326	RESTORIL.....	135	SAFETY PEN NEEDLES.....	171
PYRUKYND.....	77	RETACRIT.....	76, 80	SAFYRAL.....	224, 235, 248, 332
PYRUKYND TAPER PACK.....	77	RETEVMO.....	54	SALAGEN.....	72, 197
QBRELIS.....	94	RETROVIR.....	34	SALICATE.....	319
QFITLIA.....	83	REVLIMID.....	54, 279	salicylic acid	319
QINLOCK.....	54	REVUFORJ.....	54	salsalate	154
QUADRACEL.....	59, 62	REXTOVY.....	16, 149	SALVAX DUO PLUS.....	310, 319
QUESTRAN.....	97	REXULTI.....	132	SAMSCA.....	182
QUESTRAN LIGHT.....	97	REYATAZ.....	36	SANTYL.....	184, 311, 326
quetiapine fumarate	127, 132	REZDIFFRA.....	254	sapropterin dihydrochloride	
quetiapine fumarate er	127, 132	REZLIDHIA.....	54	.....	182, 285
QUICK TOUCH INSULIN PEN		REZUROCK.....	284	SAVAYSA.....	78
NEEDLE.....	171	RHOFADE.....	198, 303, 326	SAVELLA.....	138, 155
quinapril hcl	93, 94	RHOPRESSA.....	197	SAVELLA TITRATION PACK	
quinapril-		ribavirin	39	.....	138, 155
hydrochlorothiazide	94, 181	RIDAURA.....	208, 257, 274, 279	saxagliptin hcl	227
quinidine gluconate er	24, 102	rifabutin	27, 42	saxagliptin-metformin er	
quinidine sulfate	24, 102	rifampin	27, 42	.....	218, 227
quinine sulfate	24	rilpivirine hcl	33	SCALACORT DK.....	315, 320
QULIPTA.....	136	riluzole	117, 137	SCEMBLIX.....	55
QVAR REDIHALER.....	213, 292, 296	rimantadine hcl	21	scopolamine	67, 200, 207
rabeprazole sodium	208	RINVOQ.....	260, 274	SELECT-OB.....	86, 330, 332
RADICAVA ORS.....	117, 137	RINVOQ LQ.....	260	selegiline hcl	141, 142
RADICAVA ORS STARTER		risedronate sodium	268	selenium sulfide	309, 321
KIT.....	117, 137	risperidone	127, 132	SELZENTRY.....	32
RADIOGARDASE.....	17, 177, 264	ritonavir	36	SENSILANCE SAFETY	
RAGWITEK.....	59	rivaroxaban	78	LANCETS 21G.....	171
RALDESY.....	156	rivastigmine	72	SENSILANCE SAFETY	
raloxifene hcl	227, 268	rivastigmine tartrate	72	LANCETS 26G.....	171
ramelteon	130, 141	rivelsa	224, 235, 248	SENSILANCE SAFETY	
ramipril	93, 94	RIVFLOZA.....	284, 285	LANCETS 28G.....	172
ranolazine er	100	RIVIVE.....	16, 149	SEPHIENCE.....	183
rasagiline mesylate	141, 142	RIXUBIS.....	83	SEREVENT DISKUS.....	74, 300
RASUVO.....	257, 274	rizatriptan benzoate	155	SEROSTIM.....	241, 252
RAYA SURE PEN NEEDLE... 171		ROCALTROL.....	334	sertraline hcl	156
reclipsen	224, 235, 248	ROCKLATAN.....	197, 198	setlakin	224, 235, 248
RECOMBIMATE.....	83	roflumilast	297, 318, 322	sevelamer carbonate	
RECOMBIVAX HB.....	62	ROMVIMZA.....	54	.....	17, 177, 264
RECOTHROM.....	83	ropinirole hcl	143	sevoflurane	140
RECOTHROM SPRAY KIT.....	83	rosuvastatin calcium	108	sf	159, 161, 269
RECTIV.....	111, 310, 326	rosyrah	224, 235, 248	sf 5000 plus	159, 161, 269
REGLAN.....	207	ROTARIX.....	62	SFROWASA.....	201
RELENZA DISKHALER.....	37	ROTATEQ.....	63	sharobel	225, 248
RELEVIA.....	86, 330, 332	ROWASA.....	201	SHARPS COLLECTOR.....	172
RELION GLUCOSE TEST		roweepra	123	SHARPS CONTAINER.....	172
STRIPS.....	174	ROZLYTREK.....	54, 55	shewise	217, 225, 248
RELISTOR.....	149, 199, 206	RUBRACA.....	55	SHINGRIX.....	63
RELNATE DHA.....	86, 284, 330, 332	RUCONEST.....	270, 271	SIGNIFOR.....	252

sildenafil citrate	112, 297, 301, 328	sotalol hcl (af)	71, 96, 101, 104, 111	sulfacetamide sodium (acne)	306
silodosin	72	SOTYKTU	318, 326	sulfacetamide sodium (cleans)	306
SILVADENE	309, 321	SOTYLIZE	71, 96, 101, 104, 111	sulfacetamide sodium-sulfur	306, 320
silver nitrate	188	SOVALDI	30	sulfacetamide sod-sulfur wash	306, 320
silver sulfadiazine	309, 321	SPEVIGO	317, 318	sulfacetamide-prednisolone	187, 194
simliya	225, 235, 248	SPIKEVAX	63	sulfacetamide-sulfur in urea	306, 320
simpesse	225, 235, 248	SPIKEVAX 6M-11Y	63	sulfadiazine	43
SIMPLERA SYNC SENSOR	172	spinosad	323	sulfamethoxazole-trimethoprim	26, 43, 44
SIMPONI	206, 263, 274, 279, 280	SPIRIVA HANDIHALER	67, 289	SULFAMYLON	306, 321
simvastatin	108	SPIRIVA RESPIMAT	67, 289	sulfasalazine	43, 201, 257, 274, 280
SINEMET	138	spironolactone	90, 109, 113, 178	sulfatrim pediatric	26, 43, 44
SINGULAIR	295	spironolactone-hctz	90, 109, 113, 178, 181	sulfurated lime	323
sirolimus	261, 282, 317	SPORANOX	28	sulindac	145, 154
SIRTURO	27	SPRAVATO (56 MG DOSE)	125, 142	sumatriptan	155
SIVEXTRO	41	SPRAVATO (84 MG DOSE)	125, 142	sumatriptan succinate	155
SKYCLARYS	285	sprintec 28	225, 235, 248	SUMAXIN	306, 320
SKYRIZI	206, 317, 326	SPRIX	145, 153, 196	sunitinib malate	55
SKYRIZI PEN	317, 326	SPS (SODIUM POLYSTYRENE SULF)	17, 177, 265	SUNLENCA	26, 31
SKYTROFA	241	ssd	309, 321	SUNOSI	159
SLYND	217, 225, 248	SSKI	294	SUPREP BOWEL PREP KIT	203
smooth lax	203	sss 10-5	306, 320	SUTAB	203
sod citrate-citric acid	175	ST JOSEPH LOW DOSE	88, 89, 129, 154	syeda	225, 235, 248
sod fluoride-potassium nitrate	161, 269	STENDRA	112	SYMBICORT	74, 213
sodium chloride	296	STEQEYMA	260	SYMDEKO	292, 293
sodium fluoride	160, 161, 269, 270	STIOLTO RESPIMAT	68, 74	SYMFI	33, 35
sodium fluoride 5000 enamel	161, 269	STIVARGA	55	SYMPAZAN	134, 135
sodium fluoride 5000 plus	159, 161, 269	STRENSIQ	184	SYMPROIC	199, 206
sodium fluoride 5000 ppm	159, 161, 269	STRIBILD	32, 35, 285	SYNAREL	238
sodium fluoride 5000 sensitive	161, 269	STRIVERDI RESPIMAT	74, 300	SYNDROS	200, 206
sodium oxybate	137, 159, 266	STROMEKTOL	23	SYNJARDY	218, 251
sodium phenylbutyrate	176	SUBOXONE	149, 150	SYNJARDY XR	218, 251
sodium polystyrene sulfonate	17, 177, 264	subvenite	123, 127	TABLOID	55
sodium sulfacetamide	306	subvenite starter kit-blue	123, 127	TABRECTA	55
sodium sulfacetamide wash	306	subvenite starter kit-green	123, 127	TACLONEX	311, 316, 326
SOFOSBUVIR-VELPATASVIR	30, 31	subvenite starter kit-orange	123, 127	tacrolimus	255, 256, 282, 318, 326
SOHONOS	285	SUCRAID	184	tadalafil	112, 297
solifenacin succinate	328	sucralfate	208	tadalafil (pah)	112, 297, 301
SOLQUA	238, 239	SUFLAVE	203	TADLIQ	112, 113, 297, 301
SOLOSEC	25	SULAR	106, 107	TAFINLAR	55
SOMAVERT	252	SULCONAZOLE NITRATE	310	tafluprost (pf)	197
SOOLANTRA	323	sulfacetamide sodium	187, 306	TAGRISSO	55
sorafenib tosylate	55			take action	217, 225, 248
sotalol hcl	71, 96, 101, 104, 111			TAKHZYRO	89, 271, 282
				TALZENNA	55

tamoxifen citrate	55, 227	theophylline	 107, 108, 152, 176, 302, 328	toremifene citrate	56, 227
tamsulosin hcl	73	theophylline er	 107, 152, 176, 302, 328	torpenz	56, 258
TANLOR.....	69	thioridazine hcl	150	torsemide	90, 109, 176
TAPERDEX 12-DAY.....	194, 213	thiothixene	157	TOUJEO MAX SOLOSTAR....	239
TAPERDEX 6-DAY.....	194, 213	THROMBIN-JMI.....	83	TOUJEO SOLOSTAR.....	239
TAPERDEX 7-DAY.....	194, 213	THROMBIN-JMI EPISTAXIS....	83	TPOXX.....	27
tarina 24 fe	225, 235, 248	THROMBOGEN.....	83	TRACLEER.....	116, 294, 301
tarina fe 1/20 eq	225, 235, 248	thyroid	254	TRADJENTA.....	227
TARPEYO.....	213	tiadylt er	98, 99, 105, 116	tramadol hcl	148
tasimelteon	130, 141	tiagabine hcl	123, 139	tramadol hcl (er biphasic)	148
tavaborole	322	TIAZAC.....	98, 99, 105, 116	tramadol hcl er	148
TAVALISSE.....	77	TIBSOVO.....	56	tramadol-acetaminophen	
TAVNEOS.....	256, 270, 271	ticagrelor	88	.....	119, 144, 148
taysofy	225, 235, 248	TIGLUTIK.....	117, 137	trandolapril	93, 94
TAYTULLA.....	225, 235, 248	TIKOSYN.....	104	trandolapril-verapamil hcl er	
tazarotene	320, 326, 327	tilia fe	225, 235, 248	.....	94, 99
TAZORAC.....	320, 327	timolol hemihydrate		tranexamic acid	83
TAZVERIK.....	55	.....	71, 96, 104, 189	tranylcypropamine sulfate	142
TECHLITE LANCETS 26G.....	172	timolol maleate		travoprost (bak free)	197
TECHLITE PLUS PEN		.....	71, 96, 101, 104, 111, 129, 189	trazodone hcl	156
NEEDLES.....	172	timolol maleate (once-daily)		TRELEGY ELLIPTA	
TEGLUTIK.....	117, 137	.....	71, 96, 104, 189	.....	68, 75, 194, 214, 292
TEGRETOL.....	123, 127	timolol maleate ocudose		TREMFYA.....	257, 318, 327
TEGRETOL-XR.....	123, 127	.....	71, 96, 104, 189	TREMFYA ONE-PRESS	
TEKTRUNA.....	113	timolol maleate pf		.....	257, 318, 327
telmisartan	92	.....	71, 96, 104, 189	TREMFYA PEN.....	257, 318
telmisartan-hctz	92, 181	timolol maleate pf		TREMFYA-CD/UC	
temazepam	135	.....	71, 96, 104, 189	INDUCTION.....	257, 318
TEMBEXA.....	39	TIMOPTIC OCUDOSE		tretinoin	56, 311
temozolomide	55	.....	71, 96, 104, 189	TRETEN.....	83
TENCON.....	119, 133, 144	tinidazole	26	TREXALL..	56, 257, 274, 280, 282
TENIVAC.....	59	tiopronin	285	TREZIX.....	119, 144, 148, 152
tenofovir disoproxil fumarate	35	TIROSINT-SOL.....	254	triamcinolone acetonide	
TEPMETKO.....	55	TISSEEL.....	311, 327	.....	214, 316
terazosin hcl	71, 91, 96	TIVICAY.....	32	triamterene	90, 113, 178
terbinafine hcl	21	TIVICAY PD.....	32	triamterene-hctz	178, 181
terbutaline sulfate	74, 300	tizanidine hcl	69	triazolam	135
terconazole	310	TOBI NEBULIZER.....	21, 187	TRICITRASOL.....	77
teriflunomide	255, 280	TOBI PODHALER.....	22, 187	tricitrates	175
TERIPARATIDE.....	239, 266	TOBRADEX.....	22, 187, 194	triderm	214, 316
terrell	140	tobramycin	22, 187	trientine hcl	209
TESTIM.....	215, 217	tobramycin-dexamethasone		tri-estarylla	225, 235, 248
testosterone	215, 217	.....	22, 187, 194	trifluoperazine hcl	150
testosterone cypionate	215, 217	TOBREX.....	22, 187	trifluridine	188
testosterone enanthate	215, 217	TODAY SPONGE.....	287	trihexyphenidyl hcl	68, 120
tetrabenazine	158	tolcapone	136	TRIJARDY XR 218, 219, 227, 251	
tetracaine hcl	196, 263	tolterodine tartrate	328	TRIKAFTA.....	292, 293
tetracycline hcl	24, 43, 202, 306	tolvaptan	182	tri-legest fe	225, 235, 248
TEXACORT.....	194, 214, 316	TONMYA.....	69, 139	TRILEPTAL.....	123, 141
TEZRULY.....	71, 91	TOPAMAX.....	123, 129	tri-lynyah	225, 235, 249
TEZSPIRE.....	295, 298	TOPAMAX SPRINKLE....	123, 129	tri-lo-estarylla	225, 235, 249
THALOMID.....	56, 280	TOPICORT.....	316	tri-lo-marzia	225, 235, 249
THEO-24.....	107, 152, 176, 302, 328	topiramate	123, 129	tri-lo-mili	225, 235, 249

tri-lo-sprintec	225, 235, 249	TYVASO DPI MAINTENANCE KIT.....	116, 298, 301	varenicline tartrate(continue)	64, 69
trimethobenzamide hcl	200	TYVASO DPI TITRATION KIT.....	116, 298, 301	VARIVAX.....	63
trimethoprim	44	TYVASO REFILL KIT.....	116, 298, 301	VAXELIS.....	60, 63
tri-mili	225, 235, 249	TYVASO STARTER KIT.....	116, 298, 301	VAXNEUVANCE.....	63
trimipramine maleate	158	UBRELVI.....	136	VCF VAGINAL CONTRACEPTIVE.....	287
TRINATE.....	86, 330, 332	UCERIS.....	214	VECAMEYL.....	114
TRINTELLIX.....	157	UDENYCA.....	80	velivet	226, 236, 249
tri-sprintec	225, 235, 249	ULTANE.....	140	VELPHORO.....	177
TRISTART DHA.....	86, 180, 285, 330, 332	UNIFINE OTC PEN NEEDLES.....	172	VELTASSA.....	177, 178
TRIUMEQ.....	32, 35	UNIFINE PROTECT PEN NEEDLE.....	172	VENCLEXTA.....	56
TRIUMEQ PD.....	32, 35	UNISTRIP CONTROL.....	172	VENCLEXTA STARTING PACK.....	56
TRI-VI-FLORO.....	160, 162, 270, 330, 332, 333, 334	unithroid	254	VELEX.....	327
tri-vite/fluoride	160, 162, 270, 330, 333, 334	UPNEEQ.....	198	venlafaxine hcl	155
tri-vylibra	225, 235, 249	UPTRAVI.....	301, 302	venlafaxine hcl er	155
tri-vylibra lo	225, 235, 249	UPTRAVI TITRATION....	301, 302	VEOZAH.....	137
tropium chloride	328	urea	90, 177, 197, 320	verapamil hcl	98, 99, 105, 117
TRUE COMFORT SAFETY PEN NEEDLE.....	172	URELLE.....	44, 68, 119, 285	verapamil hcl er	98, 99, 105, 116, 117
TRUE COVER.....	287	uretron d/s	45, 68, 119, 285	VEREGEN.....	320, 327
TRUE FOLIC ACID.....	332	UROCIT-K 10.....	175	VERIFINE INSULIN PEN NEEDLE.....	172
TRUE METRIX LEVEL 1.....	172	UROCIT-K 15.....	175	VERIFINE INSULIN SYRINGE.....	172
TRUE METRIX LEVEL 2.....	172	UROGESIC-BLUE.....	45, 68, 285	VERIFINE PLUS PEN NEEDLE.....	172
TRUE METRIX LEVEL 3.....	172	ursodiol	204	VERIFINE SAFE LANCET MINI 21G.....	173
TRULICITY.....	238	VAFSEO.....	80	VERIFINE SAFE LANCET MINI 23G.....	173
TRUMENBA.....	63	valacyclovir hcl	39	VERIFINE SAFE LANCET MINI 28G.....	173
TRUQAP.....	56	VALCHLOR.....	302, 327	VERIFINE SAFE LANCET MINI 30G.....	173
TRUVADA.....	35, 39	valganciclovir hcl	39	VERIFINE SHARPS CONTAINER.....	173
TRYNGOLZA.....	95, 214, 266	valproic acid ..	124, 127, 129, 139	VERISAFE SAFETY STERILE NEEDLE.....	173
TRYPTYR.....	195	valsartan	92, 93	VERKAZIA.....	188, 195, 256
TRYVIO.....	294	valsartan-hydrochlorothiazide	93, 181	VERQUVO.....	102, 117
TUKYSA.....	56	VALTOCO 10 MG DOSE.....	134	VERSAPENN (AG) ANHYDROUS.....	288
TURALIO.....	56	VALTOCO 15 MG DOSE.....	134	VERSAPENN (AL) ANHYD LIPID.....	288
turpentine	310	VALTOCO 20 MG DOSE.....	134	VERZENIO.....	57
turqoz	225, 235, 249	VALTOCO 5 MG DOSE.....	134	vestura	226, 236, 249
TUXARIN ER.....	18, 19, 291	valtya 1/35	225, 236, 249	VFEND.....	28
TWIIST REFILL KIT.....	172	valtya 1/50	226, 236, 249	VIBERZI.....	200, 206
TWIIST REFILL KIT/INFUSION SET.....	172	VANCOCIN.....	29	vienna	226, 236, 249
TWIIST STARTER KIT.....	172	vancomycin hcl	29	vigabatrin	124, 139
TWINRIX.....	63	VANDAZOLE.....	21, 38, 306	VIGADRONE.....	124, 140
TWIRLA.....	225, 236, 249	VANFLYTA.....	56		
TYBLUME.....	225, 236, 249	VANRAFIA.....	275, 294		
TYBOST.....	285	VAQTA.....	63		
tydemy	225, 236, 249, 332	varidenafil hcl	112, 113		
TYENNE.....	260	varenicline tartrate	64, 69		
TYMLOS.....	239, 266	varenicline tartrate (starter)	64, 69		
TYRVAYA.....	64, 195				
TYVASO.....	116, 298, 301				
TYVASO DPI INSTITUTIONAL KIT.....	116, 298, 301				

VIGAFYDE.....	140	WAINUA.....	266	XPOVIO (40 MG TWICE	
VIJOICE.....	285	WAKIX.....	159	WEEKLY).....	57
vilazodone hcl	157	warfarin sodium	77	XPOVIO (60 MG ONCE	
VILEVEV MB.....	45, 68, 119, 285	WELIREG.....	57	WEEKLY).....	57
VIMPAT.....	124, 141	vera	226, 236, 249	XPOVIO (60 MG TWICE	
VIOKACE.....	184, 204	WESCAP-PN DHA		WEEKLY).....	57
viorele	226, 236, 249	.....	87, 180, 286, 330, 333	XPOVIO (80 MG ONCE	
VIRACEPT.....	36	WESNATAL DHA COMPLETE		WEEKLY).....	57
VIREAD.....	35	.....	87, 180, 286, 330, 333	XPOVIO (80 MG TWICE	
VISTOGARD.....	17, 265	WESNATE DHA	87, 286, 330, 333	WEEKLY).....	57
VITAFOL FE+		WESTGEL DHA		XROMI.....	57
.....	86, 180, 285, 330, 333	.....	87, 180, 286, 330, 333	XTAMPZA ER.....	148
VITAFOL-OB+DHA		WEZLANA.....	260	XTANDI.....	58
.....	87, 180, 285, 330, 333	wheat germ oil	334	xulane	226, 236, 249
VITAMIN C BRIGHTENING		WIDE-SEAL DIAPHRAGM 60	287	XYNTHA.....	84
SERUM.....	310	WIDE-SEAL DIAPHRAGM 65	287	XYNTHA SOLOFUSE.....	84
vitamin d (ergocalciferol)	334	WIDE-SEAL DIAPHRAGM 70	287	xyvona	148
VITATHELY WITH GINGER		WIDE-SEAL DIAPHRAGM 75	287	XYWAV.....	137
.....	87, 330, 333	WIDE-SEAL DIAPHRAGM 80	287	YASMIN 28.....	226, 236, 249
VITRAKVI.....	57	WIDE-SEAL DIAPHRAGM 85	287	YAZ.....	226, 236, 250
VIVAGUARD INO CONTROL		WIDE-SEAL DIAPHRAGM 90	287	YESINTEK.....	260
SOLUTION.....	173	WIDE-SEAL DIAPHRAGM 95	287	YEZTUGO.....	31
VIVAGUARD LANCETS 30G.	173	WILATE.....	83	YORVIPATH.....	239, 240
VIVAGUARD LANCING		WINREVAIR.....	298	YUPELRI.....	68, 289
DEVICE.....	173	wixela inhub	75, 194, 214, 292	yuvafem	236, 268
VIVAGUARD SAFETY		wymzya fe	226, 236, 249	ZACARE.....	310, 321
LANCETS 28G.....	173	XACIATO.....	37, 307	ZACLIR CLEANSING.....	321
VIVJOA.....	28	xarah fe	226, 236, 249	zafemy	226, 236, 250
VIZIMPRO.....	57	XARELTO.....	78	zafirlukast	295
VOCABRIA.....	32	XARELTO STARTER PACK....	78	zaleplon	130, 142
volnea	226, 236, 249	XATMEP... 57, 257, 275, 280, 282		ZANAFLEX.....	70
VONVENDI.....	83	XCOPRI.....	124, 141	ZARONTIN.....	157
VOQUEZNA.....	207, 208	XDEMVY.....	188	ZARXIO.....	80
VOQUEZNA DUAL PAK... 22, 207		XELJANZ.....	260, 275	ZAVZPRET.....	136
VOQUEZNA TRIPLE PAK		XELJANZ XR.....	260, 275	ZELAPAR.....	142
.....	22, 40, 207	XELPROS.....	197	ZELBORAF.....	58
VORANIGO.....	57	xelria fe	226, 236, 249	ZELSUVMI.....	308, 327
voriconazole	28	XELSTRYM.....	118	zelvysia	183, 286
VORTEX VALVE CHAMBER-		XERMELO.....	200	ZEMPLAR.....	334
PEDI MASK.....	173	XIFAXAN.....	42	zenatane	320, 327
VORTEX VALVED HOLDING		XIIDRA.....	188, 195	ZENPEP.....	184, 204
CHAMBER.....	173	XIRUN.....	310, 320	ZEPATIER.....	30, 31
VOSEVI.....	30, 31	XOFLUZA (40 MG DOSE)..	27, 28	ZEPOSIA.....	280
VOWST.....	206, 285	XOFLUZA (80 MG DOSE)..	27, 28	ZEPOSIA 7-DAY STARTER	
VOXZOGO.....	286	XOLAIR.....	259, 298, 299	PACK.....	280
VOYDEYA.....	270	XOLREMDI.....	80	ZEPOSIA STARTER KIT.....	280
VRAYLAR.....	132	XOPENEX HFA.....	75, 300	ZIAGEN.....	35
VTAMA.....	307, 311, 327	XOSPATA.....	57	zidovudine	35
vyfemla	226, 236, 249	XPHOZAH.....	177, 178, 207	ZILBRYSQ.....	256, 270
VYLEESI.....	137, 209	XPOVIO (100 MG ONCE		zileuton er	295
vylibra	226, 236, 249	WEEKLY).....	57	ZILXI.....	24, 44, 187, 307
VYNDAMAX.....	100, 137, 286	XPOVIO (40 MG ONCE		ZIOPTAN.....	197
VYVGART HYTRULO.....	261	WEEKLY).....	57	ziprasidone hcl	127, 132

ZIRGAN..... 39, 188
 ZITHROMAX.....40
 ZITHROMAX TRI-PAK.....40
 ZITHROMAX Z-PAK..... 40
 ZOKINVY..... 183, 286
 ZOLINZA.....58
zolmitriptan.....155, 156
zolpidem tartrate..... 130, 142
zolpidem tartrate er.....130, 142
 ZOMIG..... 156
 ZONEGRAN.....124, 141
 ZONISADE.....124, 141
zonisamide..... 124, 141
 ZONTIVITY..... 88
 ZORYVE..... 297, 318, 322, 327
zovia 1/35 (28).....226, 236, 250
 ZTALMY..... 124, 140
 ZTLIDO..... 263, 308
 ZUBSOLV..... 149, 150
zumandimine..... 226, 236, 250
 ZURNAL.....149
 ZURZUVAE.....125
 ZYDELIG.....58
 ZYLET..... 187, 194
 ZYVOX.....41