



2024 California Access Large Group 3-Tier PPO Prescription Drug List

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 All previous versions of this PDL are no longer in effect.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

This PDL can also be accessed online at uhc.com/CA-LargeGroup-3TACC-CDI-Current. Plan-specific coverage documents may be accessed online at uhc.com/content/dam/uhcdotcom/en/statepdl/lg/CUI6.pdf.

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

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

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

Updated 9/1/2024

Contents

At UnitedHealthcare, we want to help you better understand your medication options.	3
How do I use my PDL?	5
What are tiers?	6
When does the PDL change?	6
Utilization Management Programs.	7
Your Right to Request Access to a Non-formulary Drug.	8
Requesting a Prior Authorization or Step Therapy Exception.	9
How do I locate and fill a prescription through a retail network pharmacy?	9
How do I locate and fill a prescription through the mail order pharmacy?	10
How do I locate and fill a prescription at a specialty pharmacy?	10
How do I get updated information about my pharmacy benefit?	11
Nondiscrimination notice and access to communication services	12
Prescription Drug List	15

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

How do I use my PDL?

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

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

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

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

Example:

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG <i>(irbesartan)</i>	3	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	

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

Below is a list of drug tier numbers, abbreviations and designations used in the PDL as well as an explanation for each.

Drug Tier 1	Your lowest cost medications	SP	Specialty medication
Drug Tier 2	Your mid-range cost medications	CM	Orally administered anti-cancer medication
Drug Tier 3	Your highest cost medications	E	Excluded from coverage unless covered as part of health care reform preventive
PA	Prior authorization required	SM	\$0 cost-share by state mandate when condition appropriate
SL	Supply Limit		
ST	Step Therapy		
H	Part of health care reform preventive when age and/or condition appropriate		

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 or 3, look to see if there is a Tier 1 option available. Discuss these options with your doctor.

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

Check your benefit plan documents to find out your specific pharmacy plan costs, including any maximum dollar amount of cost sharing that may apply to a drug. Preferred medications are found in Tier 1 or Tier 2 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. A mix of brand-name and generic drugs.	Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs.
\$\$\$	Tier 3 Your highest cost	Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.

Please note: If you have a high deductible plan, the tier cost levels may apply once you reach your deductible. Refer to your enrollment and plan materials on myuhc.com, or call the toll-free number on your member ID card for more information about your benefit plan.

When does the PDL change?

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

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

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

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

Utilization Management Programs

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

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

Step therapy – Requires you to try 1 or more other medications before the medication you are requesting may be covered. For specific step therapy requirements, please refer to your Evidence of Coverage.

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

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

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

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

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

- Abortion*
- COVID-19

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

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

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

Your Right to Request Access to a Non-formulary Drug

This plan must cover all Medically Necessary Prescription Drug Products.

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

Urgent Requests

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

External Review

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

Expedited External Review

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

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

Requesting a Prior Authorization or Step Therapy Exception

Before certain Prescription Drug Products are dispensed to you, your prescribing provider or your pharmacist is required to obtain prior authorization or step therapy exception from us. Your prescribing provider can submit a request by phone to Optum Rx® or electronically by contacting us at uhcprovider.com. The Prior Authorization staff of qualified pharmacists and technicians is available Monday – Friday from 5 a.m. – 10 p.m. PST and Saturday from 6 a.m. – 3 p.m. PST to assist licensed physicians. Most authorizations are completed within 24 hours. The most common reason for delay in the authorization process is insufficient information. Your licensed physician may need to provide information on diagnosis and medication history and/or evidence in the form of documents, records or lab tests which establish that the use of the requested Prescription Drug Product meets plan criteria. You may determine whether a particular Prescription Drug Product is subject to prior authorization or step therapy requirements by going online at myuhc.com or by calling at the toll-free phone number on the back of your member ID card.

An exception to a step therapy requirement will be granted if your prescribing provider submits necessary justification and supporting clinical documentation supporting their determination that the required Prescription Drug Product is inconsistent with good professional practice for provision of medically necessary covered services, taking into consideration your needs and medical history, along with the professional judgment of your prescribing provider.

If you are currently taking a Prescription Drug Product which was approved by UnitedHealthcare for a specific medical condition and that drug is removed from the Prescription Drug List (PDL) and the prescribing provider continues to prescribe the Prescription Drug Product for your medical condition, we will continue to cover the Prescription Drug Product provided that the drug is appropriately prescribed and is considered safe and effective for treating your medical condition.

In the case of a standard prior authorization or step therapy exception request, we will notify you, your designee, or your prescribing provider of the Benefit determination no later than 72 hours following receipt of the request. In the case of an expedited prior authorization or step therapy exception request based on exigent circumstances, we will notify you, your designee, or your prescribing provider of the Benefit determination no later than 24 hours following receipt of the request. If we fail to respond to you, your designee, or your prescribing provider within the prescribed time limits, the request is deemed approved and we may not deny the request thereafter.

If you disagree with a determination, you can request an appeal. The complaint and appeals process, including independent medical review, is described in the Evidence of Coverage under Section 6: Questions, Complaints and Appeals. You may also call at the telephone number on your member ID card.

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

UnitedHealthcare has a well-established network of pharmacies including most major pharmacy and supermarket chains as well as many independent pharmacies. For a listing of network pharmacies, call the toll-free phone number on your member ID card to help locate a network pharmacy near you or visit our website at myuhc.com for an up-to-date list.

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

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

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

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

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

Call the phone number on the back of your member ID card or visit specialty.optumrx.com to locate a designated specialty pharmacy for your medication.

Designated Pharmacies

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

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

How do I get updated information about my pharmacy benefit?

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

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

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

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

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

Learn more

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

Nondiscrimination notice and access to communication services

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

1-800-482-4833 (TTY)

Internet Website: www.insurance.ca.gov

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

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

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

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

English

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

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

Español

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

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

中文

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

State of California

Table of Contents of Prescription Drug List

INFORMATIONAL SECTION1
ANTIDOTE THERAPEUTICS 15
ANTIHISTAMINE DRUGS - Drugs for Allergy17
ANTI-INFECTIVE AGENTS - Drugs for Infections20
ANTINEOPLASTIC AGENTS - Drugs for Cancer42
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES - DRUGS FOR THE IMMUNE SYSTEM 53
AUTONOMIC DRUGS58
AUTONOMIC DRUGS - Drugs for the Nervous System59
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood69
CARDIOVASCULAR DRUGS81
CARDIOVASCULAR DRUGS - Drugs for the Heart83
CENTRAL NERVOUS SYSTEM AGENTS109
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System109
DENTAL AGENTS - Oral Care155
DEVICES - Medical Supplies and Durable Medical Equipment158
DIAGNOSTIC AGENTS165
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants168
ELECTROLYTIC, CALORIC, AND WATER BALANCE168
ENZYMES175
EYE, EAR, NOSE AND THROAT (EENT) PREPS.177
GASTROINTESTINAL DRUGS187
GASTROINTESTINAL DRUGS - Drugs for the Stomach188
GOLD COMPOUNDS198
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron198
HORMONES AND SYNTHETIC SUBSTITUTES199
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones199
IMMUNOMODULATORY AGENTS (90:00)238
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing246
MISCELLANEOUS THERAPEUTIC AGENTS246
NONHORMONAL CONTRACEPTIVES - Drugs for Women270
OXYTOCICS - Drugs for Women272
PHARMACEUTICAL AIDS272
RESPIRATORY TRACT AGENTS - Drugs for the Lungs272
SKIN AND MUCOUS MEMBRANE AGENTS284
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin285
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles313
VITAMINS314

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIDOTE THERAPEUTICS		
ACETAMINOPHEN ANTIDOTE		
<i>acetylcysteine inhalation solution</i> 10 %, 20 %	1	
ALCOHOL DETERRENTS (91:02)		
<i>acamprosate calcium oral tablet delayed release</i> 333 mg	1	
<i>disulfiram oral tablet</i> 250 mg, 500 mg	1	
<i>naltrexone hcl oral tablet</i> 50 mg	1	
ANTIDOTE THERAPEUTICS		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG (<i>hyoscyamine sulfate</i>)	2	
<i>atropine sulfate ophthalmic ointment</i> %	1	
<i>atropine sulfate ophthalmic solution</i> %	1	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	2	
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	2	SP
<i>glucagon emergency kit injection</i> 1 kit	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	2	
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	2	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (<i>glucagon</i>)	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (<i>glucagon</i>)	2	
<i>hyoscyamine sulfate er oral tablet extended release</i> 12 hour 0.375 mg	1	
<i>hyoscyamine sulfate oral elixir</i> 25 mg/5ml	1	
<i>hyoscyamine sulfate oral solution</i> 125 mg/ml	1	
<i>hyoscyamine sulfate oral tablet</i> 125 mg	1	
<i>hyoscyamine sulfate oral tablet dispersible</i> 125 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	1	
hyosyne oral elixir 0.125 mg/5ml	1	
hyosyne oral solution 0.125 mg/ml	1	
iodine strong oral solution 5%	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG (hyoscyamine sulfate)	3	
LEVSIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	3	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG (hyoscyamine sulfate)	3	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (hyoscyamine sulfate)	3	
OSCIMIN ORAL TABLET 0.125 MG	3	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	3	
penicillamine oral tablet 250 mg	1	SP
phytonadione oral tablet 5 mg	1	
ANTIDOTES (91:04)		
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge 4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml	1	
naltrexone hcl oral tablet 50 mg	1	
RADIOGARDASE ORAL CAPSULE 0.5 GM (prussian blue insoluble)	3	
sevelamer carbonate oral packets 8 gm, 2.4 gm	1	
sevelamer carbonate oral tablets 800 mg	1	
sevelamer hcl oral tablets 400 mg, 800 mg	1	
sodium polystyrene sulfonate oral powder	1	
SPS ORAL SUSPENSION 15 GM/60ML (sodium polystyrene sulfonate)	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (dasiglucagon hcl)	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (dasiglucagon hcl)	2	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (naloxone hcl)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CHEMOTHERAPY ANTIDOTES/PROTECTANTS		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
CYANIDE ANTIDOTES		
EXODERM EXTERNAL LOTION 25-1 % (sod thiosulfate-salicylic acid)	3	
FLUOROPYRIMIDINE ANTIDOTE		
VISTOGARD ORAL PACKET 10 GM (uridine triacetate)	2	PA
ANTIHISTAMINE DRUGS - Drugs for Allergy		
ANTIHISTAMINE DRUGS - Drugs for Allergy		
promethazine hcl oral tablet 25 mg	1	
ETHANOLAMINE DERIVATIVES - Drugs for Allergy		
CARBINOXAMINE MALEATE ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	3	
carbinoxamine maleate oral solution 4mg/5ml	1	
carbinoxamine maleate oral tablet 4mg	1	
clemastine fumarate oral tablet 0.68 mg	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA
diphenhydramine hcl oral elixir 2.5 mg/5ml	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (dph-lido-alhydr-mghydr-simeth)	3	PA
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (carbinoxamine maleate)	3	
FIRST GEN. ANTIHIST. DERIVATIVES, MISC. - Drugs for Allergy		
cyproheptadine hcl oral syrup 2mg/5ml	1	
cyproheptadine hcl oral tablet 4mg	1	
FIRST GENERATION ANTIHISTAMINES - Drugs for Allergy		
CARBINOXAMINE MALEATE ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	3	
carbinoxamine maleate oral solution 4mg/5ml	1	
carbinoxamine maleate oral tablet 4mg	1	
clemastine fumarate oral tablet 0.68 mg	1	
cyproheptadine hcl oral syrup 2mg/5ml	1	
cyproheptadine hcl oral tablet 4mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (<i>diphenhydramine hcl</i>)	3	PA
<i>diphenhydramine hcl oral elixir 2.5 mg/5ml</i>	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (<i>dph-lido-alhydr-mghydr-simeth</i>)	3	PA
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	1	PA
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 10 mg, 25 mg, 50 mg</i>	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	3	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	3	
<i>promethazine hcl oral solution 12.5 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethazine vc oral syrup 12.5-5 mg/5ml</i>	1	
<i>promethazine-codeine oral solution 12.5-10 mg/5ml</i>	1	PA
<i>promethazine-dm oral syrup 12.5-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine oral syrup 12.5-5 mg/5ml</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
<i>pseudoephedrine-bromphen-dm oral syrup 10-2-10 mg/5ml</i>	1	
RYCLORA ORAL SOLUTION 2 MG/5ML (<i>dexchlorpheniramine maleate</i>)	3	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	3	
VISTARIL ORAL CAPSULE 25 MG (<i>hydroxyzine pamoate</i>)	3	
OTHER ANTIHISTAMINES - Drugs for Allergy		
<i>bepotastine besilate ophthalmic solution 0.5 %</i>	1	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	1	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydroxyzine pamoate oral capsule 10 mg, 25 mg, 50 mg	1	
olopatadine hcl nasal solution 0.1 %	1	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (olopatadine-mometasone)	3	
VISTARIL ORAL CAPSULE 25 MG (hydroxyzine pamoate)	3	
PHENOTHIAZINE DERIVATIVES - Drugs for Allergy		
promethazine hcl oral solution 25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethazine vc oral syrup 25-5 mg/5ml	1	
promethazine-codeine oral solution 25-10 mg/5ml	1	PA
promethazine-dm oral syrup 25-15 mg/5ml	1	
promethazine-phenylephrine oral syrup 25-5 mg/5ml	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
PROPYLAMINE DERIVATIVES - Drugs for Allergy		
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	1	PA
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (phenylephrine-chlorphen-dm)	3	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
RYCLORA ORAL SOLUTION 2 MG/5ML (dexchlorpheniramine maleate)	3	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (chlorpheniramine-codeine)	3	
SECOND GENERATION ANTIHISTAMINES - Drugs for Allergy		
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (lodoxamide tromethamine)	3	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (desloratadine-pseudoephedrine)	3	
desloratadine oral tablet 5 mg	1	
desloratadine oral tablet dispersible 5 mg	1	
epinastine hcl ophthalmic solution 0.05 %	1	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	1	
levocetirizine dihydrochloride oral tablet 5 mg	1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALLYLAMINE ANTIFUNGALS - Drugs for Fungus		
<i>terbinafine hcl oral tablet 250 mg</i>	1	
AMEBICIDES - Drugs for the Mouth and Throat		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	3	PA
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	3	
<i>hydrocortisone-iodoquinol external cream 1 %</i>	1	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	3	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	3	PA
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	3	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	3	
<i>perio gard mouth/throat solution 0.12 %</i>	1	
AMINOGLYCOSIDE ANTIBIOTICS - Antibiotics		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (<i>amikacin sulfate liposome</i>)	3	PA; SL (8.4 ml per day.); SP
<i>neomycin sulfate oral tablet 500 mg</i>	1	
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	3	PA; SL (224 capsules per 56 days.); SP
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	1	PA; SL (224 ml per 56 days.); SP
AMINOMETHYLCYCLINES - Antibiotics		
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	3	
AMINOPENICILLIN ANTIBIOTICS - Antibiotics		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	1	SL (112 capsules and tablets (1 Package) per 180 days.)
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 25 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTI-INFECTIVES (SYSTEMIC), MISC. - Drugs for Infections		
<i>bis subcit-metronid-tetracyc oral capsul</i> 140-125-125 mg	1	SL (120 capsules per 180 days.)
<i>bismuth/metronidaz/tetracyclin oral capsul</i> 140-125-125 mg	1	SL (120 capsules per 180 days.)
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3	SL (120 capsules per 180 days.)
ANTILEPROSY AGENTS - Antibiotics		
<i>dapsone external gel</i> 5%, 7.5%	1	
<i>dapsone oral tablet</i> 100 mg, 25 mg	1	
ANTIMALARIALS - Drugs for the Mouth and Throat		
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	3	SL (16 tablets per month.)
<i>atovaquone-proguanil hcl oral tablet</i> 250-100 mg, 62.5-25 mg	1	
<i>avidoxy oral tablet</i> 100 mg	1	
<i>chloroquine phosphate oral tablet</i> 250 mg, 500 mg	1	
COARTEM ORAL TABLET 20-120 MG (<i>artemether-lumefantrine</i>)	2	
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	3	PA; SP
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (<i>doxycycline hyclate</i>)	3	
<i>doxycycline hyclate oral capsule</i> 100 mg, 50 mg	1	
<i>doxycycline hyclate oral tablet</i> 100 mg, 150 mg, 20 mg, 75 mg	1	
<i>doxycycline hyclate oral tablet delayed release</i> 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	
<i>doxycycline monohydrate oral capsule</i> 100 mg, 150 mg, 50 mg, 75 mg	1	
<i>doxycycline monohydrate oral suspension reconstituted</i> 25 mg/5ml	1	
<i>doxycycline monohydrate oral tablet</i> 100 mg, 150 mg, 50 mg, 75 mg	1	
<i>hydroxychloroquine sulfate oral tablet</i> 100 mg, 200 mg, 300 mg, 400 mg	1	
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (<i>atovaquone-proguanil hcl</i>)	3	
<i>mefloquine hcl oral tablet 250 mg</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>mondoxyme nl oral capsule 100 mg</i>	1	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	1	PA; SP
QUALAQUIN ORAL CAPSULE 324 MG (<i>quinine sulfate</i>)	3	
<i>quinidine gluconate er oral tablet extended release 245 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	
VIBRAMYCIN ORAL CAPSULE 100 MG (<i>doxycycline hyclate</i>)	3	
ANTIMYCOBACTERIALS, MISCELLANEOUS - Antibiotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
ANTIPROTOZOALS, CRYPTOSPORIDIOSIS - Drugs for the Mouth and Throat		
<i>nitazoxanide oral tablet 500 mg</i>	1	
ANTIPROTOZOALS, MISCELLANEOUS - Drugs for the Mouth and Throat		
<i>atovaquone oral suspension 750 mg/5ml</i>	1	
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
BENZNIDAZOLE ORAL TABLET 100 MG	2	PA; SL (248 tablets per 720 days)
BENZNIDAZOLE ORAL TABLET 12.5 MG	2	PA; SL (720 tablets per 720 days.)
<i>bis subcit-metronid-tetracyc oral capsule 40-125-125 mg</i>	1	SL (120 capsules per 180 days.)
<i>bismuth/metronidaz/tetracyclin oral capsule 40-125-125 mg</i>	1	SL (120 capsules per 180 days.)
<i>dapsone external gel 5 %, 7.5 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	3	PA
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	3	
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	2	PA; SL (3 capsules per day.)
LAMPIT ORAL TABLET 120 MG (<i>nifurtimox</i>)	3	PA; SL (7.5 tablets per day.)
LAMPIT ORAL TABLET 30 MG (<i>nifurtimox</i>)	3	PA; SL (9 tablets per day.)
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	3	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	3	PA
<i>metronidazole oral capsule 75 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (<i>pentamidine isethionate</i>)	3	
<i>nitazoxanide oral tablet 500 mg</i>	1	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	1	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3	SL (120 capsules per 180 days.)
SOLOSEC ORAL PACKET 2 GM (<i>secnidazole</i>)	3	
<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	PA; SL (4 tablets per 365 days.)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG (<i>lenacapavir sodium</i>)	3	PA; SL (5 tablets per 365 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
<i>ciprofloxacin hcl oral tablet</i> 250 mg, 500 mg, 750 mg	1	
<i>clarithromycin er oral tablet extended release</i> 250 mg	1	
<i>clarithromycin oral suspension reconstituted</i> 25 mg/5ml, 250 mg/5ml	1	
<i>clarithromycin oral tablet</i> 250 mg, 500 mg	1	
<i>cycloserine oral capsule</i> 250 mg	1	
<i>ethambutol hcl oral tablet</i> 100 mg, 400 mg	1	
<i>isoniazid oral syrup</i> 50 mg/5ml	1	
<i>isoniazid oral tablet</i> 100 mg, 300 mg	1	
<i>levofloxacin oral solution</i> 25 mg/ml	1	
<i>levofloxacin oral tablet</i> 250 mg, 500 mg, 750 mg	1	
<i>moxifloxacin hcl oral tablet</i> 400 mg	1	
MYCOBUTIN ORAL CAPSULE 150 MG (<i>rifabutin</i>)	3	
PRETOMANID ORAL TABLET 200 MG	3	
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	2	
<i>pyrazinamide oral tablet</i> 500 mg	1	
<i>rifabutin oral capsule</i> 150 mg	1	
<i>rifampin oral capsule</i> 150 mg, 300 mg	1	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML (<i>rifampin</i>)	3	PA
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	2	
TRECTOR ORAL TABLET 250 MG (<i>ethionamide</i>)	2	
ANTIVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
LIVTENCITY ORAL TABLET 200 MG (<i>maribavir</i>)	3	PA; SL (4 tablets per day.); SP
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	2	SM
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	2	SM
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TPOXX ORAL CAPSULE 200 MG (<i>tecovirimat</i>)	3	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (<i>baloxavir marboxil</i>)	3	SL (1 tablet per month.)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	3	SL (1 tablet per month.)
AZOLE ANTIFUNGALS - Drugs for Fungus		
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (<i>isavuconazonium sulfate</i>)	3	
<i>fluconazole oral suspension reconstituted 100 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
HEXIOUNYL EXTERNAL LOTION 3-5-20 %	3	
<i>itraconazole oral capsule 100 mg</i>	1	SL (180 capsules per 365 days)
<i>itraconazole oral solution 100 mg/ml</i>	1	SL (1800 ml per 365 days)
<i>ketoconazole oral tablet 200 mg</i>	1	
NOXAFIL ORAL PACKET 300 MG (<i>posaconazole</i>)	2	
NOXAFIL ORAL SUSPENSION 40 MG/ML (<i>posaconazole</i>)	3	SL (20 ml per day.)
<i>posaconazole oral suspension 40 mg/ml</i>	1	SL (20 ml per day.)
<i>posaconazole oral tablet delayed release 100 mg</i>	1	
SPORANOX ORAL CAPSULE 100 MG (<i>itraconazole</i>)	3	SL (180 capsules per 365 days)
SPORANOX ORAL SOLUTION 10 MG/ML (<i>itraconazole</i>)	3	SL (1800 ml per 365 days)
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>voriconazole</i>)	3	
VFEND ORAL TABLET 200 MG, 50 MG (<i>voriconazole</i>)	3	
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (<i>oteseconazole</i>)	3	SL (18 capsules per 84 days.)
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	
ENDONUCLEASE INHIBITORS - Drugs for Viral Infections		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (<i>baloxavir marboxil</i>)	3	SL (1 tablet per month.)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	3	SL (1 tablet per month.)

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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	
<i>ery external pad</i> %	1	
ERYGEL EXTERNAL GEL 2 % (<i>erythromycin</i>)	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (<i>erythromycin ethylsuccinate</i>)	3	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG (<i>erythromycin base</i>)	3	
<i>erythromycin base oral capsule delayed release patches</i>	1	
<i>erythromycin base oral tablets 250 mg, 500 mg</i>	1	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate oral tablets 400 mg</i>	1	
<i>erythromycin external gel</i> %	1	
<i>erythromycin external solution</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	
VANCOCIN ORAL CAPSULE 125 MG, 250 MG (<i>vancomycin hcl</i>)	3	
<i>vancomycin hcl oral capsules 125 mg, 250 mg</i>	1	
<i>vancomycin hcl oral solution reconstituted 125 mg/ml, 250 mg/5ml, 50 mg/ml</i>	1	
VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML (<i>vancomycin hcl</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HCV POLYMERASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; SL (2 packets per day and 84 packets per 720 days.); SP
EPCLUSA ORAL PACKET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; SL (1 packet per day and 84 packets per 720 days.); SP
EPCLUSA ORAL TABLET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; SL (1 tablet per day.); SP
EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; SL (84 tablets per 720 days.); SP
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; ST; SL (1 packet of pellets per day and 56 packets of pellets per 720 days.)
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; ST; SL (84 tablets per 720 days.)
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; ST; SL (56 tablets per 720 days.)
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	2	PA; ST; SL (56 tablets per 720 days.)
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	2	PA; SL (84 tablets per 720 days.); SP
SOVALDI ORAL PACKET 150 MG, 200 MG (<i>sofosbuvir</i>)	3	PA; ST; SL (1 packet of pellets per day and 84 packets of pellets per 720 days.); SP
SOVALDI ORAL TABLET 200 MG (<i>sofosbuvir</i>)	3	PA; ST; SL (84 tablets per 720 days.)
SOVALDI ORAL TABLET 400 MG (<i>sofosbuvir</i>)	3	PA; ST; SL (84 tablets per 720 days.); SP
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	2	PA; SL (84 tablets per 720 days.); SP
HCV PROTEASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
MAVYRET ORAL PACKET 50-20 MG (<i>glecaprevir-pibrentasvir</i>)	2	PA; SL (5 packets per day and 280 packets per 720 days.); SP

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	2	PA; SL (84 tablets per 720 days (12 weeks).); SP
HIV CAPSID INHIBITORS - Drugs for Viral Infections		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG (<i>lenacapavir sodium</i>)	3	PA; SL (4 tablets per 365 days.)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG (<i>lenacapavir sodium</i>)	3	PA; SL (5 tablets per 365 days.)
HIV ENTRY AND FUSION INHIBITORS - Drugs for Viral Infections		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (<i>enfuvirtide</i>)	3	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	PA
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>fostemsavir tromethamine</i>)	3	PA
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	2	PA
SELZENTRY ORAL TABLET 150 MG, 300 MG (<i>maraviroc</i>)	3	PA
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir-emtricitab-tenofovir</i>)	2	SL (1 tablet per day.)
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	2	SL (1 tablet per day.)
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	2	SL (1 tablet per day.)
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	2	
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	2	
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	2	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	2	
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	2	SL (1 tablet per day.)
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	2	SL (1 tablet per day.)
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	3	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivudine</i>)	2	SL (1 tablet per day.)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	2	SL (6 tablets per day.)
VOCABRIA ORAL TABLET 30 MG (<i>cabotegravir sodium</i>)	3	
HIV NONNUCLEOSIDE REV.TRANSSCRIP. INHIB. - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir-emtricitabine-tenofovir</i>)	2	SL (1 tablet per day.)
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitabine-rilpivirine-tenofovir</i>)	2	SL (1 tablet per day.)
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirine-lamivudine-tenofovir</i>)	2	SL (1 tablet per day.)
EDURANT ORAL TABLET 25 MG (<i>rilpivirine</i>)	2	
efavirenz oral capsules 200 mg, 50 mg	1	
efavirenz oral tablets 600 mg	1	
efavirenz-emtricitabine-tenofovir oral tablets 600-200-300 mg	1	SL (1 tablet per day.)
efavirenz-lamivudine-tenofovir oral tablets 400-300-300 mg, 600-300-300 mg	1	SL (1 tablet per day.)
etravirine oral tablets 100 mg, 200 mg	1	
INTELENCE ORAL TABLET 100 MG, 200 MG (<i>etravirine</i>)	3	
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	2	
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	2	SL (1 tablet per day.)
methocarbamol oral tablets 500 mg	1	
nevirapine er oral tablet extended release 2400 mg	1	
nevirapine oral suspension 50 mg/5ml	1	
nevirapine oral tablets 200 mg	1	
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitabine-rilpivirine-tenofovir</i>)	2	SL (1 tablet per day.)
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	3	
SYMFI LO ORAL TABLET 400-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	2	SL (1 tablet per day.)
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	2	SL (1 tablet per day.)

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lopinavir-ritonavir oral tablet</i> 100-25 mg, 200-50 mg	1	
NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>)	2	
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	2	
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	2	
PREZISTA ORAL TABLET 150 MG, 75 MG (<i>darunavir</i>)	2	
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	2	
<i>ritonavir oral tablet</i> 100 mg	1	
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	2	SL (1 tablet per day.)
VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nelfinavir mesylate</i>)	2	
INTERFERON ANTIVIRALS - Drugs for Viral Infections		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	3	PA; ST; SL (0.08 ml per day.); CM
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	2	SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	2	SP
LINCOMYCIN ANTIBIOTICS - Antibiotics		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG (<i>clindamycin hcl</i>)	3	
CLEOCIN ORAL CAPSULE 75 MG (<i>clindamycin hcl</i>)	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (<i>clindamycin palmitate hcl</i>)	3	
<i>clindamycin hcl oral capsule</i> 150 mg, 300 mg, 75 mg	1	
<i>clindamycin palmitate hcl oral solution reconstituted</i> 75 mg/5ml	1	
MONOBACTAM ANTIBIOTICS - Antibiotics		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (<i>aztreonam lysine</i>)	3	PA; ST; SL (84 vials per 56 days.); SP
MONOCLONAL ANTIBODIES (08:18) - Drugs for Viral Infections		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>nirsevimab-alip</i>)	3	H
NATURAL PENICILLIN ANTIBIOTICS - Antibiotics		
<i>penicillin v potassium oral solution reconstituted</i> 125 mg/5ml, 250 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
penicillin v potassium oral tablet 250 mg, 500 mg	1	
NEURAMINIDASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	1	
oseltamivir phosphate oral suspension reconstituted 60mg/ml	1	SL (180 ml per month)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (<i>zanamivir</i>)	3	
NITROIMIDAZOLE DERIVATIVE, ANTI-LEISHMAL - Drugs for the Mouth and Throat		
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	2	PA; SL (3 capsules per day.)
NITROIMIDAZOLE DERIVATIVE, TRYPANOCIDAL - Drugs for the Mouth and Throat		
BENZNIDAZOLE ORAL TABLET 100 MG	2	PA; SL (248 tablets per 720 days)
BENZNIDAZOLE ORAL TABLET 12.5 MG	2	PA; SL (720 tablets per 720 days.)
NITROIMIDAZOLE DERIVATIVES, MISC - Drugs for the Mouth and Throat		
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	3	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	3	
<i>metronidazole oral capsule</i> 75 mg	1	
<i>metronidazole oral tablet</i> 250 mg, 500 mg	1	
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - Drugs for Viral Infections		
<i>acyclovir oral capsule</i> 200 mg	1	
<i>acyclovir oral suspension</i> 200 mg/5ml	1	
<i>acyclovir oral tablet</i> 400 mg, 800 mg	1	
<i>adefovir dipivoxil oral tablet</i> 10 mg	1	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	2	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (<i>entecavir</i>)	3	
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitabine-tenofovir</i>)	2	SL (1 tablet per day.)
DESCOVY ORAL TABLET 120-15 MG (<i>emtricitabine-tenofovir</i> af)	2	SL (1 tablet per day.)
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir</i> af)	2	SL (1 tablet per day.); H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>emtricitabine-tenofovir df oral tablet</i> 100-150 mg, 133-200 mg, 167-250 mg	2	SL (1 tablet per day.)
<i>emtricitabine-tenofovir df oral tablet</i> 200-300 mg	1	SL (1 tablet per day.); H
<i>entecavir oral tablet</i> 0.5 mg, 1 mg	1	
<i>famciclovir oral tablet</i> 125 mg, 250 mg, 500 mg	1	
LAGEVRIO ORAL CAPSULE 200 MG (<i>molnupiravir</i>)	2	SM
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab-rilpivir-tenofovir df</i>)	2	SL (1 tablet per day.)
<i>ribavirin inhalation solution reconstituted</i> 6 gm	1	
<i>ribavirin oral capsule</i> 200 mg	1	
<i>ribavirin oral tablet</i> 200 mg	1	
TEMBEXA ORAL SUSPENSION 10 MG/ML (<i>brincidofovir</i>)	3	
TEMBEXA ORAL TABLET 100 MG (<i>brincidofovir</i>)	3	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (<i>emtricitabine-tenofovir df</i>)	2	SL (1 tablet per day.)
<i>valacyclovir hcl oral tablet</i> 1 gm, 500 mg	1	
<i>valganciclovir hcl oral solution reconstituted</i> 500 mg/ml	1	
<i>valganciclovir hcl oral tablet</i> 150 mg	1	
VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM (<i>ribavirin</i>)	3	
OTHER MACROLIDE ANTIBIOTICS - Antibiotics		
<i>amoxicill-clarithro-lansopraz oral therapy pack</i> 500 & 500 & 30 mg	1	SL (112 capsules and tablets (1 Package) per 180 days.)
<i>azithromycin oral packet</i> 1 gm	1	
<i>azithromycin oral suspension reconstituted</i> 100 mg/5ml, 200 mg/5ml	1	
<i>azithromycin oral tablet</i> 250 mg, 500 mg, 600 mg	1	
<i>clarithromycin er oral tablet extended release</i> 250 mg, 500 mg	1	
<i>clarithromycin oral suspension reconstituted</i> 125 mg/5ml, 250 mg/5ml	1	
<i>clarithromycin oral tablet</i> 250 mg, 500 mg	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fidaxomicin</i>)	3	SL (136 mL per 10 days.)
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	3	SL (20 tablets per 7 days)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OXAZOLIDINONE ANTIBIOTICS - Antibiotics		
linezolid oral suspension reconstituted 100 mg/5ml	1	
linezolid oral tablet 600 mg	1	
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>linezolid</i>)	3	
PENICILLINASE-RESISTANT PENICILLINS - Antibiotics		
dicloxacillin sodium oral capsules 250 mg, 500 mg	1	
POLYENE ANTIFUNGALS - Drugs for Fungus		
nystatin mouth/throat suspension 100000 unit/ml	1	
nystatin oral tablet 500000 unit	1	
POLYMYXIN ANTIBIOTICS - Antibiotics		
colistimethate sodium (cba) injection solution reconstituted 150 mg	1	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED 150 MG (<i>colistimethate sodium</i>)	3	
PYRIMIDINE ANTIFUNGALS - Drugs for Fungus		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (<i>flucytosine</i>)	3	
flucytosine oral capsules 250 mg, 500 mg	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 hydrochloride</i>)	3	
ciprofloxacin hcl oral tablets 250 mg, 500 mg, 750 mg	1	
levofloxacin ophthalmic solution 0.5 %	1	
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablets 250 mg, 500 mg, 750 mg	1	
moxifloxacin hcl (2x day) ophthalmic solution 0.5%	1	
moxifloxacin hcl ophthalmic solution 0.5 %	1	
moxifloxacin hcl oral tablets 400 mg	1	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (<i>ofloxacin</i>)	3	
ofloxacin ophthalmic solution 0.3 %	1	
ofloxacin oral tablets 300 mg, 400 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ofloxacin otic solution</i> 0.3 %	1	
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (<i>moxifloxacin hydrochloride</i>)	3	
RIFAMYCIN ANTIBIOTICS - Antibiotics		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG (<i>rifamycin sodium</i>)	3	
MYCOBUTIN ORAL CAPSULE 150 MG (<i>rifabutin</i>)	3	
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	2	
<i>rifabutin oral capsule</i> 150 mg	1	
<i>rifampin oral capsule</i> 150 mg, 300 mg	1	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML (<i>rifampin</i>)	3	PA
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	3	
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	3	SL (62 tablets per month.)
SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - Antibiotics		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	3	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3	
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
<i>sulfadiazine oral tablet</i> 500 mg	1	
<i>sulfamethoxazole-trimethoprim oral suspension</i> 200-40 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i> 400-80 mg, 800-160 mg	1	
<i>sulfasalazine oral tablet</i> 500 mg	1	
<i>sulfasalazine oral tablet delayed release</i> 500 mg	1	
<i>sulfatrim pediatric oral suspension</i> 200-40 mg/5ml	1	
TETRACYCLINE ANTIBIOTICS - Antibiotics		
AVIDOXY DK COMBINATION KIT 100 MG (<i>doxycycline-suncreen-salicylic acid</i>)	3	
<i>avidoxy oral tablet</i> 100 mg	1	
<i>bis subcit-metronid-tetracyc oral capsule</i> 140-125-125 mg	1	SL (120 capsules per 180 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bismuth/metronidazole/tetracycline oral capsules 140-125-125 mg	1	SL (120 capsules per 180 days.)
demeclocycline hcl oral tablets 150 mg, 300 mg	1	
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (doxycycline hyclate)	3	
doxycycline hyclate oral capsules 100 mg, 50 mg	1	
doxycycline hyclate oral tablets 100 mg, 150 mg, 20 mg, 75 mg	1	
doxycycline hyclate oral tablet delayed release 200 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	
doxycycline monohydrate oral capsules 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral suspension reconstituted 250 mg/5ml	1	
doxycycline monohydrate oral tablets 100 mg, 150 mg, 50 mg, 75 mg	1	
minocycline hcl er oral tablet extended release 240 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1	
minocycline hcl oral capsules 100 mg, 50 mg, 75 mg	1	
minocycline hcl oral tablets 100 mg, 50 mg, 75 mg	1	
monodoxyne nl oral capsules 100 mg	1	
PYLERA ORAL CAPSULE 140-125-125 MG (bis subcit-metronid-tetracyc)	3	SL (120 capsules per 180 days.)
tetracycline hcl oral capsules 250 mg, 500 mg	1	
VIBRAMYCIN ORAL CAPSULE 100 MG (doxycycline hyclate)	3	
URINARY ANTI-INFECTIVES - Drugs for the Urinary System		
BACTRIM DS ORAL TABLET 800-160 MG (sulfamethoxazole-trimethoprim)	3	
BACTRIM ORAL TABLET 400-80 MG (sulfamethoxazole-trimethoprim)	3	
fosfomycin tromethamine oral packets gm	1	
HIPREX ORAL TABLET 1 GM (methenamine hippurate)	3	
MACROBID ORAL CAPSULE 100 MG (nitrofurantoin monohydrate macro)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (nitrofurantoin macrocrystal)	3	
me/naphos/mb/hyo1 oral tablet 81.6 mg	1	
methenamine hippurate oral tablet gm	1	
methenamine mandelate oral tablet 5 gm, 1 gm	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1	
nitrofurantoin monohydrate macrocrystals oral capsule 100 mg	1	
nitrofurantoin oral suspension 25 mg/5ml	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	
trimethoprim oral tablet 100 mg	1	
URELLE ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sa)	3	
uretron d/s oral tablet 6 mg	1	
urin ds oral tablet 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 sa)	3	
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	1	PA; SL (4 tablets per day.); SP; CM
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (niraparib-abiraterone acetate)	3	PA; ST; SL (2 tablets per day.); SP; CM
ALECENSA ORAL CAPSULE 150 MG (alectinib hcl)	2	PA; SL (8 capsules per day.); SP; CM
ALUNBRIG ORAL TABLET 180 MG, 90 MG (brigatinib)	2	PA; SL (1 tablet per day); SP; CM
ALUNBRIG ORAL TABLET 30 MG (brigatinib)	2	PA; SL (6 tablets per day); SP; CM
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (brigatinib)	2	PA; SL (30 packs per year); SP; CM
anastrozole oral tablet mg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AUGTYRO ORAL CAPSULE 40 MG (<i>repotrectinib</i>)	2	PA; SL (8 capsules per day.); SP; CM
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (<i>avapritinib</i>)	3	PA; SL (1 tablet per day.); SP; CM
BALVERSA ORAL TABLET 3 MG (<i>erdafitinib</i>)	3	PA; SL (3 tablets per day.); SP; CM
BALVERSA ORAL TABLET 4 MG (<i>erdafitinib</i>)	3	PA; SL (2 tablets per day.); SP; CM
BALVERSA ORAL TABLET 5 MG (<i>erdafitinib</i>)	3	PA; SL (1 tablet per day.); SP; CM
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	3	PA; ST; SL (0.08 ml per day.); CM
<i>bexarotene external gel %</i>	1	SP
<i>bexarotene oral capsules 5 mg</i>	1	CM
<i>bicalutamide oral tablets 50 mg</i>	1	CM
BOSULIF ORAL CAPSULE 100 MG (<i>bosutinib</i>)	2	PA; ST; SL (3 Capsules per day.); SP; CM
BOSULIF ORAL CAPSULE 50 MG (<i>bosutinib</i>)	2	PA; ST; SL (1 Capsule per day.); SP; CM
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	2	PA; ST; SL (4 tablets per day.); SP; CM
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	2	PA; ST; SL (1 tablet per day.); SP; CM
BRAFTOVI ORAL CAPSULE 75 MG (<i>encorafenib</i>)	3	PA; ST; SL (6 capsules per day.); SP; CM
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	3	PA; ST; SL (4 capsules per day.); SP; CM
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-maleate</i>)	2	PA; SL (1 tablet per day.); SP; CM
CALQUENCE ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>)	2	PA; SL (2 tablets per day.); SP; CM
<i>capecitabine oral tablets 150 mg, 500 mg</i>	1	SP; CM
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	2	PA; SL (2 tablets per day.); SP; CM
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	2	PA; SL (1 tablet per day.); SP; CM
CASODEX ORAL TABLET 50 MG (<i>bicalutamide</i>)	3	CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COMETRIQ ORAL KIT 20 MG (<i>cabozantinib s-malate</i>)	2	PA; SL (93 capsules per month.); SP; CM
COMETRIQ ORAL KIT 3 X 20 MG & 80 MG (<i>cabozantinib s-malate</i>)	2	PA; SL (124 capsules per month.); SP; CM
COMETRIQ ORAL KIT 80 & 20 MG (<i>cabozantinib s-malate</i>)	2	PA; SL (62 capsules per month.); SP; CM
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	3	PA; SL (2 capsules per day.); SP; CM
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	2	PA; SL (63 tablets per 21 days); SP; CM
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	CM
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	2	CM
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	1	PA; ST; SL (1 tablet per day.); SP; CM
<i>dasatinib oral tablet 20 mg</i>	1	PA; ST; SL (2 tablets per day.); SP; CM
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	2	PA; SL (2 tablets per day.); SP; CM
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	2	CM
EFUDEX EXTERNAL CREAM 5 % (<i>fluorouracil</i>)	3	
EMCYT ORAL CAPSULE 140 MG (<i>estramustine phosphate sodium</i>)	2	CM
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	2	PA; SL (1 capsule per day.); SP; CM
ERLEADA ORAL TABLET 240 MG (<i>apalutamide</i>)	2	PA; SL (1 tablet per day.)
ERLEADA ORAL TABLET 60 MG (<i>apalutamide</i>)	2	PA; SL (4 tablets per day.); SP; CM
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	1	PA; SL (1 tablet per day.); SP; CM
<i>erlotinib hcl oral tablet 25 mg</i>	1	PA; SL (2 tablets per day.); SP; CM
<i>etoposide oral capsule 50 mg</i>	1	SP; CM
<i>everolimus oral tablet 10 mg, 7.5 mg</i>	1	PA; SL (2 tablets per day.); SP; CM
<i>everolimus oral tablet 5 mg, 5 mg</i>	1	PA; SL (1 tablet per day.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
everolimus oral tablet solution 1 mg, 3 mg, 5 mg	1	PA; SL (1 tablet per day.); SP; CM
exemestane oral tablet 25 mg	1	H
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (degarelix acetate)	3	SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (degarelix acetate)	3	SP
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (tivozanib hydrochloride)	3	PA; SL (0.75 capsules per day.); SP; CM
FRUZAQLA ORAL CAPSULE 1 MG (fruquintinib)	3	PA; ST; SL (84 capsules per 21 days.); SP; CM
FRUZAQLA ORAL CAPSULE 5 MG (fruquintinib)	3	PA; ST; SL (21 capsules per 21 days.); SP; CM
GAVRETO ORAL CAPSULE 100 MG (pralsetinib)	3	PA; SL (4 capsules per day.); SP; CM
gefitinib oral tablet 250 mg	1	PA; SL (2 tablets per day.); SP; CM
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (afatinib dimaleate)	3	PA; SL (1 tablet per day.); SP; CM
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	2	SP; CM
HEPZATO W/50MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED 50 MG (melphalan hydrochloride)	3	
HEPZATO W/62MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED 50 MG (melphalan hydrochloride)	3	
HYCAMPIN ORAL CAPSULE 0.25 MG (topotecan hydrochloride)	2	PA; SL (15 capsules per 15 days.); SP; CM
HYCAMPIN ORAL CAPSULE 1 MG (topotecan hydrochloride)	2	PA; SL (305 capsules per 15 days.); SP; CM
HYDREA ORAL CAPSULE 500 MG (hydroxyurea)	3	CM
hydroxyurea oral capsule 500 mg	1	CM
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (palbociclib)	2	PA; SL (21 capsules per month.); SP; CM
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (palbociclib)	2	PA; SL (0.75 tablets per day.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ICLUSIG ORAL TABLET 10 MG (<i>ponatinib hcl</i>)	3	PA; SL (1 tablet per day.); CM
ICLUSIG ORAL TABLET 15 MG, 45 MG (<i>ponatinib hcl</i>)	3	PA; SL (1 tablet per day.); SP; CM
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	2	PA; SL (1 tablet per day.); SP; CM
<i>imatinib mesylate oral tablet 400 mg</i>	1	PA; SL (6 tablets per day.); SP; CM
<i>imatinib mesylate oral tablet 400 mg</i>	1	PA; SL (1 tablet per day.); SP; CM
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	2	PA; SL (4 capsules per day.); SP; CM
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	2	PA; SL (1 capsule per day.); SP; CM
IMBRUVICA ORAL SUSPENSION 70 MG/ML (<i>ibrutinib</i>)	2	PA; SL (7.2 ml per day.); SP; CM
IMBRUVICA ORAL TABLET 420 MG (<i>ibrutinib</i>)	2	PA; SL (1 tablet per day.); SP; CM
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	3	PA; SL (6 tablets per day.); SP; CM
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	3	PA; SL (124 tablets per 30 days.); SP; CM
INQOVI ORAL TABLET 35-100 MG (<i>decitabine-cedazuridine</i>)	3	PA; SL (5 tablets per month.); SP; CM
INREBIC ORAL CAPSULE 100 MG (<i>fedratinib hcl</i>)	3	PA; ST; SL (4 capsules per day.); SP; CM
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	3	PA; SL (2 tablets per day.); SP; CM
IWILFIN ORAL TABLET 192 MG (<i>eflornithine hcl</i>)	2	PA; SL (8 tablets per day.); SP; CM
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	2	PA; SL (2 tablets per day.); SP; CM
JAYPIRCA ORAL TABLET 100 MG (<i>pirtobrutinib</i>)	3	PA; SL (3 tablets per day.); SP; CM
JAYPIRCA ORAL TABLET 50 MG (<i>pirtobrutinib</i>)	3	PA; SL (1 tablet per day.); SP; CM
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3	PA; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	3	PA; SL (21 tablets per month); SP; CM
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	3	PA; SL (42 tablets per 21 days.); SP; CM
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	3	PA; SL (63 tablets per 21 days.); SP; CM
KOSELUGO ORAL CAPSULE 10 MG (<i>selumetinib sulfate</i>)	3	PA; SL (8 capsules per day.); SP; CM
KOSELUGO ORAL CAPSULE 25 MG (<i>selumetinib sulfate</i>)	3	PA; SL (4 capsules per day.); SP; CM
KRAZATI ORAL TABLET 200 MG (<i>adagrasib</i>)	3	PA; SL (6 tablets per day.); SP; CM
<i>lapatinib ditosylate oral tablet 250 mg</i>	1	PA; SP; CM
LAZCLUZE ORAL TABLET 240 MG, 80 MG (<i>lazertinib mesylate</i>)	3	PA; SP; CM
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg</i>	1	PA; SL (28 capsules per 21 days.); SP; CM
<i>lenalidomide oral capsule 20 mg, 25 mg</i>	1	PA; SL (21 capsules per 21 days.); SP; CM
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 2 X 10 MG, 2 X 4 MG (<i>lenvatinib mesylate</i>)	3	PA; SL (2 capsules per day.); SP; CM
LENVIMA ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG, 2 X 10 MG & 4 MG, 3 X 4 MG (<i>lenvatinib mesylate</i>)	3	PA; SL (3 capsules per day.); SP; CM
LENVIMA ORAL CAPSULE THERAPY PACK 10 MG, 4 MG (<i>lenvatinib mesylate</i>)	3	PA; SL (1 capsule per day.); SP; CM
<i>letrozole oral tablet 5 mg</i>	1	H
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	2	CM
<i>leuprolide acetate injection 1kitmg/0.2ml</i>	1	PA
LONSURF ORAL TABLET 15-6.14 MG (<i>trifluridine-tipiracil</i>)	3	PA; SL (100 tablets per month.); SP; CM
LONSURF ORAL TABLET 20-8.19 MG (<i>trifluridine-tipiracil</i>)	3	PA; SL (80 tablets per 21 days.); SP; CM
LORBRENA ORAL TABLET 100 MG, 25 MG (<i>lorlatinib</i>)	3	PA; ST; SP; CM
LUMAKRAS ORAL TABLET 120 MG (<i>sotorasib</i>)	3	PA; SL (4 tablets per day.); SP; CM
LUMAKRAS ORAL TABLET 320 MG (<i>sotorasib</i>)	3	PA; SL (3 tablets per day.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	2	PA; SL (4 tablets per day); SP; CM
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	2	CM
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	3	PA; SL (84 tablets per month.); SP; CM
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	3	PA; SL (112 tablets per month.); SP; CM
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	3	PA; SL (140 tablets per month.); SP; CM
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	2	SP; CM
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	3	PA; ST; SL (40 tablets per 720 days.)
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml	1	
megestrol acetate oral tablet 200 mg, 40 mg	1	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (<i>trametinib dimethyl sulfoxide</i>)	3	ST; SL (17.4 ml per day.); SP; CM
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	3	PA; ST; SL (2 tablets per day.); SP; CM
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	3	PA; ST; SL (1 tablet per day.); SP; CM
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	3	PA; ST; SL (6 tablets per day); SP; CM
mercaptopurine oral tablet 50 mg	1	CM
methotrexate sodium (pf) injection solution 100mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted 100mg	1	
methotrexate sodium oral tablet 2.5 mg	1	CM
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	2	CM
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	2	PA; SL (6 tablets per day.); SP; CM
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	2	PA; SP; CM
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	2	PA; SL (4 tablets per day.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	2	PA; SL (1 capsule per day.); SP; CM
OGSIVEO ORAL TABLET 100 MG, 150 MG (<i>nirogacestat hydrobromide</i>)	2	PA; SP; CM
OGSIVEO ORAL TABLET 50 MG (<i>nirogacestat hydrobromide</i>)	2	PA; SL (6 tablets per day.); SP; CM
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML (<i>tovorafenib</i>)	3	PA; SL (96 ml per month.); SP; CM
OJEMDA ORAL TABLET 100 MG (<i>tovorafenib</i>)	3	PA; SL (24 tablets per month.); SP; CM
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (<i>mometinib dihydrochloride</i>)	3	PA; SL (1 tablet per day.); SP; CM
ONUREG ORAL TABLET 200 MG, 300 MG (<i>azacitidine</i>)	2	PA; SL (14 tablets per 24 days.); SP; CM
OPZELURA EXTERNAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	3	PA; SL (120 grams per prescription and 1200 grams per 365 days.); SP
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	3	PA; SL (1 tablet per day); SP; CM
ORSERDU ORAL TABLET 345 MG (<i>elacestrant hydrochloride</i>)	2	PA; SL (1 tablet per day.); SP; CM
ORSERDU ORAL TABLET 86 MG (<i>elacestrant hydrochloride</i>)	2	PA; SL (3 tablets per day.); SP; CM
<i>pazopanib hcl oral tablet 200 mg</i>	1	PA; SL (4 tablets per day.); SP; CM
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	2	SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	2	SP
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (<i>pemigatinib</i>)	3	PA; SL (1 tablet per day.); SP; CM
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG (<i>alpelisib</i>)	2	PA; SL (2 tablets per day.); SP; CM
PIQRAY ORAL TABLET THERAPY PACK 200 MG (<i>alpelisib</i>)	2	PA; SL (1 tablet per day.); SP; CM
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	3	PA; SL (21 capsules per 21 days.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	3	SP; CM
QINLOCK ORAL TABLET 50 MG (<i>ripretinib</i>)	3	PA; SL (3 tablets per day.); SP; CM
RETEVMO ORAL CAPSULE 40 MG (<i>selpercatinib</i>)	3	PA; SL (6 capsules per day.); SP; CM
RETEVMO ORAL CAPSULE 80 MG (<i>selpercatinib</i>)	3	PA; SP; CM
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG (<i>selpercatinib</i>)	3	PA; SP; CM
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>lenalidomide</i>)	2	PA; SL (28 capsules per 21 days.); SP; CM
REVLIMID ORAL CAPSULE 20 MG, 25 MG (<i>lenalidomide</i>)	2	PA; SL (21 capsules per 21 days.); SP; CM
REZLIDHIA ORAL CAPSULE 150 MG (<i>olutasidenib</i>)	2	PA; SL (2 capsules per day.); CM
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (<i>entrectinib</i>)	2	PA; SL (3 capsules per day.); SP; CM
ROZLYTREK ORAL PACKET 50 MG (<i>entrectinib</i>)	2	SL (3 pellet packets per day.); SP; CM
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>)	3	PA; ST; SL (4 tablets per day.); SP; CM
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	2	PA; SL (8 capsules per day); SP; CM
SCEMBLIX ORAL TABLET 100 MG (<i>asciminib hcl</i>)	3	PA; SP; CM
SCEMBLIX ORAL TABLET 20 MG, 40 MG (<i>asciminib hcl</i>)	3	PA; SL (2 tablets per day.); SP; CM
SOLTAMOX ORAL SOLUTION 10 MG/5ML (<i>tamoxifen citrate</i>)	3	
<i>sorafenib tosylate oral tablet 200 mg</i>	1	PA; SL (4 tablets per day.); SP; CM
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	2	PA; SL (84 tablets per 21 days.); SP; CM
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	PA; SL (1 capsule per day.); SP; CM
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	2	SP; CM
TABRECTA ORAL TABLET 150 MG, 200 MG (<i>capmatinib hcl</i>)	3	PA; SL (4 tablets per day.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	3	PA; ST; SL (4 capsules per day.); SP; CM
TAFINLAR ORAL TABLET SOLUBLE 10 MG (<i>dabrafenib mesylate</i>)	3	ST; SL (12 tablets per day.); SP; CM
TAGRISSO ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	3	PA; SL (1 tablet per day.); SP; CM
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (<i>talazoparib tosylate</i>)	3	PA; ST; SL (1 capsule per day.); SP; CM
tamoxifen citrate oral tablet mg	1	
tamoxifen citrate oral tablet mg	1	H
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (<i>nilotinib hcl</i>)	2	PA; ST; SL (4 capsules per day.); SP; CM
TAZVERIK ORAL TABLET 200 MG (<i>tazemetostat hbr</i>)	3	PA; SL (8 tablets per day.); SP; CM
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20250 mg, 5 mg	1	PA; SP; CM
TEPMETKO ORAL TABLET 225 MG (<i>tepotinib hcl</i>)	3	PA; SL (2 tablets per day.); SP; CM
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	2	PA; SL (2 tablets per day.); SP; CM
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	3	
toremifene citrate oral tablet mg	1	CM
torpenz oral tablet 10 mg, 7.5 mg	1	PA; SL (2 tablets per day.); SP; CM
torpenz oral tablet 15 mg, 5 mg	1	PA; SL (1 tablet per day.); SP; CM
tretinoin oral capsule 10 mg	1	SP; CM
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	2	CM
TRUQAP ORAL TABLET 160 MG, 200 MG (<i>capivasertib</i>)	2	PA; SL (64 tablets per month.); SP
TUKYSA ORAL TABLET 150 MG (<i>tucatinib</i>)	2	PA; SL (4 tablets per day.); SP; CM
TUKYSA ORAL TABLET 50 MG (<i>tucatinib</i>)	2	PA; SL (10 tablets per day.); SP; CM
TURALIO ORAL CAPSULE 125 MG (<i>pexidartinib hcl</i>)	2	PA; SL (4 capsules per day.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (<i>quizartinib dihydrochloride</i>)	3	PA; SL (2 tablets per day.); SP; CM
VENCLEXTA ORAL TABLET 10 MG, 100 MG (<i>venetoclax</i>)	2	PA; SL (4 tablets per day.); SP; CM
VENCLEXTA ORAL TABLET 50 MG (<i>venetoclax</i>)	2	PA; SL (1 tablet per day.); SP; CM
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	2	PA; SL (42 tablets per year.); SP; CM
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	2	PA; SL (2 tablets per day.); SP; CM
VITRAKVI ORAL CAPSULE 100 MG (<i>larotrectinib sulfate</i>)	2	PA; SL (2 capsules per day.); SP; CM
VITRAKVI ORAL CAPSULE 25 MG (<i>larotrectinib sulfate</i>)	2	PA; SL (6 capsules per day.); SP; CM
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	2	PA; SL (10 mL per day.); SP; CM
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	3	PA; SL (1 tablet per day.); SP; CM
VONJO ORAL CAPSULE 100 MG (<i>pacritinib citrate</i>)	3	PA; SL (4 capsules per day.); SP; CM
VORANIGO ORAL TABLET 10 MG, 40 MG (<i>vorasidenib</i>)	3	PA; SP; CM
WELIREG ORAL TABLET 40 MG (<i>belzutifan</i>)	3	PA; SL (3 tablets day.); SP; CM
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3	SL (4 ml per day); CM
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	3	PA; SL (3 tablets per day.); SP; CM
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (<i>selinexor</i>)	3	PA; SL (0.26 tablet per day.); SP; CM
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	3	PA; SL (0.14 tablet per day.); SP; CM
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	3	PA; SL (0.29 tablet per day.); SP; CM
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (<i>selinexor</i>)	3	PA; SL (0.14 tablet per day.); SP; CM
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	3	PA; SL (0.86 tablets per day.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	3	PA; SL (0.29 tablet per day.); SP; CM
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	3	PA; SL (1.15 tablets per day.); SP; CM
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	2	PA; SL (4 capsules per day.); SP; CM
XTANDI ORAL TABLET 40 MG (<i>enzalutamide</i>)	2	PA; SL (4 tablets per day.); SP; CM
XTANDI ORAL TABLET 80 MG (<i>enzalutamide</i>)	2	PA; SL (2 tablets per day.); SP; CM
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (<i>niraparib tosylate</i>)	2	PA; SL (1 tablet per day.); SP; CM
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	2	PA; SL (8 tablets per day.); SP; CM
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	2	PA; SL (4 capsules per day.); SP; CM
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	3	PA; SL (60 tablets per month.); SP; CM
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES - DRUGS FOR THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS (THERAPEUTIC) - DRUGS FOR THE IMMUNE SYSTEM		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (<i>timothy grass pollen allergen</i>)	3	PA; SL (1 tablet per day.)
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (<i>dust mite mixed allergen</i>) ext	3	PA; SL (1 tablet per day.)
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen</i>) ext	3	PA; SL (1 tablet per day.)
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 100 IR (<i>grass mix pollens allergen</i>) ext	3	PA; SL (3 tablets per year.)
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen</i>) ext	3	PA; SL (1 tablet per day.)
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (<i>peanut powder-dnfp</i>)	3	PA; SL (13 capsules per year.); SP
PALFORZIA ORAL 2 X 1 MG & 10 MG, 3 X 1 MG (<i>peanut powder-dnfp</i>)	3	PA; SL (45 capsules per 13 days.); SP
PALFORZIA ORAL 2 X 100 MG, 2 X 20 MG, 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	3	PA; SL (30 capsules per 13 days.); SP

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

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

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FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac tiss-cult subunt</i>)	3	H
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza virus vacc split pf</i>)	3	H
FLUMIST NASAL LIQUID (<i>influenza virus vaccine live</i>)	3	H
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split high-dose</i>)	3	H
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza virus vacc split pf</i>)	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION (<i>hpv 9-valent recomb vaccine</i>)	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hpv 9-valent recomb vaccine</i>)	3	H
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML (<i>hepatitis a vaccine</i>)	3	H
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (<i>hepatitis b vac recomb</i>) adj	3	H
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG (<i>haemophilus b polysac conj</i>) vac	3	H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR (<i>diphth-acell pertussis-tetanus</i>)	2	H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR (<i>diphth-acell pertussis-tetanus</i>)	3	H
IPOL INJECTION INJECTABLE (<i>poliovirus vaccine inactivated</i>)	2	H
MENQUADFI INTRAMUSCULAR SOLUTION (<i>mening acy&w-135 tetanus conj</i>)	3	H
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>meningococcal a c y&w-135</i>) olig	3	H
M-M-R II INJECTION SOLUTION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	2	H
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML (<i>covid-19 mrna virus vaccine</i>)	3	H
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-hepatitis b recomb-ipv</i>)	3	H
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML (<i>haemophilus b polysac conj</i>) vac	2	H

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PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>mening acyw(tet conj)-b(rcm)b</i>)	3	H
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>dtap-ipv-hib vaccin</i>)	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML (<i>covid-19 mrna virus vacc</i>)	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y INTRAMUSCULAR SUSPENSION 3 MCG/0.3ML	3	H
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML (<i>pneumococcal vac polyvalent</i>)	2	H
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML (<i>hepatitis b vac 3-antigen rmb</i>)	3	H
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>pneumococcal 20-val conj vac</i>)	3	H
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles, mumps & rubella</i>) vac	3	H
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles-mumps-rubella-varicell</i>)	3	H
QUADRACEL INTRAMUSCULAR SUSPENSION (<i>dtap-ipv vaccine</i>)	3	H
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML (<i>hepatitis b vac recombinant</i>)	2	H
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML (<i>hepatitis b vac recombinant</i>)	2	H
ROTARIX ORAL SUSPENSION (<i>rotavirus vaccine live oral</i>)	3	H
ROTATEQ ORAL SOLUTION (<i>rotavirus vac live pentavalent</i>)	3	H
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML (<i>zoster vac recomb adjuvanted</i>)	3	H
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (<i>covid-19 mrna virus vacc</i>)	3	H
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b vac (recomb)</i>)	3	H
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (<i>hepatitis a-hep b recomb</i>) vac	3	H
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (<i>hepatitis a vaccin</i>)	2	H

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VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML (varicella virus vaccine live)	3	H
VAXELIS INTRAMUSCULAR SUSPENSION (dtap-ipv- hib-hepatitis b recom)	3	H
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (dtap-ipv-hib-hepatitis b recom)	3	H
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (pneumococcal 15-val conj vacc)	3	H
AUTONOMIC DRUGS		
SMOKING CESSATION AGENTS		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	1	H
ft nicotine mini mouth/throat lozenge, 4 mg	1	H
ft nicotine mouth/throat gum, 4 mg	1	H
ft nicotine mouth/throat lozenge, 4 mg	1	H
goodsense nicotine mouth/throat gum	1	H
goodsense nicotine mouth/throat lozenge	1	H
habitrol transdermal patch 24 hour mg/24hr	1	H
naltrexone hcl oral tablet mg	1	
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG (nicotine polacrilex)	2	H
NICORETTE MOUTH/THROAT GUM 2 MG (nicotine polacrilex)	3	H
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (nicotine polacrilex)	2	H
nicotine mini mouth/throat lozenge, 4 mg	1	H
nicotine polacrilex mini mouth/throat lozenge	1	H
nicotine polacrilex mouth/throat gum, 4 mg	1	H
nicotine polacrilex mouth/throat lozenge, 4 mg	1	H
nicotine step 1 transdermal patch 24 hour mg/24hr	1	H
nicotine step 2 transdermal patch 24 hour mg/24hr	1	H
nicotine step 3 transdermal patch 24 hour mg/24hr	1	H
nicotine transdermal patch 14-7 mg/24hr	1	H
nicotine transdermal patch 24 hour mg/24hr	1	H
NICOTROL INHALATION INHALER 10 MG (nicotine)	3	H
NICOTROL NS NASAL SOLUTION 10 MG/ML (nicotine)	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
varenicline tartrate (starter) oral tablet therapy 0.5 mg x 11 & 1 mg x 42	1	H
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	H
varenicline tartrate(continue) oral tablet mg	1	H
AUTONOMIC DRUGS - Drugs for the Nervous System		
ALPHA- AND BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADRENALIN NASAL SOLUTION 0.1 % (epinephrine hcl (nasal))	2	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (epinephrine)	2	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (desloratadine-pseudoephedrine)	3	
droxidopa oral capsule 100 mg	1	PA; SL (90 tablets per month.); SP
droxidopa oral capsule 200 mg, 300 mg	1	PA; SL (180 tablets per month.); SP
epinephrine hcl (nasal) nasal solution 0.1 %	1	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	
LETS KIT	3	PA
pseudoephedrine-bromphen-dm oral syrup 2-10 mg/5ml	1	
ALPHA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
clonidine hcl er oral tablet extended release 0.1 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	1	
lofexidine hcl oral tablet 18 mg	1	SL (192 tablets per year.)
LUCEMYRA ORAL TABLET 0.18 MG (lofexidine hcl)	3	SL (192 tablets per year.)
METHYLDOPA ORAL TABLET 250 MG, 500 MG	3	PA
midodrine hcl oral tablet 1 mg, 2.5 mg, 5 mg	1	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (phenylephrine-chlorphen-dm)	3	
promethazine vc oral syrup 25-5 mg/5ml	1	
promethazine-phenylephrine oral syrup 25-5 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIMUSCARINICS/ANTISPASMODICS - Drugs for Parkinson		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG (<i>hyoscyamine sulfate</i>)	2	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium-vilanterol</i>)	3	SL (2 blisters per day.)
<i>atropine sulfate ophthalmic ointment</i> %	1	
<i>atropine sulfate ophthalmic solution</i> %	1	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	2	SL (0.87 grams per day.)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	2	SL (0.36 grams per day.)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	3	SL (0.36 grams per day.)
<i>chlordiazepoxide-clidinium oral capsules</i> 2.5 mg	1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	2	SL (0.28 grams per day.)
CUVPOSA ORAL SOLUTION 1 MG/5ML (<i>glycopyrrolate</i>)	3	
<i>dicyclomine hcl oral capsules</i> 10 mg	1	
<i>dicyclomine hcl oral solution</i> 10 mg/5ml	1	
<i>dicyclomine hcl oral tablets</i> 10 mg	1	
<i>diphenoxylate-atropine oral liquid</i> 2.5-0.025 mg/5ml	1	
<i>diphenoxylate-atropine oral tablets</i> 2.5-0.025 mg	1	
<i>glycopyrrolate oral solution</i> mg/5ml	1	
<i>glycopyrrolate oral tablets</i> 1 mg, 2 mg	1	
<i>hydrocodone bit-homatrop mbr oral solution</i> 5 mg/5ml	1	PA
<i>hydrocodone bit-homatrop mbr oral tablets</i> 5 mg	1	PA
<i>hydromet oral solution</i> 5-1.5 mg/5ml	1	PA
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i> 0.375 mg	1	
<i>hyoscyamine sulfate oral elixir</i> 125 mg/5ml	1	
<i>hyoscyamine sulfate oral solution</i> 125 mg/ml	1	
<i>hyoscyamine sulfate oral tablets</i> 125 mg	1	
<i>hyoscyamine sulfate oral tablet dispersible</i> 125 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	1	
hyosyne oral elixir 0.125 mg/5ml	1	
hyosyne oral solution 0.125 mg/ml	1	
ipratropium bromide inhalation solution 0.02 %	1	
ipratropium bromide nasal solution 0.03 %, 0.06 %	1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG (hyoscyamine sulfate)	3	
LEVSIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	3	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG (hyoscyamine sulfate)	3	
LOMOTIL ORAL TABLET 2.5-0.025 MG (diphenoxylate-atropine)	3	
me/naphos/mb/hyo1 oral tablet 1.6 mg	1	
methscopolamine bromide oral tablets 2.5 mg, 5 mg	1	
MOTOFEN ORAL TABLET 1-0.025 MG (difenoxylin-atropine)	3	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (hyoscyamine sulfate)	3	
OSCIMIN ORAL TABLET 0.125 MG	3	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	3	
scopolamine transdermal patch 72 hr 1mg/3days	1	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (tiotropium bromide monohydrate)	1	SL (1 capsule per day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (tiotropium bromide monohydrate)	2	SL (0.15 grams per day.)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (tiotropium bromide-olodaterol)	2	SL (0.15 grams per day.)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (fluticasone-umeclidin-vilant)	3	SL (2 blisters per day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (fluticasone-umeclidin-vilant)	3	SL (2 blisters per day.)
URELLE ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	3	
uretron d/s oral tablet 6 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
urin ds oral tablet 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 sàl)	3	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (revefenacin)	3	SL (3 ml per day.)
ANTIPARKINSONIAN AGENTS - Drugs for Parkinson		
benztropine mesylate oral tablet 1 mg, 2 mg	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA
diphenhydramine hcl oral elixir 5 mg/5ml	1	
trihexyphenidyl hcl oral solution 4 mg/ml	1	
trihexyphenidyl hcl oral tablet 1 mg, 5 mg	1	
AUTONOMIC DRUGS, MISCELLANEOUS - Drugs for the Nervous System		
ft nicotine mini mouth/throat lozenge 2 mg, 4 mg	1	H
ft nicotine mouth/throat gum 2 mg, 4 mg	1	H
ft nicotine mouth/throat lozenge 2 mg, 4 mg	1	H
goodsense nicotine mouth/throat gum 2 mg	1	H
goodsense nicotine mouth/throat lozenge 2 mg	1	H
habitrol transdermal patch 24 hr 1 mg/24hr	1	H
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG (nicotine polacrilex)	2	H
NICORETTE MOUTH/THROAT GUM 2 MG (nicotine polacrilex)	3	H
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (nicotine polacrilex)	2	H
nicotine mini mouth/throat lozenge 2 mg, 4 mg	1	H
nicotine polacrilex mini mouth/throat lozenge 2 mg	1	H
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
nicotine step 1 transdermal patch 24 hr 1 mg/24hr	1	H
nicotine step 2 transdermal patch 24 hr 1 mg/24hr	1	H
nicotine step 3 transdermal patch 24 hr 1 mg/24hr	1	H
nicotine transdermal patch 1-14-7 mg/24hr	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>nicotine transdermal patch 24 hr 21 mg/24hr</i>	1	H
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	3	H
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	3	H
<i>varenicline tartrate (starter) oral tablet therapy 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 mg</i>	1	H
CENTRALLY ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	1	
<i>cyclobenzaprine hcl oral tablet 1 mg, 5 mg</i>	1	
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	PA
ENOVARX-CYCLOBENZAPRINE HCL TRANSDERMAL CREAM 20 MG/GM	3	PA
LORZONE ORAL TABLET 375 MG, 750 MG (<i>chlorzoxazone</i>)	3	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
<i>methocarbamol oral tablet 400 mg, 500 mg, 750 mg</i>	1	
TABRADOL FUSEPAQ ORAL SUSPENSION 1 MG/ML (<i>cyclobenzaprine hcl-msn</i>)	3	PA
TANLOR ORAL TABLET 1000 MG (<i>methocarbamol</i>)	3	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	
VP FC KIT EXTERNAL CREAM	3	PA
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (<i>tizanidine hcl</i>)	3	
ZANAFLEX ORAL TABLET 4 MG (<i>tizanidine hcl</i>)	3	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS - Drugs for Relaxing Muscles		
DANTRIUM ORAL CAPSULE 25 MG (<i>dantrolene sodium</i>)	3	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	1	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
BACLOFEN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML	3	
<i>baclofen oral suspension 25 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
ENOVARX-BACLOFEN EXTERNAL CREAM 1 %	3	PA
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (<i>baclofen</i>)	3	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (<i>ketoprofen-baclofen-gabap-lido</i>)	3	PA
OZOBAX DS ORAL SOLUTION 10 MG/5ML (<i>baclofen</i>)	3	
INDIRECT-ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
<i>orphenadrine citrate er oral tablet extended release 120hour 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	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
CORGARD ORAL TABLET 20 MG, 40 MG (<i>nadolol</i>)	3	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	3	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24hour 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 20 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	3	
<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
NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS - Drugs for the Heart		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (doxazosin mesylate)	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (doxazosin mesylate)	3	
doxazosin mesylate oral tabletmg, 2 mg, 4 mg, 8 mg	1	
prazosin hcl oral capsulemg, 2 mg, 5 mg	1	
terazosin hcl oral capsulemg, 10 mg, 2 mg, 5 mg	1	
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
dihydroergotamine mesylate injection solutionmg/ml	1	
dihydroergotamine mesylate nasal solutionmg/ml	1	
ergoloid mesylates oral tabletmg	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (ergotamine tartrate)	3	
ergotamine-caffeine oral tablet100 mg	1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine- caffeine)	3	
phenoxybenzamine hcl oral capsulemg	1	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - Drugs for Bladder Incontinence		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY (donepezil hcl)	3	
bethanechol chloride oral tabletmg, 25 mg, 5 mg, 50 mg	1	
cevimeline hcl oral capsulemg	1	
donepezil hcl oral tabletmg, 23 mg, 5 mg	1	
donepezil hcl oral tablet dispersiblemg, 5 mg	1	
FIRDAPSE ORAL TABLET 10 MG (amifampridine phosphat	2	PA; SL (300 tablets per month.); SP
galantamine hydrobromide er oral capsule extended release 24, hour 16 mg, 24 mg, 8 mg	1	
galantamine hydrobromide oral solutionmg/ml	1	
galantamine hydrobromide oral tabletmg, 4 mg, 8 mg	1	
MESTINON ORAL SOLUTION 60 MG/5ML (pyridostigmine bromide)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (<i>memantine hcl-donepezil hcl</i>)	3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	3	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
<i>pyridostigmine bromide er oral tablet extended release 60 mg</i>	1	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hr 3.1 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	
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT - Drugs for the Heart		
<i>alfuzosin hcl er oral tablet extended release 10 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>silodosin oral capsule 8 mg</i>	1	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	
SELECTIVE BETA-2-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	2	SL (0.4 grams per day.)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	
<i>albuterol sulfate hfa inhalation aerosol solution (90 base) mcg/act</i>	1	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>albuterol sulfate oral syrup 2mg/5ml</i>	1	
<i>albuterol sulfate oral tablets 2mg, 4 mg</i>	1	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium-vilanterol</i>)	3	SL (2 blisters per day.)
<i>arformoterol tartrate inhalation nebulization solution 5mcg/2ml</i>	1	SL (2 nebulizers per day)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	2	SL (0.36 grams per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT (<i>fluticasone furoate-vilanterol</i>)	2	SL (2 blisters per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT, 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	3	SL (2 blisters per day.)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	3	SL (0.36 grams per day.)
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (<i>arformoterol tartrate</i>)	3	SL (2 nebulizers per day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	2	SL (0.28 grams per day.)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT (<i>mometasone furo-formoterol fumarate</i>)	3	ST; SL (0.44 grams per day.)
DULERA INHALATION AEROSOL 50-5 MCG/ACT (<i>mometasone furo-formoterol fumarate</i>)	3	ST; SL (0.44 mcg per day.)
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	SL (2 blisters per day.)
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	SL (0.4 grams per day.)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	SL (2 blisters per day.)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	SL (0.04 mcg per day.)
<i>formoterol fumarate inhalation nebulization solution 20mcg/2ml</i>	1	SL (2 vials per day.)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	
<i>levalbuterol hcl inhalation nebulization solution 0.01 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	3	SL (2 vials per day.)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>salmeterol xinafoate</i>)	2	SL (1 diskus (60 blisters) per month.)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	2	SL (0.15 grams per day.)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	2	SL (0.15 grams per day.)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	1	SL (0.35 grams per day.)
<i>terbutaline sulfate oral tablets 2.5 mg, 5 mg</i>	1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	3	SL (2 blisters per day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	3	SL (2 blisters per day.)
<i>wixela inhub inhalation aerosol powder breath activated 250-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	SL (2 blisters per day.)
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (<i>levalbuterol tartrate</i>)	3	
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT - Drugs for the Heart		
<i>acebutolol hcl oral capsules 200 mg, 400 mg</i>	1	
<i>atenolol oral tablets 100 mg, 25 mg, 50 mg</i>	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>atenolol</i>)	3	PA
<i>betaxolol hcl oral tablets 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablets 10 mg, 5 mg</i>	1	
CORGARD ORAL TABLET 20 MG, 40 MG (<i>nadolol</i>)	3	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	3	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - Drugs for Relaxing Muscles		
<i>orphenadrine citrate er oral tablet extended release 120 mg</i>	1	
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood		
ANTIANEMIA DRUGS - Vitamins and Minerals		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML (<i>darbepoetin alfa</i>)	2	SL (2 syringes per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	2	SL (4 syringes per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML (<i>darbepoetin alfa</i>)	2	SL (1.6 ml per month.); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML (<i>darbepoetin alfa</i>)	2	SL (1 prefill syringe per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	2	SL (2 vials per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML (<i>darbepoetin alfa</i>)	2	SL (4 vials per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML (<i>darbepoetin alfa</i>)	2	SL (2 vials per prescription); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>darbepoetin alfa</i>)	2	SL (2 syringes per month); SP
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG (<i>daprodustat</i>)	3	PA; SL (1 tablet per day.); SP
JESDUVROQ ORAL TABLET 6 MG (<i>daprodustat</i>)	3	PA; SL (2 tablets per day.); SP
JESDUVROQ ORAL TABLET 8 MG (<i>daprodustat</i>)	3	PA; SL (3 tablets per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RETACRIT INJECTION SOLUTION 10000 UNIT/ML (<i>epoetin alfa-epbx</i>)	2	SL (8 ml per 21 days); SP
RETACRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa-epbx</i>)	2	SL (12 ml per 21 days.); SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML (<i>epoetin alfa-epbx</i>)	2	
RETACRIT INJECTION SOLUTION 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	2	SL (4 ml per 21 days.); SP
ANTICOAGULANTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML (<i>anticoagulant cit dext soln a</i>)	3	
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION 4 %, 4 GM/100ML	3	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	1	
TRICITRASOL IN VITRO CONCENTRATE 46.7 % (<i>anticoagulant sodium citrate</i>)	3	
ANTITHROMBOTIC AGENTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	2	PA; SL (1 vial per day and 58 vials per 120 days.); SP
LODOCO ORAL TABLET 0.5 MG (<i>colchicine</i>)	3	SL (1 tablet per day.)
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC. - Drugs to Prevent Bleeding		
OXBRYTA ORAL TABLET 300 MG, 500 MG (<i>voxelotor</i>)	3	PA; SL (3 tablets per day.); SP
OXBRYTA ORAL TABLET SOLUBLE 300 MG (<i>voxelotor</i>)	3	PA; SL (3 tablets per day.); SP
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (<i>mitapivat sulfate</i>)	3	PA; SL (56 tablets per 28 days.); SP; CM
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG (<i>mitapivat sulfate</i>)	3	PA; SL (7 tablets per 365 days.); SP; CM
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG (<i>mitapivat sulfate</i>)	3	PA; SL (14 tablets per 365 days.); SP; CM
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	3	PA; SL (2 tablets per day); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COUMARIN DERIVATIVES - Drugs to Prevent Blood Clots		
<i>jantoven oral tablet mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	4 mg, 5	
<i>warfarin sodium oral tablet mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	3 mg, 4	
DIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (<i>apixaban</i>)	2	SL (2.5 tablets per day.)
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	2	SL (2 tablets per day.)
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	2	SL (2.5 tablets per day.)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	3	ST; SL (1 tablet per day.)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (<i>rivaroxaban</i>)	2	SL (20 ml per day.)
XARELTO ORAL TABLET 10 MG (<i>rivaroxaban</i>)	2	SL (1 tablet per day.)
XARELTO ORAL TABLET 15 MG (<i>rivaroxaban</i>)	2	SL (52 tablets per month initial 1 tablet per day for maintenance.)
XARELTO ORAL TABLET 2.5 MG (<i>rivaroxaban</i>)	2	SL (2 tablets per day.)
XARELTO ORAL TABLET 20 MG (<i>rivaroxaban</i>)	2	SL (31 tablets per 31 days.)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	2	SL (51 tablets per year.)
DIRECT THROMBIN INHIBITORS - Drugs to Prevent Blood Clots		
<i>dabigatran etexilate mesylate oral capsule mg</i>	1	SL (2 tablets per day.)
<i>dabigatran etexilate mesylate oral capsule mg, 75 mg</i>	1	SL (62 capsules per 31 days.)
PRADAXA ORAL CAPSULE 110 MG (<i>dabigatran etexilate mesylate</i>)	2	SL (2 tablets per day.)
PRADAXA ORAL CAPSULE 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	2	SL (62 capsules per 31 days.)
PRADAXA ORAL PACKET 110 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>dabigatran etexilate mesylate</i>)	3	SL (4 packets per day.)
PRADAXA ORAL PACKET 150 MG (<i>dabigatran etexilate mesylate</i>)	3	SL (2 packets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HEMATOPOIETIC AGENTS - Drugs for Anemia		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (<i>eltrombopag cholinę</i>)	3	PA; SP; CM
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML (<i>darbepoetin alfa</i>)	2	SL (2 syringes per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	2	SL (4 syringes per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML (<i>darbepoetin alfa</i>)	2	SL (1.6 ml per month.); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML (<i>darbepoetin alfa</i>)	2	SL (1 prefill syringe per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	2	SL (2 vials per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML (<i>darbepoetin alfa</i>)	2	SL (4 vials per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML (<i>darbepoetin alfa</i>)	2	SL (2 vials per prescription); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>darbepoetin alfa</i>)	2	SL (2 syringes per month); SP
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	3	PA; SL (15 tablets per month.); SP
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG (<i>daprodustat</i>)	3	PA; SL (1 tablet per day.); SP
JESDUVROQ ORAL TABLET 6 MG (<i>daprodustat</i>)	3	PA; SL (2 tablets per day.); SP
JESDUVROQ ORAL TABLET 8 MG (<i>daprodustat</i>)	3	PA; SL (3 tablets per day.); SP
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (<i>sargramostim</i>)	2	
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML (<i>plerixafor</i>)	3	SP
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	2	PA; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	2	
<i>plerixafor subcutaneous solution 24 mg/1.2ml</i>	1	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROMACTA ORAL PACKET 12.5 MG (<i>eltrombopag olamine</i>)	3	PA; SL (6 packets per day.); SP
PROMACTA ORAL PACKET 25 MG (<i>eltrombopag olamine</i>)	3	PA; SL (6 packets per day.)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	3	PA; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML (<i>epoetin alfa-epbx</i>)	2	SL (8 ml per 21 days); SP
RETACRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa-epbx</i>)	2	SL (12 ml per 21 days.); SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML (<i>epoetin alfa-epbx</i>)	2	
RETACRIT INJECTION SOLUTION 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	2	SL (4 ml per 21 days.); SP
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	2	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	2	SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	2	SP
HEMORRHOLOGIC AGENTS - Drugs for Blood Flow		
<i>pentoxifylline</i> oral tablet extended release mg	1	
HEMOSTATICS - Drugs to Prevent Bleeding		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	2	SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	3	PA; SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>)	3	PA; SP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor-vwf</i>)	2	SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>coagulation factor)ix</i>	2	
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 500 UNIT (<i>coagulation factor)ix</i>	2	SP

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ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>coagulation factor ix (rifi)fc</i>)	3	SP
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact fc-vwf-xten-ehptl</i>)	3	PA; SP
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	1	
<i>aminocaproic acid oral tablets 100 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 (recom)b</i>)	2	SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (<i>coagulation factor x (human)</i>)	2	SP
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (<i>factor xiii concentrate human</i>)	2	SP
<i>desmopressin ace spray refrig nasal solution 0.1 %</i>	1	
<i>desmopressin acetate injection solution 40 mcg/ml</i>	1	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	3	
<i>desmopressin acetate oral tablets 1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate pf injection solution 40 mcg/ml</i>	1	
<i>desmopressin acetate spray nasal solution 0.1 %</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-rfviii)fc</i>)	3	PA; SP
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (<i>antiinhibitor coagulant complex</i>)	2	SP
GELFILM OPHTHALMIC FILM (<i>gelatin adsorbable</i>)	2	
GEL-FLOW EXTERNAL KIT (<i>gelatin absorb-thrombin</i>)	3	
GELFOAM-JMI POWDER EXTERNAL KIT (<i>gelatin absorb-thrombin</i>)	3	
GELFOAM-JMI SPONGE EXTERNAL KIT (<i>gelatin absorb-thrombin</i>)	3	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML (<i>emicizumab-kxwh</i>)	2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	2	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1700 UNIT (<i>antihemophilic factor</i>)	2	SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (<i>antihemophilic factor-vwf</i>)	2	SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (<i>coagulation factor ix (rix)fp</i>)	3	SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>ahf (bdd-rfviii peg-auc1)</i>)	3	PA; SP
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	2	
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	2	
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem factor recomb (rfyiii)</i>)	2	
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfn)</i>)	2	SP
MONSELS FERRIC SUBSULFATE EXTERNAL SOLUTION	3	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (<i>desmopressin acetate</i>)	3	SL (1 tablet per day.)
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil factor bd truncated</i>)	2	
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT (<i>antihemophil factor bd truncated</i>)	2	SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (<i>coagulation factor viia recomb</i>)	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem factor (bdd-rfviii,sim)</i>)	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT (<i>antihem factor (bdd-rfviii,sim)</i>)	2	

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NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,si)n</i>)	2	SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT (<i>antihem fact (bdd-rfviii,si)n</i>)	2	
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	3	SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>factor ix complex</i>)	2	SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (<i>antihem factor recomb (rfviii)</i>)	2	SP
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT (<i>thrombin (recombinant)</i>)	3	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT (<i>thrombin (recombinant)</i>)	3	
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	2	
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (<i>coagulation factor viia-jnqw</i>)	3	SP
THROMBIN-JMI EPISTAXIS EXTERNAL KIT 5000 UNIT (<i>thrombin</i>)	3	
THROMBIN-JMI EXTERNAL KIT 20000 UNIT, 5000 UNIT (<i>thrombin</i>)	3	
THROMBOGEN EXTERNAL KIT 10000 UNIT (<i>thrombin</i>)	3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED 1000 UNIT, 10000 UNIT (<i>thrombin</i>)	3	
<i>tranexamic acid oral tablets 50 mg</i>	1	SL (30 tablets per 5 days.)
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT (<i>coagulation factor xiii a-sub</i>)	3	SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (<i>von willebrand factor (recombinant)</i>)	2	SP
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (<i>antihemophilic factor-vwf</i>)	2	SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mqr)</i>)	3	PA; ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	3	PA; ST
XYNTHA SOLOFUSE INTRAVENOUS KIT 3000 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	3	PA; ST; SP
HEPARINS - Drugs to Prevent Blood Clots		
<i>enoxaparin sodium injection solution 100 mg/3ml</i>	1	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 160 mg/0.6ml, 80 mg/0.8ml</i>		
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	3	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (<i>dalteparin sodium</i>)	3	
<i>heparin na (pork) lock flush intravenous solution 100 unit/ml</i>	1	
<i>heparin sod (pork) lock flush intravenous solution 100 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, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	1	
IRON PREPARATIONS - Vitamins and Minerals		
ATABEX OB ORAL TABLET 29-1 MG (<i>prenatal vit w/ fe b12-ga</i>)	3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (<i>prenat-fecb-fefum-fa-dha w/o a</i>)	3	
ELITE-OB ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	3	
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hematinic/folic acid oral tablet 24-1 mg	1	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
multi-vitamin/fluoride/iron oral solution 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	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (ped multivitamins-fl-iron)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (ped multivitamins-fl-iron)	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
prenatal oral tablet 27-1 mg	1	
prenatal plus vitamin/mineral oral tablet 27-1 mg	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o)a	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (prenatal-feaspgly-methylfol-fa)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o)a	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (prenat-fecbn-feasp-meth-fa-dha)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (prenat-feasp-meth-fa-dha w/o)a	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRIMACARE ORAL CAPSULE 30-1-470 MG (pren-fe-meth-fa-omeg w/o)a	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	3	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	3	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (<i>prenatal-fe fum-methf-fa w/o)a</i>)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (<i>prenat-fefum-fered-fa-dha w/o</i>)	3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
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	
DODEX INJECTION SOLUTION 1000 MCG/ML (<i>cyanocobalamin</i>)	3	
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</i>	E	H
<i>aspirin adult low dose oral tablet delayed release</i>	E	H
<i>aspirin adult low strength oral tablet delayed release</i>	E	H
<i>aspirin childrens oral tablet chewable</i>	E	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aspirin ec adult low dose oral tablet delayed release 81 mg	E	H
aspirin ec low dose oral tablet delayed release 81 mg	E	H
aspirin ec low strength oral tablet delayed release 81 mg	E	H
aspirin low dose oral tablet chewable 81 mg	E	H
aspirin low dose oral tablet delayed release 81 mg	E	H
aspirin oral tablet chewable 81 mg	E	H
aspirin oral tablet delayed release 81 mg	E	H
aspirin regimen oral tablet delayed release 81 mg	E	H
aspirin-dipyridamole er oral capsule extended release 125-200 mg	hour 1	
BRILINTA ORAL TABLET 60 MG, 90 MG (ticagrelor)	2	SL (2 tablets per day.)
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel bisulfate oral tablet 100 mg, 75 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
ft aspirin low dose oral tablet delayed release 81 mg	E	H
ft aspirin oral tablet chewable 81 mg	E	H
goodsense aspirin low dose oral tablet delayed release 81 mg	E	H
mm aspirin oral tablet delayed release 81 mg	E	H
prasugrel hcl oral tablet 10 mg, 5 mg	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (aspirin)	E	H
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (aspirin)	E	H
ZONTIVITY ORAL TABLET 2.08 MG (vorapaxar sulfate)	3	SL (1 tablet per day.)
PLATELET-REDUCING AGENTS - Drugs to Prevent Blood Clots		
anagrelide hcl oral capsule 0.5 mg, 1 mg	1	
THROMBOLYTIC AGENTS - Drugs to Prevent Blood Clots		
aspirin 81 oral tablet delayed release 81 mg	E	H
aspirin adult low dose oral tablet delayed release 81 mg	E	H
aspirin adult low strength oral tablet delayed release 81 mg	E	H
aspirin childrens oral tablet chewable 81 mg	E	H
aspirin ec adult low dose oral tablet delayed release 81 mg	E	H
aspirin ec low dose oral tablet delayed release 81 mg	E	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aspirin ec low strength oral tablet delayed release 81 mg	E	H
aspirin low dose oral tablet chewable 81 mg	E	H
aspirin low dose oral tablet delayed release 81 mg	E	H
aspirin oral tablet chewable 81 mg	E	H
aspirin oral tablet delayed release 81 mg	E	H
aspirin regimen oral tablet delayed release 81 mg	E	H
ft aspirin low dose oral tablet delayed release 81 mg	E	H
ft aspirin oral tablet chewable 81 mg	E	H
goodsense aspirin low dose oral tablet delayed release 81 mg	E	H
mm aspirin oral tablet delayed release 81 mg	E	H
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (aspirin)	E	H
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (aspirin)	E	H
VON WILLEBRAND FACTOR-RELATED ANTITHROMB - Drugs to Prevent Blood Clots		
CABLIVI INJECTION KIT 11 MG (caplacizumab-yhdp)	2	PA; SL (1 vial per day and 58 vials per 120 days.); SP
CARDIOVASCULAR DRUGS		
BRADYKININ RECEPTORS ANTAGONISTS		
icatibant acetate subcutaneous solution prefilled syringe 300 mg/3ml	1	PA; SL (0.6 ml per day.); SP
CARBONIC ANHYDRASE INHIBITORS (24:36)		
acetazolamide er oral capsule extended release 1200 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
dichlorphenamide oral tablet 50 mg	1	PA; SL (4 tablets per day.); SP
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	3	PA; SL (4 tablets per day.); SP
methazolamide oral tablet 25 mg, 50 mg	1	
KALLIKREIN		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (lanadelumab-flyo)	2	PA; SL (0.072 ml per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>Ianadelumab-flyo</i>)	2	PA; SL (0.0375 ml per day.); SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>Ianadelumab-flyo</i>)	2	PA; SL (0.072 ml per day.); SP
LOOP DIURETICS (24:36)		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BUMEX ORAL TABLET 0.5 MG (<i>bumetanide</i>)	3	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (<i>furosemide</i>)	3	PA
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (<i>furosemide</i>)	3	
SOAANZ ORAL TABLET 20 MG (<i>torseamide</i>)	3	SL (1 tablet per day.)
SOAANZ ORAL TABLET 40 MG, 60 MG (<i>torseamide</i>)	3	SL (2 tablets per day.)
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
POTASSIUM-SPARING DIURETIC		
<i>amiloride hcl oral tablet 5 mg</i>	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	3	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
THIAZIDE DIURETICS (24:36)		
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	2	
<i>hydrochlorothiazide oral capsule 2.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 2.5 mg, 25 mg, 50 mg</i>	1	
THIAZIDE-LIKE DIURETICS (24:36)		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
THALITONE ORAL TABLET 15 MG (<i>chlorthalidone</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARDIOVASCULAR DRUGS - Drugs for the Heart		
ACL INHIBITORS - Drugs for Cholesterol		
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	2	SL (1 tablet per day.)
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	2	SL (1 tablet per day.)
ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for Varicose Veins		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	
CORGARD ORAL TABLET 20 MG, 40 MG (<i>nadolol</i>)	3	
<i>doxazosin mesylate oral tablet 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 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule mg, 10 mg, 2 mg, 5 mg</i>	1	
ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	
<i>carvedilol oral tablet 2.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>doxazosin mesylate oral tablet 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 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule mg, 10 mg, 2 mg, 5 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN) - Drugs for High Blood Pressure & Angina		
<i>candesartan cilexetil oral tablet 4 mg, 32 mg, 4 mg, 8 mg</i>	1	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	3	
<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	

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>fosinopril sodium oral tablet</i> 10 mg, 20 mg, 40 mg	1	
<i>fosinopril sodium-hctz oral tablet</i> 10-12.5 mg, 20-12.5 mg	1	
<i>lisinopril oral tablet</i> 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 51mg		
<i>lisinopril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>benazepril-hydrochlorothiazide</i>)	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	3	
<i>moexipril hcl oral tablet</i> 15 mg, 7.5 mg	1	
<i>perindopril erbumine oral tablet</i> 2mg, 4 mg, 8 mg	1	
QBRELIS ORAL SOLUTION 1 MG/ML (<i>lisinopril</i>)	3	
<i>quinapril hcl oral tablet</i> 10 mg, 20 mg, 40 mg, 5 mg	1	
<i>quinapril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
<i>ramipril oral capsule</i> 25 mg, 10 mg, 2.5 mg, 5 mg	1	
<i>trandolapril oral tablet</i> 1 mg, 2 mg, 4 mg	1	
<i>trandolapril-verapamil hcl er oral tablet extended release</i> 240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
ANTIARRHYTHMICS, MISCELLANEOUS - Drugs for Angina		
<i>digoxin oral solution</i> 0.05 mg/ml	1	
<i>digoxin oral tablet</i> 125 mcg, 250 mcg, 62.5 mcg	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG (<i>digoxin</i>)	3	
ANTILIPEMIC AGENTS, MISCELLANEOUS - Drugs for Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (<i>lomitapide mesylate</i>)	3	PA; ST; SL (1 capsule per day.); SP
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	2	SL (1 tablet per day.)
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	2	SL (1 tablet per day.)
<i>niacin er (antihyperlipidemic) oral tablet extended release</i> 1000 mg, 500 mg, 750 mg	1	
<i>omega-3-acid ethyl esters oral capsule</i> 1g	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BETA-ADRENERGIC BLOCKING AGENTS - Drugs for High Blood Pressure		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>atenolol</i>)	3	PA
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>) af	3	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 5 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 5-6.25 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	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
CORGARD ORAL TABLET 20 MG, 40 MG (<i>nadolol</i>)	3	
<i>doxazosin mesylate oral tablet 2 mg, 2 mg, 4 mg, 8 mg</i>	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	3	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	3	
<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	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 240hour mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 100 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 20 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	3	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
BILE ACID SEQUESTRANTS - Drugs for Cholesterol		
cholestyramine light oral packet 4 gm	1	
cholestyramine light oral powder 4 gm/dose	1	
cholestyramine oral packet 4 gm	1	
cholestyramine oral powder 4 gm/dose	1	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (clindamycin-tretinoin-cholesty)	3	PA
colesevelam hcl oral packet 375 gm	1	
colesevelam hcl oral tablet 625 mg	1	
COLESTID ORAL GRANULES 5 GM (colestipol hcl)	3	
COLESTID ORAL TABLET 1 GM (colestipol hcl)	3	
colestipol hcl oral granules 5 gm	1	
colestipol hcl oral packet 5 gm	1	
colestipol hcl oral tablet 5 gm	1	
prevalite oral packet 4 gm	1	
prevalite oral powder 4 gm/dose	1	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE (cholestyramine light)	3	
QUESTRAN ORAL PACKET 4 GM (cholestyramine)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QUESTRAN ORAL POWDER 4 GM/DOSE (<i>cholestyramine</i>)	3	
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 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 240 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 240 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral tablet 20 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 240 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>tiadyt er oral capsule extended release 240 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	
<i>verapamil hcl er oral capsule extended release 240 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 240 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 20 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 240 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 240 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral tablet 20 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 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	
<i>verapamil hcl er oral capsule extended release 240 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 20 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl er oral capsule extended release 120 hour, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 240 hour, 180 mg, 240 mg	1	
diltiazem hcl er oral tablet extended release 240 hour, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral tablet 30 mg, 60 mg, 90 mg	1	
dilt-xr oral capsule extended release 24 hour, 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hour, 240 mg, 300 mg, 360 mg, 420 mg	1	
tiadyt er oral capsule extended release 24 hour, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl er beads)	3	
trandolapril-verapamil hcl er oral tablet extended release 240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
verapamil hcl er oral capsule extended release 240 hour, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 240 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (verapamil hcl)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (verapamil hcl)	3	
CARBONIC ANHYDRASE INHIBITORS(HYPOTEN) - Drugs for High Blood Pressure & Angina		
acetazolamide er oral capsule extended release 1200 hour mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
methazolamide oral tablet 25 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARDIAC DRUGS, MISCELLANEOUS - Drugs for Angina		
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG, 500 MG (ranolazine)	3	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (mavacamten)	3	PA; SL (1 capsule per day.); SP
CORLANOR ORAL SOLUTION 5 MG/5ML (ivabradine hcl)	3	PA; SL (20 ml per day.)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine hcl)	3	PA; SL (2 tablets per day.)
ivabradine hcl oral tablet 5 mg, 7.5 mg	1	PA; SL (2 tablets per day.)
ranolazine er oral tablet extended release 1200 mg, 500 mg	1	
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	2	PA; SL (1 capsule per day.); SP
VYNDAQEL ORAL CAPSULE 20 MG (tafamidis meglumine (cardiac))	2	PA; SL (4 capsules per day.); SP
CARDIOTONIC AGENTS - Drugs for Angina		
CORLANOR ORAL SOLUTION 5 MG/5ML (ivabradine hcl)	3	PA; SL (20 ml per day.)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine hcl)	3	PA; SL (2 tablets per day.)
digoxin oral solution 0.05 mg/ml	1	
digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg	1	
ivabradine hcl oral tablet 5 mg, 7.5 mg	1	PA; SL (2 tablets per day.)
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG (digoxin)	3	
CENTRAL ALPHA-AGONISTS (25:24) - Drugs for Abnormal Heart Rhythms		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (atenolol)	3	PA
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl) af	3	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
carvedilol oral tablet 2.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	1	
CORGARD ORAL TABLET 20 MG, 40 MG (nadolol)	3	
guanfacine hcl oral tablet 1 mg, 2 mg	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (propranolol hcl)	3	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	3	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	3	
METHYLDOPA ORAL TABLET 250 MG, 500 MG	3	PA
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 20 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	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	PA; SL (1 tablet per day.)
CHOLESTEROL ABSORPTION INHIBITORS - Drugs for Cholesterol		
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	2	SL (1 tablet per day.)
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (<i>ezetimibe-simvastatin</i>)	3	
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	
<i>quinidine gluconate er oral tablet extended release 200 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 ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	3	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	1	
<i>phenytek oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLASS IC ANTIARRHYTHMICS - Drugs for Angina		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	1	
propafenone hcl er oral capsule extended release 125hour mg, 325 mg, 425 mg	1	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	1	
CLASS II ANTIARRHYTHMICS - Drugs for Angina		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (atenolol)	3	PA
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl)af	3	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 5 mg, 5 mg	1	
carvedilol oral tablet 2.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
CORGARD ORAL TABLET 20 MG, 40 MG (nadolol)	3	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (propranolol hcl)	3	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	3	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24hour mg, 160 mg, 60 mg, 80 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 20 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 20 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
CLASS III ANTIARRHYTHMICS - Drugs for Angina		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl)af	3	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	
MULTAQ ORAL TABLET 400 MG (dronedarone hcl)	3	PA
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (amiodarone hcl)	3	
sotalol hcl (af) oral tablet 20 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 20 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	3	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (dofetilide)	3	
CLASS IV ANTIARRHYTHMICS - Drugs for Angina		
cartia xt oral capsule extended release 240 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl er oral capsule extended release 120 hour 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 240 hour 180 mg, 240 mg	1	
diltiazem hcl er oral tablet extended release 240 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral tablet 20 mg, 30 mg, 60 mg, 90 mg	1	
dilt-xr oral capsule extended release 24120 umg, 180 mg, 240 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>matzim la oral tablet extended release 240mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>tiadyt er oral capsule extended release 240mg, 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	
<i>verapamil hcl er oral capsule extended release 240mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 240mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 20 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	3	
DIHYDROPYRIDINES - Drugs for High Blood Pressure & Angina		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>amlodipine besylate</i>)	3	PA
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	
<i>amlodipine-atorvastatin oral tablet 5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	1	SL (1 tablet per day)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
<i>felodipine er oral tablet extended release 240mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KATERZIA ORAL SUSPENSION 1 MG/ML (<i>amlodipine benzoate</i>)	3	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine er oral tablet extended release 240 hour, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine er oral tablet extended release 24 hour, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	3	
NYMALIZE ORAL SOLUTION 6 MG/ML (<i>nimodipine</i>)	2	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (<i>nisoldipine</i>)	3	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
DIHYDROPYRIDINES (ANTIHYPERTENSIVE) - Drugs for High Blood Pressure & Angina		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>amlodipine besylate</i>)	3	PA
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>felodipine er oral tablet extended release 240 hour, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
KATERZIA ORAL SUSPENSION 1 MG/ML (<i>amlodipine benzoate</i>)	3	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine er oral tablet extended release 240 hour, 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>nisoldipine er oral tablet extended release 24hr 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	3	
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	
DIRECT VASODILATORS - Drugs for High Blood Pressure & Angina		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (<i>alprostadil (vasodilator)</i>)	3	SL (6 units per month)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	3	SL (6 units per month)
<i>clonidine hcl er oral tablet extended release 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	3	SL (6 units per month)
<i>guanfacine hcl oral tablet 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 25-37.5 mg</i>	1	
METHYLDOPA ORAL TABLET 250 MG, 500 MG	3	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 1200mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 2400mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIBRIC ACID DERIVATIVES - Drugs for Cholesterol		
<i>fenofibrate micronized oral capsule</i> 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
<i>fenofibrate oral capsule</i> 134 mg, 150 mg, 200 mg, 50 mg, 67 mg	1	
<i>fenofibrate oral tablet</i> 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg	1	
<i>fenofibric acid oral capsule delayed release</i> 35 mg, 45 mg	1	
<i>fenofibric acid oral tablet</i> 35 mg, 35 mg	1	
FIBRICOR ORAL TABLET 105 MG, 35 MG (<i>fenofibric acid</i>)	3	
<i>gemfibrozil oral tablet</i> 600 mg	1	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (<i>fenofibrate</i>)	3	
LOPID ORAL TABLET 600 MG (<i>gemfibrozil</i>)	3	
HMG-COA REDUCTASE INHIBITORS - Drugs for Cholesterol		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (<i>lovastatin</i>)	3	
<i>amlodipine-atorvastatin oral tablet</i> 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	
<i>amlodipine-atorvastatin oral tablet</i> 5-10 mg, 2.5-20 mg, 2.5-40 mg	1	SL (1 tablet per day)
ATORVALIQ ORAL SUSPENSION 20 MG/5ML (<i>atorvastatin calcium</i>)	3	
<i>atorvastatin calcium oral tablet</i> 10 mg, 20 mg	1	H
<i>atorvastatin calcium oral tablet</i> 40 mg, 80 mg	1	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	3	
<i>ezetimibe-simvastatin oral tablet</i> 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	
FLOLIPID ORAL SUSPENSION 20 MG/5ML, 40 MG/5ML	3	
<i>fluvastatin sodium er oral tablet extended release 24 hour</i> 20 mg	1	
<i>fluvastatin sodium oral capsule</i> 20 mg, 40 mg	1	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin calcium</i>)	3	
<i>lovastatin oral tablet</i> 10 mg, 20 mg, 40 mg	1	H

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (nitroglycerin)	3	
nitroglycerin rectal ointment 0.4 %	1	SL (30 grams per month.)
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual solution 0.4 mg/spray	1	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (nitroglycerin)	3	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)	3	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
RECTIV RECTAL OINTMENT 0.4 % (nitroglycerin)	3	SL (30 grams per month.)
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 20 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
NITRATES AND NITRITES - Drugs for the Heart		
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (nitroglycerin)	3	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual solution 4 mg/spray	1	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (nitroglycerin)	3	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)	3	
OMEGA-3-MEDIATED ANTILIPEMICS - Drugs for Cholesterol		
omega-3-acid ethyl esters oral capsules	1	
PCSK9 INHIBITORS - Drugs for Cholesterol		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (evolocumab)	2	PA; ST; SL (3.5 ml (1 cartridge) per month.)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (evolocumab)	2	PA; ST; SL (2 syringes per 28 days.)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (evolocumab)	2	PA; ST; SL (2 ml per month.)
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for High Blood Pressure & Angina		
alyq oral tablets 20 mg	1	PA; SL (2 tablets per day); SP
aspirin-dipyridamole oral capsule extended release 12 hour 25-200 mg	1	
cilostazol oral tablets 100 mg, 50 mg	1	
dipyridamole oral tablets 25 mg, 50 mg, 75 mg	1	
ENTADFI ORAL CAPSULE 5-5 MG (finasteride-tadalafil)	3	SL (1 capsule per day.)
sildenafil citrate oral suspension reconstituted mg/ml	1	PA; SL (186 ml per month.); SP
sildenafil citrate oral tablets 100 mg, 25 mg, 50 mg	1	SL (6 tablets per month)
sildenafil citrate oral tablets 200 mg	1	SL (0.5 tablet per day.)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (avanafil)	2	SL (6 tablets per month)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC - Drugs for the Heart		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (<i>sacubitril-valsartan</i>)	3	PA
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	3	PA; SL (2 tablets per day.)
STEROIDAL MINERALOCORTICOID RECEPTOR ANT - Drugs for the Heart		
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	3	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	2	
<i>hydrochlorothiazide oral capsule 2.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 2.5 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 25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
THALITONE ORAL TABLET 15 MG (<i>chlorthalidone</i>)	3	
VASODILATING AGENTS, MISCELLANEOUS - Drugs for High Blood Pressure & Angina		
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	1	
VECAMYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	3	
VASODILATING AGENTS, MISCELLANEOUS - Drugs for the Heart		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; SL (1 tablet per day.); SP
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>amlodipine besylate</i>)	3	PA
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bosentan oral tablet 125 mg, 62.5 mg	1	PA; SL (2 tablets per day.); SP
cartia xt oral capsule extended release 240 mg, 180 mg, 240 mg, 300 mg	1	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (alprostadil (vasodilator))	3	SL (6 units per month)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG (alprostadil (vasodilator))	3	SL (6 units per month)
CORLANOR ORAL SOLUTION 5 MG/5ML (ivabradine hcl)	3	PA; SL (20 ml per day.)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine hcl)	3	PA; SL (2 tablets per day.)
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl er oral capsule extended release 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 240 mg, 180 mg, 240 mg	1	
diltiazem hcl er oral tablet extended release 240 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 240 mg, 180 mg, 240 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (alprostadil (vasodilator))	3	SL (6 units per month)
ivabradine hcl oral tablet 7.5 mg	1	PA; SL (2 tablets per day.)
KATERZIA ORAL SUSPENSION 1 MG/ML (amlodipine benzoate)	3	
matzim la oral tablet extended release 240 mg, 300 mg, 360 mg, 420 mg	1	
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 240 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 30 mg, 20 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>nimodipine oral capsule 30 mg</i>	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	3	
NYMALIZE ORAL SOLUTION 6 MG/ML (<i>nimodipine</i>)	2	
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	2	PA; SL (1 tablet per day.); SP
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	3	PA; SL (168 tablets per year.); SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	3	PA; SL (336 tablets per year.); SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	3	PA; SL (252 tablets per year.); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 5 MG (<i>treprostinil diolamine</i>)	3	PA; SL (6 tablets per day.); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG (<i>treprostinil diolamine</i>)	3	PA; SL (6 tablets per day.); SP
<i>tiadylt er oral capsule extended release 2420mg, 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	
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	2	PA; SL (2 tablets per day.); SP
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	2	PA; SL (4 tablets per day.); SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	2	PA; SL (112 cartridges per 23 days.); SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	2	PA; SL (112 cartridges per 23 days.); SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (<i>treprostinil</i>)	2	PA; SL (252 cartridges per 365 days.); SP
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	PA
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	PA
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	2	PA; SP
<i>verapamil hcl er oral capsule extended release 240 hour</i> , 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
<i>verapamil hcl er oral tablet extended release</i> , 180 mg, 240 mg	1	
<i>verapamil hcl oral tablet</i> , 20 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	3	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	3	PA; SL (1 tablet per day.)
CENTRAL NERVOUS SYSTEM AGENTS		
AMYOTROPHIC LATERAL SCLEROSIS(ALS) AGENT		
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	3	PA; SL (50 ml per month.); SP
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	3	PA; SL (1 starter kit per year.); SP
RELYVRIO ORAL PACKET 3-1 GM (<i>phenylbutyrate- taurursodiol</i>)	3	PA; SL (2 packets per day.); SP
<i>riluzole oral tablet</i> , 50 mg	1	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	3	PA; SP
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System		
ADAMANTANES (CNS) - Drugs for Parkinson		
<i>amantadine hcl oral capsule</i> , 100 mg	1	
<i>amantadine hcl oral solution</i> , 50 mg/5ml	1	
<i>amantadine hcl oral tablet</i> , 100 mg	1	
ADENOSINE A2A RECEPTOR ANTAGONISTS - Drugs for Parkinson		
NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>)	3	SL (1 tablet per day.)
AMPHETAMINE DERIVATIVES - Drugs for the Nervous System		
ADIPEX-P ORAL TABLET 37.5 MG (<i>phentermine hcl</i>)	3	PA
<i>diethylpropion hcl er oral tablet extended release 24 hour</i> , 75 mg	1	PA
<i>diethylpropion hcl oral tablet</i> , 25 mg	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LOMAIRA ORAL TABLET 8 MG (<i>phentermine hcl</i>)	3	PA
<i>phendimetrazine tartrate er oral capsule extended release hour 105 mg</i>	24 1	PA
<i>phendimetrazine tartrate oral tablet 105 mg</i>	1	PA
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>	1	PA
<i>phentermine hcl oral tablet 37.5 mg</i>	1	PA
AMPHETAMINES - Drugs for the Nervous System		
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	3	SL (2 capsules per day.)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	3	SL (1 tablet per day.)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	SL (2 capsules per day.)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	SL (1 capsule per day)
<i>benzphetamine hcl oral tablet 50 mg</i>	1	PA
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	1	SL (5 capsules per day.)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	SL (4 capsules per day.)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1	SL (10 capsules per day.)
<i>dextroamphetamine sulfate oral solution 5mg/5ml</i>	1	
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (<i>amphetamine</i>)	3	SL (15 mL per day.)
DYANAVAL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine</i>)	3	SL (1 tablet per day.)
EVEKEO ORAL TABLET 10 MG, 5 MG (<i>amphetamine sulfate</i>)	3	
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg</i>	1	SL (2 capsules per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg</i>	1	SL (1 capsule per day)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg</i>	1	SL (2 tablets per day.)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 50 mg, 60 mg</i>	1	SL (1 tablet per day)
<i>methamphetamine hcl oral tablet 5 mg</i>	1	
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>amphetamine-dextroamphetamine</i>)	3	SL (1 capsule per day)
PROCENTRA ORAL SOLUTION 5 MG/5ML (<i>dextroamphetamine sulfate</i>)	3	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	3	SL (2 capsules per day.)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	3	SL (1 capsule per day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	3	SL (2 tablets per day.)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	3	SL (1 tablet per day)
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (<i>dextroamphetamine</i>)	3	SL (1 patch per day.)
ANALGESICS AND ANTIPYRETICS, MISC. - Drugs for Pain		
<i>acetaminophen-codeine oral solution 10-12 mg/5ml</i>	1	NTT
<i>acetaminophen-codeine oral tablet 100-15 mg, 300-30 mg, 300-60 mg</i>	1	NTT
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	3	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (<i>benzhydrocodone-acetaminophen</i>)	3	NTT
<i>apap-caff-dihydrocodeine oral capsule 20.5-30-16 mg</i>	1	NTT
<i>bac oral tablet 50-325-40 mg</i>	1	SL (6 tablets per day)
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	NTT
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	SL (6 capsules per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	1	SL (6 capsules per day.)
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	1	SL (6 capsules per day)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	SL (6 tablets per day)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	NTT
ESGIC ORAL CAPSULE 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	3	SL (6 capsules per day)
ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	3	SL (6 tablets per day)
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML (<i>gabapentin</i>)	3	PA
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	3	SL (6 capsules per day.)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	NTT
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	NTT
NEURAPTINE EXTERNAL CREAM 10 % (<i>gabapentin</i>)	3	PA
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (<i>gabapentin</i>)	3	
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	3	
NEURONTIN ORAL TABLET 600 MG, 800 MG (<i>gabapentin</i>)	3	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	NTT
OXYCODONE-ACETAMINOPHEN ORAL TABLET 5-300 MG, 7.5-300 MG	3	NTT
<i>pregabalin er oral tablet extended release 246500mg, 330 mg, 82.5 mg</i>	1	SL (1 tablet per day.)
PROLATE ORAL TABLET 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	3	NTT
TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>)	3	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	NTT

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	1	NTT
URELLE ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sa</i>)	3	
<i>uretron d/s oral tablet 6 mg</i>	1	
<i>urin ds oral tablet 6 mg</i>	1	
VILEVEV MB ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sa</i>)	3	
ANOREXIGENIC AGENTS - Drugs for the Nervous System		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (<i>naltrexone-bupropion hcl</i>)	3	PA; SL (4 tablets per day.)
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (<i>phentermine-topiramate</i>)	3	PA; SL (1 capsule per day.)
ANOREXIGENIC AGENTS AND STIMULANTS, MISC - Drugs for the Nervous System		
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (<i>phentermine-topiramate</i>)	3	PA; SL (1 capsule per day.)
ANOREXIGENIC AGENTS, MISCELLANEOUS - Drugs for the Nervous System		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (<i>naltrexone-bupropion hcl</i>)	3	PA; SL (4 tablets per day.)
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	3	PA; SP
ZEPBOUND SUBCUTANEOUS SOLUTION 2.5 MG/0.5ML, 5 MG/0.5ML (<i>tirzepatide-weight management</i>)	3	PA
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide-weight management</i>)	3	PA; SL (0.08 ml per day.)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML (<i>tirzepatide-weight management</i>)	3	PA; SL (0.08 ml per day and 4 ml per 365 days.)
ANTICHOLINERGIC AGENTS (CNS) - Drugs for Parkinson		
<i>benztropine mesylate oral tablets 5 mg, 1 mg, 2 mg</i>	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (<i>diphenhydramine hcl</i>)	3	PA
<i>diphenhydramine hcl oral elixir 2.5 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>orphenadrine citrate er oral tablet extended release 120hour mg</i>	1	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl oral tablet 2mg, 5 mg</i>	1	
ANTICONVULSANTS, MISCELLANEOUS - Drugs for Seizures		
<i>acetazolamide er oral capsule extended release 1500hour mg</i>	1	
<i>acetazolamide oral tablet 25 mg, 250 mg</i>	1	
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	3	PA
BANZEL ORAL SUSPENSION 40 MG/ML (<i>rufinamide</i>)	3	
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	3	PA
BRIVIACT ORAL SOLUTION 10 MG/ML (<i>brivaracetam</i>)	3	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 1200hour mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine er oral tablet extended release 1200hour 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</i>	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	3	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (<i>divalproex sodium</i>)	3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	3	PA; SP
DIACOMIT ORAL PACKET 250 MG, 500 MG (<i>stiripentol</i>)	3	PA; SP
<i>divalproex sodium er oral tablet extended release 250hour 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 25 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>)	3	PA; SP
<i>epitol oral tablet 200 mg</i>	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine (antipsychotic)</i>)	3	
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML (<i>gabapentin</i>)	3	PA
<i>felbamate oral suspension 600 mg/5ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FELBATOL ORAL TABLET 400 MG, 600 MG (<i>felbamate</i>)	3	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (<i>fenfluramine hcl</i>)	3	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>)	3	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	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	3	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (<i>levetiracetam</i>)	3	
<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	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	3	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (<i>lamotrigine</i>)	3	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (<i>lamotrigine</i>)	3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (<i>lamotrigine</i>)	3	
<i>lamotrigine er oral tablet extended release 2400mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral kit x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>lamotrigine starter kit-blue oral kit x 25 mg</i>	1	
<i>lamotrigine starter kit-green oral kit x 25 mg & 14x100 mg</i>	1	
<i>lamotrigine starter kit-orange oral kit x 25 mg & 7 x 100 mg</i>	1	
<i>levetiracetam er oral tablet extended release 2500mg, 750 mg</i>	1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>	1	
<i>levetiracetam oral tablet 100 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	
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	3	
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	
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	3	
NEURONTIN ORAL TABLET 600 MG, 800 MG (<i>gabapentin</i>)	3	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral solution 20 mg/ml</i>	1	
<i>roweepira oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>rufinamide oral tablet</i> 200 mg, 400 mg	1	PA
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	3	PA; SL (6 tablets per day.); SP
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	3	
<i>subvenite oral tablet</i> 100 mg, 150 mg, 200 mg, 25 mg	1	
<i>subvenite starter kit-blue oral kit</i> x 25 mg	1	
<i>subvenite starter kit-green oral kit</i> x 25 mg & 14x100 mg	1	
<i>subvenite starter kit-orange oral kit</i> x 25 mg & 7 x 100 mg	1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (<i>carbamazepine</i>)	3	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	3	
<i>tiagabine hcl oral tablet</i> 12 mg, 16 mg, 2 mg, 4 mg	1	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	3	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (<i>topiramate</i>)	3	
<i>topiramate oral capsule sprinkle</i> 15 mg, 25 mg	1	
<i>topiramate oral tablet</i> 100 mg, 200 mg, 25 mg, 50 mg	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (<i>oxcarbazepine</i>)	3	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	3	
<i>valproic acid oral capsule</i> 250 mg	1	
<i>valproic acid oral solution</i> 250 mg/5ml	1	
<i>vigabatrin oral pack</i> 500 mg	1	PA; SL (6 packets per day.)
<i>vigabatrin oral tablet</i> 500 mg	1	PA; SL (6 tablets per day.); SP
<i>vigadrone oral pack</i> 500 mg	1	PA; SL (6 packets per day.)
<i>vigadrone oral tablet</i> 500 mg	1	PA; SL (6 tablets per day.); SP
<i>vigpoder oral pack</i> 500 mg	1	PA; SL (6 packets per day.)
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>lacosamide</i>)	3	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	
ZONISADE ORAL SUSPENSION 100 MG/5ML (<i>zonisamide</i>)	3	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML (<i>ganaxolone</i>)	3	SP
ANTIDEPRESSANTS, MISCELLANEOUS - Drugs for Depression & Psychosis		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (<i>dextromethorphan-bupropion</i>)	3	SL (2 tablets per day.)
<i>bupropion hcl er (smoking det) oral tablet extended release 120 hour 150 mg</i>	1	H
<i>bupropion hcl er (sr) oral tablet extended release 100 hour mg, 150 mg, 200 mg</i>	1	
<i>bupropion hcl er (xl) oral tablet extended release 120 hour mg, 300 mg</i>	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	SL (1 tablet per day.)
<i>bupropion hcl oral tablet 75 mg, 75 mg</i>	1	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (<i>bupropion hcl</i>)	3	SL (1 tablet per day.)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	3	PA; SL (8 devices (4 kits) per month.)
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	3	PA; SL (12 devices (4 kits) per month.)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG (<i>zuranolone</i>)	2	PA; SL (28 capsules per year.); SP
ZURZUVAE ORAL CAPSULE 30 MG (<i>zuranolone</i>)	2	PA; SL (14 capsules per year.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIMANIC AGENTS - Drugs for Personality Disorder		
aripiprazole oral solution mg/ml	1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg	1	
aripiprazole oral tablet dispersible 10 mg, 15 mg	1	SL (1 tablet per day.)
asenapine maleate sublingual tablet sublingual 10 mg, 5 mg	1	SL (2 tablets per day)
asenapine maleate sublingual tablet sublingual 10 mg	1	SL (2 tablets per day.)
carbamazepine er oral capsule extended release 1200 mg, 200 mg, 300 mg	1	
carbamazepine er oral tablet extended release 1200 mg, 200 mg, 400 mg	1	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (carbamazepine)	3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (divalproex sodium)	3	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (divalproex sodium)	3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (divalproex sodium)	3	
divalproex sodium er oral tablet extended release 250 mg, 500 mg	1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
epitol oral tablet 200 mg	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (carbamazepine (antipsychotic))	3	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (lamotrigine)	3	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (lamotrigine)	3	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (<i>lamotrigine</i>)	3	
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	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (<i>lamotrigine</i>)	3	
<i>lamotrigine er oral tablet extended release 2400mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral kit x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>lamotrigine starter kit-blue oral kit x 25 mg</i>	1	
<i>lamotrigine starter kit-green oral kit x 25 mg & 14x100 mg</i>	1	
<i>lamotrigine starter kit-orange oral kit x 25 mg & 7 x 100 mg</i>	1	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium oral solution 300 meq/5ml</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (<i>lithium carbonate</i>)	3	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
<i>quetiapine fumarate er oral tablet extended release 250 hour mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>risperidone oral solution mg/ml</i>	1	
<i>risperidone oral tablet 25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 41 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2, 1	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (quetiapine fumarate)	3	
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
subvenite starter kit-blue oral 3 kit x 25 mg	1	
subvenite starter kit-green oral 8 kit x 25 mg & 14x100 mg	1	
subvenite starter kit-orange oral 4 kit x 25 mg & 7 x 100 mg	1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (carbamazepine)	3	
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (carbamazepine)	3	
valproic acid oral capsules 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
ziprasidone hcl oral capsules 20 mg, 40 mg, 60 mg, 80 mg	1	
ANTIMIGRAINE AGENTS, MISCELLANEOUS - Migraine Treatment		
aspirin 81 oral tablet delayed release 81 mg	E	H
aspirin adult low dose oral tablet delayed release 81 mg	E	H
aspirin adult low strength oral tablet delayed release 81 mg	E	H
aspirin childrens oral tablet chewable 81 mg	E	H
aspirin ec adult low dose oral tablet delayed release 81 mg	E	H
aspirin ec low dose oral tablet delayed release 81 mg	E	H
aspirin ec low strength oral tablet delayed release 81 mg	E	H
aspirin low dose oral tablet chewable 81 mg	E	H
aspirin low dose oral tablet delayed release 81 mg	E	H
aspirin oral tablet chewable 81 mg	E	H
aspirin oral tablet delayed release 81 mg	E	H
aspirin regimen oral tablet delayed release 81 mg	E	H
butorphanol tartrate nasal solution 10 mg/ml	1	
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	1	
CAMBIA ORAL PACKET 50 MG (diclofenac potassium(migraine))	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	3	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (<i>divalproex sodium</i>)	3	
<i>diclofenac potassium(migraine) oral pack 50 mg</i>	1	
<i>dihydroergotamine mesylate injection solution 1mg/ml</i>	1	
<i>dihydroergotamine mesylate nasal solution 4mg/ml</i>	1	
<i>divalproex sodium er oral tablet extended release 250hour mg, 500 mg</i>	1	
<i>divalproex sodium oral capsule delayed release spr 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (<i>naproxen</i>)	3	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (<i>ergotamine tartrate</i>)	3	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>ft aspirin oral tablet chewable 81 mg</i>	E	H
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	E	H
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	3	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	3	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	3	
<i>mm aspirin oral tablet delayed release 81 mg</i>	E	H
NAPROSYN ORAL SUSPENSION 125 MG/5ML (<i>naproxen</i>)	3	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>naproxen sodium er oral tablet extended release 24hour mg, 500 mg, 750 mg</i>	1	
<i>naproxen sodium oral tablet 250 mg, 500 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24hour 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 (aspirin)	E	H
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (aspirin)	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 (topiramate)	3	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (topiramate)	3	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
ANTIPSYCHOTICS, MISCELLANEOUS - Drugs for Depression & Psychosis		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG (loxapine)	3	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC - Drugs for Anxiety & Sleep Disorder		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (suvorexant)	3	SL (1 tablet per day.)
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
DAYVIGO ORAL TABLET 10 MG, 5 MG (lemborexant)	3	SL (1 tablet per day.)
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA
<i>diphenhydramine hcl oral elixir 2.5 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (zolpidem tartrate)	3	SL (1 sublingual tablet per day)
eszopiclone oral tablet mg, 2 mg, 3 mg	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (tasimelton)	3	PA; SL (5.1 mL per day.); SP
HETLIOZ ORAL CAPSULE 20 MG (tasimelton)	3	PA; SL (1 capsule per day.); SP
hydroxyzine hcl oral syrup mg/5ml	1	
hydroxyzine hcl oral tablet mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule mg, 25 mg, 50 mg	1	
meprobamate oral tablet mg, 400 mg	1	
promethazine hcl oral solution mg/5ml	1	
promethazine hcl oral tablet mg, 25 mg, 50 mg	1	
promethazine hcl rectal suppository mg, 25 mg	1	
promethegan rectal suppository mg, 25 mg, 50 mg	1	
ramelteon oral tablet mg	1	SL (1 tablet per day)
tasimelton oral capsule mg	1	PA; SL (1 capsule per day.); SP
VISTARIL ORAL CAPSULE 25 MG (hydroxyzine pamoate)	3	
zaleplon oral capsule mg, 5 mg	1	
zolpidem tartrate er oral tablet extended release mg, 6.25 mg	1	
ZOLPIDEM TARTRATE ORAL CAPSULE 7.5 MG	3	SL (1 capsule per day.)
zolpidem tartrate oral tablet mg, 5 mg	1	
zolpidem tartrate sublingual tablet sublingual mg, 3.5 mg	1	SL (1 sublingual tablet per day)
ATYPICAL ANTIPSYCHOTICS - Drugs for Depression & Psychosis		
aripiprazole oral solution mg/ml	1	
aripiprazole oral tablet mg, 15 mg, 2 mg, 20 mg, 30 mg	1	
aripiprazole oral tablet dispersible mg, 15 mg	1	SL (1 tablet per day.)
asenapine maleate sublingual tablet sublingual mg, 5 mg	1	SL (2 tablets per day)
asenapine maleate sublingual tablet sublingual mg	1	SL (2 tablets per day.)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (lumateperone tosylate)	3	PA; SL (1 capsule per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 25 mg	200 1	
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (clozapine)	3	
FANAPT ORAL TABLET 1 MG (iloperidone)	3	SL (86 tablets per year.)
FANAPT ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG (iloperidone)	3	SL (2 tablets per day)
FANAPT ORAL TABLET 2 MG (iloperidone)	3	SL (56 tablets per year.)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (iloperidone)	3	SL (8 tablets (1 pack) per 365 days.)
lurasidone hcl oral tablet 20 mg, 20 mg, 60 mg	1	SL (1 tablet per day.)
lurasidone hcl oral tablet 40 mg	1	SL (1 tablet per day)
lurasidone hcl oral tablet 60 mg	1	SL (2 tablets per day.)
NUPLAZID ORAL CAPSULE 34 MG (pimavanserin tartrate)	3	PA
NUPLAZID ORAL TABLET 10 MG (pimavanserin tartrate)	3	PA
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg	7, 5 1	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	1	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 25 mg, 6-25 mg, 6-50 mg	3- 1	SL (1 capsule per day)
paliperidone er oral tablet extended release 24.5 hour 3 mg, 9 mg	1	SL (1 tablet per day)
paliperidone er oral tablet extended release 24 hour	1	SL (2 tablets per day)
quetiapine fumarate er oral tablet extended release 240 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	25 1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (brexpiprazole)	3	SL (1 tablet per day.)
risperidone oral solution mg/ml	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	41 mg	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2 mg, 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	3	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (<i>olanzapine-fluoxetine hcl</i>)	3	SL (1 capsule per day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML (<i>clozapine</i>)	3	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	3	SL (1 capsule per day.)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	
BARBITURATES (ANTICONVULSANTS) - Drugs for Seizures		
MYSOLINE ORAL TABLET 250 MG, 50 MG (<i>primidone</i>)	2	
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
primidone oral tablet 25 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety & Sleep Disorder		
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	3	
ascomp-codeine oral capsule 50-325-40-30 mg	1	
bac oral tablet 50-325-40 mg	1	SL (6 tablets per day)
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	SL (6 capsules per day)
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	SL (6 tablets per day)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
ESGIC ORAL CAPSULE 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	3	SL (6 capsules per day)
ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	3	SL (6 tablets per day)
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	3	SL (6 capsules per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablets 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	3	
BENZODIAZEPINES (ANTICONVULSANTS) - Drugs for Seizures		
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablets 10 mg, 20 mg	1	PA
clonazepam oral tablets 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet dispersible 0.25 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
clorazepate dipotassium oral tablets 1 mg, 3.75 mg, 7.5 mg	1	
diazepam intensol oral concentrate 5 mg/ml	1	
diazepam oral concentrate 5 mg/ml	1	
diazepam oral solution 5 mg/5ml	1	
diazepam oral tablets 10 mg, 2 mg, 5 mg	1	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	
lorazepam intensol oral concentrate 2 mg/ml	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablets 5 mg, 1 mg, 2 mg	1	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG (lorazepam)	3	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (midazolam (anticonvulsant))	3	PA
ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)	3	PA
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	3	PA
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (clobazam)	3	PA
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML (diazepam)	3	PA
VALTOCO NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 7.5 MG/0.1ML (diazepam)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BENZODIAZEPINES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety & Sleep Disorder		
<i>alprazolam er oral tablet extended release 20.5 hour</i> , 1 mg, 2 mg, 3 mg	1	
<i>alprazolam intensol oral concentrate</i> mg/ml	1	
<i>alprazolam oral tablet</i> 25 mg, 0.5 mg, 1 mg, 2 mg	1	
<i>alprazolam oral tablet dispersible</i> 25 mg, 0.5 mg, 1 mg, 2 mg	1	
<i>alprazolam xr oral tablet extended release 20.5 hour</i> , 1 mg, 2 mg, 3 mg	1	
<i>chlordiazepoxide hcl oral capsule</i> 10 mg, 25 mg, 5 mg	1	
<i>chlordiazepoxide-amitriptyline oral tablet</i> 10-25 mg, 5-12.5 mg	1	
<i>chlordiazepoxide-clidinium oral capsule</i> 2.5 mg	1	
<i>clobazam oral suspension</i> 2.5 mg/ml	1	PA
<i>clobazam oral tablet</i> 10 mg, 20 mg	1	PA
<i>clonazepam oral tablet</i> 5 mg, 1 mg, 2 mg	1	
<i>clonazepam oral tablet dispersible</i> 25 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
<i>clorazepate dipotassium oral tablet</i> 5 mg, 3.75 mg, 7.5 mg	1	
<i>diazepam intensol oral concentrate</i> 5 mg/ml	1	
<i>diazepam oral concentrate</i> mg/ml	1	
<i>diazepam oral solution</i> 5 mg/5ml	1	
<i>diazepam oral tablet</i> 10 mg, 2 mg, 5 mg	1	
<i>diazepam rectal gel</i> 10 mg, 2.5 mg, 20 mg	1	
<i>estazolam oral tablet</i> 1 mg, 2 mg	1	
<i>flurazepam hcl oral capsule</i> 15 mg, 30 mg	1	
HALCION ORAL TABLET 0.25 MG (<i>triazolam</i>)	3	
<i>lorazepam intensol oral concentrate</i> 2 mg/ml	1	
<i>lorazepam oral concentrate</i> mg/ml	1	
<i>lorazepam oral tablet</i> 5 mg, 1 mg, 2 mg	1	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG (<i>lorazepam</i>)	3	
<i>midazolam hcl oral syrup</i> 2 mg/ml	1	
MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>midazolam</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	3	PA
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	3	PA
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	3	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	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	3	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 5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 51mg</i>		
CALCITONIN GENE-RELATED PEPTIDE ANTAG. - Migraine Treatment		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>erenumab-aooe</i>)	2	PA; SL (1 ml per 21 days.)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (<i>erenumab-aooe</i>)	2	PA
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	2	PA; SL (0.04 ml per day.)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	2	PA; SL (0.1 mL per day.)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	2	PA; SL (0.04 ml per day.)
NURTEC ORAL TABLET DISPERSIBLE 75 MG (<i>rimegepant sulfate</i>)	2	PA; ST; SL (0.27 tablets per day.)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (<i>atogepant</i>)	2	PA; ST; SL (1 tablet per day.)
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	2	PA; ST; SL (0.27 tablets per day.)
ZAVZPRET NASAL SOLUTION 10 MG/ACT (<i>zavegepant hcl</i>)	3	PA; ST
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB. - Drugs for Parkinson		
<i>carbidopa-levodopa-entacapone oral tablet 2.5-50-200 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	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	3	PA; SL (18 ml per day.); SP
STRATTERA ORAL CAPSULE 10 MG, 25 MG (<i>atomoxetine hcl</i>)	3	SL (3 capsules per day.)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG (<i>atomoxetine hcl</i>)	3	SL (1 capsule per day)
STRATTERA ORAL CAPSULE 18 MG (<i>atomoxetine hcl</i>)	3	SL (5 capsules per day.)
STRATTERA ORAL CAPSULE 40 MG (<i>atomoxetine hcl</i>)	3	SL (2 capsules per day)
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	3	PA; SP
VEOZAH ORAL TABLET 45 MG (<i>fezolinetant</i>)	3	SL (1 tablet per day.)
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	3	SL (4 autoinjector pens (1.2mls) per month.)
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	2	PA; SL (1 capsule per day.); SP
XYWAV ORAL SOLUTION 500 MG/ML (<i>ca, mg, k, and na oxybates</i>)	3	PA; SL (18 mL per day.); SP
CYCLOOXYGENASE-2 (COX-2) INHIBITORS - Drugs for Pain		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	SL (2 capsules per day)
<i>celecoxib oral capsule 100 mg</i>	1	SL (31 capsules per 31 days.)
DIBENZOXAPINES - Drugs for Depression & Psychosis		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG (<i>loxapine</i>)	3	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
DIHYDROINDOLONES - Drugs for Depression & Psychosis		
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	1	
DIPHENYLBUTYLPERIDINES - Drugs for Depression & Psychosis		
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
DOPAMINE PRECURSORS - Drugs for Parkinson		
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (carbidopa-levodopa)	3	
INBRIJA INHALATION CAPSULE 42 MG (levodopa)	3	PA; SL (10 tablets per day.); SP
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (carbidopa-levodopa)	3	
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS - Drugs for Parkinson		
bromocriptine mesylate oral capsule 5 mg	1	
bromocriptine mesylate oral tablet 2.5 mg	1	
cabergoline oral tablet 0.5 mg	1	
FIBROMYALGIA AGENTS - Drugs for Nerve Pain		
duloxetine hcl oral capsule delayed release 20 mg, 30 mg, 40 mg, 60 mg	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (pregabalin)	3	
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	3	
pregabalin er oral tablet extended release 246.5 mg, 330 mg, 82.5 mg	1	SL (1 tablet per day.)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (milnacipran hcl)	3	SL (2 tablets per day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (milnacipran hcl)	3	SL (1 pack per 365 days.)
GABA-MEDIATED ANTICONVULSANTS - Drugs for Seizures		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (divalproex sodium)	3	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (divalproex sodium)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	3	PA; SP
DIACOMIT ORAL PACKET 250 MG, 500 MG (<i>stiripentol</i>)	3	PA; SP
<i>divalproex sodium er oral tablet extended release 250hour mg, 500 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 250 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	
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	3	
NEURAPTINE EXTERNAL CREAM 10 % (<i>gabapentin</i>)	3	PA
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (<i>gabapentin</i>)	3	
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	3	
NEURONTIN ORAL TABLET 600 MG, 800 MG (<i>gabapentin</i>)	3	
<i>pregabalin er oral tablet extended release 24650mg, 330 mg, 82.5 mg</i>	1	SL (1 tablet per day.)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral solution 20 mg/ml</i>	1	
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	3	PA; SL (6 tablets per day.); SP
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
<i>vigabatrin oral packets 500 mg</i>	1	PA; SL (6 packets per day.)
<i>vigabatrin oral tablets 500 mg</i>	1	PA; SL (6 tablets per day.); SP
<i>vigadrone oral packets 500 mg</i>	1	PA; SL (6 packets per day.)
<i>vigadrone oral tablets 500 mg</i>	1	PA; SL (6 tablets per day.); SP
<i>vigpoder oral packets 500 mg</i>	1	PA; SL (6 packets per day.)
ZTALMY ORAL SUSPENSION 50 MG/ML (<i>ganaxolone</i>)	3	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYDANTOINS - Drugs for Seizures		
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (<i>phenytoin</i>)	3	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (<i>phenytoin sodium extended</i>)	3	
DILANTIN ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	3	
<i>phenytek oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<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	PA
BANZEL ORAL SUSPENSION 40 MG/ML (<i>rufinamide</i>)	3	
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	3	PA
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	1	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>lacosamide</i>)	3	PA
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	PA
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (<i>oxcarbazepine</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	3	
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	3	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>lacosamide</i>)	3	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	
ZONISADE ORAL SUSPENSION 100 MG/5ML (<i>zonisamide</i>)	3	
<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	PA; SL (5.1 mL per day.); SP
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	3	PA; SL (1 capsule per day.); SP
<i>ramelteon oral tablet 1 mg</i>	1	SL (1 tablet per day)
<i>tasimelteon oral capsule 20 mg</i>	1	PA; SL (1 capsule per day.); SP
MONOAMINE OXIDASE B INHIBITORS - Drugs for Parkinson		
AZILECT ORAL TABLET 0.5 MG, 1 MG (<i>rasagiline mesylate</i>)	3	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	3	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 1 mg</i>	1	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	3	
MONOAMINE OXIDASE INHIBITORS - Drugs for Depression & Psychosis		
AZILECT ORAL TABLET 0.5 MG, 1 MG (<i>rasagiline mesylate</i>)	3	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	3	
NARDIL ORAL TABLET 15 MG (<i>phenelzine sulfate</i>)	3	
PARNATE ORAL TABLET 10 MG (<i>tranylcypromine sulfate</i>)	3	
<i>phenelzine sulfate oral tablet 15 mg</i>	1	
<i>rasagiline mesylate oral tablet 1 mg, 1 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 1 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	PA; SL (8 devices (4 kits) per month.)
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	3	PA; SL (12 devices (4 kits) per month.)
NON-BENZODIAZEPINE ANXIOLYTICS - Drugs for Anxiety & Sleep Disorder		
<i>buspirone hcl oral tablet 15 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
NON-BENZODIAZEPINE HYPNOTICS - Drugs for Anxiety & Sleep Disorder		
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (<i>zolpidem tartrate</i>)	3	SL (1 sublingual tablet per day)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	
<i>zaleplon oral capsule 50 mg, 5 mg</i>	1	
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	1	
ZOLPIDEM TARTRATE ORAL CAPSULE 7.5 MG	3	SL (1 capsule per day.)
<i>zolpidem tartrate oral tablet 12.5 mg, 5 mg</i>	1	
<i>zolpidem tartrate sublingual tablet sublingual 7.5 mg, 3.5 mg</i>	1	SL (1 sublingual tablet per day)
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - Drugs for Parkinson		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (<i>apomorphine hcl</i>)	3	PA; SL (3 ml per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>apomorphine hcl subcutaneous solution cartridge</i> 10 mg/3ml	1	PA; SL (3 ml per day.); SP
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (<i>rotigotine</i>)	3	
<i>pramipexole dihydrochloride oral tablet</i> 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
<i>ropinirole hcl er oral tablet extended release</i> 2 mg, 4 mg, 6 mg, 8 mg	1	
<i>ropinirole hcl oral tablet</i> 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
NON-OPIOID ANALGESICS - Drugs for Pain		
<i>acetaminophen-codeine oral solution</i> 10-12 mg/5ml	1	NTT
<i>acetaminophen-codeine oral tablet</i> 100-15 mg, 300-30 mg, 300-60 mg	1	NTT
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	3	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (<i>benzhydrocodone-acetaminophen</i>)	3	NTT
<i>apap-caff-dihydrocodeine oral capsule</i> 20.5-30-16 mg	1	NTT
<i>bac oral tablet</i> 50-325-40 mg	1	SL (6 tablets per day)
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	NTT
<i>butalbital-acetaminophen oral tablet</i> 50-325 mg	1	
<i>butalbital-apap-caff-cod oral capsule</i> 50-300-40-30 mg, 50-325-40-30 mg	1	SL (6 capsules per day.)
<i>butalbital-apap-caffeine oral capsule</i> 50-300-40 mg	1	SL (6 capsules per day.)
<i>butalbital-apap-caffeine oral capsule</i> 50-325-40 mg	1	SL (6 capsules per day)
<i>butalbital-apap-caffeine oral tablet</i> 50-325-40 mg	1	SL (6 tablets per day)
<i>endocet oral tablet</i> 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	NTT
ESGIC ORAL CAPSULE 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	3	SL (6 capsules per day)
ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	3	SL (6 tablets per day)
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	3	SL (6 capsules per day.)
<i>hydrocodone-acetaminophen oral solution</i> 10-325 mg/15ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	1	NTT
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	NTT
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	NTT
OXYCODONE-ACETAMINOPHEN ORAL TABLET 5-300 MG, 7.5-300 MG	3	NTT
PROLATE ORAL TABLET 5-300 MG, 7.5-300 MG (oxycodone-acetaminophen)	3	NTT
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	3	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	NTT
TREZIX ORAL CAPSULE 320.5-30-16 MG (apap-caff-dihydrocodeine)	1	NTT
NONSTEROIDAL ANTI-INFLAMM. AGENTS, MISC - Drugs for Pain		
CAMBIA ORAL PACKET 50 MG (diclofenac potassium(migraine))	3	
DAYPRO ORAL TABLET 600 MG (oxaprozin)	3	
diclofenac potassium oral capsule 25 mg	1	SL (4 capsules per day.)
diclofenac potassium oral tablet 50 mg	1	
diclofenac potassium(migraine) oral packet 50 mg	1	
diclofenac sodium er oral tablet extended release 240hour mg	1	
diclofenac sodium oral tablet delayed release 25mg, 50 mg, 75 mg	75 1	
diclofenac-misoprostol oral tablet delayed release 50.2 mg, 75-0.2 mg	1	
diflunisal oral tablet 500 mg	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (naproxen)	3	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1	
etodolac er oral tablet extended release 240hourmg, 500 mg, 600 mg	1	
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
flurbiprofen oral tablet 100 mg, 50 mg	1	
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 (<i>indomethacin</i>)	3	
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	3	
<i>indomethacin</i> er oral capsule extended release 25 mg	1	
<i>indomethacin</i> oral capsule 25 mg, 50 mg	1	
<i>indomethacin</i> oral suspension 25 mg/5ml	1	
<i>indomethacin</i> rectal suppository 50 mg	1	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (<i>ketoprofen-baclofen-gabap-lido</i>)	3	PA
<i>ketorolac tromethamine</i> oral tablet 10 mg	1	
<i>meclofenamate sodium</i> oral capsule 100 mg, 50 mg	1	
<i>mefenamic acid</i> oral capsule 250 mg	1	
MELOXICAM ORAL SUSPENSION 7.5 MG/5ML	3	
<i>meloxicam</i> oral tablet 15 mg, 7.5 mg	1	
<i>nabumetone</i> oral tablet 500 mg, 750 mg	1	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (<i>naproxen</i>)	3	
<i>naproxen</i> dr oral tablet delayed release 500 mg	1	
<i>naproxen</i> oral tablet 250 mg, 375 mg, 500 mg	1	
<i>naproxen</i> oral tablet delayed release 375 mg, 500 mg	1	
<i>naproxen sodium</i> er oral tablet extended release 275 mg, 500 mg, 750 mg	1	
<i>naproxen sodium</i> oral tablet 275 mg, 550 mg	1	
<i>oxaprozin</i> oral tablet 600 mg	1	
<i>piroxicam</i> oral capsule 60 mg, 20 mg	1	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	3	ST
<i>sulindac</i> oral tablet 150 mg, 200 mg	1	
<i>tolmetin sodium</i> oral capsule 400 mg	1	
ZIPSOR ORAL CAPSULE 25 MG (<i>diclofenac potassium</i>)	3	SL (4 capsules per day.)
OPIOID AGONISTS (28:08) - Drugs for Pain		
<i>acetaminophen-codeine</i> oral solution 120-12 mg/5ml	1	NTT

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	NTT
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (benzhydrocodone-acetaminophen)	3	NTT
apap-caff-dihydrocodeine oral capsule 20.5-30-16 mg	1	NTT
ascomp-codeine oral capsule 50-325-40-30 mg	1	
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	NTT
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	SL (6 capsules per day.)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
codeine sulfate oral tablet 5 mg, 30 mg, 60 mg	1	NTT
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (tramadol hcl)	3	SL (1 capsule per day)
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	NTT
fentanyl citrate buccal lozenge on a film 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	1	PA; SL (4 lozenges per day)
FENTANYL CITRATE BUCCAL TABLET 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; SL (4 buccal tablets per day)
fentanyl transdermal patch 72 hour 100 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	1	PA; SL (0.34 patches per day)
fentanyl transdermal patch 72 hour 25 mcg/hr, 25 mcg/hr	1	PA; SL (15 patches per 31 days)
hydrocodone bitartrate er oral capsule extended release hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	12	1 PA; SL (2 capsules per day)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg	1	PA; SL (0 tablet per 0 days)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	1	PA; SL (1 tablet per day)
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	1	NTT
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	NTT
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	NTT

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>morphine sulfate er oral capsule extended release 240hour mg</i>	1	PA; SL (0 capsule per 100 days)
<i>morphine sulfate er oral capsule extended release 240 hour mg, 60 mg, 80 mg</i>	1	PA; SL (1 capsule per day)
<i>morphine sulfate er oral tablet extended release 100mg, 200 mg, 60 mg</i>	1	PA; SL (0 capsule per 100 days)
<i>morphine sulfate er oral tablet extended release 15mg, 30 mg</i>	1	PA; SL (93 tablets per 31 days)
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	1	NTT
<i>morphine sulfate oral tablet 5 mg, 30 mg</i>	1	NTT
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	NTT
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 50 MG (<i>tapentadol hcl</i>)	3	PA; SL (2 tablets per day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG, 250 MG (<i>tapentadol hcl</i>)	3	PA; SL (0 capsule per 100 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (<i>tapentadol hcl</i>)	2	SL (6 tablets per day); NTT
<i>oxycodone hcl oral capsule 5 mg</i>	1	NTT
<i>oxycodone hcl oral concentration 10 mg/5ml</i>	1	NTT
<i>oxycodone hcl oral solution 5mg/5ml</i>	1	NTT
<i>oxycodone hcl oral tablet 5 mg, 15 mg, 20 mg, 30 mg</i>	1	NTT
<i>oxycodone hcl oral tablet 5 mg</i>	1	SL (12 tablets per day); NTT
<i>oxycodone-acetaminophen oral tablet 5-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	NTT
OXYCODONE-ACETAMINOPHEN ORAL TABLET 5-300 MG, 7.5-300 MG	3	NTT
<i>oxymorphone hcl er oral tablet extended release 120 mg, 15 mg, 5 mg, 7.5 mg</i>	1	PA; SL (2 tablets per day.)
<i>oxymorphone hcl er oral tablet extended release 120 mg, 40 mg</i>	1	PA; SL (0 tablet per 100 days.)
<i>oxymorphone hcl er oral tablet extended release 120 mg, 40 mg</i>	1	PA; SL (0 capsule per 100 days)
<i>oxymorphone hcl oral tablet 5 mg, 5 mg</i>	1	SL (6 tablets per day); NTT
PROLATE ORAL TABLET 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	3	NTT

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>tramadol hcl</i>)	3	PA; NTT
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	SL (1 capsule per day)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	1	SL (1 tablet per day)
<i>tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg</i>	1	SL (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>)	1	NTT
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 9 MG (<i>oxycodone</i>)	3	PA; SL (2 tablets per day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG (<i>oxycodone</i>)	3	PA; SL (0 capsule per 100 days)
OPIOID ANTAGONISTS (28:10) - Drugs for Overdose or Poisoning		
<i>buprenorphine hcl-naloxone hcl sublingual film 2 mg</i>	1	SL (2 films per day.)
<i>buprenorphine hcl-naloxone hcl sublingual film 0.5 mg</i>	1	SL (1 film per day.)
<i>buprenorphine hcl-naloxone hcl sublingual film 4 mg</i>	1	SL (1 sublingual film per day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8 mg</i>	1	SL (3 films per day.)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 0.5 mg</i>	1	SL (3 sublingual tablets per day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2 mg</i>	1	SL (3 tablets per day.)
KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>)	1	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge 4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 1 mg/ml, 2 mg/2ml</i>	1	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	1	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (<i>nalmefene hcl</i>)	1	
<i>pentazocine-naloxone hcl oral tablet 0.5 mg</i>	1	NTT

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (methylnaltrexone bromide)	3	SL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (methylnaltrexone bromide)	3	SL (0.4 ml per day.)
REXTOVY NASAL LIQUID 4 MG/0.25ML (naloxone hcl)	1	
RIVIVE NASAL LIQUID 3 MG/0.1ML (naloxone hcl)	2	
SUBOXONE SUBLINGUAL FILM 12-3 MG (buprenorphine hcl-naloxone hcl)	3	PA; ST; SL (2 films per day.)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG (buprenorphine hcl-naloxone hcl)	3	PA; ST; SL (1 film per day.)
SUBOXONE SUBLINGUAL FILM 4-1 MG (buprenorphine hcl-naloxone hcl)	3	PA; ST; SL (1 sublingual film per day)
SUBOXONE SUBLINGUAL FILM 8-2 MG (buprenorphine hcl-naloxone hcl)	3	PA; ST; SL (3 films per day.)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (naloxone hcl)	2	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG (buprenorphine hcl-naloxone hcl)	1	SL (1 tablet per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 5.7-1.4 MG (buprenorphine hcl-naloxone hcl)	1	SL (3 tablets per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 8.6-2.1 MG (buprenorphine hcl-naloxone hcl)	1	SL (2 tablets per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG (buprenorphine hcl-naloxone hcl)	1	SL (1 tablet per day)
OPIOID PARTIAL AGONISTS - Drugs for Pain		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine hcl)	3	PA; SL (2 films per day)
buprenorphine hcl sublingual tablet sublingual	1	SL (3 sublingual tablets per day)
buprenorphine hcl sublingual tablet sublingual	1	SL (3 tablets per day)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	1	SL (2 films per day.)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	1	SL (1 film per day.)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	1	SL (1 sublingual film per day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	1	SL (3 films per day.)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 0.5 mg	1	SL (3 sublingual tablets per day)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fluphenazine hcl oral tabletmg, 10 mg, 2.5 mg, 5 mg	1	
perphenazine oral tabletmg, 2 mg, 4 mg, 8 mg	1	
perphenazine-amitriptyline oral tabletmg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
prochlorperazine maleate oral tabletmg, 5 mg	1	
prochlorperazine rectal suppositorymg	1	
thioridazine hcl oral tabletmg, 100 mg, 25 mg, 50 mg	1	
trifluoperazine hcl oral tabletmg, 10 mg, 2 mg, 5 mg	1	
RESPIRATORY AND CNS STIMULANTS - Drugs for the Nervous System		
apap-caff-dihydrocodeine oral capsulemg	1	NTT
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (methylphenidate hcl)	3	SL (1 capsule per day.)
ascomp-codeine oral capsulemg	1	
atomoxetine hcl oral capsulemg, 25 mg	1	SL (3 capsules per day.)
atomoxetine hcl oral capsulemg, 60 mg, 80 mg	1	SL (1 capsule per day)
atomoxetine hcl oral capsulemg	1	SL (5 capsules per day.)
atomoxetine hcl oral capsulemg	1	SL (2 capsules per day)
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (serdexmethylphen-dexmethylphen)	2	SL (1 capsule per day.)
bac oral tabletmg	1	SL (6 tablets per day)
butalbital-apap-caff-cod oral capsulemg, 50-325-40-30 mg, 50-325-40-30 mg	1	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsulemg-300-40 mg	1	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsulemg-325-40 mg	1	SL (6 capsules per day)
butalbital-apap-caffeine oral tabletmg	1	SL (6 tablets per day)
butalbital-asa-caff-codeine oral capsulemg-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsulemg-325-40 mg	1	
caffeine citrate oral solutionmg/ml, 60 mg/3ml	1	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (methylphenidate)	3	SL (1 tablet per day)
dexmethylphenidate hcl er oral capsule extended release hour 10 mg, 15 mg, 20 mg, 25 mg, 5 mg	24 1	SL (2 capsules per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>dexmethylphenidate hcl er oral capsule extended release hour 30 mg, 35 mg, 40 mg</i>	24 1	SL (31 capsules per 31 days.)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>elixophyllin oral elixir 80 mg/15ml</i>	3	
<i>ergotamine-caffeine oral tablet 100 mg</i>	1	
ESGIC ORAL CAPSULE 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	3	SL (6 capsules per day)
ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	3	SL (6 tablets per day)
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	3	SL (6 capsules per day.)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	3	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	2	SL (1 capsule per day.)
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML (<i>methylphenidate hcl</i>)	3	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	SL (2 tablets per day.)
<i>methylphenidate hcl er (cd) oral capsule extended release 60 mg</i>	1	SL (31 capsules per 31 days.)
<i>methylphenidate hcl er (la) oral capsule extended release hour 10 mg</i>	24 1	SL (5 capsules per day.)
<i>methylphenidate hcl er (la) oral capsule extended release hour 20 mg</i>	24 1	SL (5capsules per day.)
<i>methylphenidate hcl er (la) oral capsule extended release hour 30 mg</i>	24 1	SL (3 capsules per day.)
<i>methylphenidate hcl er (la) oral capsule extended release hour 40 mg</i>	24 1	SL (2 capsules per day.)
<i>methylphenidate hcl er (la) oral capsule extended release hour 60 mg</i>	24 1	
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	1	SL (2 tablets per day.)
<i>methylphenidate hcl er (xr) oral capsule extended release hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	24 1	SL (1 capsule per day.)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	1	SL (10 tablets per day.)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	1	SL (5 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	1	
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr</i>	1	SL (1 patch per day)
<i>methylphenidate transdermal patch 30 mg/9hr</i>	1	SL (1 patch per day.)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	3	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (<i>methylphenidate hcl</i>)	3	SL (1 tablet per day.)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (<i>methylphenidate hcl</i>)	3	SL (360 mL per month.)
STRATTERA ORAL CAPSULE 10 MG, 25 MG (<i>atomoxetine hcl</i>)	3	SL (3 capsules per day.)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG (<i>atomoxetine hcl</i>)	3	SL (1 capsule per day)
STRATTERA ORAL CAPSULE 18 MG (<i>atomoxetine hcl</i>)	3	SL (5 capsules per day.)
STRATTERA ORAL CAPSULE 40 MG (<i>atomoxetine hcl</i>)	3	SL (2 capsules per day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	
<i>theophylline er oral tablet extended release 1200 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 2400 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>)	1	NTT
REVERSIBLE COX-1/COX-2 INHIBITORS - Drugs for Pain		
DAYPRO ORAL TABLET 600 MG (<i>oxaprozin</i>)	3	
<i>diflunisal oral tablet 500 mg</i>	1	
DOLOBID ORAL TABLET 250 MG (<i>diflunisa</i>)	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (<i>naproxen</i>)	3	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>etodolac er oral tablet extended release 2400mg, 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 400 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	
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	3	
<i>indomethacin er oral capsule extended release 25 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral suspension 25 mg/5ml</i>	1	
<i>indomethacin rectal suppository 50 mg</i>	1	
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	
MELOXICAM ORAL SUSPENSION 7.5 MG/5ML	3	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (<i>naproxen</i>)	3	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium er oral tablet extended release 24hour mg, 500 mg, 750 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>piroxicam oral capsule 60 mg, 20 mg</i>	1	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	3	ST
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 25-200 mg</i>	hour 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 (aspirin)	E	H
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (aspirin)	E	H
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR - Drugs for Depression & Psychosis		
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	3	
<i>desvenlafaxine succinate er oral tablet extended release hour 100 mg, 50 mg</i>	24 1	SL (1 tablet per day)
<i>desvenlafaxine succinate er oral tablet extended release hour 25 mg</i>	24 1	SL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG (<i>duloxetine hcl</i>)	3	SL (2 capsules per day.)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG (<i>duloxetine hcl</i>)	3	SL (1 capsule per day.)
<i>duloxetine hcl oral capsule delayed release 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	3	ST; SL (1 capsule per day.)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	3	ST; SL (28 capsules per year.)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	3	SL (2 tablets per day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	3	SL (1 pack per 365 days.)
VENLAFAXINE BESYLATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 112.5 MG	3	
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	1	
<i>venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg, 75 mg</i>	1	SL (2 tablets per day)
<i>venlafaxine hcl er oral tablet extended release 25 hour 37.5 mg, 75 mg</i>	1	SL (1 tablet per day)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
SELECTIVE SEROTONIN AGONISTS - Migraine Treatment		
<i>almotriptan malate oral tablet 2.5 mg, 6.25 mg</i>	1	
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	1	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	1	
<i>naratriptan hcl oral tablet 2.5 mg</i>	1	
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (<i>sumatriptan succinate</i>)	3	
REYVOW ORAL TABLET 100 MG (<i>lasmiditan succinate</i>)	3	PA; ST; SL (0.27 tablets per day. 8 tablets per prescription.)
REYVOW ORAL TABLET 50 MG (<i>lasmiditan succinate</i>)	3	PA; ST; SL (0.14 tablets per day. Benefit maximum quantity 4 tablets per prescription.)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>paroxetine hcl er oral tablet extended release 24.5h</i> 30mg	1	SL (1 tablet per day)
<i>paroxetine hcl er oral tablet extended release 24.5h</i> 37.5 mg	1	SL (2 tablets per day)
<i>paroxetine hcl oral suspension</i> 30 mg/5ml	1	
<i>paroxetine hcl oral tablet</i> 10 mg, 20 mg, 30 mg, 40 mg	1	
<i>paroxetine mesylate oral capsule</i> 75 mg	1	SL (1 capsule per day.)
PAXIL ORAL SUSPENSION 10 MG/5ML (<i>paroxetine hcl</i>)	3	
SERTRALINE HCL ORAL CAPSULE 150 MG, 200 MG	3	SL (1 capsule per day.)
<i>sertraline hcl oral concentrate</i> 20 mg/ml	1	
<i>sertraline hcl oral tablet</i> 100 mg, 25 mg, 50 mg	1	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (<i>olanzapine-fluoxetine hcl</i>)	3	SL (1 capsule per day)
SEROTONIN MODULATORS - Drugs for Depression & Psychosis		
<i>mirtazapine oral tablet</i> 15 mg, 30 mg, 45 mg, 7.5 mg	1	
<i>mirtazapine oral tablet dispersible</i> 15 mg, 30 mg, 45 mg	1	
<i>nefazodone hcl oral tablet</i> 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	
<i>trazodone hcl oral tablet</i> 100 mg, 150 mg, 300 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	3	ST; SL (1 tablet per day.)
<i>vilazodone hcl oral tablet</i> 10 mg, 20 mg, 40 mg	1	SL (1 tablet per day)
SUCCINIMIDES - Drugs for Seizures		
CELONTIN ORAL CAPSULE 300 MG (<i>methsuximide</i>)	3	
<i>ethosuximide oral capsule</i> 250 mg	1	
<i>ethosuximide oral solution</i> 250 mg/5ml	1	
<i>methsuximide oral capsule</i> 300 mg	1	
ZARONTIN ORAL CAPSULE 250 MG (<i>ethosuximide</i>)	3	
ZARONTIN ORAL SOLUTION 250 MG/5ML (<i>ethosuximide</i>)	3	
THIOXANTHENES - Drugs for Depression & Psychosis		
<i>thiothixene oral capsule</i> 6 mg, 10 mg, 2 mg, 5 mg	1	
TRICYCLICS, OTHER NOREPI-RU INHIBITORS - Drugs for Depression & Psychosis		
<i>amitriptyline hcl oral tablet</i> 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	1	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	1	
desipramine hcl oral tablet 50 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin hcl oral capsule 50 mg, 100 mg, 150 mg, 25 mg, 75 mg	50 1	
doxepin hcl oral concentrate 10 mg/ml	1	
doxepin hcl oral tablet 6 mg, 6 mg	1	SL (1 tablet per day)
ENOVARX-AMITRIPTYLINE EXTERNAL KIT 2 %	3	PA
imipramine hcl oral tablet 25 mg, 25 mg, 50 mg	1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (desipramine hcl)	3	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline hcl oral solution 10 mg/5ml	1	
perphenazine-amitriptyline oral tablet 10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
protriptyline hcl oral tablet 5 mg, 5 mg	1	
SILENOR ORAL TABLET 3 MG, 6 MG (doxepin hcl)	3	SL (1 tablet per day)
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	1	
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 9 MG (deutetrabenazine)	2	PA; SL (4 tablets per day); SP
AUSTEDO ORAL TABLET 6 MG (deutetrabenazine)	2	PA; SL (2 tablets per day); SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 6 MG (deutetrabenazine)	2	PA; SL (2 tablets per day.); SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG (deutetrabenazine)	2	PA; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG (deutetrabenazine)	2	PA; SL (30 Tablets per month.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG (<i>deutetrabenazine</i>)	2	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 80 MG (<i>valbenazine tosylate</i>)	2	PA; SL (1 capsule per day); SP
INGREZZA ORAL CAPSULE 60 MG (<i>valbenazine tosylate</i>)	2	PA; SL (1 capsule per day.)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG (<i>valbenazine tosylate</i>)	2	PA; SL (30 tablets per month.); SP
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG (<i>valbenazine tosylate</i>)	2	PA; SL (30 capsules per month.); SP
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	2	PA; SL (1 kit (28 tablets) per year.); SP
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; SP
WAKEFULNESS-PROMOTING AGENTS - Drugs for the Nervous System		
<i>armodafinil oral tablet 150 mg, 250 mg</i>	1	SL (1 tablet per day)
<i>armodafinil oral tablet 200 mg</i>	1	SL (1 tablet per day.)
<i>armodafinil oral tablet 50 mg</i>	1	SL (2 tablets per day.)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	1	
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (<i>sodium oxybate</i>)	3	PA; SL (1 packet per day.); SP
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	SL (3 tablets per day.)
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	3	PA; SL (18 ml per day.); SP
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hydrochloride</i>)	2	PA; SL (1 tablet per day.)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hydrochloride</i>)	3	PA; SL (2 tablets per day.); SP
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	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	3	
DENTAGEL DENTAL GEL 1.1 % (<i>sodium fluoride</i>)	3	
<i>easygel dental gel 0.4 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	3	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (<i>sodium fluoride-vitamin p</i>)	3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	3	
<i>fluoridex daily renewal mouth/throat concentrate 0.68 %</i>	1	
FLUORIDEX DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (<i>sod fluoride-potassium nitrate</i>)	3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (<i>sod fluoride-potassium nitrate</i>)	3	
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	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 tablet chewable 0.25 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
<i>multivitamin/fluoride tablet chewable 0.5 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
<i>multivitamin/fluoride tablet chewable 1 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (sodium fluoride)	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (sodium fluoride)	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 % (sodium 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	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 % (sodium fluoride-potassium nitrate)	3	
PREVIDENT DENTAL GEL 1.1 % (sodium fluoride)	3	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 % (sodium fluoride)	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (pediatric multivitamins-fl)	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (pediatric multivitamins-fl)	3	
sf 5000 plus dental cream %	1	
sf dental gel 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	
sodium fluoride 5000 ppm dental cream %	1	
sodium fluoride 5000 ppm dental gel 1.1-5 %	1	
sodium fluoride 5000 ppm dental paste %	1	
sodium fluoride 5000 sensitive dental gel 1.1-5 %	1	
sodium fluoride dental cream 1 %	1	
sodium fluoride dental gel %	1	
sodium fluoride mouth/throat solution 0.2 %	1	
sodium fluoride oral solution (0.5 f) mg/ml	1	H
sodium fluoride oral tablet (0.5 f) mg, 2.2 (1 f) mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sodium fluoride oral tablet chewable (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	1	H
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (ped vit a-c-d-methylfolate-fl)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
VANISH DENTAL LIQUID EXTENDED RELEASE 5 % (sodium fluoride)	3	
DEVICES - Medical Supplies and Durable Medical Equipment		
DEVICES - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK AVIVA IN VITRO SOLUTION (blood glucose calibration)	1	
ACCU-CHEK FASTCLIX LANCET KIT KIT (lancets misc.)	1	
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID (blood glucose calibration)	3	
ACCU-CHEK GUIDE KIT W/DEVICE (blood glucose monitoring suppl)	3	
ACCU-CHEK GUIDE ME KIT W/DEVICE (blood glucose monitoring suppl)	3	
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID (blood glucose calibration)	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT KIT (lancets misc.)	1	
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM (insulin pen needle)	2	SL (10 pen needles per day.)
AEROCHAMBER HOLDING CHAMBER DEVICE (spacer/aero-holding chamber)	2	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE (spacer/aero-holding chamber)	2	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE (spacer/aero-holding chamber)	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE (spacer/aero-holding chamber)	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE (spacer/aero-holding chamber)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AEROCHAMBER PLUS FLO-VU SMALL DEVICE (<i>spacer/aero-holding chamber</i>)	2	
ALCOHOL PREP PADS SHEET 70 %	3	
AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	SL (10 syringes per day.)
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM	2	SL (10 pen needles per day.)
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	2	SL (10 pen needles per day.)
ASSURE ID PRO PEN NEEDLES 30G X 5 MM (<i>insulin pen needle</i>)	2	SL (10 pen needles per day.)
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM	2	SL (10 pen needles per day.)
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	SL (10 pen needles per day.)
AUM PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	SL (10 pen needles per day.)
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM (<i>insulin pen needle</i>)	2	SL (10 pen needles per day.)
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM (<i>insulin pen needle</i>)	2	SL (10 pen needles per day.)
AUTOLET LANCING DEVICE (<i>lancet device</i>)	3	
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM (<i>insulin pen needle</i>)	2	SL (10 pen needles per day.)
BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2" (<i>needle (disp)</i>)	2	
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 SHARPS COLLECTOR (<i>sharps container</i>)	3	
BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	SL (10 syringes per day.)
BD ULTRA-FINE INSULIN SYRINGES 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	2	SL (10 syringes per day.)
BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	2	SL (10 pen needles per day.)
BREATHE COMFORT CHAMBER/ADULT DEVICE	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BREATHE COMFORT CHAMBER/CHILD DEVICE	2	
CAREPOINT POLY HUB NEEDLE 18G X 1" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 21G X 1-1/2"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT POLY HUB NEEDLE 27G X 1/2"	2	
CAREPOINT SAFETY 1ST NEEDLE 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	2	
CARESENS CONTROL SOLUTION A/B IN VITRO SOLUTION (<i>blood glucose calibration</i>)	2	
CARESENS LANCETS 30G (<i>lancets</i>)	3	
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
CARETOUCH HYPODERMIC NEEDLE 22G X 1" , 27G X 1-1/2" (<i>needle (disp)</i>)	2	
CARETOUCH LANCING/EJECTOR (<i>lancet device</i>)	3	
CEQUR SIMPLICITY 2U DEVICE (<i>injection device for insulin</i>)	3	ST
CHEMSTRIP BG LOG BOOK (<i>blood glucose monitoring suppl</i>)	1	
CHOSEN LANCETS 30G (<i>lancets</i>)	3	
CHOSEN LANCING DEVICE (<i>lancet device</i>)	3	
CHOSEN SAFETY LANCETS 28G (<i>lancets</i>)	3	
CLEVER CHOICE COMFORT EZ (<i>lancets</i>)	3	
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM (<i>insulin pen needle</i>)	2	SL (10 pen needles per day.)
COMFORT TOUCH TWIST LANCET 30G (<i>lancets</i>)	3	
CONTOUR CONTROL IN VITRO LIQUID HIGH (<i>blood glucose calibration</i>)	3	
CONTOUR CONTROL IN VITRO LIQUID LOW , NORMAL (<i>blood glucose calibration</i>)	2	
CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL (<i>blood glucose calibration</i>)	2	
CONTOUR NEXT MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	2	
CONTOUR NEXT ONE KIT (<i>blood glucose monitoring suppl</i>)	2	
DEXCOM G6 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	3	PA; SL (1 kit per 999 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEXCOM G6 SENSOR (<i>continuous glucose sensor</i>)	3	PA; SL (3 sensors per month.)
DEXCOM G6 TRANSMITTER (<i>continuous glucose transmitter</i>)	3	PA; SL (Benefit maximum quantity 1 transmitter per 3 months for Dexcom G6 Transmitter.)
DEXCOM G7 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	3	PA; SL (1 kit per 999 days.)
DEXCOM G7 SENSOR (<i>continuous glucose sensor</i>)	3	PA; SL (3 sensors per month.)
DROPLET MICRON 34G X 3.5 MM (<i>insulin pen needle</i>)	2	SL (10 pen needles per day.)
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	SL (10 syringes per day.)
DROPSAFE SICURA 25G X 1" (<i>needle (disp)</i>)	2	
EASIVENT (<i>spacer/aero-holding chamber</i>)	2	
EASY COMFORT SHARPS CONTAINER	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	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	SL (10 pen needles per day.)
ENLITE GLUCOSE SENSOR (<i>continuous glucose sensor</i>)	3	PA
FLEXICHAMBER ADULT MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	2	
FLEXICHAMBER CHILD MASK/LARGE (<i>spacer/aero-hold chamber mask</i>)	2	
FLEXICHAMBER CHILD MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	2	
FLEXICHAMBER DEVICE (<i>spacer/aero-holding chamber</i>)	2	
FORA TEST N' GO ADVANCE DEVICE (<i>blood glucose/ketone monitor</i>)	3	

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NOVOFINE PEN NEEDLE 32G X 6 MM (<i>insulin pen needle</i>)	2	SL (10 pen needles per day.)
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM (<i>insulin pen needle</i>)	2	SL (10 pen needles per day.)
NOVOPEN ECHO DEVICE (<i>injection device for insulin</i>)	3	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT (<i>insulin disposable pump</i>)	2	PA; SL (1 kit per 180 days.)
OMNIPOD 5 DEXG7G6 PODS GEN 5 (<i>insulin disposable pump</i>)	2	PA
OMNIPOD 5 LIBRE2 PLUS G6 KIT (<i>insulin disposable pump</i>)	2	PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS (<i>insulin disposable pump</i>)	2	PA
ONETOUCH DELICA PLUS LANCING (<i>lancet device</i>)	1	
ONETOUCH DELICA SAFETY LANCING (<i>lancets</i>)	1	
ONETOUCH ULTRA 2 KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	1	
ONETOUCH ULTRA IN VITRO LIQUID (<i>blood glucose calibration</i>)	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	1	
ONETOUCH VERIO IN VITRO LIQUID HIGH (<i>blood glucose calibration</i>)	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	1	
PARI VORTEX ADULT MASK (<i>spacer/aero-hold chamber mask</i>)	2	
PERFECT POINT SAFETY LANCETS (<i>lancets</i>)	3	
PERFECT POINT SAFETY NEEDLE 25G X 1" (<i>needle (disp)</i>)	2	
PIP GLUCOSE CONTROL SOLUTION IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	2	SL (10 pen needles per day.)
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	2	SL (10 pen needles per day.)
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM	2	SL (10 pen needles per day.)
SHARPS COLLECTOR	3	
SHARPS CONTAINER	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TECHLITE LANCETS 26G (<i>lancets</i>)	3	
TRUE METRIX LEVEL 1 IN VITRO SOLUTION LOW (<i>blood glucose calibration</i>)	2	
TRUE METRIX LEVEL 2 IN VITRO SOLUTION NORMAL (<i>blood glucose calibration</i>)	2	
TRUE METRIX LEVEL 3 IN VITRO SOLUTION HIGH (<i>blood glucose calibration</i>)	2	
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	SL (10 pen needles per day.)
UNISTRIP CONTROL IN VITRO SOLUTION LOW (<i>blood glucose calibration</i>)	3	
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	2	SL (10 pen needles per day.)
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	SL (10 syringes per day.)
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	SL (10 pen needles per day.)
VERIFINE SAFE LANCET MINI 21G (<i>lancets</i>)	3	
VERIFINE SAFE LANCET MINI 23G (<i>lancets</i>)	3	
VERIFINE SAFE LANCET MINI 28G (<i>lancets</i>)	3	
VERIFINE SAFE LANCET MINI 30G (<i>lancets</i>)	3	
VERIFINE SHARPS CONTAINER (<i>sharps container</i>)	3	
VIVAGUARD INO CONTROL SOLUTION LIQUID IN VITRO (<i>blood glucose calibration</i>)	2	
VIVAGUARD INO CONTROL SOLUTION LIQUID IN VITRO (<i>blood glucose calibration</i>)	3	
VIVAGUARD LANCETS 30G (<i>lancets</i>)	3	
VIVAGUARD LANCING DEVICE (<i>lancet device</i>)	3	
VIVAGUARD SAFETY LANCETS 28G (<i>lancets</i>)	3	
VORTEX VALVED HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chamber</i>)	2	
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	3	PA; ST; SL (20 ml per 24 days.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORTROPHIN INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	3	PA; ST; SL (20 ml per 24 days.); SP
CORTROSYN INJECTION SOLUTION RECONSTITUTED 0.25 MG (<i>cosyntropin</i>)	3	
<i>cosyntropin injection solution reconstituted 0.25 mg</i>	1	
CARDIAC FUNCTION		
<i>dipyridamole oral tablets 25 mg, 50 mg, 75 mg</i>	1	
DIABETES MELLITUS		
ACCU-CHEK GUIDE IN VITRO STRIP (<i>glucose blood</i>)	3	SL (51 strips per prescription without history 204 strips per prescription with history.)
CONTOUR NEXT TEST IN VITRO STRIP (<i>glucose blood</i>)	2	SL (51 strips per prescription without history 204 strips per prescription with history.)
FORA TEST N'GO ADV-VOICE-6 CON IN VITRO STRIP (<i>ketone blood test</i>)	3	
ONETOUCH ULTRA IN VITRO STRIP (<i>glucose blood</i>)	1	SL (51 strips per prescription without history 204 strips per prescription with history.)
ONETOUCH ULTRA TEST IN VITRO STRIP (<i>glucose blood</i>)	1	SL (51 strips per prescription without history 204 strips per prescription with history.)
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	1	SL (51 strips per prescription without history 204 strips per prescription with history.)
DIAGNOSTIC AGENTS		
BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	SM
CARESTART COVID-19 HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	SM
CLEARDETECT COVID-19 AG HOME IN VITRO KIT (<i>covid-19 at home test</i>)	3	SM
CLINITEST RAPID COVID-19 TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	SM
COVID-19 AT HOME ANTIGEN TEST IN VITRO KIT	3	SM
COVID-19 AT-HOME TEST IN VITRO KIT	3	SM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIATRUST COVID-19 HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	SM
ELLUME COVID-19 HOME TEST IN VITRO KIT	3	SM
FASTEP COVID-19 ANTIGEN TEST IN VITRO KIT	3	SM
FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	SM
IHEALTH COVID-19 RAPID TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	SM
INDICAID COVID-19 RAPID TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	SM
INTELISWAB COVID-19 RAPID TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	SM
ON/GO COVID-19 ANTIGEN TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	SM
ON/GO ONE COVID-19 HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	SM
PILOT COVID-19 AT-HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	SM
QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	SM
SPEEDY SWAB COVID-19 ANTIGEN IN VITRO KIT (<i>covid-19 at home test</i>)	3	SM
KETONES		
CHEMSTRIP K IN VITRO STRIP (<i>acetone (urine) test</i>)	2	
KETONE TEST IN VITRO STRIP	2	
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	2	
PHEOCHROMOCYTOMA		
DEMSER ORAL CAPSULE 250 MG (<i>metyrosine</i>)	3	
<i>metyrosine oral capsule 250 mg</i>	1	
PITUITARY FUNCTION		
METOPIRONE ORAL CAPSULE 250 MG (<i>metyrapone</i>)	3	
SUGAR		
DIASTIX REAGENT IN VITRO STRIP (<i>glucose urine test-glucose ox</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
URINE AND FECES CONTENTS		
CHEMSTRIP UGK IN VITRO STRIP (<i>urine glucose-ketones test</i>)	3	
CVS KETONE CARE IN VITRO STRIP (<i>urine glucose-ketones test</i>)	2	
KETO-DIASTIX IN VITRO STRIP (<i>urine glucose-ketones test</i>)	3	
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
<i>formaldehyde external solution</i> 10 %, 37 %	1	
<i>glutaraldehyde external solution</i> 25 %	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 packets</i> 300-1002 mg	1	
ORACIT ORAL SOLUTION 490-640 MG/5ML (<i>sod citrate-citric acid</i>)	2	
ORAL CITRATE ORAL SOLUTION 490-640 MG/5ML	2	
<i>potassium citrate er oral tablet extended release</i> 1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	1	
<i>potassium citrate-citric acid oral solution</i> 100-334 mg/5ml	1	
<i>sod citrate-citric acid oral solution</i> 100-334 mg/5ml	1	
<i>tricitrates oral solution</i> 150-500-334 mg/5ml	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (<i>potassium citrate</i>)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (<i>potassium citrate</i>)	3	
AMMONIA DETOXICANTS		
<i>carglumic acid oral tablet solution</i> 200 mg	1	PA; SP
<i>constulose oral solution</i> 10 gm/15ml	1	
<i>enulose oral solution</i> 10 gm/15ml	1	
<i>generlac oral solution</i> 10 gm/15ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KRISTALOSE ORAL PACKET 10 GM, 20 GM (<i>lactulose</i>)	3	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	1	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	1	
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	3	
RAVICTI ORAL LIQUID 1.1 GM/ML (<i>glycerol phenylbutyrate</i>)	3	PA; ST; SL (17.5 ml per day.); SP
<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	PA; SP
L-ISOLEUCINE POWDER	3	PA
CARBONIC ANHYDRASE INHIBITORS - Drugs for Water Balance		
<i>acetazolamide er oral capsule extended release 1500 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 1200 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 2400 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	PA
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (<i>furosemide</i>)	3	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
POTASSIUM-SPARING DIURETICS - Drugs for Water Balance		
<i>amiloride hcl oral tablet</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	3	
<i>eplerenone oral tablet</i>	1	
<i>spironolactone oral suspension</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>triamterene oral capsule</i>	1	
<i>triamterene-hctz oral capsule</i>	1	
<i>triamterene-hctz oral tablet</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</i>	1	
<i>calcium acetate (phos binder) oral tablet</i>	1	
<i>calcium acetate oral tablet</i>	1	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (<i>potassium bicarb-citric acid</i>)	2	
<i>effer-k oral tablet effervescent</i>	1	
GALZIN ORAL CAPSULE 25 MG, 50 MG (<i>zinc acetate (oral)</i>)	3	
<i>klor-con 10 oral tablet extended release</i>	1	
<i>klor-con m10 oral tablet extended release</i>	1	
<i>klor-con m15 oral tablet extended release</i>	1	
<i>klor-con m20 oral tablet extended release</i>	1	
<i>klor-con oral pack</i>	1	
<i>klor-con oral tablet extended release</i>	1	
<i>klor-con/ef oral tablet effervescent</i>	1	
K-PHOS ORAL TABLET 500 MG (<i>potassium phosphate monobasic</i>)	2	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG (<i>k phos mono-sod phos di & mono</i>)	2	
<i>k-prime oral tablet effervescent</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ (potassium chloride)	3	
LIQUICAL PLUS ORAL LIQUID 84-24-0.7-10 MG-MCG/5ML (calcium-magnesium-zinc-vit d3)	3	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (insulin regular(human) in nacl)	3	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG (k phos mono-sod phos di & mono)	2	
phosphorous oral tablet 155-852-130 mg	1	
phospho-trin 250 neutral oral tablet 155-852-130 mg	1	
PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION 22-4-1 MEQ-MMOL/L	3	
PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION 32-4- 2.5-1 MEQ-MMOL/L	3	
potassium chloride crys er oral tablet extended release, 15 meq, 20 meq	1	
potassium chloride er oral capsule extended release, 8 meq	1	
potassium chloride er oral tablet extended release, 15 meq, 20 meq, 8 meq	1	
potassium chloride oral pack 20 meq	1	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), meq/15ml (20%)	40 1	
PREMESISRX ORAL TABLET 1 MG (prenatal ca-b6-b12-fa- ginger)	3	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (prenat- feasp-meth-fa-dha w/o)a	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o)a	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (prenat- fecbn-feasp-meth-fa-dha)	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (prenat mv- min-methylfolate-fa)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (prenat- feasp-meth-fa-dha w/o)a	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION 22-4 MEQ/L (bicarb-dextrose-k (crrt))	3	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION 32-2.5 MEQ/L (bicarb-dextrose-ca (crrt))	3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION 32-2 MEQ/L (bicarb-dextrose-k (crrt))	3	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION 32-2-3.5 MEQ/L (bicarb-dextrose-k-ca (crrt))	3	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION 32-4-1.2 MEQ/L (bicarb-dextrose-k-mg (crrt))	3	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5 MEQ/L (bicarb-dextrose-k-ca (crrt))	3	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION 32-1.2 MEQ/L (bicarb-mg (crrt))	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (prenatal mv-min-fe fum-fa-dha)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (prenat w/o a-fe-methfol-fa-dha)	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
wes-phos 250 neutral oral tablets-852-130 mg	1	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
THIAZIDE DIURETICS - Drugs for Water Balance		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG (quinapril-hydrochlorothiazide)	3	
amiloride-hydrochlorothiazide oral tablets-50 mg	1	
amlodipine-valsartan-hctz oral tablets-10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	
benazepril-hydrochlorothiazide oral tablets-10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
bisoprolol-hydrochlorothiazide oral tablets-10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>candesartan cilexetil-hctz oral tablet</i> 12.5 mg, 32-12.5 mg, 32-25 mg	1	
<i>captopril-hydrochlorothiazide oral tablet</i> 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	2	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan-chlorthalidone</i>)	3	
<i>enalapril-hydrochlorothiazide oral tablet</i> 10-25 mg, 5-12.5 mg	1	
<i>fosinopril sodium-hctz oral tablet</i> 10-12.5 mg, 20-12.5 mg	1	
<i>hydrochlorothiazide oral capsule</i> 2.5 mg	1	
<i>hydrochlorothiazide oral tablet</i> 12.5 mg, 25 mg, 50 mg	1	
<i>irbesartan-hydrochlorothiazide oral tablet</i> 150-12.5 mg, 300-12.5 mg	1	
<i>lisinopril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
<i>losartan potassium-hctz oral tablet</i> 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	
<i>metoprolol-hydrochlorothiazide oral tablet</i> 100-25 mg, 100-50 mg, 50-25 mg	1	
<i>olmesartan medoxomil-hctz oral tablet</i> 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
<i>olmesartan-amlodipine-hctz oral tablet</i> 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	
<i>quinapril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
<i>spironolactone-hctz oral tablet</i> 25-25 mg	1	
<i>telmisartan-hctz oral tablet</i> 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
<i>triamterene-hctz oral capsule</i> 7.5-25 mg	1	
<i>triamterene-hctz oral tablet</i> 7.5-25 mg, 75-50 mg	1	
<i>valsartan-hydrochlorothiazide oral tablet</i> 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
THIAZIDE-LIKE DIURETICS - Drugs for Water Balance		
<i>atenolol-chlorthalidone oral tablet</i> 100-25 mg, 50-25 mg	1	
<i>chlorthalidone oral tablet</i> 25 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>indapamide oral tablet 25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
THALITONE ORAL TABLET 15 MG (<i>chlorthalidone</i>)	3	
URICOSURIC AGENTS		
<i>colchicine-probenecid oral tablet 5-500 mg</i>	1	
<i>probenecid oral tablet 500 mg</i>	1	
VASOPRESSIN ANTAGONISTS - Drugs for Water Balance		
JYNARQUE ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	2	PA; SL (2 tablets per day.); SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG (<i>tolvaptan</i>)	2	PA; SL (2 tablets per day.); SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG (<i>tolvaptan</i>)	2	PA; SL (2 tablets per day.)
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>)	2	PA; SL (2 tablets per day.); SP
SAMSCA ORAL TABLET 15 MG (<i>tolvaptan</i>)	3	PA; SL (90 tablets per 365 days.); SP
SAMSCA ORAL TABLET 30 MG (<i>tolvaptan</i>)	3	PA; SL (60 tablets per 365 days.); SP
<i>tolvaptan oral tablet 15 mg</i>	1	PA; SP
<i>tolvaptan oral tablet 30 mg</i>	1	PA; SL (2 tablets per day.); SP
ENZYMES		
ENZYME COFACTORS/CHAPERONES		
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	3	PA; SL (14 capsules per 21 days.); SP
JAVYGTOR ORAL PACKET 100 MG (<i>sapropterin dihydrochloride</i>)	3	PA; SL (16 packets per day.); SP
JAVYGTOR ORAL PACKET 500 MG (<i>sapropterin dihydrochloride</i>)	3	PA; SL (4 packets per day.); SP
JAVYGTOR ORAL TABLET 100 MG (<i>sapropterin dihydrochloride</i>)	3	PA; SL (16 tablets per day.); SP
<i>sapropterin dihydrochloride oral packet 100 mg</i>	1	PA; SL (16 packets per day.); SP
<i>sapropterin dihydrochloride oral packet 500 mg</i>	1	PA; SL (4 packets per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sapropterin dihydrochloride oral tablet 100 mg	1	PA; SL (16 tablets per day); SP
ENZYME INHIBITORS		
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	2	PA; SP
miglustat oral capsule 100 mg	1	
OPFOLDA ORAL CAPSULE 65 MG (<i>miglustat (gaa deficiency)</i>)	2	PA; SL (8 capsules per 21 days.); SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	1	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	2	PA; SP
ZOKINVY ORAL CAPSULE 50 MG (<i>lonafarnib</i>)	2	PA; SL (5 capsules per day.); SP
ZOKINVY ORAL CAPSULE 75 MG (<i>lonafarnib</i>)	2	PA; SL (1 tablet per day.); SP
ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amy)</i>)	2	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML (<i>pegvaliase-pqpz</i>)	3	PA; ST; SL (7 mL per year.); SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML (<i>pegvaliase-pqpz</i>)	3	PA; ST; SL (6 syringes per 365 days.); SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>pegvaliase-pqpz</i>)	3	PA; ST; SL (1 ml per day.); SP
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (<i>pancrelipase (lip-prot-amy)</i>)	3	ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amy)</i>)	3	ST
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	2	PA; SL (5 ml per day.); SP
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	3	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML (<i>asfotase alfa</i>)	2	PA; SL (5.4 ml per month.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML (<i>asfotase alfa</i>)	2	PA; SL (8.4 ml per month.); SP
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML (<i>asfotase alfa</i>)	2	PA; SL (12 ml tablets per month.); SP
STRENSIQ SUBCUTANEOUS SOLUTION 80 MG/0.8ML (<i>asfotase alfa</i>)	2	PA; SL (9.6 ml (12 vials) per month.); SP
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	2	PA; SP
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amy)</i>)	3	ST
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (<i>pancrelipase (lip-prot-amy)</i>)	2	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ALPHA-ADRENERGIC AGONISTS (EENT) - Drugs for the Eye		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (<i>brimonidine tartrate</i>)	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (<i>brimonidine tartrate</i>)	3	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	1	
<i>brimonidine tartrate external 0.33 %</i>	1	PA
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	1	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
IOPIDINE OPHTHALMIC SOLUTION 1 % (<i>apraclonidine hcl</i>)	3	
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	2	PA
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (<i>brinzolamide-brimonidine</i>)	3	
ANTIALLERGIC AGENTS - Drugs for Allergy		
ALOCRIAL OPHTHALMIC SOLUTION 2 % (<i>nedocromil sodium</i>)	3	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (<i>lodoxamide tromethamine</i>)	3	
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
azelastine hcl ophthalmic solution 0.05 %	1	
bepotastine besilate ophthalmic solution 0.5 %	1	
cromolyn sodium inhalation nebulization solution 20mg/2ml	1	
cromolyn sodium ophthalmic solution 4n %	1	
epinastine hcl ophthalmic solution 0.05 %	1	
olopatadine hcl nasal solution 0.6 %	1	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (olopatadine-mometasone)	3	
ANTIBACTERIALS (52:04) - Drugs for Infections		
AZASITE OPHTHALMIC SOLUTION 1 % (azithromycin)	3	
bacitracin ophthalmic ointment 500 unit/gm	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1t %	1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (besifloxacin hcl)	3	
CETRAXAL OTIC SOLUTION 0.2 % (ciprofloxacin hcl)	3	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (ciprofloxacin hcl)	3	
CIPRO HC OTIC SUSPENSION 0.2-1 % (ciprofloxacin-hydrocortisone)	3	
ciprofloxacin hcl ophthalmic solution 0.3 %	1	
ciprofloxacin hcl otic solution 0.2 %	1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (neomycin-colist-hc-thonzonium)	3	
DOUBLE PM OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5 %	3	PA
ery external pad 2 %	1	
ERYGEL EXTERNAL GEL 2 % (erythromycin)	3	
erythromycin external gel 2 %	1	
erythromycin external solution 2 %	1	
erythromycin ophthalmic ointment 5t mg/gm	1	H
gatifloxacin ophthalmic solution 0.5 %	1	
gentamicin sulfate ophthalmic solution 0.3 %	1	
levofloxacin ophthalmic solution 0.5 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (neomycin-polymyxin-dexameth)	3	
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (neomycin-polymyxin-dexameth)	3	
MITOSOL OPHTHALMIC KIT 0.2 MG (mitomycin)	3	
moxifloxacin hcl (2x day) ophthalmic solution	1	
moxifloxacin hcl ophthalmic solution 0.5 %	1	
neomycin sulfate oral tablets 500 mg	1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000 , 5-400-10000	1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 0.5-10000-0.1	1	
neomycin-polymyxin-gramicidin ophthalmic solution 0.75-10000-.025	1	
neomycin-polymyxin-hc ophthalmic suspension 0.5-10000-1	1	
neomycin-polymyxin-hc otic solution 0.5-10000-1	1	
neomycin-polymyxin-hc otic suspension 0.5-10000-1	1	
neo-polycin hc ophthalmic ointment	1	
neo-polycin ophthalmic ointment 5-400-10000	1	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (ofloxacin)	3	
ofloxacin ophthalmic solution 0.3 %	1	
ofloxacin otic solution 0.3 %	1	
polycin ophthalmic ointment 500-10000 unit/gm	1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
sulfacetamide sodium ophthalmic ointment 10 %	1	
sulfacetamide sodium ophthalmic solution 10 %	1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
TOBI PODHALER INHALATION CAPSULE 28 MG (tobramycin)	3	PA; SL (224 capsules per 56 days.); SP
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (<i>tobramycin-dexamethasone</i>)	3	
<i>tobramycin inhalation nebulization solution</i> 300 mg/4ml	1	PA; SL (224 ml per 56 days.); SP
<i>tobramycin ophthalmic solution</i> 0.3 %	1	
<i>tobramycin-dexamethasone ophthalmic suspension</i> 0.3-0.1 %	1	
TOBEX OPHTHALMIC OINTMENT 0.3 % (<i>tobramycin</i>)	3	
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	PA
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	PA
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (<i>moxifloxacin hcl</i>)	3	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	3	
ANTIFUNGALS (EENT) - Drugs for Infections		
NATACYN OPHTHALMIC SUSPENSION 5 % (<i>natamycin</i>)	3	
ANTI-INFECTIVES, MISCELLANEOUS (52:04) - Drugs for Infections		
ARZOL SILVER NIT APPLICATORS EXTERNAL 75-25 % (<i>silver nitrate-pot nitrate</i>)	3	
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % (<i>povidone-iodine</i>)	3	
<i>chlorhexidine gluconate mouth/throat solution</i> 0.12 %	1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	3	
<i>periogard mouth/throat solution</i> 0.12 %	1	
PRAMOTIC OTIC LIQUID 1-0.1 % (<i>pramoxine-chloroxylenol</i>)	3	
<i>silver nitrate external solution</i> 0.5 %	1	
XDEMVY OPHTHALMIC SOLUTION 0.25 % (<i>lotilaner</i>)	3	PA; SL (10 ml per 63 days.)
ANTI-INFLAMMATORY AGENTS (EENT) - Drugs for Inflammation		
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (<i>perfluorohexyloctane</i>)	3	PA; SL (3 ml per 23 days.)
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	3	PA; SL (1 ml per day and 56 ml per 365 days.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (cyclosporine)	3	PA; SL (5.5 mL (1 bottle) per month.)
RESTASIS OPHTHALMIC EMULSION 0.05 % (cyclosporine)	1	PA
XIIDRA OPHTHALMIC SOLUTION 5 % (lifitegrast)	2	PA
ANTIVIRALS (EENT) - Drugs for Infections		
trifluridine ophthalmic solution %	1	
ZIRGAN OPHTHALMIC GEL 0.15 % (ganciclovir)	3	
ASTRINGENTS (52:04) - Drugs for Infections		
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (chlorhexidine gluconate)	3	
periogard mouth/throat solution 0.12 %	1	
BETA-ADRENERGIC BLOCKING AGENTS (EENT) - Drugs for the Eye		
betaxolol hcl ophthalmic solution 0.5 %	1	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (timolol hemihydrate)	2	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (betaxolol hcl)	3	
carteolol hcl ophthalmic solution %	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (brimonidine tartrate-timolol)	1	
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (dorzolamide hcl-timolol mal)	3	
dorzolamide hcl-timolol mal ophthalmic solution 0.2-0.5 %	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 0.2-0.5 %	1	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (timolol maleate)	3	
levobunolol hcl ophthalmic solution 0.5 %	1	
timolol maleate (once-daily) ophthalmic solution 0.5 %	1	
timolol maleate ocudose ophthalmic solution 0.5 %	1	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (timolol maleate)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARBONIC ANHYDRASE INHIBITORS (EENT) - Drugs for the Eye		
<i>acetazolamide er oral capsule extended release 1500mg</i>	1	
<i>acetazolamide oral tablet 25 mg, 250 mg</i>	1	
<i>brinzolamide ophthalmic suspension 1 %</i>	1	
COSOPT OPTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	3	
DORZOLAMIDE HCL SOLUTION 2 % OPTHALMIC	3	
<i>dorzolamide hcl solution 2 % ophthalmic</i>	1	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
SIMBRINZA OPTHALMIC SUSPENSION 1-0.2 % (<i>brinzolamide-brimonidine</i>)	3	
CORTICOSTEROIDS (EENT) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	
ALREX OPTHALMIC SUSPENSION 0.2 % (<i>loteprednol etabonate</i>)	3	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
CIPRO HC OTIC SUSPENSION 0.2-1 % (<i>ciprofloxacin-hydrocortisone</i>)	3	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (<i>neomycin-colist-hc-thonzonium</i>)	3	
DERMOTIC OTIC OIL 0.01 % (<i>fluocinolone acetonide</i>)	3	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	1	
DOUBLE PM OPTHALMIC SOLUTION RECONSTITUTED 1-0.5 %	3	PA
DUREZOL OPTHALMIC EMULSION 0.05 % (<i>difluprednate</i>)	3	
EYSUVIS OPTHALMIC SUSPENSION 0.25 % (<i>loteprednol etabonate</i>)	2	
<i>flac otic 0.1 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLAREX OPHTHALMIC SUSPENSION 0.1 % (fluorometholone acetate)	2	
flunisolide nasal solution 0.25 mcg/act (0.025%)	1	
fluocinolone acetonide otic 0.01 %	1	
fluorometholone ophthalmic suspension 0.1 %	1	
fluticasone propionate nasal suspension 50 mcg/act	1	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (fluorometholone)	3	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (fluorometholone)	3	
hydrocortisone-acetic acid otic solution 1.2 %	1	
INVELTYS OPHTHALMIC SUSPENSION 1 % (loteprednol etabonate)	3	
LOTEMAX OPHTHALMIC GEL 0.5 % (loteprednol etabonate)	3	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (loteprednol etabonate)	3	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (loteprednol etabonate)	3	
loteprednol etabonate ophthalmic 0.5 %	1	
loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 %	1	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (dexamethasone)	2	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (neomycin-polymyxin-dexameth)	3	
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (neomycin-polymyxin-dexameth)	3	
mometasone furoate nasal suspension 50 mcg/act	1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
neo-polycin hc ophthalmic ointment %	1	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (ciclesonide)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (prednisolone acetate)	3	
prednisolone acetate ophthalmic suspension %	1	
prednisolone sodium phosphate ophthalmic solution %	1	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (beclomethasone diprop (nasal))	3	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (beclomethasone diprop (nasal))	3	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (olopatadine-mometasone)	3	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (tobramycin-dexamethasone)	3	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	PA
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	PA
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (loteprednol-tobramycin)	3	
EENT ANTI-INFLAMMATORY AGENTS, MISC. - Drugs for Inflammation		
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (cyclosporine)	3	PA; SL (5.5 mL (1 bottle) per month.)
RESTASIS OPHTHALMIC EMULSION 0.05 % (cyclosporine)	1	PA
XIIDRA OPHTHALMIC SOLUTION 5 % (lifitegrast)	2	PA
EENT DRUGS, MISCELLANEOUS		
acetic acid otic solution %	1	
apraclonidine hcl ophthalmic solution 0.5 %	1	
AQUORAL MOUTH/THROAT SOLUTION (artificial saliva)	3	
CAPHOSOL MOUTH/THROAT SOLUTION (artificial saliva)	3	
cromolyn sodium ophthalmic solution %	1	
cromolyn sodium oral concentrate 100 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (<i>cysteamine hcl</i>)	3	PA; SL (20 mL per 21 days)
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	2	PA; SL (60 ml (4 bottles) per month.); SP
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (<i>sulfuric acid-sulf phenolic</i>)	2	
<i>hydrocortisone-acetic acid otic solution</i> 2 %	1	
IOPIDINE OPHTHALMIC SOLUTION 1 % (<i>apraclonidine hcl</i>)	3	
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (<i>perfluorohexyloctane</i>)	3	PA; SL (3 ml per 23 days.)
MUCOSITISRX MOUTH/THROAT PACKET (<i>artificial saliva</i>)	3	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	3	PA; SL (1 ml per day and 56 ml per 365 days.); SP
SALIVAMAX MOUTH/THROAT PACKET (<i>artificial saliva</i>)	3	
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (<i>varenicline tartrate</i>)	3	PA; SL (0.28 ml per day.)
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Inflammation		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (<i>ketorolac tromethamine</i>)	3	
ACULAR OPHTHALMIC SOLUTION 0.5 % (<i>ketorolac tromethamine</i>)	3	
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (<i>ketorolac tromethamine</i>)	3	
<i>bromfenac sodium (once-daily) ophthalmic solution</i> 0.09 %	1	
<i>bromfenac sodium ophthalmic solution</i> 0.07 %, 0.075 %	1	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (<i>bromfenac sodium</i>)	3	
<i>diclofenac sodium ophthalmic solution</i> 0.1 %	1	
<i>flurbiprofen sodium ophthalmic solution</i> 0.03 %	1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (<i>nepafenac</i>)	3	
<i>ketorolac tromethamine ophthalmic solution</i> 0.4 %, 0.5 %	1	
<i>ketorolac tromethamine oral tablet</i> 10 mg	1	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (<i>nepafenac</i>)	3	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (<i>bromfenac sodium</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	3	ST
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	PA
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	PA
LOCAL ANESTHETICS (EENT) - Drugs for Numbing		
AKTEN OPHTHALMIC GEL 3.5 % (<i>lidocaine hcl</i>)	3	
ALCAINE OPHTHALMIC SOLUTION 0.5 % (<i>proparacaine hcl</i>)	3	
ALTACAIN OPHTHALMIC SOLUTION 0.5 % (<i>tetracaine hcl</i>)	3	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (<i>dph-lido-alhydr-mghydr-simeth</i>)	3	PA
<i>lidocaine hcl mouth/throat solution</i> 1%	1	
<i>lidocaine viscous hcl mouth/throat solution</i> 2%	1	
PRAMOTIC OTIC LIQUID 1-0.1 % (<i>pramoxine-chloroxylenol</i>)	3	
<i>proparacaine hcl ophthalmic solution</i> 0.5 %	1	
<i>tetracaine hcl ophthalmic solution</i> 0.5 %	1	
MACULAR DEGENERATION AGENTS		
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (<i>cysteamine hcl</i>)	3	PA; SL (20 mL per 21 days)
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	2	PA; SL (60 ml (4 bottles) per month.); SP
MIOTICS - Drugs for the Eye		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (<i>echothiophate iodide</i>)	2	
<i>pilocarpine hcl ophthalmic solution</i> 1%, 2 %, 4 %	1	
MYDRIATICS - Drugs for the Eye		
<i>altafirin ophthalmic solution</i> 1%, 2.5 %	1	
<i>atropine sulfate ophthalmic ointment</i> 1%	1	
<i>atropine sulfate ophthalmic solution</i> 1%	1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 % (<i>cyclopentolate hcl</i>)	3	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (<i>cyclopentolate-phenylephrine</i>)	3	
<i>cyclopentolate hcl ophthalmic solution</i> 1%	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>phenylephrine hcl ophthalmic solution</i> 0.1 %, 2.5 %	1	
PROSTAGLANDIN ANALOGS - Drugs for the Eye		
<i>bimatoprost ophthalmic solution</i> 0.03 %	1	
IYUZEH OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	3	
LATANOPROST OIL	3	PA
<i>latanoprost ophthalmic solution</i> 0.005 %	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	2	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	3	
<i>tafluprost (pf) ophthalmic solution</i> 0.0015 %	1	ST
<i>travoprost (bak free) ophthalmic solution</i> 0.0004 %	1	
XELPROS OPHTHALMIC EMULSION 0.005 % (<i>latanoprost</i>)	3	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (<i>tafluprost</i>)	3	ST
RHO KINASE INHIBITORS - Drugs for the Eye		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (<i>netarsudil dimesylate</i>)	3	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	3	
VASOCONSTRICTORS		
ADRENALIN NASAL SOLUTION 0.1 % (<i>epinephrine hcl (nasal)</i>)	2	
<i>altafrin ophthalmic solution</i> 0.1 %, 2.5 %	1	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (<i>cyclopentolate-phenylephrine</i>)	3	
<i>epinephrine hcl (nasal) nasal solution</i> 0.1 %	1	
<i>phenylephrine hcl ophthalmic solution</i> 0.1 %, 2.5 %	1	
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	3	PA
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (<i>oxymetazoline hcl</i>)	3	PA
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (<i>dph-lido-alhydr-mghydr-simeth</i>)	3	PA
CHLORIDE CHANNEL ACTIVATORS		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	3	PA; SL (2 capsules per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lubiprostone oral capsule</i> 24 mcg, 8 mcg	1	PA; SL (2 capsules per day.)
GUANYLATE CYCLASE C (GCC) RECEPT AGONIST		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	2	PA; SL (1 capsule per day.)
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	3	PA; ST; SL (1 tablet per day)
IMMUNOMODULATORY AGENTS (56:44)		
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML (<i>vedolizumab</i>)	3	PA; SL (0.05 ml per day.); SP
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mirikizumab-mrkz</i>)	3	PA; SL (0.072 ml per day.); SP
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mirikizumab-mrkz</i>)	3	PA; SL (2 prefilled syringe per month.); SP
OPIOID ANTAGONISTS (56:18)		
<i>alvimopan oral capsule</i> 2 mg	1	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	3	SL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	3	SL (0.4 ml per day.)
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	2	PA; SL (1 tablet per day)
GASTROINTESTINAL DRUGS - Drugs for the Stomach		
5-HT3 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	3	
ANZEMET ORAL TABLET 50 MG (<i>dolasetron mesylate</i>)	3	
<i>granisetron hcl oral tablet</i> mg	1	
<i>ondansetron hcl oral solution</i> 4 mg/5ml	1	
<i>ondansetron hcl oral tablet</i> 2 mg, 4 mg, 8 mg	1	
<i>ondansetron odt oral tablet dispersible</i> 2 mg, 4 mg, 8 mg	1	
ANTIDIARRHEA AGENTS - Drugs for Diarrhea		
<i>bis subcit-metronid-tetracycl oral capsule</i> 40-125-125 mg	1	SL (120 capsules per 180 days.)
<i>bismuth/metronidaz/tetracyclin oral capsule</i> 40-125-125 mg	1	SL (120 capsules per 180 days.)
<i>diphenoxylate-atropine oral liquid</i> 2.5-0.025 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>diphenoxylate-atropine oral tablet</i> 5-0.025 mg	1	
LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate-atropine</i>)	3	
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin-atropine</i>)	3	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	3	PA; SL (2 tablets per day.)
<i>opium oral tincture</i> 10 mg/ml (1%)	1	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3	SL (120 capsules per 180 days.)
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	3	SL (2 tablets per day.)
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprat</i>)	3	PA; SL (3 tablets per day); SP
ANTIEMETICS, MISCELLANEOUS - Drugs for Vomiting and Nausea		
<i>dronabinol oral capsule</i> 10 mg, 2.5 mg, 5 mg	1	
MARINOL ORAL CAPSULE 2.5 MG (<i>dronabinol</i>)	3	
<i>promethazine hcl oral solution</i> 0.25 mg/5ml	1	
<i>promethazine hcl oral tablet</i> 12.5 mg, 25 mg, 50 mg	1	
<i>promethazine hcl rectal suppository</i> 12.5 mg, 25 mg	1	
<i>promethegan rectal suppository</i> 12.5 mg, 25 mg, 50 mg	1	
<i>scopolamine transdermal patch 72 hr</i> 1mg/3days	1	
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	3	SL (4 ml per day)
ANTIFLATULENTS - Drugs for Gas		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (<i>dph-lido-alhydr-mghydr-simeth</i>)	3	PA
ANTIHISTAMINES (GI DRUGS) - Drugs for Vomiting and Nausea		
<i>prochlorperazine maleate oral tablet</i> 2 mg, 5 mg	1	
<i>prochlorperazine rectal suppository</i> 25 mg	1	
<i>trimethobenzamide hcl oral capsule</i> 300 mg	1	
ANTI-INFLAMMATORY AGENTS (GI DRUGS) - Drugs for Inflammation		
<i>alosetron hcl oral tablet</i> 0.5 mg, 1 mg	1	PA; SL (2 tablets per day)
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	3	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3	
<i>balsalazide disodium oral capsule 750 mg</i>	1	
DIPENTUM ORAL CAPSULE 250 MG (<i>olsalazine sodium</i>)	3	
<i>mesalamine oral capsule delayed release 400 mg</i>	1	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	1	
<i>mesalamine rectal enema 4 gm</i>	1	
<i>mesalamine rectal suppository 1000 mg</i>	1	SL (1 suppository per day.)
<i>mesalamine-cleanser rectal kit 4 gm</i>	1	SL (4 kits per month.)
ROWASA RECTAL KIT 4 GM (<i>mesalamine-cleanser</i>)	3	SL (4 kits per month.)
SFROWASA RECTAL ENEMA 4 GM/60ML (<i>mesalamine</i>)	3	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
ANTIULCER AGENTS AND ACID SUPPRESS.,MISC - Drugs for Ulcers and Stomach Acid		
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	SL (120 capsules per 180 days.)
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	SL (120 capsules per 180 days.)
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3	SL (120 capsules per 180 days.)
ANTIULCER AGENTS AND ACID SUPPRESSANTS - Drugs for Ulcers and Stomach Acid		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>clarithromycin er oral tablet extended release 250 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	3	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	3	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	3	PA
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
CATHARTICS AND LAXATIVES - Drugs for Constipation		
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	E	H
<i>bisacodyl oral tablet delayed release 5 mg</i>	E	H
<i>citroma oral solution 745 gm/30ml</i>	E	H
<i>clearlax oral powder 7 gm/scoop</i>	E	H
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML (<i>sod picosulfate-mag ox-cit acid</i>)	2	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (<i>dph-lido-alhydr-mghydr-simeth</i>)	3	PA
<i>ft clearlax oral powder 7 gm/scoop</i>	E	H
<i>ft laxative oral tablet delayed release 5 mg</i>	E	H
<i>ft magnesium citrate oral solution 745 gm/30ml</i>	E	H
<i>gavilax oral powder 7 gm/scoop</i>	E	H
<i>gavilyte-c oral solution reconstituted 240 gm</i>	1	H
<i>gavilyte-g oral solution reconstituted 236 gm</i>	1	H
<i>gavilyte-n with flavor pack oral solution reconstituted 236 gm</i>	1	H
<i>gentle laxative oral tablet delayed release 5 mg</i>	E	H
<i>gentlelax oral powder 7 gm/scoop</i>	E	H
<i>glycolax oral powder 7 gm/scoop</i>	E	H
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	3	
<i>magnesium citrate oral solution 745 gm/30ml</i>	E	H
<i>mineral oil heavy oral oil</i>	1	
<i>mm clearlax oral powder 7 gm/scoop</i>	E	H
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (<i>peg-kcl-nacl-nasulf-na ascorbic acid</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>na sulfate-k sulfate-mg sulf oral solution reconstituted 17.5-3.13-1.6 gm/177ml</i>	1	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 120 gm</i>	1	H
<i>peg-3350/electrolytes oral solution reconstituted 206 gm</i>	1	H
<i>peg-3350/electrolytes/ascorbic acid oral solution reconstituted 100 gm</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	1	
PEG-PREP ORAL KIT 5-210 MG-GM (<i>bisacodyl-peg-kcl-nabicyclate-nacl</i>)	3	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	2	
<i>polyethylene glycol 3350 oral powder 100 gm/scoop</i>	E	H
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (<i>peg 3350-kcl-nacl-nasulf-mg-sulf</i>)	3	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (<i>na sulfate-k sulfate-mg sulf</i>)	3	
SUTAB ORAL TABLET 1479-225-188 MG (<i>sodium sulfate-magnesium sulfate-kcl</i>)	2	H
CHOLELITHOLYTIC AGENTS - Drugs for the Stomach		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG (<i>odevixibat</i>)	3	PA; SL (2 capsules per day.); SP
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG (<i>odevixibat</i>)	3	PA; SL (1 capsule per day.); SP
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (<i>odevixibat</i>)	3	PA; SL (2 capsules per day.); SP
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	3	ST; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	2	PA; SL (4 capsules per day.); SP
LIVMARLI ORAL SOLUTION 19 MG/ML (<i>maralixibat chloride</i>)	3	PA; SP
LIVMARLI ORAL SOLUTION 9.5 MG/ML (<i>maralixibat chloride</i>)	3	PA; SL (4 mL per day.); SP
OCALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	3	PA; ST; SL (1 tablet per day.); SP
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
URSODIOL+SYRSPEND SF ORAL SUSPENSION 30 MG/ML (<i>ursodiol</i>)	3	PA
DIGESTANTS - Drugs for the Stomach		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot- amyl)</i>)	2	
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	2	PA; SL (1 vial per day.); SP
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000- 54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3	ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3	ST
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3	ST
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (<i>pancrelipase (lip-prot- amyl)</i>)	2	
GI DRUGS, MISCELLANEOUS - Drugs for the Stomach		
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA; SL (2 prefilled syringes (1 carton) per month.); SP
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	3	PA; SL (2 prefilled syringes (1 carton) per month.); SP
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; SL (0.08 syringe per day.); SP
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	2	PA; SL (0.08 syringe per day.); SP
<i>alvimopan oral capsule 2 mg</i>	1	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	3	PA; SL (2 capsules per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG (<i>odevixibat</i>)	3	PA; SL (2 capsules per day.); SP
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG (<i>odevixibat</i>)	3	PA; SL (1 capsule per day.); SP
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (<i>odevixibat</i>)	3	PA; SL (2 capsules per day.); SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	2	PA; SL (4 capsules per day.); SP
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; SL (1 kit per 21 days.); SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; SL (1 kit per 21 days.); SP
<i>dronabinol oral capsule 0 mg, 2.5 mg, 5 mg</i>	1	
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML (<i>vedolizumab</i>)	3	PA; SL (0.05 ml per day.); SP
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	2	PA; SL (1 vial per day.); SP
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (<i>adalimumab-bwwd</i>)	2	PA; SL (0.03 ml per day.); SP
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	2	PA; SL (0.06 ml per day.); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>adalimumab-bwwd</i>)	3	PA; SL (0.03 ml per day.); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	3	PA; SL (0.06 ml per day.); SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 pens per month.); SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 pens per month.); SP
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP

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HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	2	PA; SL (4 pens per 365 days.); SP
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	2	PA; SL (3 pens per year.); SP
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	2	PA; SL (1 capsule per day.)
LIVMARLI ORAL SOLUTION 9.5 MG/ML (<i>maralixibat chloride</i>)	3	PA; SL (4 mL per day.); SP
lubiprostone oral capsule 24 mcg, 8 mcg	1	PA; SL (2 capsules per day.)
MARINOL ORAL CAPSULE 2.5 MG (<i>dronabinol</i>)	3	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	3	PA; SL (1 tablet per day.)
OCALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	3	PA; ST; SL (1 tablet per day.); SP
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mirikizumab-mrkz</i>)	3	PA; SL (0.072 ml per day.); SP
ORLISTAT ORAL CAPSULE 120 MG	3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	3	SL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	3	SL (0.4 ml per day.)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	3	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>golimumab</i>)	2	PA; SL (1 syringe per 21 days.); SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SL (0.5 ml (1 syringe) per month); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>golimumab</i>)	2	PA; SL (1 syringe per 21 days.); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SL (0.5 ml (1 syringe) per month); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (<i>risankizumab-rzaa</i>)	2	PA; SL (1.2 ml per 42 days.); SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (<i>risankizumab-rzaa</i>)	2	PA; SL (2.4 mL per 42 days.); SP
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	2	PA; SL (1 tablet per day)
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	3	SL (4 ml per day)
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	3	PA; ST; SL (1 tablet per day)
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	3	SL (2 tablets per day.)
VOWST ORAL CAPSULE (<i>fecal microb spores, live-b/ypk</i>)	3	PA; SL (12 capsules per 365 days.); SP
XENICAL ORAL CAPSULE 120 MG (<i>orlistat</i>)	3	PA
XPHOZAH ORAL TABLET 30 MG (<i>tenapanor hcl (c/d)</i>)	3	PA; SL (2 tablets per day.); SP
HISTAMINE H2-ANTAGONISTS - Drugs for Ulcers and Stomach Acid		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	
<i>cimetidine oral tablets 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 hr 1mg/3days</i>	1	
NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	3	
<i>aprepitant oral tablets 80 & 125 mg</i>	1	
<i>aprepitant oral capsules 25 mg, 40 mg, 80 & 125 mg, 80 mg</i>	1	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (<i>aprepitant</i>)	2	
POTASSIUM-COMPETITIVE ACID BLOCKERS - Drugs for Ulcers and Stomach Acid		
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (<i>amoxicillin-vonoprazan</i>)	3	SL (112 tablets per 180 days.)
VOQUEZNA ORAL TABLET 10 MG (<i>vonoprazan fumarate</i>)	3	PA; SL (1 tablet per day and 186 tablets per 365 days.)
VOQUEZNA ORAL TABLET 20 MG (<i>vonoprazan fumarate</i>)	3	PA; SL (1 tablet per day and 62 tablets per 365 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicill-clarithro-vonoprazan</i>)	3	SL (112 tablets per 180 days.)
PROKINETIC AGENTS - Drugs for the Stomach		
<i>metoclopramide hcl oral solution</i> 5 mg/5ml	1	
<i>metoclopramide hcl oral tablet</i> 10 mg, 5 mg	1	
<i>metoclopramide hcl oral tablet dispersible</i> 5 mg	1	
REGLAN ORAL TABLET 10 MG, 5 MG (<i>metoclopramide hcl</i>)	3	
PROSTAGLANDINS - Drugs for Ulcers and Stomach Acid		
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (<i>misoprostol</i>)	3	SM
<i>diclofenac-misoprostol oral tablet delayed release</i> 50-0.2 mg, 75-0.2 mg	1	
<i>misoprostol oral tablet</i> 100 mcg, 200 mcg	1	SM
PROTECTANTS - Drugs for Ulcers and Stomach Acid		
<i>sucralfate oral suspension</i> 1 gm/10ml	1	
<i>sucralfate oral tablet</i> 1 gm	1	
PROTON-PUMP INHIBITORS - Drugs for Ulcers and Stomach Acid		
<i>amoxicill-clarithro-lansopraz oral therapy pack</i> 500 & 500 & 30 mg	1	SL (112 capsules and tablets (1 Package) per 180 days.)
<i>esomeprazole magnesium oral packet</i> 10 mg, 20 mg	1	SL (1 packet per day.)
<i>esomeprazole magnesium oral packet</i> 40 mg	1	SL (1 packet per day)
FIRST PANTOPRAZOLE ORAL SUSPENSION 4 MG/ML (<i>pantoprazole sodium</i>)	3	
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML (<i>lansoprazole</i>)	3	PA
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML (<i>omeprazole</i>)	3	PA
<i>lansoprazole oral tablet delayed release dispersible</i> 15 mg, 30 mg	1	SL (1 tablet per day.)
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>esomeprazole magnesium</i>)	3	SL (1 packet per day.)
NEXIUM ORAL PACKET 40 MG (<i>esomeprazole magnesium</i>)	3	SL (1 packet per day)
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicill-clarithro-omeprazole</i>)	3	SL (1 carton (10 administrative cards, 80 tablets) per 6 months.)
<i>omeprazole oral capsule delayed release</i> 10 mg, 20 mg, 40 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML (<i>omeprazole</i>)	3	PA
pantoprazole sodium oral packet 40 mg	1	
pantoprazole sodium oral tablet delayed release 40 mg	1	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (<i>omeprazole magnesium</i>)	3	
PROTONIX ORAL PACKET 40 MG (<i>pantoprazole sodium</i>)	3	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE 10 MG	3	SL (1 capsule per day.)
rabeprazole sodium oral tablet delayed release 20 mg	1	SL (1 tablet per day)
VOQUEZNA ORAL TABLET 10 MG (<i>vonoprazan fumarate</i>)	3	PA; SL (1 tablet per day and 186 tablets per 365 days.)
VOQUEZNA ORAL TABLET 20 MG (<i>vonoprazan fumarate</i>)	3	PA; SL (1 tablet per day and 62 tablets per 365 days.)
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	3	SP
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	2	
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	1	SP
deferasirox oral packet 180 mg, 360 mg, 90 mg	1	SP
deferasirox oral tablet 180 mg, 360 mg, 90 mg	1	PA; SP
deferasirox oral tablet solution 125 mg, 250 mg, 500 mg	1	PA; SP
deferiprone oral tablet 1000 mg	1	PA
deferiprone oral tablet 500 mg	1	PA; SP
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	2	SP
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	2	PA; SP
FERRIPROX ORAL TABLET 1000 MG (<i>deferiprone</i>)	3	PA
FERRIPROX ORAL TABLET 500 MG (<i>deferiprone</i>)	3	PA; SP
penicillamine oral tablet 250 mg	1	SP
trientine hcl oral capsule 250 mg	1	PA; SP
trientine hcl oral capsule 500 mg	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HORMONES AND SYNTHETIC SUBSTITUTES		
MELANOCORTIN RECEPTOR ANTAGONISTS		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	3	PA; SP
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	3	SL (4 autoinjector pens (1.2mls) per month.)
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones		
ADRENALS - Hormones		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	2	SL (0.4 grams per day.)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate</i>)	1	SL (1 blister per day.)
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>fluticasone furoate</i>)	1	SL (1 packet per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT (<i>fluticasone furoate-vilanterol</i>)	2	SL (2 blisters per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT, 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	3	SL (2 blisters per day.)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budesonide-glycopyrrrol-formoterol</i>)	3	SL (0.36 grams per day.)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	1	SL (120 ml (2 boxes) per 30 days.)
<i>budesonide inhalation suspension mg/2ml</i>	1	SL (60 ml (1 box) per 30 days.)
<i>budesonide oral capsule delayed release particles mg</i>	1	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (<i>hydrocortisone</i>)	3	
CORTISONE ACETATE ORAL TABLET 25 MG	3	
<i>dexamethasone intensol oral concentrate mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	1	
<i>dexamethasone oral tablets 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>dexamethasone oral tablet therapy pack 6 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	1	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT (<i>mometasone furo-formoterol fum</i>)	3	ST; SL (0.44 grams per day.)
DULERA INHALATION AEROSOL 50-5 MCG/ACT (<i>mometasone furo-formoterol fum</i>)	3	ST; SL (0.44 mcg per day.)
<i>fludrocortisone acetate oral tablet 1 mg</i>	1	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	SL (2 blisters per day.)
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external lotion 0.05 %</i>	1	
<i>fluticasone propionate external ointment 0.05 %</i>	1	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 44 MCG/ACT	3	SL (1 inhaler per month.)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 220 MCG/ACT	3	SL (2 inhalers per month.)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	SL (0.4 grams per day.)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	SL (2 blisters per day.)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	SL (0.04 mcg per day.)
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
INTRAROSA VAGINAL INSERT 6.5 MG (<i>prasterone</i>)	3	PA; SL (1 insert per day)
ISTURISA ORAL TABLET 1 MG (<i>osilodrostat phosphate</i>)	3	PA; SL (8 tablets per day.); SP
ISTURISA ORAL TABLET 5 MG (<i>osilodrostat phosphate</i>)	3	PA; SL (372 tablets per month.); SP
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG (<i>methylprednisolone</i>)	3	
MEDROL ORAL TABLET 2 MG (<i>methylprednisolone</i>)	2	
MEDROL ORAL TABLET THERAPY PACK 4 MG (<i>methylprednisolone</i>)	3	

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<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablet therapy pack</i>	1	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (<i>prednisolone sodium phosphate</i>)	3	
PEDIAPRED ORAL SOLUTION 6.7 (5 BASE) MG/5ML (<i>prednisolone sodium phosphate</i>)	2	
<i>prednisolone oral solution 15 mg/5ml</i>	1	
<i>prednisolone oral tablet 5 mg</i>	1	
<i>prednisolone sodium phosphate oral solution 5 mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible 15 mg, 30 mg</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 1 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (<i>beclomethasone diprop hfa</i>)	1	SL (10.6 grams per month.)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	1	SL (42.4 grams per month.)
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	3	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	1	SL (0.35 grams per day.)
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG, 1.5 MG (21) (<i>dexamethasone</i>)	3	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (budesonide)	3	PA; SL (4 capsules per day.); SP
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (fluticasone-umeclidin-vilant)	3	SL (2 blisters per day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (fluticasone-umeclidin-vilant)	3	SL (2 blisters per day.)
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (budesonide)	1	
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	SL (2 blisters per day.)
ALPHA-GLUCOSIDASE INHIBITORS - Drugs for Diabetes		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	1	
AMYLINOMIMETICS - Drugs for Diabetes		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (pramlintide acetate)	3	SL (4 pens (10.8 ml) per month.)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (pramlintide acetate)	3	SL (4 pens (6 ml) per month.)
ANDROGENS - Hormones		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (testosterone)	2	SL (1 patch per day)
COVARYX HS ORAL TABLET 0.625-1.25 MG (est estrogens-methyltest)	3	
COVARYX ORAL TABLET 1.25-2.5 MG (est estrogens-methyltest)	2	
danazol oral capsule 100 mg, 200 mg, 50 mg	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML (testosterone cypionate)	3	
EC-RX TESTOSTERONE TRANSDERMAL CREAM 0.2 %, 0.4 %, 10 %, 20 %	3	PA
EEMT HS ORAL TABLET 0.625-1.25 MG (est estrogens-methyltest)	3	
EEMT ORAL TABLET 1.25-2.5 MG (est estrogens-methyltest)	2	
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	1	
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>estrogens-methyltest oral tablet 25-2.5 mg</i>	1	
<i>estratest f.s. oral tablet 25-2.5 mg</i>	1	
KYZATREX ORAL CAPSULE 100 MG (<i>testosterone undecanoate</i>)	3	SL (2 capsules per day.)
KYZATREX ORAL CAPSULE 150 MG, 200 MG (<i>testosterone undecanoate</i>)	3	SL (4 capsules per day.)
METHITEST ORAL TABLET 10 MG	2	
<i>methyltestosterone oral capsule 10 mg</i>	1	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	1	SL (100 mg Testosterone (2 X 5 grams tubes = 10 grams) per day)
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	
<i>testosterone gel 12.5 mg/act (1%) transdermal</i>	1	SL (300 grams (4 pumps) per month)
<i>testosterone gel 20.25 mg/act (1.62%) transdermal</i>	1	SL (150 grams (2 pumps) per month.)
<i>testosterone transdermal gel 1.62 %</i>	1	SL (150 grams (2 pumps) per month.)
ANTIDIABETIC AGENTS, MISCELLANEOUS - Drugs for Diabetes		
<i>colesevelam hcl oral pack 75 gm</i>	1	
<i>colesevelam hcl oral tablet 625 mg</i>	1	
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	3	
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	3	PA; SL (4 tablets per day.); SP
<i>mifepristone oral tablet 300 mg</i>	1	PA; SL (4 tablets per day.); SP
ANTIESTROGENS - Drugs for Women		
<i>anastrozole oral tablet 1 mg</i>	1	H
<i>exemestane oral tablet 25 mg</i>	1	H
<i>letrozole oral tablet 25 mg</i>	1	H
ANTIGONADTROPINS - Hormones		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (<i>degarelix acetate</i>)	3	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (<i>degarelix acetate</i>)	3	SP
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>)	2	SL (1 tablet day.)
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	3	PA; SL (1 tablet per day); SP; CM
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	2	PA; SL (2 capsules per day.)
ORLISSA ORAL TABLET 150 MG (<i>elagolix sodium</i>)	2	SL (1 tablet per day.)
ORLISSA ORAL TABLET 200 MG (<i>elagolix sodium</i>)	2	SL (2 tablets per day.)
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS - Hormones		
<i>diazoxide oral suspension</i> 50 mg/ml	1	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (<i>diazoxide</i>)	3	
ANTIPARATHYROID AGENTS - Drugs for Bones		
<i>calcitonin (salmon) injection solution</i> 200 unit/ml	1	
<i>calcitonin (salmon) nasal solution</i> 200 unit/act	1	
<i>cinacalcet hcl oral tablets</i> 30 mg, 60 mg, 90 mg	1	PA
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (<i>calcitonin (salmon)</i>)	3	
ANTITHYROID AGENTS - Drugs for the Thyroid		
<i>iodine strong oral solution</i> 5n%	1	
<i>methimazole oral tablets</i> 10 mg, 5 mg	1	
<i>propylthiouracil oral tablets</i> 50 mg	1	
BIGUANIDES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-850 MG (<i>pioglitazone hcl-metformin hcl</i>)	3	SL (3 tablets per day)
ALOGLIPTIN-METFORMIN HCL ORAL TABLET 12.5-1000 MG, 12.5-500 MG	2	SL (2 tablets per day.)
<i>glipizide-metformin hcl oral tablets</i> 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
<i>glyburide-metformin oral tablets</i> 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	2	SL (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	SL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>linagliptin-metformin hcl</i>)	2	SL (1 tablet per day.)
<i>metformin hcl er oral tablet extended release 250 mg, 750 mg</i>	1	
<i>metformin hcl oral solution 500 mg/5ml</i>	1	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	SL (3 tablets per day)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg</i>	1	SL (62 tablets per month.)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 1000 mg, 5-500 mg</i>	1	SL (31 tablets per month.)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	2	SL (2 tablets per day.)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	SL (1 tablet per day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	SL (2 tablets per day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	SL (1 tablet per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	SL (2 tablets per day.)
CONTRACEPTIVES - Drugs for Women		
<i>afirmelle oral tablet 1-20 mg-mcg</i>	1	H
<i>aftera oral tablet 5 mg</i>	1	H
<i>altavera oral tablet 15-30 mg-mcg</i>	1	H
<i>alyacen 1/35 oral tablet 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 20-20 mcg</i>	1	H
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	3	SL (1 vaginal ring per 327 days); H
<i>apri oral tablet 15-30 mg-mcg</i>	1	H
<i>aranelle oral tablet 5/1/0.5-35 mg-mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ashlyna oral tablet 15-0.03 & 0.01 mg	1	H
aubra eq oral tablet 1-20 mg-mcg	1	H
aurovela 1.5/30 oral tablet 15-30 mg-mcg	1	H
aurovela 1/20 oral tablet 20 mg-mcg	1	H
aurovela 24 fe oral tablet 20 mg-mcg(24)	1	H
aurovela fe 1.5/30 oral tablet 15-30 mg-mcg	1	H
aurovela fe 1/20 oral tablet 20 mg-mcg	1	H
aviane oral tablet 1-20 mg-mcg	1	H
ayuna oral tablet 15-30 mg-mcg	1	H
azurette oral tablet 15-0.02/0.01 mg (21/5)	1	H
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (levonorgest-eth estrad-fe bisphog	3	H
balziva oral tablet 4-35 mg-mcg	1	H
blisovi 24 fe oral tablet 20 mg-mcg(24)	1	H
blisovi fe 1.5/30 oral tablet 15-30 mg-mcg	1	H
blisovi fe 1/20 oral tablet 20 mg-mcg	1	H
briellyn oral tablet 4-35 mg-mcg	1	H
camila oral tablet 35 mg	1	H
camrese lo oral tablet 1-0.02 & 0.01 mg	1	H
camrese oral tablet 15-0.03 & 0.01 mg	1	H
charlotte 24 fe oral tablet chewable 20 mg-mcg(24)	1	H
chateal eq oral tablet 15-30 mg-mcg	1	H
cryselle-28 oral tablet 3-30 mg-mcg	1	H
curae oral tablet 5 mg	1	H
cyred eq oral tablet 15-30 mg-mcg	1	H
dasetta 1/35 oral tablet 35 mg-mcg	1	H
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
daysee oral tablet 15-0.03 & 0.01 mg	1	H
deblitane oral tablet 35 mg	1	H
delyla oral tablet 1-20 mg-mcg	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (medroxyprogesterone acetate)	3	SL (5 ml per year.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (<i>medroxyprogesterone acetate</i>)	3	SL (5 mL per 365 days.)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	2	SL (3.25 ml per year.); H
<i>desogestrel-ethinyl estradiol oral tablet 0.015-0.02/0.01 mg (21/5)</i>	1	H
<i>dolishale oral tablet 10-20 mcg</i>	1	H
<i>drospiren-eth estrad-levomefol oral tablet 0.02-0.451 mg, 3-0.03-0.451 mg</i>	1	H
<i>drospirenone-ethinyl estradiol oral tablet 0.02 mg, 3-0.03 mg</i>	1	H
<i>econtra one-step oral tablet 5 mg</i>	1	H
<i>elinest oral tablet 3-30 mg-mcg</i>	1	H
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	1	SL (1 tablet per 21 days.); H
<i>eluryng vaginal ring 12-0.015 mg/24hr</i>	1	H
<i>emzahh oral tablet 35 mg</i>	1	H
<i>enilloring vaginal ring 12-0.015 mg/24hr</i>	1	H
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>enskyce oral tablet 15-30 mg-mcg</i>	1	H
<i>errin oral tablet 35 mg</i>	1	H
<i>estarylla oral tablet 25-35 mg-mcg</i>	1	H
<i>ethynodiol diac-eth estradiol oral tablet 1-5 mg-mcg, 1-50 mg-mcg</i>	1	H
<i>etonogestrel-ethinyl estradiol vaginal ring 2-0.015 mg/24hr</i>	1	H
<i>falmina oral tablet 1-20 mg-mcg</i>	1	H
<i>finzala oral tablet chewable 20 mg-mcg(24)</i>	1	H
<i>gemmily oral capsule 20 mg-mcg(24)</i>	1	H
<i>hailey 1.5/30 oral tablet 5-30 mg-mcg</i>	1	H
<i>hailey 24 fe oral tablet 20 mg-mcg(24)</i>	1	H
<i>hailey fe 1.5/30 oral tablet 5-30 mg-mcg</i>	1	H
<i>hailey fe 1/20 oral tablet 20 mg-mcg</i>	1	H
<i>haloette vaginal ring 12-0.015 mg/24hr</i>	1	H
<i>heather oral tablet 35 mg</i>	1	H
<i>her style oral tablet 5 mg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
iclevia oral tablet 15-0.03 mg	1	H
incassia oral tablet 35 mg	1	H
introvale oral tablet 15-0.03 mg	1	H
isibloom oral tablet 15-30 mg-mcg	1	H
jaimiess oral tablet 15-0.03 & 0.01 mg	1	H
jasmiel oral tablet 0.02 mg	1	H
jencycla oral tablet 35 mg	1	H
jolessa oral tablet 15-0.03 mg	1	H
joyeaux oral tablet 1-20 mg-mcg(21)	1	H
juleber oral tablet 15-30 mg-mcg	1	H
junel 1.5/30 oral tablet 15-30 mg-mcg	1	H
junel 1/20 oral tablet 20 mg-mcg	1	H
junel fe 1.5/30 oral tablet 15-30 mg-mcg	1	H
junel fe 1/20 oral tablet 20 mg-mcg	1	H
junel fe 24 oral tablet 20 mg-mcg(24)	1	H
kaitlib fe oral tablet chewable 25 mg-mcg	1	H
kalliga oral tablet 15-30 mg-mcg	1	H
kariva oral tablet 15-0.02/0.01 mg (21/5)	1	H
kelnor 1/35 oral tablet 35 mg-mcg	1	H
kelnor 1/50 oral tablet 50 mg-mcg	1	H
kurvelo oral tablet 15-30 mg-mcg	1	H
larin 1.5/30 oral tablet 15-30 mg-mcg	1	H
larin 1/20 oral tablet 20 mg-mcg	1	H
larin 24 fe oral tablet 20 mg-mcg(24)	1	H
larin fe 1.5/30 oral tablet 15-30 mg-mcg	1	H
larin fe 1/20 oral tablet 20 mg-mcg	1	H
layolis fe oral tablet chewable 25 mg-mcg	1	H
leena oral tablet 5/1/0.5-35 mg-mcg	1	H
lessina oral tablet 1-20 mg-mcg	1	H
levonest oral tablet 50-30/75-40/ 125-30 mcg	1	H
levonorgest-eth est & eth est oral tablet 21-7 days	1	H
levonorgest-eth estrad 91-day oral tablet 0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levonorgest-eth estradiol-iron oral tablet 0.01-20 mg-mcg(21)	1	H
levonorgestrel oral tablet 0.05 mg	1	H
levonorgestrel-ethinyl estrad oral tablet 0.01-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	1	H
levonorg-eth estrad triphasic oral tablet 0.05/0.02/0.01 mg-mcg	1	H
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	1	H
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (norethin-eth estrad-fe biphase)	1	H
lojaimiess oral tablet 0.01-0.02 & 0.01 mg	1	H
loryna oral tablet 0.02 mg	1	H
low-ogestrel oral tablet 0.03-30 mg-mcg	1	H
lo-zumandimine oral tablet 0.02 mg	1	H
lutera oral tablet 0.01-20 mg-mcg	1	H
lyleq oral tablet 0.35 mg	1	H
lyza oral tablet 0.35 mg	1	H
marlissa oral tablet 0.15-30 mg-mcg	1	H
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	1	SL (5 ml per year.); H
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	1	SL (5 mL per 365 days.); H
merzee oral capsule 0.20 mg-mcg(24)	1	H
mibelas 24 fe oral tablet chewable 0.20 mg-mcg(24)	1	H
microgestin 1.5/30 oral tablet 0.15-30 mg-mcg	1	H
microgestin 1/20 oral tablet 0.20 mg-mcg	1	H
microgestin fe 1.5/30 oral tablet 0.15-30 mg-mcg	1	H
microgestin fe 1/20 oral tablet 0.20 mg-mcg	1	H
mili oral tablet 0.25-35 mg-mcg	1	H
mono-lynyah oral tablet 0.25-35 mg-mcg	1	H
my choice oral tablet 0.05 mg	1	H
my way oral tablet 0.05 mg	1	H
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (estradiol valerate-dienogest)	1	H
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>new day oral tablet 5 mg</i>	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (drospirenone-estetrol)	3	H
<i>nikki oral tablet 0.02 mg</i>	1	H
<i>nora-be oral tablet 35 mg</i>	1	H
<i>norelgestromin-eth estradiol transdermal patch week 150-35 mcg/24hr</i>	1	H
<i>norethin ace-eth estrad-fe oral capsule 20 mg-mcg(24)</i>	1	H
<i>norethin ace-eth estrad-fe oral tablet 20 mg-mcg, 1.5-30 mg-mcg</i>	1	H
<i>norethin ace-eth estrad-fe oral tablet chewable 20 mg-mcg(24)</i>	1	H
<i>norethindrone acet-ethinyl est oral tablet 20 mg-mcg, 1.5-30 mg-mcg</i>	1	H
<i>norethindrone oral tablet 35 mg</i>	1	H
<i>norethindron-ethinyl estrad-fe oral tablet 20/1-30/1-35 mg-mcg</i>	1	H
<i>norethin-eth estradiol-fe oral tablet chewable 20/1-35 mg-mcg, 0.8-25 mg-mcg</i>	1	H
<i>norgestimate-eth estradiol oral tablet 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 35 mg</i>	1	H
<i>nortrel 0.5/35 (28) oral tablet 0.5/35 mg-mcg</i>	1	H
<i>nortrel 1/35 (21) oral tablet 1/35 mg-mcg</i>	1	H
<i>nortrel 1/35 (28) oral tablet 1/35 mg-mcg</i>	1	H
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>nylia 1/35 oral tablet 1/35 mg-mcg</i>	1	H
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>ocella oral tablet 0.03 mg</i>	1	H
<i>opcicon one-step oral tablet 5 mg</i>	1	H
OPILL ORAL TABLET 0.075 MG (norgestrel)	1	H
<i>option 2 oral tablet 5 mg</i>	1	H
<i>philith oral tablet 4-35 mg-mcg</i>	1	H
<i>pimtrea oral tablet 15-0.02/0.01 mg (21/5)</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PLAN B ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	1	H
<i>portia-28 oral tablet</i> 15-30 mg-mcg	1	H
<i>react oral tablet</i> 5 mg	1	H
<i>reclipsen oral tablet</i> 15-30 mg-mcg	1	H
<i>rivelsa oral tablet</i> 12-21-21-7 days	1	H
<i>setlakin oral tablet</i> 15-0.03 mg	1	H
<i>sharobel oral tablet</i> 35 mg	1	H
<i>simliya oral tablet</i> 15-0.02/0.01 mg (21/5)	1	H
<i>simpesse oral tablet</i> 15-0.03 & 0.01 mg	1	H
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	3	H
<i>sprintec 28 oral tablet</i> 25-35 mg-mcg	1	H
<i>sronyx oral tablet</i> 1-20 mg-mcg	1	H
<i>syeda oral tablet</i> 0.03 mg	1	H
<i>take action oral tablet</i> 5 mg	1	H
<i>tarina 24 fe oral tablet</i> 20 mg-mcg(24)	1	H
<i>tarina fe 1/20 eq oral tablet</i> 20 mg-mcg	1	H
<i>taysofy oral capsule</i> 20 mg-mcg(24)	1	H
<i>tilia fe oral tablet</i> 20/1-30/1-35 mg-mcg	1	H
<i>tri-estarylla oral tablet</i> 18/0.215/0.25 mg-35 mcg	1	H
<i>tri-legest fe oral tablet</i> 20/1-30/1-35 mg-mcg	1	H
<i>tri-linyah oral tablet</i> 18/0.215/0.25 mg-35 mcg	1	H
<i>tri-lo-estarylla oral tablet</i> 18/0.215/0.25 mg-25 mcg	1	H
<i>tri-lo-marzia oral tablet</i> 18/0.215/0.25 mg-25 mcg	1	H
<i>tri-lo-mili oral tablet</i> 18/0.215/0.25 mg-25 mcg	1	H
<i>tri-lo-sprintec oral tablet</i> 18/0.215/0.25 mg-25 mcg	1	H
<i>tri-mili oral tablet</i> 18/0.215/0.25 mg-35 mcg	1	H
<i>tri-sprintec oral tablet</i> 18/0.215/0.25 mg-35 mcg	1	H
<i>trivora (28) oral tablet</i> 30/75-40/ 125-30 mcg	1	H
<i>tri-vylibra lo oral tablet</i> 18/0.215/0.25 mg-25 mcg	1	H
<i>tri-vylibra oral tablet</i> 18/0.215/0.25 mg-35 mcg	1	H
<i>turqoz oral tablet</i> 3-30 mg-mcg	1	H
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estradiol</i>)	1	
tydemy oral tablet 0.03-0.451 mg	1	H
velivet oral tablet 1/0.125/0.15 -0.025 mg	1	H
vestura oral tablet 0.02 mg	1	H
vienva oral tablet 1-20 mg-mcg	1	H
viorele oral tablet 15-0.02/0.01 mg (21/5)	1	H
volnea oral tablet 15-0.02/0.01 mg (21/5)	1	H
vyfemla oral tablet 4-35 mg-mcg	1	H
vylibra oral tablet 25-35 mg-mcg	1	H
wera oral tablet 5-35 mg-mcg	1	H
wymzya fe oral tablet chewable 1-35 mg-mcg	1	H
xulane transdermal patch weekly 150-35 mcg/24hr	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	
zafemy transdermal patch weekly 150-35 mcg/24hr	1	H
zovia 1/35 (28) oral tablet 105 mg-mcg	1	H
zumandimine oral tablet 0.03 mg	1	H
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS - Drugs for Diabetes		
ALOGLIPTIN BENZOATE ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	2	SL (1 tablet per day.)
ALOGLIPTIN-METFORMIN HCL ORAL TABLET 12.5-1000 MG, 12.5-500 MG	2	SL (2 tablets per day.)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	2	SL (1 tablet per day.)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	2	ST; SL (1 tablet per day.)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	2	SL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>linagliptin-metformin hcl</i>)	2	SL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>linagliptin-metformin hcl</i>)	2	SL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
saxagliptin hcl oral tablet 5 mg, 5 mg	1	SL (1 tablet per day)
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg	1	SL (62 tablets per month.)
saxagliptin-metformin er oral tablet extended release 24 hour 1000 mg, 5-500 mg	1	SL (31 tablets per month.)
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	2	SL (1 tablet per day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	SL (1 tablet per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	SL (2 tablets per day.)
ESTROGEN AGONIST-ANTAGONISTS - Drugs for Women		
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	3	SL (1 tablet per day)
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	2	PA; SL (1 tablet per day.)
raloxifene hcl oral tablet 60 mg	1	H
SOLTAMOX ORAL SOLUTION 10 MG/5ML (<i>tamoxifen citrate</i>)	3	
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H
toremifene citrate oral tablet 60 mg	1	CM
ESTROGENS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (<i>estradiol-norethindrone acet</i>)	3	
afirmelle oral tablet 1-20 mg-mcg	1	H
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	3	SL (8 patches (1 box) per 28 days.)
altavera oral tablet 15-30 mg-mcg	1	H
alyacen 1/35 oral tablet 35 mg-mcg	1	H
alyacen 7/7/7 oral tablet 0.75/1-35 mg-mcg	1	H
amethyst oral tablet 10-20 mcg	1	H
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	3	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	3	SL (1 vaginal ring per 327 days); H
apri oral tablet 15-30 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aranelle oral tablet 5/1/0.5-35 mg-mcg	1	H
ashlyna oral tablet 15-0.03 & 0.01 mg	1	H
aubra eq oral tablet 1-20 mg-mcg	1	H
aurovela 1.5/30 oral tablet 5-30 mg-mcg	1	H
aurovela 1/20 oral tablet 20 mg-mcg	1	H
aurovela 24 fe oral tablet 20 mg-mcg(24)	1	H
aurovela fe 1.5/30 oral tablet 5-30 mg-mcg	1	H
aurovela fe 1/20 oral tablet 20 mg-mcg	1	H
aviane oral tablet 1-20 mg-mcg	1	H
ayuna oral tablet 15-30 mg-mcg	1	H
azurette oral tablet 15-0.02/0.01 mg (21/5)	1	H
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (levonorgest-eth estrad-fe bisphog	3	H
balziva oral tablet 4-35 mg-mcg	1	H
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (estradiol-progesterone)	3	
blisovi 24 fe oral tablet 20 mg-mcg(24)	1	H
blisovi fe 1.5/30 oral tablet 5-30 mg-mcg	1	H
blisovi fe 1/20 oral tablet 20 mg-mcg	1	H
briellyn oral tablet 4-35 mg-mcg	1	H
camrese lo oral tablet 1-0.02 & 0.01 mg	1	H
camrese oral tablet 15-0.03 & 0.01 mg	1	H
charlotte 24 fe oral tablet chewable mg-mcg(24)	1	H
chateal eq oral tablet 15-30 mg-mcg	1	H
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (estradiol-levonorgestrel)	2	SL (4 patches per month.)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (estradiol-norethindrone acet)	2	SL (8 patches per 28 days.)
COVARYX HS ORAL TABLET 0.625-1.25 MG (est estrogens-methyltest)	3	
COVARYX ORAL TABLET 1.25-2.5 MG (est estrogens-methyltest)	2	
cryselle-28 oral tablet 3-30 mg-mcg	1	H
cyred eq oral tablet 15-30 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dasetta 1/35 oral tablet 35 mg-mcg	1	H
dasetta 7/7/7 oral tablet 0.75/1-35 mg-mcg	1	H
daysee oral tablet 15-0.03 & 0.01 mg	1	H
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML (estradiol valerate)	3	
delyla oral tablet 1-20 mg-mcg	1	H
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)	3	
desogestrel-ethinyl estradiol oral tablet 15-0.02/0.01 mg (21/5)	1	H
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM (estradiol)	3	
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM (estradiol)	2	
dolishale oral tablet 10-20 mcg	1	H
dotti transdermal patch twice weekly 0.25 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	SL (8 patches (1 box) per 28 days.)
drospiren-eth estrad-levomefol oral tablet 0.02-0.451 mg, 3-0.03-0.451 mg	1	H
drospirenone-ethinyl estradiol oral tablet 0.02 mg, 3-0.03 mg	1	H
DUAVEE ORAL TABLET 0.45-20 MG (conj estrogens-bazedoxifene)	3	SL (1 tablet per day)
EC-RX ESTRADIOL TRANSDERMAL CREAM 0.4 %, 0.6 %	3	PA
EEMT HS ORAL TABLET 0.625-1.25 MG (est estrogens-methyltest)	3	
EEMT ORAL TABLET 1.25-2.5 MG (est estrogens-methyltest)	2	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (estradiol)	3	
elinest oral tablet 13-30 mg-mcg	1	H
eluryng vaginal ring 12-0.015 mg/24hr	1	H
enilloring vaginal ring 12-0.015 mg/24hr	1	H
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H
enskyce oral tablet 15-30 mg-mcg	1	H
est estrogens-methyltest ds oral tablet 25-2.5 mg	1	
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	1	
est estrogens-methyltest oral tablet 25-2.5 mg	1	
estarylla oral tablet 25-35 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
estradiol oral tablet 5 mg, 1 mg, 2 mg	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.025 mg/24hr transdermal	3	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	3	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.05 mg/24hr transdermal	3	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.075 mg/24hr transdermal	3	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.1 mg/24hr transdermal	3	SL (8 patches (1 box) per 28 days.)
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	SL (50 grams (1 box) per month.)
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	SL (4 patches (1 carton) per 28 days.)
estradiol vaginal cream 0.1 mg/gm	1	
estradiol vaginal tablet 0.1 mg	1	
estradiol valerate intramuscular 10 mg/ml, 20 mg/ml, 40 mg/ml	1	
estradiol-norethindrone acet oral tablet 0.05-0.1 mg, 1-0.5 mg	1	
estratest f.s. oral tablet 2.5-2.5 mg	1	
ESTRING VAGINAL RING 7.5 MCG/24HR (estradiol)	2	SL (1 ring per 90 days.)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (estradiol)	3	SL (50 grams (1 box) per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ethynodiol diac-eth estradiol oral tablet</i> 0.05 mg-mcg, 1-50 mg-mcg	1	H
<i>etonogestrel-ethinyl estradiol vaginal ring</i> 0.02-0.015 mg/24hr	1	H
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (estradiol)	2	
<i>falmina oral tablet</i> 1-20 mg-mcg	1	H
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (estradiol acetate)	3	SL (1 ring per 3 months.)
<i>finzala oral tablet chewable</i> 20 mg-mcg(24)	1	H
<i>fyavolv oral tablet</i> 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
<i>gemmily oral capsule</i> 20 mg-mcg(24)	1	H
<i>hailey 1.5/30 oral tablet</i> 5-30 mg-mcg	1	H
<i>hailey 24 fe oral tablet</i> 20 mg-mcg(24)	1	H
<i>hailey fe 1.5/30 oral tablet</i> 5-30 mg-mcg	1	H
<i>hailey fe 1/20 oral tablet</i> 20 mg-mcg	1	H
<i>haloette vaginal ring</i> 0.02-0.015 mg/24hr	1	H
<i>iclevia oral tablet</i> 15-0.03 mg	1	H
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (estradiol)	2	SL (0.29 vaginal insert per day.)
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (estradiol)	2	SL (18 inserts per year.)
<i>introvale oral tablet</i> 15-0.03 mg	1	H
<i>isibloom oral tablet</i> 15-30 mg-mcg	1	H
<i>jaimiess oral tablet</i> 15-0.03 & 0.01 mg	1	H
<i>jasmiel oral tablet</i> 0.02 mg	1	H
<i>jinteli oral tablet</i> 5 mg-mcg	1	
<i>jolessa oral tablet</i> 15-0.03 mg	1	H
<i>joyeaux oral tablet</i> 1-20 mg-mcg(21)	1	H
<i>juleber oral tablet</i> 15-30 mg-mcg	1	H
<i>junel 1.5/30 oral tablet</i> 5-30 mg-mcg	1	H
<i>junel 1/20 oral tablet</i> 20 mg-mcg	1	H
<i>junel fe 1.5/30 oral tablet</i> 5-30 mg-mcg	1	H
<i>junel fe 1/20 oral tablet</i> 20 mg-mcg	1	H
<i>junel fe 24 oral tablet</i> 20 mg-mcg(24)	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
kaitlib fe oral tablet chewable 25 mg-mcg	1	H
kalliga oral tablet 15-30 mg-mcg	1	H
kariva oral tablet 15-0.02/0.01 mg (21/5)	1	H
kelnor 1/35 oral tablet 35 mg-mcg	1	H
kelnor 1/50 oral tablet 50 mg-mcg	1	H
kurvelo oral tablet 15-30 mg-mcg	1	H
larin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
larin 1/20 oral tablet 20 mg-mcg	1	H
larin 24 fe oral tablet 20 mg-mcg(24)	1	H
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
larin fe 1/20 oral tablet 20 mg-mcg	1	H
layolis fe oral tablet chewable 25 mg-mcg	1	H
leena oral tablet 5/1/0.5-35 mg-mcg	1	H
lessina oral tablet 1-20 mg-mcg	1	H
levonest oral tablet 50-30/75-40/ 125-30 mcg	1	H
levonorgest-eth est & eth est oral tablet 21-7 days	1	H
levonorgest-eth estrad 91-day oral tablet 0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg	1	H
levonorgest-eth estradiol-iron oral tablet 1-20 mg-mcg(21)	1	H
levonorgestrel-ethinyl estrad oral tablet 1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	1	H
levonorg-eth estrad triphasic oral tablet 50-80/75-40/ 125-30 mcg	1	H
levora 0.15/30 (28) oral tablet 1.5-30 mg-mcg	1	H
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (norethin-eth estrad-fe biphase)	1	H
lojaimiess oral tablet 1-0.02 & 0.01 mg	1	H
loryna oral tablet 0.02 mg	1	H
low-ogestrel oral tablet 3-30 mg-mcg	1	H
lo-zumandimine oral tablet 0.02 mg	1	H
luteru oral tablet 1-20 mg-mcg	1	H
lyllana transdermal patch twice weekly 0.25 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	SL (8 patches (1 box) per 28 days.)
marlissa oral tablet 15-30 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (esterified estrogen)	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (estradiol)	3	SL (4 patches (1 carton) per 28 days.)
merzee oral capsule 20 mg-mcg(24)	1	H
mibelas 24 fe oral tablet chewable 20 mg-mcg(24)	1	H
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin 1/20 oral tablet 20 mg-mcg	1	H
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin fe 1/20 oral tablet 20 mg-mcg	1	H
mili oral tablet 25-35 mg-mcg	1	H
mimvey oral tablet 0.5 mg	1	
mono-lynyah oral tablet 25-35 mg-mcg	1	H
MYFEMBREE ORAL TABLET 40-1-0.5 MG (relugolix-estradiol-norethindrone)	2	SL (1 tablet day.)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (estradiol valerate-dienogest)	1	H
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (drospirenone-estetrol)	3	H
nikki oral tablet 0.02 mg	1	H
norelgestromin-eth estradiol transdermal patch weekly 0.150-35 mcg/24hr	1	H
norethin ace-eth estrad-fe oral capsule 20 mg-mcg(24)	1	H
norethin ace-eth estrad-fe oral tablet 20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable 20 mg-mcg(24)	1	H
norethindrone acet-ethinyl est oral tablet 20 mg-mcg, 1.5-30 mg-mcg	1	H
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
norethindrone-ethinyl estrad-fe oral tablet 20/1-30/1-35 mg-mcg	1	H
norethin-eth estradiol-fe oral tablet chewable 20/1-35 mg-mcg, 0.8-25 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>norgestimate-eth estradiol oral tablet 0.025-35 mg-mcg</i>	1	H
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	H
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	H
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	H
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>ocella oral tablet 0.03 mg</i>	1	H
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	2	PA; SL (2 capsules per day.)
<i>philith oral tablet 1-4-35 mg-mcg</i>	1	H
<i>pimtrea oral tablet 15-0.02/0.01 mg (21/5)</i>	1	H
<i>portia-28 oral tablet 15-30 mg-mcg</i>	1	H
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	2	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	3	
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrog-medroxyprogest ac</i>)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrog-medroxyprogest ac</i>)	2	
<i>reclipsen oral tablet 15-30 mg-mcg</i>	1	H
<i>rivelsa oral tablet 42-21-21-7 days</i>	1	H
<i>setlakin oral tablet 15-0.03 mg</i>	1	H
<i>simliya oral tablet 15-0.02/0.01 mg (21/5)</i>	1	H
<i>simpesse oral tablet 15-0.03 & 0.01 mg</i>	1	H
<i>sprintec 28 oral tablet 0.025-35 mg-mcg</i>	1	H
<i>sronyx oral tablet 1-20 mg-mcg</i>	1	H
<i>syeda oral tablet 0.03 mg</i>	1	H
<i>tarina 24 fe oral tablet 20 mg-mcg(24)</i>	1	H
<i>tarina fe 1/20 eq oral tablet 20 mg-mcg</i>	1	H
<i>taysofy oral capsule 20 mg-mcg(24)</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tilia fe oral tablet 20/1-30/1-35 mg-mcg	1	H
tri-estarylla oral tablet 18/0.215/0.25 mg-35 mcg	1	H
tri-legest fe oral tablet 20/1-30/1-35 mg-mcg	1	H
tri-linyah oral tablet 18/0.215/0.25 mg-35 mcg	1	H
tri-lo-estarylla oral tablet 18/0.215/0.25 mg-25 mcg	1	H
tri-lo-marzia oral tablet 18/0.215/0.25 mg-25 mcg	1	H
tri-lo-mili oral tablet 18/0.215/0.25 mg-25 mcg	1	H
tri-lo-sprintec oral tablet 18/0.215/0.25 mg-25 mcg	1	H
tri-mili oral tablet 18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec oral tablet 18/0.215/0.25 mg-35 mcg	1	H
trivora (28) oral tablet 30/75-40/ 125-30 mcg	1	H
tri-vylibra lo oral tablet 18/0.215/0.25 mg-25 mcg	1	H
tri-vylibra oral tablet 18/0.215/0.25 mg-35 mcg	1	H
turqoz oral tablet 3-30 mg-mcg	1	H
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (levonorgestrel-eth estradiol)	3	H
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (levonorgestrel-ethinyl estradiol)	1	
tydemy oral tablet 0.03-0.451 mg	1	H
velivet oral tablet 1/0.125/0.15 -0.025 mg	1	H
vestura oral tablet 0.02 mg	1	H
vienva oral tablet 1-20 mg-mcg	1	H
viorele oral tablet 15-0.02/0.01 mg (21/5)	1	H
volnea oral tablet 15-0.02/0.01 mg (21/5)	1	H
vyfemla oral tablet 4-35 mg-mcg	1	H
vylibra oral tablet 25-35 mg-mcg	1	H
wera oral tablet 5-35 mg-mcg	1	H
wymzya fe oral tablet chewable 5-35 mg-mcg	1	H
xulane transdermal patch weekly 50-35 mcg/24hr	1	H
YASMIN 28 ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	3	
YAZ ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	3	
yuvaferm vaginal tablet 10 mcg	1	
zafemy transdermal patch weekly 50-35 mcg/24hr	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
zovia 1/35 (28) oral tablet 105 mg-mcg	1	H
zumandimine oral tablet 0.03 mg	1	H
GLYCOGENOLYTIC AGENTS - Hormones		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (glucagon)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (glucagon)	2	
glucagon emergency kit injection 1 kit mg	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (glucagon)	2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (glucagon)	2	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (glucagon)	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (glucagon)	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (dasiglucagon hcl)	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (dasiglucagon hcl)	2	
GONADOTROPINS - Hormones		
leuprolide acetate injection 1 kit mg/0.2ml	1	PA
SYNAREL NASAL SOLUTION 2 MG/ML (nafarelin acetate)	2	
INCRETIN MIMETICS - Drugs for Diabetes		
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (exenatide)	2	PA; SL (3.4 mL per month)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (exenatide)	2	PA; SL (2.4 ml (one pen) per month.)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (exenatide)	2	PA; SL (1.2 ml (one pen) per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LIRAGLUTIDE SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA; SL (If member has previous history of Victoza, then member may be eligible to receive 9ml (3 pens) per month (only applies to 3 pack NDC-00169406013). This medication is over-rideable.)
LIRAGLUTIDE SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA; SL (If member has previous history of Victoza, then member may be eligible to receive 9ml (3 pens) per month (only applies to 3 pack NDC-00169406013). This medication is over-rideable.)
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide</i>)	2	PA; SL (0.08 ml per day.)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (<i>semaglutide</i>)	2	PA; SL (6 ml per month.)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML (<i>semaglutide</i>)	2	PA; SL (3 ml per month.)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	2	PA; SL (1 tablet per day.)
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide -weight management</i>)	3	PA; SL (0.6 ml per day.)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	2	SL (18 ml per month.)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (<i>dulaglutide</i>)	2	PA; SL (2 ml per month.)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>)	2	PA; SL (2 mL per month.)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML (<i>semaglutide-weight management</i>)	3	PA; SL (0.08 ml per day and 4 ml per 365 days.)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML (<i>semaglutide-weight management</i>)	3	PA; SL (0.11 ml per day.)
ZEPBOUND SUBCUTANEOUS SOLUTION 2.5 MG/0.5ML, 5 MG/0.5ML (<i>tirzepatide-weight management</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide-weight management</i>)	3	PA; SL (0.08 ml per day.)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML (<i>tirzepatide-weight management</i>)	3	PA; SL (0.08 ml per day and 4 ml per 365 days.)
INTERMEDIATE-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane regular</i>)	2	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	1	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	2	
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	1	
LEPTINS - Hormones		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	3	PA; SL (0.9 vial per day.); SP
LONG-ACTING INSULINS - Drugs for Diabetes		
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	1	
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	1	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	2	SL (18 ml per month.)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	2	
MEGLITINIDES - Drugs for Diabetes		
<i>nateglinide oral tablet 20 mg, 60 mg</i>	1	SL (3 tablets per day)
<i>repaglinide oral tablet 5 mg, 1 mg</i>	1	SL (4 tablets per day)
<i>repaglinide oral tablet mg</i>	1	SL (8 tablets per day)
PARATHYROID AGENTS - Drugs for Bones		
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	3	PA; SP
PITUITARY - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	3	PA; ST; SL (20 ml per 24 days.); SP
CORTROPHIN INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	3	PA; ST; SL (20 ml per 24 days.); SP
<i>desmopressin ace spray refrig nasal solution %</i>	1	
<i>desmopressin acetate injection solution mcg/ml</i>	1	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	3	
<i>desmopressin acetate oral tablet 1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate pf injection solution mcg/ml</i>	1	
<i>desmopressin acetate spray nasal solution %</i>	1	
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (<i>somatogon-ghla</i>)	3	PA; SL (0.172 ml per day.); SP
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (<i>desmopressin acetate</i>)	3	SL (1 tablet per day.)
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML (<i>somatropin</i>)	2	PA; SL (13.5 mL per month.)
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML, 30 MG/3ML (<i>somatropin</i>)	2	PA; SL (9 mL per month.); SP
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/1.5ML (<i>somatropin</i>)	2	PA; SL (27 mL per month.)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (<i>somatropin</i>)	2	PA; SL (18 ml per month.); SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (<i>somatropin</i>)	2	PA; SL (10 ml (5 cartridges) per month.); SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (<i>somatropin</i>)	2	PA; SL (36 ml per month.); SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML (<i>somatropin</i>)	2	PA; SL (13.5 mL per month.)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML (<i>somatropin</i>)	2	PA; SL (27 mL per month.)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	2	PA; SL (16 vials per month.); SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	3	PA; SL (1 vial per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	PA; SL (0.143 cartridge per day.); SP
PROGESTINS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	3	
afirmelle oral tablet 1-20 mg-mcg	1	H
aftera oral tablet 5 mg	1	H
altavera oral tablet 15-30 mg-mcg	1	H
alyacen 1/35 oral tablet 35 mg-mcg	1	H
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
amethyst oral tablet 20-20 mcg	1	H
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (drospirenone-estradiol)	3	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (segesterone-ethinyl estradiol)	3	SL (1 vaginal ring per 327 days); H
apri oral tablet 15-30 mg-mcg	1	H
aranelle oral tablet 5/1/0.5-35 mg-mcg	1	H
ashlyna oral tablet 15-0.03 & 0.01 mg	1	H
aubra eq oral tablet 1-20 mg-mcg	1	H
aurovela 1.5/30 oral tablet 5-30 mg-mcg	1	H
aurovela 1/20 oral tablet 20 mg-mcg	1	H
aurovela 24 fe oral tablet 20 mg-mcg(24)	1	H
aurovela fe 1.5/30 oral tablet 5-30 mg-mcg	1	H
aurovela fe 1/20 oral tablet 20 mg-mcg	1	H
aviane oral tablet 1-20 mg-mcg	1	H
ayuna oral tablet 15-30 mg-mcg	1	H
azurette oral tablet 15-0.02/0.01 mg (21/5)	1	H
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (levonorgest-eth estrad-fe bisg)	3	H
balziva oral tablet 4-35 mg-mcg	1	H
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (estradiol-progesterone)	3	
blisovi 24 fe oral tablet 20 mg-mcg(24)	1	H
blisovi fe 1.5/30 oral tablet 5-30 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
blisovi fe 1/20 oral tablet 20 mg-mcg	1	H
briellyn oral tablet 4-35 mg-mcg	1	H
camila oral tablet 35 mg	1	H
camrese lo oral tablet 1-0.02 & 0.01 mg	1	H
camrese oral tablet 15-0.03 & 0.01 mg	1	H
charlotte 24 fe oral tablet chewable 24 mg-mcg(24)	1	H
chateal eq oral tablet 15-30 mg-mcg	1	H
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (estradiol-levonorgestrel)	2	SL (4 patches per month.)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (estradiol-norethindrone acet)	2	SL (8 patches per 28 days.)
CRINONE VAGINAL GEL 4 %, 8 % (progesterone)	3	ST
cryselle-28 oral tablet 3-30 mg-mcg	1	H
curaе oral tablet 5 mg	1	H
cyred eq oral tablet 15-30 mg-mcg	1	H
dasetta 1/35 oral tablet 85 mg-mcg	1	H
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
daysee oral tablet 15-0.03 & 0.01 mg	1	H
deblitane oral tablet 35 mg	1	H
delyla oral tablet 1-20 mg-mcg	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (medroxyprogesterone acetate)	3	SL (5 ml per year.)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (medroxyprogesterone acetate)	3	SL (5 mL per 365 days.)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (medroxyprogesterone acetate)	2	SL (3.25 ml per year.); H
desogestrel-ethinyl estradiol oral tablet 15-0.02/0.01 mg (21/5)	1	H
dolishale oral tablet 10-20 mcg	1	H
drosipren-eth estrad-levomefol oral tablet 0.02-0.451 mg, 3-0.03-0.451 mg	1	H
drosiprenone-ethinyl estradiol oral tablet 0.02 mg, 3-0.03 mg	1	H
econtra one-step oral tablet 5 mg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EC-RX PROGESTERONE TRANSDERMAL CREAM 10 %, 20 %	3	PA
<i>elinest oral tablet 3-30 mg-mcg</i>	1	H
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	1	SL (1 tablet per 21 days.); H
<i>eluryng vaginal ring 12-0.015 mg/24hr</i>	1	H
<i>emzahh oral tablet 35 mg</i>	1	H
ENDOMETRIN VAGINAL INSERT 100 MG (<i>progesterone</i>)	2	
<i>enilloring vaginal ring 12-0.015 mg/24hr</i>	1	H
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>enskyce oral tablet 15-30 mg-mcg</i>	1	H
<i>errin oral tablet 35 mg</i>	1	H
<i>estarylla oral tablet 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 1.5 mg-mcg, 1-50 mg-mcg</i>	1	H
<i>etonogestrel-ethinyl estradiol vaginal ring 2-0.015 mg/24hr</i>	1	H
<i>falmina oral tablet 1-20 mg-mcg</i>	1	H
<i>finzala oral tablet chewable 20 mg-mcg(24)</i>	1	H
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG (<i>progesterone</i>)	3	PA
<i>fyavolv oral tablet 5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>gallifrey oral tablet 5 mg</i>	1	
<i>gemmily oral capsule 20 mg-mcg(24)</i>	1	H
<i>hailey 1.5/30 oral tablet 5-30 mg-mcg</i>	1	H
<i>hailey 24 fe oral tablet 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 20 mg-mcg</i>	1	H
<i>haloette vaginal ring 12-0.015 mg/24hr</i>	1	H
<i>heather oral tablet 35 mg</i>	1	H
<i>her style oral tablet 5 mg</i>	1	H
<i>iclevia oral tablet 15-0.03 mg</i>	1	H
<i>incassia oral tablet 35 mg</i>	1	H
<i>introvale oral tablet 15-0.03 mg</i>	1	H
<i>isibloom oral tablet 15-30 mg-mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
jaimiess oral tablet 15-0.03 & 0.01 mg	1	H
jasmiel oral tablet 0.02 mg	1	H
jencycla oral tablet 35 mg	1	H
jinteli oral tablet 15 mg-mcg	1	
jolessa oral tablet 15-0.03 mg	1	H
joyeaux oral tablet 1-20 mg-mcg(21)	1	H
juleber oral tablet 15-30 mg-mcg	1	H
junel 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel 1/20 oral tablet 20 mg-mcg	1	H
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel fe 1/20 oral tablet 20 mg-mcg	1	H
junel fe 24 oral tablet 20 mg-mcg(24)	1	H
kaitlib fe oral tablet chewable 25 mg-mcg	1	H
kalliga oral tablet 15-30 mg-mcg	1	H
kariva oral tablet 15-0.02/0.01 mg (21/5)	1	H
kelnor 1/35 oral tablet 35 mg-mcg	1	H
kelnor 1/50 oral tablet 50 mg-mcg	1	H
kurvelo oral tablet 15-30 mg-mcg	1	H
larin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
larin 1/20 oral tablet 20 mg-mcg	1	H
larin 24 fe oral tablet 20 mg-mcg(24)	1	H
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
larin fe 1/20 oral tablet 20 mg-mcg	1	H
layolis fe oral tablet chewable 25 mg-mcg	1	H
leena oral tablet 5/1/0.5-35 mg-mcg	1	H
lessina oral tablet 1-20 mg-mcg	1	H
levonest oral tablet 50-30/75-40/ 125-30 mcg	1	H
levonorgest-eth est & eth est oral tablet 21-7 days	1	H
levonorgest-eth estrad 91-day oral tablet 0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg	1	H
levonorgest-eth estradiol-iron oral tablet 1-20 mg-mcg(21)	1	H
levonorgestrel oral tablet 15 mg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levonorgestrel-ethinyl estrad oral tablet 0.01-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	1	H
levonorg-eth estrad triphasic oral tablet 50-80/75-40/ 125-30 mcg	1	H
levora 0.15/30 (28) oral tablet 15-30 mg-mcg	1	H
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (norethin-eth estrad-fe biphase)	1	H
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	1	H
loryna oral tablet 0.02 mg	1	H
low-ogestrel oral tablet 3-30 mg-mcg	1	H
lo-zumandimine oral tablet 0.02 mg	1	H
lutera oral tablet 1-20 mg-mcg	1	H
lyleq oral tablet 35 mg	1	H
lyza oral tablet 35 mg	1	H
marlissa oral tablet 15-30 mg-mcg	1	H
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	1	SL (5 ml per year.); H
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	1	SL (5 mL per 365 days.); H
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	1	
megestrol acetate oral suspension 400 mg/ml, 625 mg/5ml	1	
megestrol acetate oral tablet 200 mg, 40 mg	1	
merzee oral capsule 20 mg-mcg(24)	1	H
mibelas 24 fe oral tablet chewable 20 mg-mcg(24)	1	H
microgestin 1.5/30 oral tablet 15-30 mg-mcg	1	H
microgestin 1/20 oral tablet 20 mg-mcg	1	H
microgestin fe 1.5/30 oral tablet 15-30 mg-mcg	1	H
microgestin fe 1/20 oral tablet 20 mg-mcg	1	H
mili oral tablet 25-35 mg-mcg	1	H
mimvey oral tablet 0.5 mg	1	
mono-linyah oral tablet 25-35 mg-mcg	1	H
my choice oral tablet 5 mg	1	H
my way oral tablet 5 mg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>)	2	SL (1 tablet day.)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	1	H
<i>necon 0.5/35 (28) oral tablet 0.5/35 mg-mcg</i>	1	H
<i>new day oral tablet 5 mg</i>	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	3	H
<i>nikki oral tablet 0.02 mg</i>	1	H
<i>nora-be oral tablet 0.35 mg</i>	1	H
<i>norelgestromin-eth estradiol transdermal patch week 150-35 mcg/24hr</i>	1	H
<i>norethin ace-eth estrad-fe oral capsule 20 mg-mcg(24)</i>	1	H
<i>norethin ace-eth estrad-fe oral tablet 20 mg-mcg, 1.5-30 mg-mcg</i>	1	H
<i>norethin ace-eth estrad-fe oral tablet chewable 20 mg-mcg(24)</i>	1	H
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone acet-ethinyl est oral tablet 20 mg-mcg, 1.5-30 mg-mcg</i>	1	H
<i>norethindrone oral tablet 0.35 mg</i>	1	H
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norethindron-ethinyl estrad-fe oral tablet 20/1-30/1-35 mg-mcg</i>	1	H
<i>norethin-eth estradiol-fe oral tablet chewable 20/1-35 mg-mcg, 0.8-25 mg-mcg</i>	1	H
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	H
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>norlyroc oral tablet 0.35 mg</i>	1	H
<i>nortrel 0.5/35 (28) oral tablet 0.5/35 mg-mcg</i>	1	H
<i>nortrel 1/35 (21) oral tablet 1/35 mg-mcg</i>	1	H
<i>nortrel 1/35 (28) oral tablet 1/35 mg-mcg</i>	1	H
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>nylia 1/35 oral tablet 1/35 mg-mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nylia 7/7/7 oral tablet 0.75/1-35 mg-mcg	1	H
ocella oral tablet 0.03 mg	1	H
opcicon one-step oral tablet 5 mg	1	H
OPIII ORAL TABLET 0.075 MG (norgestrel)	1	H
option 2 oral tablet 5 mg	1	H
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (elagolix-estradiol-norethind)	2	PA; SL (2 capsules per day.)
philith oral tablet 4-35 mg-mcg	1	H
pimtrea oral tablet 15-0.02/0.01 mg (21/5)	1	H
PLAN B ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	1	H
portia-28 oral tablet 15-30 mg-mcg	1	H
PREMPHASE ORAL TABLET 0.625-5 MG (conj estrogen-medroxyprogesterone acetate)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (conj estrogen-medroxyprogesterone acetate)	2	
progesterone intramuscular 50 mg/ml	1	
PROGESTERONE MICRONIZED TRANSDERMAL CREAM 10 %	3	PA
progesterone oral capsule 100 mg, 200 mg	1	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (medroxyprogesterone acetate)	3	
react oral tablet 5 mg	1	H
reclipsen oral tablet 15-30 mg-mcg	1	H
rivelsa oral tablet 42-21-21-7 days	1	H
setlakin oral tablet 15-0.03 mg	1	H
sharobel oral tablet 35 mg	1	H
simliya oral tablet 15-0.02/0.01 mg (21/5)	1	H
simpesse oral tablet 15-0.03 & 0.01 mg	1	H
SLYND ORAL TABLET 4 MG (drospirenone)	3	H
sprintec 28 oral tablet 25-35 mg-mcg	1	H
sronyx oral tablet 1-20 mg-mcg	1	H
syeda oral tablet 0.03 mg	1	H
take action oral tablet 5 mg	1	H
tarina 24 fe oral tablet 20 mg-mcg(24)	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tarina fe 1/20 eq oral tablet mg-mcg	1	H
taysofy oral capsule 20 mg-mcg(24)	1	H
tilia fe oral tablet 20/1-30/1-35 mg-mcg	1	H
tri-estarylla oral tablet 18/0.215/0.25 mg-35 mcg	1	H
tri-legest fe oral tablet 20/1-30/1-35 mg-mcg	1	H
tri-linyah oral tablet 18/0.215/0.25 mg-35 mcg	1	H
tri-lo-estarylla oral tablet 18/0.215/0.25 mg-25 mcg	1	H
tri-lo-marzia oral tablet 18/0.215/0.25 mg-25 mcg	1	H
tri-lo-mili oral tablet 18/0.215/0.25 mg-25 mcg	1	H
tri-lo-sprintec oral tablet 18/0.215/0.25 mg-25 mcg	1	H
tri-mili oral tablet 18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec oral tablet 18/0.215/0.25 mg-35 mcg	1	H
trivora (28) oral tablet 30/75-40/ 125-30 mcg	1	H
tri-vylibra lo oral tablet 18/0.215/0.25 mg-25 mcg	1	H
tri-vylibra oral tablet 18/0.215/0.25 mg-35 mcg	1	H
turqoz oral tablet 3-30 mg-mcg	1	H
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (levonorgestrel-eth estradiol)	3	H
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (levonorgestrel-ethinyl estradiol)	1	
tydemy oral tablet 0.03-0.451 mg	1	H
velivet oral tablet 1/0.125/0.15 -0.025 mg	1	H
vestura oral tablet 0.02 mg	1	H
vienva oral tablet 1-20 mg-mcg	1	H
viorele oral tablet 15-0.02/0.01 mg (21/5)	1	H
volnea oral tablet 15-0.02/0.01 mg (21/5)	1	H
vyfemla oral tablet 4-35 mg-mcg	1	H
vylibra oral tablet 25-35 mg-mcg	1	H
wera oral tablet 5-35 mg-mcg	1	H
wymzya fe oral tablet chewable 35 mg-mcg	1	H
xulane transdermal patch weekly 50-35 mcg/24hr	1	H
YASMIN 28 ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	3	
YAZ ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	3	

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zafemy transdermal patch weekly 50-35 mcg/24hr	1	H
zovia 1/35 (28) oral tablets 105 mg-mcg	1	H
zumandimine oral tablets 0.03 mg	1	H
RAPID-ACTING INSULINS - Drugs for Diabetes		
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	3	
HUMALOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	3	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro</i>)	2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	2	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	1	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	2	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	1	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	2	
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	2	
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	
INSULIN LISPRO INJECTION SOLUTION 100 UNIT/ML	1	
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	2	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro-aabc</i>)	2	
LYUMJEV VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro-aabc</i>)	1	

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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	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	1	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	2	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular human</i>)	1	
HUMULIN R VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	1	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (<i>insulin regular(human) in nacl</i>)	3	
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - Drugs for Diabetes		
BRENZAVVY ORAL TABLET 20 MG (<i>bexagliflozin</i>)	3	ST; SL (1 tablet per day.)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	2	ST; SL (1 tablet per day.)
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	2	SL (30 tablets per month.)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	2	SL (2 tablets per day.)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	SL (1 tablet per day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	SL (2 tablets per day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	SL (1 tablet per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	SL (2 tablets per day.)
SOMATOSTATIN AGONISTS - Hormones		
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	3	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (<i>pasireotide diaspate</i>)	3	PA; SL (2 ampules per day.); SP
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>)	3	SP
SOMATOTROPIN AGONISTS - Hormones		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG (<i>tesamorelin acetate</i>)	3	PA; SL (1 vial per day.)
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>)	2	PA; SL (52 vials per month.); SP
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML (<i>somatropin</i>)	2	PA; SL (13.5 mL per month.)
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML, 30 MG/3ML (<i>somatropin</i>)	2	PA; SL (9 mL per month.); SP
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/1.5ML (<i>somatropin</i>)	2	PA; SL (27 mL per month.)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (<i>somatropin</i>)	2	PA; SL (18 ml per month.); SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (<i>somatropin</i>)	2	PA; SL (10 ml (5 cartridges) per month.); SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (<i>somatropin</i>)	2	PA; SL (36 ml per month.); SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML (<i>somatropin</i>)	2	PA; SL (13.5 mL per month.)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML (<i>somatropin</i>)	2	PA; SL (27 mL per month.)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	2	PA; SL (16 vials per month.); SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	3	PA; SL (1 vial per day.); SP
SOMATOTROPIN ANTAGONISTS - Hormones		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	3	PA; SL (1 vial per day.); SP
SULFONYLUREAS - Drugs for Diabetes		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (<i>pioglitazone hcl-glimepiride</i>)	3	SL (1 tablet per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide er oral tablet extended release 240 hour 1 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide oral tablet 1 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide xl oral tablet extended release 240 hour 1 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin hcl oral tablet 25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG (<i>glipizide</i>)	3	
<i>glyburide micronized oral tablet 1 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	SL (1 tablet per day)
THIAZOLIDINEDIONES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-850 MG (<i>pioglitazone hcl-metformin hcl</i>)	3	SL (3 tablets per day)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	2	SL (1 tablet per day.)
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (<i>pioglitazone hcl-glimepiride</i>)	3	SL (1 tablet per day)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	SL (1 tablet per day)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	SL (1 tablet per day)
<i>pioglitazone hcl-metformin hcl oral tablet 25-500 mg, 15-850 mg</i>	1	SL (3 tablets per day)
THYROID AGENTS - Drugs for the Thyroid		
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 300 MG, 60 MG, 90 MG (<i>thyroid</i>)	2	
ARMOUR THYROID TABLET 15 MG ORAL (<i>thyroid</i>)	3	
ARMOUR THYROID TABLET 15 MG ORAL (<i>thyroid</i>)	2	
ERMEZA ORAL SOLUTION 150 MCG/5ML (<i>levothyroxine sodium</i>)	2	PA
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>		

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>levo-t oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	150 75 mcg, 88	
LEVOTHYROXINE SODIUM ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>levothyroxine sodium oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	150 75 mcg, 88	
<i>levoxyl oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	150 75 mcg, 88	
<i>liothyronine sodium oral tablet</i> 25 mcg, 5 mcg, 50 mcg	1	
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	
<i>np thyroid oral tablet</i> 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (<i>resmetirom</i>)	3	PA; SL (1 Tablet per day.); SP
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (<i>levothyroxine sodium</i>)	3	
<i>thyroid oral tablet</i> 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	3	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (<i>levothyroxine sodium</i>)	2	
<i>unithroid oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	150 75 mcg, 88	
IMMUNOMODULATORY AGENTS (90:00)		
AMINO ACID POLYMERS		
<i>glatiramer acetate subcutaneous solution prefilled syringe</i> 40 mg/ml	1	PA; SL (30 ml per month.)
<i>glatiramer acetate subcutaneous solution prefilled syringe</i> 40 mg/ml	1	PA; SL (12 ml per 21 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
glatopa subcutaneous solution prefilled syringe 200 mg/ml	2	PA; SL (30 ml per month.)
glatopa subcutaneous solution prefilled syringe 400 mg/ml	2	PA; SL (12 ml per 21 days.)
ANTIMETABOLITES		
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (cladribine)	3	PA; ST; SL (40 tablets per 720 days.)
teriflunomide oral tablet 4 mg	1	PA; SL (1 tablet per day.)
teriflunomide oral tablet 7 mg	1	PA; SL (2 tablets per day.)
ANTIMETABOLITES, IMMUNOSUPP THERAPY MISC		
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	3	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
mycophenolate mofetil oral capsule 250 mg	1	
CALCINEURIN INHIBITORS, MISC (90:28)		
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (cyclosporine)	3	PA; SL (5.5 mL (1 bottle) per month.)
RESTASIS OPHTHALMIC EMULSION 0.05 % (cyclosporine)	1	PA
COMPLEMENT INHIBITOR AGENTS (90:20)		
FABHALTA ORAL CAPSULE 200 MG (iptacopan hcl)	2	PA; SL (2 capsules per day.); SP
TAVNEOS ORAL CAPSULE 10 MG (avacopan)	3	PA; SL (6 capsules per day.); SP
COMPLEMENT INHIBITORS (90:08)		
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML (zilucoplan sodium)	3	PA; SL (0.416 ml per day.); SP
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML (zilucoplan sodium)	3	PA; SL (0.574 ml per day.); SP
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML (zilucoplan sodium)	3	PA; SL (0.81 ml per day.); SP
DISEASE-MODIFYING ANTIRHEUMAT DRUGS MISC		
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML (vedolizumab)	3	PA; SL (0.05 ml per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	3	PA; ST; SL (4 auto-injectors per month.); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	3	PA; ST; SL (4 syringes per month); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (<i>abatacept</i>)	3	PA; SL (0.06 ml per day.); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (<i>abatacept</i>)	3	PA; SL (0.1 ml per day.); SP
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	3	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3	
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; SL (1 kit per 21 days.); SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; SL (1 kit per 21 days.); SP
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3	PA; CM
<i>methotrexate sodium (pf) injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1000 mg</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	CM
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML (<i>methotrexate (anti-rheumatic)</i>)	2	SL (0.8 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML (<i>methotrexate (anti-rheumatic)</i>)	2	SL (0.6 ml (4 auto-injectors) per month.)
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	3	SP
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>guselkumab</i>)	2	PA
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	2	PA; SL (1 mL (1 device) every 8 weeks); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	2	PA; SL (2 ml per 2 months); SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (<i>guselkumab</i>)	2	PA
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	SL (4 ml per day); CM
FUMARATES		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	2	PA; SL (4 capsules per day.); SP
<i>dimethyl fumarate oral capsule delayed release 200 mg</i>	1	PA; SL (56 capsules per year.)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	1	PA; SL (2 capsules per day.)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	1	PA; SL (60 capsules (1 starter pack) per 365 days.)
IGG1 MONOCLONAL ANTIBODIES		
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	2	PA; SL (4 ml per month.); SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	2	PA; SL (4 ml per month.); SP
IMMUNOMODULATORY AGENTS (90:00)		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	CM
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	2	CM
<i>mercaptopurine oral tablet 50 mg</i>	1	CM
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	3	SP; CM
INTERFERONS		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	2	PA; SL (4 pens (1 box) per month.); SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	2	PA; SL (4 syringes (1 box) per month.); SP
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	2	PA; SL (14 vials per month.)
INTERLEUKIN INHIBITOR AGENTS, MISC		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>omalizumab</i>)	2	PA; SL (0.08 ml per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>omalizumab</i>)	2	PA; SL (0.15 ml per day.); SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (<i>omalizumab</i>)	2	PA; SL (0.04 ml per day.); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	2	PA; SL (0.08 ml per day.); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>omalizumab</i>)	2	PA; SL (0.15 ml per day.); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>)	2	PA; SL (0.04 ml per day.); SP
INTERLEUKIN-MEDIATED AGENTS, MISC		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	3	PA; ST; SL (3.6 ml per 21 days.); SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	3	PA; ST; SL (4 syringes (36 mL) per month); SP
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	3	PA; ST; SL (0.072 ml per day.); SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	3	PA; ST; SL (0.036 ml per day.); SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>secukinumab</i>)	3	PA; ST; SL (0.018 ml per day.)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	3	PA; ST; SL (0.072 ml per day.); SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	3	PA; ST; SL (0.036 ml per day.); SP
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>secukinumab</i>)	3	PA; ST; SL (0.072 ml per day.); SP
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	3	PA; ST; SL (2.28 ml per month.); SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	3	PA; ST; SL (2.28 mL per month); SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	3	PA; ST; SL (0.67 ml (1 syringe) per day.); SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	2	PA; SL (0.006 ml per day.); SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	2	PA; SL (0.006 ml per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	2	PA; SL (0.012 ml per day.); SP
JANUS KINASE INHIBITORS, MISCELLANEOUS		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	2	PA; SL (1 tablet per day.); SP; CM
OLUMIANT ORAL TABLET 1 MG, 4 MG (<i>baricitinib</i>)	2	PA; ST; SL (1 tablet per day.)
OLUMIANT ORAL TABLET 2 MG (<i>baricitinib</i>)	2	PA; ST; SL (1 tablet per day.); SP
RINVOQ LQ ORAL SOLUTION 1 MG/ML (<i>upadacitinib</i>)	2	PA; SL (360 mL (2 bottles) per month.); SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>upadacitinib</i>)	2	PA; SL (1 tablet per day.); SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (<i>upadacitinib</i>)	2	PA; SL (84 tablets per 365 days.); SP
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	2	PA; SL (8 mL per day.); SP
XELJANZ ORAL TABLET 10 MG (<i>tofacitinib citrate</i>)	2	PA; SL (2 tablets per day.); SP
XELJANZ ORAL TABLET 5 MG (<i>tofacitinib citrate</i>)	2	PA; SL (2 tablets per day.); SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (<i>tofacitinib citrate</i>)	2	PA; SL (1 tablet per day.); SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (<i>tofacitinib citrate</i>)	2	PA; SL (1 tablet per day.)
MONOCARBOXYLIC ACID AMIDE AGENTS		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
MONOCLONAL ANTIBODIES (90:12)		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	3	PA; SL (0.04 ml per day.); SP
MTOR INHIBITORS, MISCELLANEOUS		
HYFTOR EXTERNAL GEL 0.2 % (<i>sirolimus</i>)	3	PA; SL (10 g per 23 days.)
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	3	
<i>sirolimus oral solution mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
PHOSPHODIESTERASE-4 INHIBITORS, MISC		
OTEZLA ORAL TABLET 20 MG (<i>apremilast</i>)	2	PA; SL (60 tablets per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	2	PA; SL (2 tablets per day.); SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	2	PA; SL (55 tablets (one starter pack) per year.); SP
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (<i>apremilast</i>)	2	PA; SL (1 starter pack per year.)
SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS		
<i> fingolimod hcl oral capsules 0.5 mg</i>	1	PA; SL (1 capsule per day.)
GILENYA ORAL CAPSULE 0.25 MG (<i>fingolimod hcl</i>)	3	PA; SL (1 capsule per day.)
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	3	PA; SL (4 tablets per day.)
MAYZENT ORAL TABLET 1 MG (<i>siponimod fumarate</i>)	3	PA; SL (1 tablet per day.)
MAYZENT ORAL TABLET 2 MG (<i>siponimod fumarate</i>)	3	PA; SL (1 tablet per day.)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (<i>siponimod fumarate</i>)	3	PA; SL (12 tablets per 365 days.)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (<i>siponimod fumarate</i>)	3	PA; SL (7 tablets per 365 days.)
T-CELL BLOCKERS (90:24)		
LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>)	3	PA; SL (6 capsules per day.); SP
TUMOR NECROSIS FACTOR INHIBITORS, MISC		
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA; SL (2 auto-injectors (1 carton) per month.); SP
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	3	PA; SL (2 auto-injectors (1 carton) per month.); SP
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; SP
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA; SL (2 prefilled syringes (1 carton) per month.); SP
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	3	PA; SL (2 prefilled syringes (1 carton) per month.); SP
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; SL (0.08 syringe per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	2	PA; SL (0.08 syringe per day.); SP
ADALIMUMAB-ADB (CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	2	PA; SP
ADALIMUMAB-ADB (PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	2	PA; SP
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; SL (1 kit per 21 days.); SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; SL (1 kit per 21 days.); SP
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	2	PA; SL (0.15 ml per day.); SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	2	PA; SL (0.15 ml per day.); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	2	PA; SL (0.15 ml per day.); SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	2	PA; SL (0.15 ml per day.); SP
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (<i>adalimumab-bwwd</i>)	2	PA; SL (0.03 ml per day.); SP
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	2	PA; SL (0.06 ml per day.); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>adalimumab-bwwd</i>)	3	PA; SL (0.03 ml per day.); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	3	PA; SL (0.06 ml per day.); SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 pens per month.); SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 pens per month.); SP
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIDOTES (92:12) - Drugs for Overdose or Poisoning		
<i>acetylcysteine inhalation solution</i> 10 %, 20 %	1	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	2	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	3	
<i>glucagon emergency kit injection</i> 1 mg	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	2	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (<i>glucagon</i>)	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (<i>glucagon</i>)	2	
<i>lanthanum carbonate oral tablet chewable</i> 100 mg, 500 mg, 750 mg	1	
<i>leucovorin calcium oral tablet</i> 10 mg, 15 mg, 25 mg, 5 mg	1	
<i>naloxone hcl injection solution</i> 1 mg/ml, 4 mg/10ml	1	
<i>naloxone hcl injection solution cartridge</i> 1 mg/ml	1	
<i>naloxone hcl injection solution prefilled syringe</i> 1 mg/ml, 2 mg/2ml	1	
<i>naltrexone hcl oral tablet</i> 50 mg	1	
<i>phytonadione oral tablet</i> 5 mg	1	
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	3	
<i>sevelamer carbonate oral packet</i> 0.8 gm, 2.4 gm	1	
<i>sevelamer carbonate oral tablet</i> 800 mg	1	
<i>sevelamer hcl oral tablet</i> 400 mg, 800 mg	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SPS ORAL SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	3	
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	2	PA
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	2	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (<i>naloxone hcl</i>)	2	
ANTIGOUT AGENTS - Drugs for Gout		
<i>allopurinol oral tablet</i> 100 mg, 200 mg, 300 mg	1	
<i>colchicine oral capsule</i> 2.6 mg	1	
<i>colchicine oral tablet</i> 6 mg	1	
<i>colchicine-probenecid oral tablet</i> 5-500 mg	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (<i>naproxen</i>)	3	
<i>ec-naproxen oral tablet delayed release</i> 375 mg, 500 mg	1	
<i>febuxostat oral tablet</i> 40 mg, 80 mg	1	
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (<i>colchicine</i>)	3	
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	3	
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	3	
<i>indomethacin er oral capsule extended release</i> 25 mg	1	
<i>indomethacin oral capsule</i> 25 mg, 50 mg	1	
<i>indomethacin oral suspension</i> 25 mg/5ml	1	
<i>indomethacin rectal suppository</i> 50 mg	1	
MITIGARE ORAL CAPSULE 0.6 MG (<i>colchicine</i>)	2	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (<i>naproxen</i>)	3	
<i>naproxen dr oral tablet delayed release</i> 500 mg	1	
<i>naproxen oral tablet</i> 250 mg, 375 mg, 500 mg	1	
<i>naproxen oral tablet delayed release</i> 375 mg, 500 mg	1	
<i>naproxen sodium er oral tablet extended release</i> 2475hour mg, 500 mg, 750 mg	1	
<i>naproxen sodium oral tablet</i> 275 mg, 550 mg	1	
<i>probenecid oral tablet</i> 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTISENSE OLIGONUCLEOTIDES		
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (<i>sodium oxybate</i>)	3	PA; SL (1 packet per day.); SP
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	3	PA; SL (18 ml per day.); SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (<i>inotersen sodium</i>)	2	PA; SL (0.22 ml per day.); SP
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML (<i>eplontersen sodium</i>)	2	PA; SL (0.029 ml per day.); SP
BONE ANABOLIC AGENTS		
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	3	PA; SP
BONE RESORPTION INHIBITORS - Drugs for Bone Loss		
<i>alendronate sodium oral solution</i> 70 mg/75ml	1	
<i>alendronate sodium oral tablet</i> 10 mg, 35 mg, 5 mg, 70 mg	1	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	3	SL (8 patches (1 box) per 28 days.)
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (<i>alendronate sodium</i>)	3	SL (4 tablets per month.)
<i>calcitonin (salmon) injection solution</i> 200 unit/ml	1	
<i>calcitonin (salmon) nasal solution</i> 200 unit/act	1	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML (<i>estradiol valerate</i>)	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (<i>estradiol cypionate</i>)	3	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM (<i>estradiol</i>)	3	
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM (<i>estradiol</i>)	2	
<i>dotti transdermal patch twice weekly</i> 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	SL (8 patches (1 box) per 28 days.)
EC-RX ESTRADIOL TRANSDERMAL CREAM 0.4 %, 0.6 %	3	PA
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	3	
<i>estradiol oral tablet</i> 5 mg, 1 mg, 2 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>estradiol patch twice weekly 0.025 mg/24hr transdermal</i>	1	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.025 mg/24hr transdermal</i>	3	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.0375 mg/24hr transdermal</i>	1	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.0375 mg/24hr transdermal</i>	3	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.05 mg/24hr transdermal</i>	1	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.05 mg/24hr transdermal</i>	3	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.075 mg/24hr transdermal</i>	1	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.075 mg/24hr transdermal</i>	3	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.1 mg/24hr transdermal</i>	1	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.1 mg/24hr transdermal</i>	3	SL (8 patches (1 box) per 28 days.)
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	1	
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	1	SL (50 grams (1 box) per month.)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	SL (4 patches (1 carton) per 28 days.)
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol vaginal tablet 0.01 mg</i>	1	
<i>estradiol valerate intramuscular 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	
ESTRING VAGINAL RING 7.5 MCG/24HR (<i>estradiol</i>)	2	SL (1 ring per 90 days.)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (<i>estradiol</i>)	3	SL (50 grams (1 box) per month.)
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (<i>estradiol acetate</i>)	3	SL (1 ring per 3 months.)
FOSAMAX ORAL TABLET 70 MG (<i>alendronate sodium</i>)	3	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	3	
<i>ibandronate sodium oral tablet</i> 50 mg	1	
<i>lyllana transdermal patch twice weekly</i> 0.25 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	SL (8 patches (1 box) per 28 days.)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (<i>esterified estrogens</i>)	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	3	SL (4 patches (1 carton) per 28 days.)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (<i>calcitonin salmon</i>)	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	2	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	3	
<i>raloxifene hcl oral tablet</i> 60 mg	1	H
<i>risedronate sodium oral tablet</i> 50 mg	1	SL (1 tablet per month)
<i>risedronate sodium oral tablet</i> 5 mg, 5 mg	1	
<i>risedronate sodium oral tablet</i> 5 mg	1	SL (4 tablets per 28 days.)
<i>risedronate sodium oral tablet delayed release</i> 5 mg	1	SL (4 tablets per month)
<i>yuvaferm vaginal tablet</i> 40 mcg	1	
BRADYKININ RECEPTOR ANTAGONISTS		
<i>icatibant acetate subcutaneous solution prefilled syringe</i> 30 mg/3ml	1	PA; SL (0.6 ml per day.); SP
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
<i>dichlorphenamide oral tablet</i> 50 mg	1	PA; SL (4 tablets per day.); SP
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	3	PA; SL (4 tablets per day.); SP
CARIOSTATIC AGENTS - Vitamins and Fluoride		
CLINPRO 5000 DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (<i>sodium fluoride</i>)	3	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DENTAGEL DENTAL GEL 1.1 % (sodium fluoride)	3	
easygel dental gel 1.1 %	1	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG (pediatric multivitamins-fl)	3	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (sodium fluoride-vitamin d)	3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (pediatric multivitamins-fl)	3	
fluoridex daily renewal mouth/throat concentrate 0.68 %	1	
FLUORIDEX DENTAL PASTE 1.1 % (sodium fluoride)	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 % (sodium fluoride)	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sod fluoride-potassium nitrate)	3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (sodium fluoride)	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sod fluoride-potassium nitrate)	3	
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (sodium fluoride)	3	
multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (pediatric multivitamins-fl)	3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (pediatric multivitamins-fl)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	3	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (<i>ped multivitamins-fl-iron</i>)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (<i>ped multivitamins-fl-iron</i>)	3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (<i>sodium fluoride</i>)	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 % (<i>sod fluoride-potassium nitrate</i>)	3	
PREVIDENT 5000 KIDS DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (<i>sodium fluoride</i>)	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 % (<i>sod fluoride-potassium nitrate</i>)	3	
PREVIDENT DENTAL GEL 1.1 % (<i>sodium fluoride</i>)	3	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 % (<i>sodium fluoride</i>)	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (<i>pediatric multivitamins-fl</i>)	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	3	
<i>sf 5000 plus dental cream</i> %	1	
<i>sf dental gel</i> 1 %	1	
<i>sod fluoride-potassium nitrate dental gel</i> 1.1-5 %	1	
<i>sodium fluoride 5000 enamel dental gel</i> %	1	
<i>sodium fluoride 5000 plus dental cream</i> %	1	
<i>sodium fluoride 5000 ppm dental cream</i> %	1	
<i>sodium fluoride 5000 ppm dental gel</i> %	1	
<i>sodium fluoride 5000 ppm dental paste</i> %	1	
<i>sodium fluoride 5000 sensitive dental gel</i> %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sodium fluoride dental cream 1 %	1	
sodium fluoride dental gel %	1	
sodium fluoride mouth/throat solution 0.2 %	1	
sodium fluoride oral solution (0.5 f) mg/ml	1	H
sodium fluoride oral tablet (0.5 f) mg, 2.2 (1 f) mg	1	
sodium fluoride oral tablet chewable (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	1	H
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (ped vit a-c-d-methylfolate-fl)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
VANISH DENTAL LIQUID EXTENDED RELEASE 5 % (sodium fluoride)	3	
COMPLEMENT INHIBITORS		
BERINERT INTRAVENOUS KIT 500 UNIT (c1 esterase inhibitor (human))	3	PA; ST; SL (0.4 boxes per day.); SP
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (pegcetacoplan)	2	PA; SL (5.8 ml per day. 2,100 ml per 360 days.); SP
FABHALTA ORAL CAPSULE 200 MG (iptacopan hgl)	2	PA; SL (2 capsules per day.); SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (c1 esterase inhibitor (human))	2	PA; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (c1 esterase inhibitor (recombinant))	3	PA; SL (0.27 vials per day.); SP
TAVNEOS ORAL CAPSULE 10 MG (avacopan)	3	PA; SL (6 capsules per day.); SP
VOYDEYA ORAL TABLET 100 MG (danicopan)	2	PA; SL (6 tablets per day.); SP
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG (danicopan)	2	PA; SP
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML (zilucoplan sodium)	3	PA; SL (0.416 ml per day.); SP
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML (zilucoplan sodium)	3	PA; SL (0.574 ml per day.); SP
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML (zilucoplan sodium)	3	PA; SL (0.81 ml per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COMPLEMENT INHIBITORS (92:32)		
BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	3	PA; ST; SL (0.4 boxes per day.); SP
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (<i>pegcetacoplan</i>)	2	PA; SL (5.8 ml per day. 2,100 ml per 360 days.); SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	2	PA; SP
<i>icatibant acetate subcutaneous solution prefilled syringe 300 mg/3ml</i>	1	PA; SL (0.6 ml per day.); SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recombinant)</i>)	3	PA; SL (0.27 vials per day.); SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	2	PA; SL (0.072 ml per day.); SP
TAVNEOS ORAL CAPSULE 10 MG (<i>avacopan</i>)	3	PA; SL (6 capsules per day.); SP
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - Drugs for Arthritis		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	3	PA; ST; SL (3.6 ml per 21 days.); SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	3	PA; ST; SL (4 syringes (36 mL) per month); SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA; SL (2 auto-injectors (1 carton) per month.); SP
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	3	PA; SL (2 auto-injectors (1 carton) per month.); SP
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; SP
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA; SL (2 prefilled syringes (1 carton) per month.); SP
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	3	PA; SL (2 prefilled syringes (1 carton) per month.); SP
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; SL (0.08 syringe per day.); SP

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate; NTT: If you are new to opioid therapy, you will be limited to a 7-day supply (or 3-day supply if 19 years or younger) and less than 50 morphine milligram equivalents.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	2	PA; SL (0.08 syringe per day.); SP
ADALIMUMAB-ADB (CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	2	PA; SP
ADALIMUMAB-ADB (PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	2	PA; SP
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	3	
<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	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	2	PA; SL (1 tablet per day.); SP; CM
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; SL (1 kit per 21 days.); SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; SL (1 kit per 21 days.); SP
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	3	PA; ST; SL (0.072 ml per day.); SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	3	PA; ST; SL (0.036 ml per day.); SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>secukinumab</i>)	3	PA; ST; SL (0.018 ml per day.)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	3	PA; ST; SL (0.072 ml per day.); SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	3	PA; ST; SL (0.036 ml per day.); SP
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>secukinumab</i>)	3	PA; ST; SL (0.072 ml per day.); SP
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	2	SP
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	2	PA; SL (0.15 ml per day.); SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	2	PA; SL (0.15 ml per day.); SP

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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; SL (0.15 ml per day.); SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	2	PA; SL (0.15 ml per day.); SP
<i>gengraf oral capsule</i> 100 mg, 25 mg	1	
<i>gengraf oral solution</i> 100 mg/ml	1	
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (<i>adalimumab-bwwd</i>)	2	PA; SL (0.03 ml per day.); SP
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	2	PA; SL (0.06 ml per day.); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>adalimumab-bwwd</i>)	3	PA; SL (0.03 ml per day.); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	3	PA; SL (0.06 ml per day.); SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 pens per month.); SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 pens per month.); SP
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	2	PA; SL (4 pens per 365 days.); SP
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	2	PA; SL (3 pens per year.); SP
<i>hydroxychloroquine sulfate oral tablet</i> 100 mg, 200 mg, 300 mg, 400 mg	1	
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3	PA; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	3	PA; ST; SL (2.28 ml per month.); SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	3	PA; ST; SL (2.28 mL per month); SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	3	PA; ST; SL (0.67 ml (1 syringe) per day.); SP
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
<i>methotrexate sodium (pf) injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1000 mg</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	CM
OLUMIANT ORAL TABLET 1 MG, 4 MG (<i>baricitinib</i>)	2	PA; ST; SL (1 tablet per day.)
OLUMIANT ORAL TABLET 2 MG (<i>baricitinib</i>)	2	PA; ST; SL (1 tablet per day.); SP
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	3	PA; ST; SL (4 auto-injectors per month.); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	3	PA; ST; SL (4 syringes per month); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (<i>abatacept</i>)	3	PA; SL (0.06 ml per day.); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (<i>abatacept</i>)	3	PA; SL (0.1 ml per day.); SP
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	2	PA; SL (2 tablets per day.); SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	2	PA; SL (55 tablets (one starter pack) per year.); SP
<i>penicillamine oral tablet 250 mg</i>	1	SP
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML (<i>methotrexate (anti-rheumatid)</i>)	2	SL (0.8 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML (<i>methotrexate (anti-rheumatid)</i>)	2	SL (1 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML (<i>methotrexate (anti-rheumatid)</i>)	2	SL (1.2 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML (<i>methotrexate (anti-rheumatid)</i>)	2	SL (1.4 ml (4 auto-injectors) per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (<i>methotrexate (anti-rheumatid)</i>)	2	SL (1.6 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML (<i>methotrexate (anti-rheumatid)</i>)	2	SL (1.8 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML (<i>methotrexate (anti-rheumatid)</i>)	2	SL (2 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML (<i>methotrexate (anti-rheumatid)</i>)	2	SL (2.4 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML (<i>methotrexate (anti-rheumatid)</i>)	2	SL (0.6 ml (4 auto-injectors) per month.)
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	3	SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>upadacitinib</i>)	2	PA; SL (1 tablet per day.); SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (<i>upadacitinib</i>)	2	PA; SL (84 tablets per 365 days.); SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>golimumab</i>)	2	PA; SL (1 syringe per 21 days.); SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SL (0.5 ml (1 syringe) per month); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>golimumab</i>)	2	PA; SL (1 syringe per 21 days.); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SL (0.5 ml (1 syringe) per month); SP
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3	SL (4 ml per day); CM
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	2	PA; SL (8 mL per day.); SP
XELJANZ ORAL TABLET 10 MG (<i>tofacitinib citrate</i>)	2	PA; SL (2 tablets per day); SP
XELJANZ ORAL TABLET 5 MG (<i>tofacitinib citrate</i>)	2	PA; SL (2 tablets per day.); SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (<i>tofacitinib citrate</i>)	2	PA; SL (1 tablet per day.); SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (<i>tofacitinib citrate</i>)	2	PA; SL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	3	PA; ST; SL (3.6 ml per 21 days.); SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	3	PA; ST; SL (4 syringes (36 mL) per month); SP
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (<i>interferon gamma-1b</i>)	2	PA; SL (8.5 mls per month.); SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA; SL (2 prefilled syringes (1 carton) per month.); SP
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	3	PA; SL (2 prefilled syringes (1 carton) per month.); SP
ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	2	PA; SL (0.08 syringe per day.); SP
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	2	PA; SL (0.08 syringe per day.); SP
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	2	PA; SL (4 pens (1 box) per month.); SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	2	PA; SL (4 syringes (1 box) per month.); SP
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	3	
<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	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	2	PA; SL (4 capsules per day.); SP
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	3	PA; ST; SL (0.08 ml per day.); CM
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	2	PA; SL (14 vials per month.)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; SL (1 kit per 21 days.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; SL (1 kit per 21 days.); SP
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
<i>dimethyl fumarate oral capsule delayed release 200 mg</i>	1	PA; SL (56 capsules per year.)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	1	PA; SL (2 capsules per day.)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	1	PA; SL (60 capsules (1 starter pack) per 365 days.)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	2	PA; SL (0.15 ml per day.); SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	2	PA; SL (0.15 ml per day.); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	2	PA; SL (0.15 ml per day.); SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	2	PA; SL (0.15 ml per day.); SP
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	3	PA; SL (0.04 ml per day.); SP
<i> fingolimod hcl oral capsule 0.5 mg</i>	1	PA; SL (1 capsule per day.)
<i> gengraf oral capsule 100 mg, 25 mg</i>	1	
<i> gengraf oral solution 100 mg/ml</i>	1	
GILENYA ORAL CAPSULE 0.25 MG (<i>fingolimod hcl</i>)	3	PA; SL (1 capsule per day.)
<i> glatiramer acetate subcutaneous solution prefilled syringe 200 mg/ml</i>	1	PA; SL (30 ml per month.)
<i> glatiramer acetate subcutaneous solution prefilled syringe 400 mg/ml</i>	1	PA; SL (12 ml per 21 days.)
<i> glatopa subcutaneous solution prefilled syringe 200 mg/ml</i>	2	PA; SL (30 ml per month.)
<i> glatopa subcutaneous solution prefilled syringe 400 mg/ml</i>	2	PA; SL (12 ml per 21 days.)
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (<i>adalimumab-bwwd</i>)	2	PA; SL (0.03 ml per day.); SP
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	2	PA; SL (0.06 ml per day.); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>adalimumab-bwwd</i>)	3	PA; SL (0.03 ml per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	3	PA; SL (0.06 ml per day.); SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 pens per month.); SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 pens per month.); SP
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SL (2 syringes per month.)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	2	PA; SL (4 pens per 365 days.); SP
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	2	PA; SL (3 pens per year.); SP
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
JOENJA ORAL TABLET 70 MG (<i>leniolisib phosphate</i>)	2	PA; SL (2 tablets per day.); SP
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3	PA; CM
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (<i>ofatumumab</i>)	2	PA; SL (0.02 ml per day.); SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	3	PA; ST; SL (0.67 ml (1 syringe) per day.); SP
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg</i>	1	PA; SL (28 capsules per 21 days.); SP; CM
<i>lenalidomide oral capsule 20 mg, 25 mg</i>	1	PA; SL (21 capsules per 21 days.); SP; CM
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	3	PA; ST; SL (40 tablets per 720 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	3	PA; SL (4 tablets per day.)
MAYZENT ORAL TABLET 1 MG (<i>siponimod fumarate</i>)	3	PA; SL (1 tablet per day.)
MAYZENT ORAL TABLET 2 MG (<i>siponimod fumarate</i>)	3	PA; SL (1 tablet per day.)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (<i>siponimod fumarate</i>)	3	PA; SL (12 tablets per 365 days.)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (<i>siponimod fumarate</i>)	3	PA; SL (7 tablets per 365 days.)
<i>methotrexate sodium (pf) injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1000 mg</i>	1	
<i>methotrexate sodium oral tablets 2.5 mg</i>	1	CM
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	3	PA; ST; SL (4 auto-injectors per month.); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	3	PA; ST; SL (4 syringes per month); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (<i>abatacept</i>)	3	PA; SL (0.06 ml per day.); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (<i>abatacept</i>)	3	PA; SL (0.1 ml per day.); SP
OTEZLA ORAL TABLET 20 MG (<i>apremilast</i>)	2	PA; SL (60 tablets per month.)
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	2	PA; SL (2 tablets per day.); SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	2	PA; SL (55 tablets (one starter pack) per year.); SP
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X 20 MG (<i>apremilast</i>)	2	PA; SL (1 starter pack per year.)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	2	SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	2	SP
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	3	PA; SL (1 ml per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	3	PA; SL (2 ml per year without additional quantity notification.); SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	3	PA; SL (2 ml per year without additional quantity notification.); SP
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	3	PA; SL (1 ml per month.); SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	3	PA; SL (1 ml per month.); SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	3	PA; SL (21 capsules per 21 days.); SP; CM
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>lenalidomide</i>)	2	PA; SL (28 capsules per 21 days.); SP; CM
REVLIMID ORAL CAPSULE 20 MG, 25 MG (<i>lenalidomide</i>)	2	PA; SL (21 capsules per 21 days.); SP; CM
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	3	SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>golimumab</i>)	2	PA; SL (1 syringe per 21 days.); SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SL (0.5 ml (1 syringe) per month); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>golimumab</i>)	2	PA; SL (1 syringe per 21 days.); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SL (0.5 ml (1 syringe) per month); SP
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
<i>teriflunomide oral tablet 14 mg</i>	1	PA; SL (1 tablet per day.)
<i>teriflunomide oral tablet 7 mg</i>	1	PA; SL (2 tablets per day.)
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	2	PA; SP; CM
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3	SL (4 ml per day); CM
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (<i>ozanimod hcl</i>)	3	PA; ST; SL (7 capsules per year.)
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hcl</i>)	3	PA; ST; SL (1 capsule per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) (<i>ozanimod hpl</i>)	3	PA; ST
IMMUNOSUPPRESSIVE AGENTS - Drugs for Transplant		
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	3	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	2	PA; SL (4 ml per month.); SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	2	PA; SL (4 ml per month.); SP
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	CM
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	2	CM
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
<i>everolimus oral tablet 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	PA; SL (10 g per 23 days.)
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3	PA; CM
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>)	3	PA; SL (6 capsules per day.); SP
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	3	PA; ST; SL (40 tablets per 720 days.)
<i>mercaptopurine oral tablet 50 mg</i>	1	CM
<i>methotrexate sodium (pf) injection solution 100 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 100 mg</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	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	2	SP
<i>dalfampridine er oral tablet extended release 120 hour</i>	1	PA; SL (2 tablets per day)
DEMSEER ORAL CAPSULE 250 MG (<i>metyrosine</i>)	3	
EC-RX DHEA EXTERNAL CREAM 10 %, 4 % (<i>prasterone (dhea)</i>)	3	
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	3	ST
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	3	
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	3	SL (6 packets per day)
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	2	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (<i>risdiplam</i>)	2	PA; SL (6.7 ml per day, 1280 ml per 180 days.); SP
FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>)	3	PA; SL (1 tablet per day.); SP
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	2	PA; SL (300 tablets per month.); SP
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	3	PA; SL (14 capsules per 21 days.); SP
ISTURISA ORAL TABLET 1 MG (<i>osilodrostat phosphate</i>)	3	PA; SL (8 tablets per day.); SP
ISTURISA ORAL TABLET 5 MG (<i>osilodrostat phosphate</i>)	3	PA; SL (372 tablets per month.); SP
JAVYGTOR ORAL PACKET 100 MG (<i>sapropterin dihydrochloride</i>)	3	PA; SL (16 packets per day.); SP
JAVYGTOR ORAL PACKET 500 MG (<i>sapropterin dihydrochloride</i>)	3	PA; SL (4 packets per day.); SP
JAVYGTOR ORAL TABLET 100 MG (<i>sapropterin dihydrochloride</i>)	3	PA; SL (16 tablets per day.); SP
<i>levocarnitine oral solution gm/10ml</i>	1	
<i>levocarnitine oral tablet 30 mg</i>	1	
<i>levocarnitine sf oral solution gm/10ml</i>	1	
<i>l-glutamine oral packet 5 gm</i>	1	SL (6 packets per day)
LODOCO ORAL TABLET 0.5 MG (<i>colchicine</i>)	3	SL (1 tablet per day.)
<i>me/naphos/mb/hyo1 oral tablet 1.6 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>metyrosine oral capsule 250 mg</i>	1	
<i>miglustat oral capsule 100 mg</i>	1	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (<i>prenat-fe-methylfol-dha w/o) a</i>)	3	
OPFOLDA ORAL CAPSULE 65 MG (<i>miglustat (gaa deficient)</i>)	2	PA; SL (8 capsules per 21 days.); SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	1	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	2	PA; SP
PREMESISRX ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o) a</i>)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
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 800-150 MG (<i>darunavir-cobicistat</i>)	2	
PRIMACARE ORAL CAPSULE 30-1-470 MG (<i>pren-fe-meth-fa-omeg w/o) a</i>)	3	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (<i>cysteamine bitartrate</i>)	3	PA; ST; SP
PROCYSBI ORAL PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	3	SP
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
REZUROCK ORAL TABLET 200 MG (<i>belumosudil mesylate</i>)	3	PA; SL (1 tablet per day.); SP
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML (<i>nedosiran sodium</i>)	3	PA; SL (0.04 ml per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML (<i>nedosiran sodium</i>)	3	PA; SL (0.03 ml per day.); SP
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (<i>nedosiran sodium</i>)	3	PA; SL (0.04 ml per day.); SP
<i>sapropterin dihydrochloride oral packets 10 mg</i>	1	PA; SL (16 packets per day.); SP
<i>sapropterin dihydrochloride oral packets 50 mg</i>	1	PA; SL (4 packets per day.); SP
<i>sapropterin dihydrochloride oral tablets 10 mg</i>	1	PA; SL (16 tablets per day.); SP
SKYCLARYS ORAL CAPSULE 50 MG (<i>omaveloxolone</i>)	2	PA; SL (3 capsules per day.); SP
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (<i>palovarotene</i>)	3	PA; SL (1 capsule per day.); SP
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	2	SL (1 tablet per day.)
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	2	SL (1 tablet per day.)
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (<i>tiopronin</i>)	3	SP
THIOLA ORAL TABLET 100 MG (<i>tiopronin</i>)	3	SP
<i>tiopronin oral tablets 100 mg</i>	1	SP
<i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>	1	SP
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	2	
URELLE ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sa</i>)	3	
<i>uretron d/s oral tablets 6 mg</i>	1	
<i>urin ds oral tablets 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	PA; SL (28 packets (1 carton) per month.); SP
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG (<i>alpelisib</i>)	3	PA; SL (28 tablets (1 blister pack) per month.); SP
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG (<i>alpelisib</i>)	3	PA; SL (56 tablets (2 blister packs) per month.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VILEVEV MB ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sàl</i>)	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (<i>prenat-fefum-fered-fa-dha w/o</i>)	3	
VOWST ORAL CAPSULE (<i>fecal microb spores, live-b</i>) <i>rypk</i>	3	PA; SL (12 capsules per 365 days.); SP
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (<i>vosoritide</i>)	3	PA; SL (1 vial per day.); SP
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	2	PA; SL (1 capsule per day.); SP
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine (cardiac)</i>)	2	PA; SL (4 capsules per day.); SP
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
XURIDEN ORAL PACKET 2 GM (<i>uridine triacetate</i>)	2	PA; SP
ZOKINVY ORAL CAPSULE 50 MG (<i>lonafarnib</i>)	2	PA; SL (5 capsules per day.); SP
ZOKINVY ORAL CAPSULE 75 MG (<i>lonafarnib</i>)	2	PA; SL (1 tablet per day.); SP
PROTECTIVE AGENTS		
<i>adapalene-benzoyl peroxide external gel-2.5 %</i>	1	
<i>dalfampridine er oral tablet extended release 120mg</i>	1	PA; SL (2 tablets per day)
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	3	SP; CM
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CONDOMS	3	SL (1 box of 12 condoms per 30 days.); H
DUREX EXTRA SENSITIVE THIN (<i>condoms latex lubricated</i>)	3	SL (1 box of 12 condoms per 30 days.); H
DUREX EXTRA SENSITIVE THIN DEVICE (<i>condoms latex lubricated</i>)	3	SL (1 box of 12 condoms per 30 days.); H
DUREX TROPICAL (<i>condoms latex lubricated</i>)	3	SL (1 box of 12 condoms per 30 days.); H
ENCARE VAGINAL SUPPOSITORY 100 MG (<i>nonoxynol-9</i>)	E	H
FC2 FEMALE CONDOM (<i>condoms - female</i>)	E	H
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical caps</i>)	3	H
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>)	3	H
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (<i>nonoxynol-9</i>)	E	H
PHEXXI VAGINAL GEL 1.8-1-0.4 % (<i>lactic ac-citric ac-pot bitart</i>)	3	H
TRUE COVER DEVICE	3	SL (1 box of 12 condoms per 30 days.); H
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>)	E	H
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	E	H
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	2	H
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	2	H
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	2	H
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	2	H
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	2	H
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	2	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	2	H
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	2	H
OXYTOCICS - Drugs for Women		
OXYTOCICS - Drugs for Women		
CERVIDIL VAGINAL INSERT 10 MG (<i>dinoprostone</i>)	3	
<i>methergine oral tablet 2 mg</i>	1	SL (28 tablets per year.)
<i>methylergonovine maleate oral tablet 2 mg</i>	1	SL (28 tablets per year.)
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		
KERAMATRIX REPLICINE 2CMX3CM EXTERNAL SHEET (<i>wound dressing</i>)	3	
KERAMATRIX REPLICINE 5CMX5CM EXTERNAL SHEET (<i>wound dressing</i>)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
VERSAPENN (AL) ANHYD LIPID TRANSDERMAL GEL (<i>transdermal base</i>)	3	
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, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	2	
<i>epinephrine hcl (nasal) nasal solution 0.1 %</i>	1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	
ANTICHOLINERGIC AGENTS (RESPIR.TRACT) - Drugs for Asthma/COPD		
<i>atropine sulfate ophthalmic ointment %</i>	1	
<i>atropine sulfate ophthalmic solution %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	2	SL (0.87 grams per day.)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	2	SL (0.28 grams per day.)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	1	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	1	SL (1 capsule per day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	2	SL (0.15 grams per day.)
ANTIFIBROTIC AGENTS - Drugs for the Lungs		
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	3	PA; SL (2 capsules per day.); SP
<i>pirfenidone oral capsules 267 mg</i>	1	PA; SL (9 capsules per day.); SP
<i>pirfenidone oral tablets 267 mg</i>	1	PA; SL (9 tablets per day.); SP
<i>pirfenidone oral tablets 334 mg</i>	1	PA; SL (3 tablets per day.)
<i>pirfenidone oral tablets 601 mg</i>	1	PA; SL (3 tablets per day.); SP
ANTI-INFLAMMATORY AGENTS (RESPIRATORY) - Drugs for Inflammation		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	3	PA; SL (0.04 mL per day.); SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	3	PA; SL (0.04 mL per day.); SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>mepolizumab</i>)	3	PA; SL (0.015 ml per day.)
ANTITUSSIVES - Drugs for Cough and Cold		
<i>benzonatate oral capsules 100 mg, 150 mg, 200 mg</i>	1	
<i>codeine sulfate oral tablets 15 mg, 30 mg, 60 mg</i>	1	NTT
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (<i>diphenhydramine hcl</i>)	3	PA
<i>diphenhydramine hcl oral elixir 2.5 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>guaifenesin-codeine oral solution</i> 100-10 mg/5ml, 200-20 mg/10ml	1	
<i>hydrocodone polychlorophenol extended release</i> 10-8 mg/5ml	1	PA
<i>hydrocodone bitartrate oral solution</i> 5 mg/5ml	1	PA
<i>hydrocodone bitartrate oral tablet</i> 5 mg	1	PA
<i>hydromet oral solution</i> 1.5 mg/5ml	1	PA
<i>maxi-tussac oral solution</i> 100-10 mg/5ml	1	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (phenylephrine-chlorpheniramine)	3	
<i>promethazine-codeine oral solution</i> 6.25-10 mg/5ml	1	PA
<i>promethazine oral syrup</i> 6.25-15 mg/5ml	1	
<i>pseudoephedrine-brompheniramine oral syrup</i> 30-2-10 mg/5ml	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (chlorpheniramine-codeine)	3	
CORTICOSTEROIDS (RESPIRATORY TRACT) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (albuterol-budesonide)	3	
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (fluticasone furoate)	1	SL (1 blister per day.)
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (fluticasone furoate)	1	SL (1 packet per day.)
<i>budesonide inhalation suspension</i> 0.25 mg/2ml, 0.5 mg/2ml	1	SL (120 ml (2 boxes) per 30 days.)
<i>budesonide inhalation suspension</i> 0.5 mg/2ml	1	SL (60 ml (1 box) per 30 days.)
<i>flunisolide nasal solution</i> 25 mcg/act (0.025%)	1	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 44 MCG/ACT	3	SL (1 inhaler per month.)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 220 MCG/ACT	3	SL (2 inhalers per month.)
<i>fluticasone propionate nasal suspension</i> 50 mcg/act	1	
<i>mometasone furoate nasal suspension</i> 50 mcg/act	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (<i>beclomethasone diprop hfa</i>)	1	SL (10.6 grams per month.)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	1	SL (42.4 grams per month.)
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	3	
CYSTIC FIBROSIS (CFTR) CORRECTORS - Drugs for the Lungs		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (<i>lumacaftor-ivacaftor</i>)	2	PA; SL (728 packets per 356 days.); SP
ORKAMBI ORAL PACKET 75-94 MG (<i>lumacaftor-ivacaftor</i>)	2	PA; SL (2 packets per day and 56 packets per 21 days.)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	2	PA; SL (1456 tablets per 356 days.); SP
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG (<i>tezacaftor-ivacaftor</i>)	2	PA; SL (56 tablets per month. 728 tablets per 365 days.); SP
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	2	PA; SL (56 tablets per month. 728 tablets per 365 days.)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	2	PA; SL (3 tablets per day (1 pack per month) and 1092 tablets per year.); SP
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	2	PA; SL (3 tablets per day. 1092 tablets per 364 days.); SP
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	2	PA; SL (2 packets per day. 728 packets per 356 days.); SP
CYSTIC FIBROSIS (CFTR) POTENTIATORS - Drugs for the Lungs		
KALYDECO ORAL PACKET 13.4 MG (<i>ivacaftor</i>)	2	PA; SL (2 packets per day. 728 packets per 356 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	2	PA; SL (728 packets per 356 days.); SP
KALYDECO ORAL PACKET 5.8 MG (<i>ivacaftor</i>)	2	PA; SL (2 packets per day and 728 packets per 365 days.)
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	2	PA; SL (780 tablets per 356 days.); SP
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (<i>lumacaftor-ivacaftor</i>)	2	PA; SL (728 packets per 356 days.); SP
ORKAMBI ORAL PACKET 75-94 MG (<i>lumacaftor-ivacaftor</i>)	2	PA; SL (2 packets per day and 56 packets per 21 days.)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	2	PA; SL (1456 tablets per 356 days.); SP
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG (<i>tezacaftor-ivacaftor</i>)	2	PA; SL (56 tablets per month. 728 tablets per 365 days.); SP
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	2	PA; SL (56 tablets per month. 728 tablets per 365 days.)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	2	PA; SL (3 tablets per day (1 pack per month) and 1092 tablets per year.); SP
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	2	PA; SL (3 tablets per day. 1092 tablets per 364 days.); SP
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	2	PA; SL (2 packets per day. 728 packets per 356 days.); SP
ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs for the Lungs		
<i>ambrisentan oral tablet</i> 10 mg, 5 mg	1	PA; SL (1 tablet per day.); SP
<i>bosentan oral tablet</i> 25 mg, 62.5 mg	1	PA; SL (2 tablets per day.); SP
FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>)	3	PA; SL (1 tablet per day.); SP
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	2	PA; SL (1 tablet per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	2	PA; SL (2 tablets per day.); SP
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	2	PA; SL (4 tablets per day.); SP
EXPECTORANTS - Drugs for the Lungs		
<i>guaifenesin-codeine oral solution</i> 100-10 mg/5ml, 200-20 mg/10ml	1	
<i>iodine strong oral solution</i> 5n%	1	
<i>maxi-tuss ac oral solution</i> 100-10 mg/5ml	1	
<i>potassium iodide oral solution</i> 100mg/ml	1	
SSKI ORAL SOLUTION 1 GM/ML (<i>potassium iodide</i> (expectorant))	3	
FIRST GENERATION ANTIHIST.(RESPIR TRACT) - Drugs for Allergy		
CARBINOXAMINE MALEATE ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	3	
<i>carbinoxamine maleate oral solution</i> 4mg/5ml	1	
<i>carbinoxamine maleate oral tablet</i> 4mg	1	
<i>clemastine fumarate oral tablet</i> 1.68 mg	1	
<i>cyproheptadine hcl oral syrup</i> 2mg/5ml	1	
<i>cyproheptadine hcl oral tablet</i> 4mg	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (<i>diphenhydramine hcl</i>)	3	PA
<i>diphenhydramine hcl oral elixir</i> 2.5 mg/5ml	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	3	
<i>promethazine hcl oral solution</i> 2.5 mg/5ml	1	
<i>promethazine hcl oral tablet</i> 2.5 mg, 25 mg, 50 mg	1	
<i>promethazine hcl rectal suppository</i> 2.5 mg, 25 mg	1	
<i>promethegan rectal suppository</i> 2.5 mg, 25 mg, 50 mg	1	
INTERLEUKIN ANTAGONISTS - Drugs for Inflammation		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	2	PA; SL (4 vials per 21 days.); SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>dupilumab</i>)	2	PA; SL (0.09 ml per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	3	PA; SL (1 pen per 56 days.)
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	3	PA; SL (0.07 ml per day.); SP
LEUKOTRIENE MODIFIERS - Drugs for Inflammation		
ACCOLATE ORAL TABLET 10 MG, 20 MG (<i>zafirlukast</i>)	3	
<i>montelukast sodium oral packet mg</i>	1	
<i>montelukast sodium oral tablet mg</i>	1	
<i>montelukast sodium oral tablet chewable, 5 mg</i>	1	
SINGULAIR ORAL PACKET 4 MG (<i>montelukast sodium</i>)	3	
<i>zafirlukast oral tablet mg, 20 mg</i>	1	
<i>zileuton er oral tablet extended release 1200mg</i>	1	
ZYFLO ORAL TABLET 600 MG (<i>zileuton</i>)	3	
MAST-CELL STABILIZERS - Drugs for Inflammation		
ALOCRILOPHthalmic SOLUTION 2 % (<i>nedocromil sodium</i>)	3	
<i>cromolyn sodium inhalation nebulization solution mg/2ml</i>	1	
<i>cromolyn sodium ophthalmic solution %</i>	1	
<i>cromolyn sodium oral concentrate mg/5ml</i>	1	
MUCOLYTIC AGENTS - Drugs for the Lungs		
<i>acetylcysteine inhalation solution % , 20 %</i>	1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %, 7 % (<i>sodium chloride</i>)	2	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %, 6 % (<i>sodium chloride</i>)	3	
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 % (<i>sodium chloride</i>)	2	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	2	PA; SL (5 ml per day.); SP
<i>sodium chloride inhalation nebulization solution % , 10 % , % , 7 %</i>	3 1	
NASAL PREPARATIONS (STEROIDS) - Drugs for Inflammation		
<i>flunisolide nasal solution mcg/act (0.025%)</i>	1	
<i>fluticasone propionate nasal suspension mcg/act</i>	1	
<i>mometasone furoate nasal suspension mcg/act</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	3	
ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate</i>)	1	SL (1 blister per day.)
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>fluticasone furoate</i>)	1	SL (1 packet per day.)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	1	SL (120 ml (2 boxes) per 30 days.)
<i>budesonide inhalation suspension mg/2ml</i>	1	SL (60 ml (1 box) per 30 days.)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 44 MCG/ACT	3	SL (1 inhaler per month.)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 220 MCG/ACT	3	SL (2 inhalers per month.)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (<i>beclomethasone diprop hfa</i>)	1	SL (10.6 grams per month.)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	1	SL (42.4 grams per month.)
PHOSPHODIESTERASE TYPE 4 INHIBITORS - Drugs for the Lungs		
DALIRESP ORAL TABLET 250 MCG (<i>roflumilast</i>)	3	PA; SL (31 tablets per year.)
DALIRESP ORAL TABLET 500 MCG (<i>roflumilast</i>)	3	PA; SL (1 tablet per day)
<i>roflumilast oral tablet 250 mcg</i>	1	PA; SL (31 tablets per year.)
<i>roflumilast oral tablet 500 mcg</i>	1	PA; SL (1 tablet per day)
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	3	PA; SL (60 grams per 30 days.)
ZORYVE EXTERNAL FOAM 0.3 % (<i>roflumilast (antiseborrheic)</i>)	3	PA

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	2	PA; SP
RESPIRATORY TRACT AGENTS, MISCELLANEOUS - Drugs for the Lungs		
BRONCHITOL INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>)	3	PA; ST; SL (20 capsules per day.); SP; CM
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>)	3	PA; ST; SL (20 capsules per day.); SP; CM
<i>pirfenidone oral capsule 267 mg</i>	1	PA; SL (9 capsules per day.); SP
<i>pirfenidone oral tablet 267 mg</i>	1	PA; SL (9 tablets per day.); SP
<i>pirfenidone oral tablet 34 mg</i>	1	PA; SL (3 tablets per day.)
<i>pirfenidone oral tablet 601 mg</i>	1	PA; SL (3 tablets per day.); SP
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	3	PA; SL (0.07 ml per day.); SP
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG (<i>sotatercept-csrk</i>)	3	PA; SL (1 kit every 3 weeks.); SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>omalizumab</i>)	2	PA; SL (0.08 ml per day.); SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>omalizumab</i>)	2	PA; SL (0.15 ml per day.); SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (<i>omalizumab</i>)	2	PA; SL (0.04 ml per day.); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	2	PA; SL (0.08 ml per day.); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>omalizumab</i>)	2	PA; SL (0.15 ml per day.); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>)	2	PA; SL (0.04 ml per day.); SP
SECOND GENERATION ANTIHIST(RESPIR TRACT) - Drugs for Allergy		
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	1	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>desloratadine oral tablet 5 mg</i>	1	
<i>desloratadine oral tablet dispersible 5 mg</i>	1	
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - Drugs for Asthma/COPD		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	
<i>albuterol sulfate hfa inhalation aerosol solution (90 base) mcg/act</i>	1	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	1	SL (2 vials per day.)
<i>levalbuterol hcl inhalation nebulization solution (0.63 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	3	SL (2 vials per day.)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>salmeterol xinafoate</i>)	2	SL (1 diskus (60 blisters) per month.)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	2	SL (0.15 grams per day.)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	1	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (<i>levalbuterol tartrate</i>)	3	
VASODILATING AGENTS (RESPIRATORY TRACT) - Drugs for the Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	2	PA; SL (3 tablets per day.); SP
<i>alyq oral tablet 20 mg</i>	1	PA; SL (2 tablets per day); SP
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; SL (1 tablet per day.); SP

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	3	PA; SL (2 tablets per day.); SP
UPTRAVI TABLET 200 MCG ORAL (<i>selexipag</i>)	3	PA; SL (140 tablets per 365 days.); SP
UPTRAVI TABLET 200 MCG ORAL (<i>selexipag</i>)	3	PA; SL (2 tablets per day.); SP
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	3	PA; SL (200 tablets per year.); SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	2	PA; SP
VASODILATING AGENTS, MISC - Drugs for the Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	2	PA; SL (3 tablets per day.); SP
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	3	PA; SL (2 tablets per day.); SP
UPTRAVI TABLET 200 MCG ORAL (<i>selexipag</i>)	3	PA; SL (140 tablets per 365 days.); SP
UPTRAVI TABLET 200 MCG ORAL (<i>selexipag</i>)	3	PA; SL (2 tablets per day.); SP
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	3	PA; SL (200 tablets per year.); SP
XANTHINE DERIVATIVES - Drugs for Asthma/COPD		
<i>elixophyllin oral elixir 80 mg/15ml</i>	3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	
<i>theophylline er oral tablet extended release 1200mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 2400mg, 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bexarotene external gel %	1	SP
bexarotene oral capsules mg	1	CM
EFUDEX EXTERNAL CREAM 5 % (fluorouracil)	3	
fluorouracil external cream %	1	
fluorouracil external solution %, 5 %	1	
imiquimod external cream %	1	
KLISYRI EXTERNAL OINTMENT 1 % (tirbanibulin)	3	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (aminolevulinic acid hcl)	3	
PANRETIN EXTERNAL GEL 0.1 % (alitretinoin)	3	
TOLAK EXTERNAL CREAM 4 % (fluorouracil)	3	
VALCHLOR EXTERNAL GEL 0.016 % (mechlorethamine hcl (topical))	2	PA; SP
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin		
ADRENERGIC AGONISTS - Drugs for the Skin		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (brimonidine tartrate)	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (brimonidine tartrate)	3	
brimonidine tartrate external gel %	1	PA
brimonidine tartrate ophthalmic solution %, 0.2 %	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (brimonidine tartrate-timolol)	1	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
MIRVASO EXTERNAL GEL 0.33 % (brimonidine tartrate)	2	PA
RHOFADE EXTERNAL CREAM 1 % (oxymetazoline hcl)	3	PA
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
naftifine hcl external cream %, 2 %	1	
naftifine hcl external gel %	1	
NAFTIN EXTERNAL GEL 2 % (naftifine hcl)	3	
ANTIBACTERIALS (84:04) - Drugs for the Skin		
ACANYA EXTERNAL GEL 1.2-2.5 % (clindamycin phosphobenzoyl peroxide)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMZEEQ EXTERNAL FOAM 4 % (minocycline hcl micronized)	3	
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (sulfacetamide sodium-sulfur)	3	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % (sulfacetamide sodium-sulfur)	3	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 % (sulfacetamide sodium-sulfur)	3	
AVEIDA EXTERNAL GEL 1-1 %	3	
avidoxy oral tablet 100 mg	1	
azelaic acid external gel 15 %	1	
AZELEX EXTERNAL CREAM 20 % (azelaic acid)	3	
bacitracin ophthalmic ointment 500 unit/gm	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
BENZAMYCIN EXTERNAL GEL 5-3 % (benzoyl peroxide-erythromycin)	2	
benzoyl peroxide-erythromycin external gel 5 %	1	
bp 10-1 external emulsion 10-1 %	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG (clindamycin hcl)	3	
CLEOCIN ORAL CAPSULE 75 MG (clindamycin hcl)	2	
CLEOCIN VAGINAL CREAM 2 % (clindamycin phosphate)	3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (clindamycin phosphate)	2	
CLEOCIN-T EXTERNAL LOTION 1 % (clindamycin phosphate)	3	
CLINDACIN ETZ EXTERNAL KIT 1 % (clindamycin phos & cleanser)	3	
clindacin etz external swab 1 %	1	
clindacin external foam 1 %	1	
clindacin-p external swab 1 %	1	
CLINDAGEL EXTERNAL GEL 1 % (clindamycin phosphate)	3	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin phos-benzoyl perox external gel 2.5 %	1	SL (1 bottle (45 grams) per month.)
clindamycin phos-benzoyl perox external gel 1.5 %, 1.2-2.5 %, 1.2-3.75 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>clindamycin phosphate external foam</i> %	1	
<i>clindamycin phosphate external gel</i> %	1	
<i>clindamycin phosphate external lotion</i> %	1	
<i>clindamycin phosphate external solution</i> %	1	
<i>clindamycin phosphate external swab</i> %	1	
<i>clindamycin phosphate vaginal cream</i> %	1	
<i>clindamycin-tretinoin external gel</i> 12-0.025 %	1	
CLINDESSE VAGINAL CREAM 2 % (<i>clindamycin phosphate</i> (1 dose))	2	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (<i>clindamycin-tretinoin-cholesty</i>)	3	PA
<i>dapsone external gel</i> %, 7.5 %	1	
<i>dapsone oral tablet</i> 100 mg, 25 mg	1	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (<i>doxycycline hyclate</i>)	3	
<i>doxycycline hyclate oral capsule</i> 100 mg, 50 mg	1	
<i>doxycycline hyclate oral tablet</i> 100 mg, 150 mg, 20 mg, 75 mg	1	
<i>doxycycline hyclate oral tablet delayed release</i> 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	
<i>doxycycline monohydrate oral capsule</i> 100 mg, 150 mg, 50 mg, 75 mg	1	
<i>doxycycline monohydrate oral suspension reconstituted</i> 250 mg/5ml	1	
<i>doxycycline monohydrate oral tablet</i> 100 mg, 150 mg, 50 mg, 75 mg	1	
<i>ery external pad</i> %	1	
ERYGEL EXTERNAL GEL 2 % (<i>erythromycin</i>)	3	
<i>erythromycin external gel</i> %	1	
<i>erythromycin external solution</i> %	1	
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	2	
<i>gentamicin sulfate external cream</i> 1 %	1	
<i>gentamicin sulfate external ointment</i> %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IDARAN EXTERNAL OINTMENT 1-2 %	3	
KLARON EXTERNAL LOTION 10 % (<i>sulfacetamide sodium</i> (acne))	3	
<i>levofloxacin oral solution</i> 25 mg/ml	1	
<i>levofloxacin oral tablets</i> 250 mg, 500 mg, 750 mg	1	
<i>mafenide acetate external packets</i>	1	
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	3	
METROLOTION EXTERNAL LOTION 0.75 % (<i>metronidazole</i>)	3	
<i>metronidazole external cream</i> 0.75 %	1	
<i>metronidazole external gel</i> 0.75 %, 1 %	1	
<i>metronidazole external lotion</i> 0.75 %	1	
<i>metronidazole vaginal gel</i> 0.75 %	1	
<i>mondoxyme nl oral capsules</i> 100 mg	1	
<i>moxifloxacin hcl oral tablets</i> 400 mg	1	
<i>mupirocin calcium external cream</i> 2%	1	
<i>mupirocin external ointment</i> 2%	1	
NANRAN EXTERNAL OINTMENT 2-2 %	3	
<i>neomycin sulfate oral tablets</i> 500 mg	1	
<i>neo-polycin hc ophthalmic ointment</i> 1%	1	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	3	
<i>neuac external gel</i> 1-2-5 %	1	SL (1 bottle (45 grams) per month.)
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	3	
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phosphobenzoyl peroxide</i>)	3	
OVACE PLUS EXTERNAL CREAM 10 % (<i>sulfacetamide sodium</i>)	3	
OVACE PLUS EXTERNAL LOTION 9.8 % (<i>sulfacetamide sodium</i>)	3	
OVACE PLUS EXTERNAL SHAMPOO 10 % (<i>sulfacetamide sodium</i>)	3	
OVACE PLUS WASH EXTERNAL GEL 10 % (<i>sulfacetamide sodium</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OVACE PLUS WASH EXTERNAL LIQUID 10 % (sulfacetamide sodium)	3	
OVACE WASH EXTERNAL LIQUID 10 % (sulfacetamide sodium)	3	
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 % (sulfacetamide sodium-sulfur)	3	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % (sulfacetamide sodium-sulfur)	3	
PLEXION EXTERNAL CREAM 9.8-4.8 % (sulfacetamide sodium-sulfur)	3	
PLEXION EXTERNAL LOTION 9.8-4.8 % (sulfacetamide sodium-sulfur)	3	
polycin ophthalmic ointment 500-10000 unit/gm	1	
sodium sulfacetamide external shampoo 10 %	1	
sodium sulfacetamide wash external liquid 10 %	1	
sss 10-5 external cream 10-5 %	1	
SSS 10-5 EXTERNAL FOAM 10-5 %	3	
sulfacetamide sodium (acne) external lotion 10 %	1	
sulfacetamide sodium (cleans) external gel 10 %	1	
sulfacetamide sodium external liquid 10 %	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9.8-4.8 %	9-4 1	
sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external pad 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %	1	
sulfacetamide sod-sulfur wash external liquid 10 %	1	
sulfacetamide-sulfur in urea external emulsion 10-5 %	1	
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 % (sulfacetamide sodium-sulfur)	3	
sulfamez wash external emulsion 10-1 %	1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (mafenide acetate)	3	
SUMAXIN CP EXTERNAL KIT 10-4 % (sulfacetamide-sulfur-cleanser)	3	

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SUMAXIN EXTERNAL PAD 10-4 % (<i>sulfacetamide sodium-sulfur</i>)	3	
VIBRAMYCIN ORAL CAPSULE 100 MG (<i>doxycycline hyclate</i>)	3	
XACIATO VAGINAL GEL 2 % (<i>clindamycin phosphate</i>)	2	
ZILXI EXTERNAL FOAM 1.5 % (<i>minocycline hcl micronized</i>)	3	PA; ST
ANTIFULGALS (SKIN, MUCOUS MEMBRANE),MISC - Drugs for the Skin		
EXODERM EXTERNAL LOTION 25-1 % (<i>sod thiosulfate-salicylic ac</i>)	3	
ANTI-INFLAMMATORY AGENTS, MISC (SKIN) - Drugs for the Skin		
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	3	ST
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	3	PA
ANTIPRURITICS AND LOCAL ANESTHETICS - Drugs for the Skin		
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	3	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	3	
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-chloroxylenol</i>)	3	
<i>doxepin hcl external cream</i> %	1	PA
ENOVARX-LIDOCAINE HCL EXTERNAL CREAM 10 %, 5 %	3	PA
EPIFOAM EXTERNAL FOAM 1-1 % (<i>pramoxine-hc</i>)	2	
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (<i>dph-lido-alhydr-mghydr-simeth</i>)	3	PA
<i>glydo external prefilled syringe</i> %	1	
<i>hydrocortisone ace-pramoxine external cream</i> %, 2.5-1 %	1	
<i>hydrocort-pramoxine (perianal) external cream</i> %	1	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (<i>ketoprofen-baclofen-gabap-lido</i>)	3	PA
<i>lidocaine external ointment</i> %	1	SL (1.19 grams per day.)
<i>lidocaine external patch</i> %	1	PA; SL (3 patches per day)

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lidocaine hcl external solution 5%	1	
lidocaine hcl urethral/mucosal external prefilled syringe	1	
lidocaine-prilocaine external cream 1.5-2.5 %	1	
LIDTOPIC MAX EXTERNAL CREAM 10 % (lidocaine)	3	PA
NANRAN EXTERNAL OINTMENT 2-2 %	3	
phenazopyridine oral tablet 100 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PRAMOSONE EXTERNAL CREAM 1-1 % (pramoxine-hc)	2	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (pramoxine-hc)	2	
PRAMOSONE EXTERNAL OINTMENT 1-1 % (pramoxine-hc)	2	
PRAMOSONE EXTERNAL OINTMENT 1-2.5 % (pramoxine-hc)	3	
premium lidocaine external ointment 5%	1	SL (1.19 grams per day.)
PROCORT EXTERNAL CREAM 1.85-1.15 % (hydrocortisone ace-pramoxine)	3	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (hydrocortisone ace-pramoxine)	2	
PYRIDIDIUM ORAL TABLET 100 MG, 200 MG (phenazopyridine hcl)	3	
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	PA
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
acyclovir external cream 5 %	1	
acyclovir external ointment 5 %	1	
DENAVIR EXTERNAL CREAM 1 % (penciclovir)	3	
penciclovir external cream 1 %	1	
ZOVIRAX EXTERNAL CREAM 5 % (acyclovir)	3	
ASTRINGENTS (84:12) - Drugs for the Skin		
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (glycopyrrolate-formoterol)	2	SL (0.36 grams per day.)
CUVPOSA ORAL SOLUTION 1 MG/5ML (glycopyrrolate)	3	
DRYSOL EXTERNAL SOLUTION 20 % (aluminum chloride)	2	
glycopyrrolate oral solution mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>glycopyrrolate oral tablet mg, 2 mg</i>	1	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	3	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	3	
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 %</i>	1	
<i>iodine strong oral solution 5n %</i>	1	
<i>iodine tincture external tincture 2e %</i>	1	
LUGOLS STRONG IODINE EXTERNAL SOLUTION 5-10 %	3	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	3	
<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	
<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 50 mg</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	
<i>econazole nitrate external cream 1 %</i>	1	
ECOZA EXTERNAL FOAM 1 % (<i>econazole nitrate</i>)	3	
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	SL (4 ml per month.)
<i>ketoconazole external cream 2 %</i>	1	
<i>ketoconazole external foam 2 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ketoconazole external shampoo</i> 2 %	1	
<i>ketodan external foam</i> 2 %	1	
LULICONAZOLE EXTERNAL CREAM 1 %	3	
LUZU EXTERNAL CREAM 1 % (<i>luliconazole</i>)	3	
<i>miconazole 3 vaginal suppositories</i> 200 mg	1	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	3	
ORAVIG BUCCAL TABLET 50 MG (<i>miconazole</i>)	3	
<i>oxiconazole nitrate external cream</i> 1 %	1	
OXISTAT EXTERNAL LOTION 1 % (<i>oxiconazole nitrate</i>)	3	
PHEDRAX EXTERNAL SHAMPOO 2-2 %	3	
PHEOXIA EXTERNAL CREAM 2-4 %	3	
PODIATROLE EXTERNAL THERAPY PACK 2 & 20 % (<i>ketoconazole-urea</i>)	3	
SULCONAZOLE NITRATE EXTERNAL CREAM 1 %	3	
SULCONAZOLE NITRATE EXTERNAL SOLUTION 1 %	3	
<i>terconazole vaginal cream</i> 0.4 %, 0.8 %	1	
<i>terconazole vaginal suppositories</i> 80 mg	1	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	3	
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 % (<i>ketoconazole-hydrocortisone</i>)	3	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 % (<i>ketoconazole & pyrithione zinc</i>)	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 % (<i>ketoconazole & pyrithione zinc</i>)	3	
BASIC LOTIONS AND LINIMENTS - Drugs for the Skin		
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (<i>salicylic acid-lactic acid</i>)	2	
<i>methyl salicylate external liquid</i>	1	
PRONAL EXTERNAL GEL 40-10 % (<i>urea-lactic acid</i>)	3	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 % (<i>salicylic acid-urea in lactac</i>)	3	
<i>turpentine external spirit</i>	1	
VITAMIN C BRIGHTENING SERUM EXTERNAL LIQUID	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 % (benzoyl peroxide-hyaluronate)	3	
BASIC OINTMENTS AND PROTECTANTS - Drugs for the Skin		
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML (fibrin sealant component)	3	
ARTISS EXTERNAL SOLUTION (fibrin sealant component)	3	
calcipotriene external cream 0.005 %	1	
calcipotriene external ointment 0.005 %	1	
calcipotriene external solution 0.005 %	1	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	1	
CALCITRENE EXTERNAL OINTMENT 0.005 % (calcipotriene)	3	
DIOOXIA EXTERNAL CREAM 0.005-4 %	3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (calcipotriene-betameth diprop)	3	
nitroglycerin rectal ointment 0.4 %	1	SL (30 grams per month.)
RECTIV RECTAL OINTMENT 0.4 % (nitroglycerin)	3	SL (30 grams per month.)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (collagenase)	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (calcipotriene-betameth diprop)	1	
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML (fibrin sealant component)	3	
VTAMA EXTERNAL CREAM 1 % (tapinarof)	3	PA
BASIC POWDERS AND DEMULCENTS - Drugs for the Skin		
benzoin compound external tincture	1	
benzoin external tincture	1	
CELL STIMULANTS AND PROLIFERANTS - Drugs for the Skin		
ALTRENO EXTERNAL LOTION 0.05 % (tretinoin)	3	PA
clindamycin-tretinoin external gel 1.2-0.025 %	1	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (clindamycin-tretinoin-cholesty)	3	PA
ENTADFI ORAL CAPSULE 5-5 MG (finasteride-tadalafil)	3	SL (1 capsule per day.)
finasteride oral tablet 5 mg	1	
KEVARTIA EXTERNAL EMULSION 6-0.05 %	3	

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KUTAR EXTERNAL EMULSION 8-0.025 %	3	
KUTARVIA EXTERNAL EMULSION 8-0.025 %	3	
<i>minoxidil oral tablet 1 mg, 2.5 mg</i>	1	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % (<i>tretinoin microspheres</i>)	3	PA
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin external gel 0.1 %</i>	1	
<i>tretinoin external gel 0.05 %</i>	1	PA
<i>tretinoin microsphere external gel 0.04 %, 0.08 %, 0.1 %</i>	1	PA
<i>tretinoin microsphere pump external gel 0.04 %, 0.08 %, 0.1 %</i>	1	PA
<i>tretinoin oral capsule 10 mg</i>	1	SP; CM
TWYNEO EXTERNAL CREAM 0.1-3 % (<i>tretinoin-benzoyl peroxide</i>)	3	
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ALA SCALP EXTERNAL LOTION 2 % (<i>hydrocortisone</i>)	3	
<i>alclometasone dipropionate external cream 0.05 %</i>	1	
<i>alclometasone dipropionate external ointment 0.05 %</i>	1	
<i>amcinonide external cream 0.1 %</i>	1	
<i>amcinonide external ointment 0.1 %</i>	1	
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	3	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	3	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	3	
<i>anucort-hc rectal suppository 25 mg</i>	1	
ANUSOL-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	3	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG (<i>hydrocortisone acetate</i>)	3	
APEXICON E EXTERNAL CREAM 0.05 % (<i>diflorasone diacet emoll base</i>)	2	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
betamethasone dipropionate aug external ointment 0.05 %	1	
betamethasone dipropionate external cream 0.05 %	1	
betamethasone dipropionate external lotion 0.05 %	1	
betamethasone dipropionate external ointment 0.05 %	1	
betamethasone valerate external cream 0.1 %	1	
betamethasone valerate external foam 0.12 %	1	
betamethasone valerate external lotion 0.1 %	1	
betamethasone valerate external ointment 0.1 %	1	
BRYHALI EXTERNAL LOTION 0.01 % (halobetasol propionate)	3	ST
budesonide rectal foam 2 mg, 2 mg/act	1	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	1	
clobetasol propionate e external cream 0.05 %	1	
clobetasol propionate emulsion external foam 0.05 %	1	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam 0.05 %	1	
clobetasol propionate external gel 0.05 %	1	
clobetasol propionate external liquid 0.05 %	1	
clobetasol propionate external lotion 0.05 %	1	
clobetasol propionate external ointment 0.05 %	1	
clobetasol propionate external shampoo 0.05 %	1	
clobetasol propionate external solution 0.05 %	1	
CLOBETAVIX EXTERNAL KIT 0.05 %	3	
clocortolone pivalate external cream 0.1 %	1	
clodan external shampoo 0.05 %	1	
clotrimazole-betamethasone external cream 1-0.05 %	1	
clotrimazole-betamethasone external lotion 1-0.05 %	1	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (flurandrenolide)	3	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (hc-pramoxine-chloroxylenol)	3	
CORTENEMA RECTAL ENEMA 100 MG/60ML (hydrocortisone)	3	
CORTIFOAM EXTERNAL FOAM 10 % (hydrocortisone acetate)	2	
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (fluocinolone acetonide)	3	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
halcinonide external cream 0.1 %	1	
halobetasol propionate external cream 0.05 %	1	
halobetasol propionate external ointment 0.05 %	1	
HALOG EXTERNAL OINTMENT 0.1 % (halcinonide)	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG (hydrocortisone acetate)	3	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1 %, 2.5-1 %	1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	1	
hydrocortisone butyrate external cream 1 %	1	
hydrocortisone butyrate external ointment 1 %	1	
hydrocortisone butyrate external solution 1 %	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone rectal enema 100 mg/60ml	1	
hydrocortisone valerate external cream 2 %	1	
hydrocortisone valerate external ointment 2 %	1	
hydrocortisone-iodoquinol external cream 1-1 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
kourzeq mouth/throat paste 1 %	1	
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (hydrocortisone butyr lipo base)	3	
mometasone furoate external cream 1 %	1	
mometasone furoate external ointment 1 %	1	
mometasone furoate external solution 1 %	1	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (neomycin-fluocinolone)	3	
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 1 %	1	
PANDEL EXTERNAL CREAM 0.1 % (hydrocortisone probutate)	3	
PRAMOSONE EXTERNAL CREAM 1-1 % (pramoxine-hc)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
PROCORT EXTERNAL CREAM 1.85-1.15 % (hydrocortisone ace-pramoxine)	3	
PROCTOCORT RECTAL SUPPOSITORY 30 MG (hydrocortisone acetate)	3	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (hydrocortisone ace-pramoxine)	2	
procto-med hc external cream 1.5 %	1	
proctosol hc external cream 1.5 %	1	
proctozone-hc external cream 2.5 %	1	
SCALACORT DK EXTERNAL KIT 2 & 2-2 % (hc & sal acid- sulfur & shampoo)	3	
SERNIVO EXTERNAL EMULSION 0.05 % (betamethasone dipropionate)	3	
SYNALAR EXTERNAL CREAM 0.025 % (fluocinolone acetonide)	3	
SYNALAR EXTERNAL OINTMENT 0.025 % (fluocinolone acetonide)	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (calcipotriene-betameth diprop)	1	
TEXACORT EXTERNAL SOLUTION 2.5 % (hydrocortisone)	2	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (desoximetasone)	3	
TOPICORT EXTERNAL GEL 0.05 % (desoximetasone)	3	
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (desoximetasone)	3	
tovet external foam 0.05 %	1	
triamcinolone acetonide external aerosol solution 1.7 mg/gm	1	
triamcinolone acetonide external cream 0.25 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external lotion 0.25 %, 0.1 %	1	
triamcinolone acetonide external ointment 0.25 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide mouth/throat paste 1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
triderm external cream 0.5 %	1	
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 % (ketoconazole-hydrocortisone)	3	
DEPIGMENTING AGENTS - Drugs for the Skin		
KEVARTIA EXTERNAL EMULSION 6-0.05 %	3	
KUTAR EXTERNAL EMULSION 8-0.025 %	3	
KUTARVIA EXTERNAL EMULSION 8-0.025 %	3	
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS - Drugs for the Skin		
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (benzoyl perox-salicyl ac-vit) e	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (benzoyl perox-salicyl ac-vit) e	3	
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 % (benzoyl peroxide-vitamin p	3	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	3	
SCARTRATE EXTERNAL CREAM 5-2.25 % (dimethicone-allantoin)	3	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (miconazole-zinc oxide-petrolat	3	
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ciclodan external solution 0.5 %	1	
ciclopirox external gel 0.177 %	1	
ciclopirox external shampoo 0.5 %	1	
ciclopirox external solution 0.5 %	1	
ciclopirox olamine external cream 0.177 %	1	
ciclopirox olamine external suspension 0.177 %	1	
ciclopirox treatment external kit %	1	
HEXIOUNYL EXTERNAL LOTION 3-5-20 %	3	
IMMUNOMODULATORY AGENTS (84:06) - Drugs for the Skin		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (tralokinumab-ldrm)	2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	2	PA; SL (0.15 ml per day.); SP
HYFTOR EXTERNAL GEL 0.2 % (<i>sirolimus</i>)	3	PA; SL (10 g per 23 days.)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	3	PA; ST; SL (1 ml per 63 days.); SP
NUJO EXTERNAL SOLUTION 0.1 % <i>pimecrolimus external cream</i> %	1	
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	3	
<i>sirolimus oral solution mg/ml</i>	1	
<i>sirolimus oral tablets 0.5 mg, 1 mg, 2 mg</i>	1	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	2	PA; SL (1 ml per 63 days.); SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	2	PA; SL (1 ml per 63 days.); SP
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>spesolimab-sbzo</i>)	3	PA; SL (2 Prefilled syringes per month.); SP
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>guselkumab</i>)	2	PA
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	2	PA; SL (1 mL (1 device) every 8 weeks); SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	2	PA; SL (2 ml per 2 months); SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (<i>guselkumab</i>)	2	PA
JANUS KINASE INHIBITORS (84:06) - Drugs for the Skin		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	2	PA; SL (1 tablet per day.); SP; CM
DALIRESP ORAL TABLET 250 MCG (<i>roflumilast</i>)	3	PA; SL (31 tablets per year.)
DALIRESP ORAL TABLET 500 MCG (<i>roflumilast</i>)	3	PA; SL (1 tablet per day)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	2	PA; SL (2 tablets per day.); SP; CM
LITFULO ORAL CAPSULE 50 MG (<i>ritlecitinib tosylate</i>)	3	PA; SL (1 capsule per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OPZELURA EXTERNAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	3	PA; SL (120 grams per prescription and 1200 grams per 365 days.); SP
<i>roflumilast oral tablet 250 mcg</i>	1	PA; SL (31 tablets per year.)
<i>roflumilast oral tablet 500 mcg</i>	1	PA; SL (1 tablet per day)
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	3	PA; ST; SL (1 tablet per day.); SP
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	3	PA; SL (60 grams per 30 days.)
ZORYVE EXTERNAL FOAM 0.3 % (<i>roflumilast (antiseborrheic)</i>)	3	PA
KERATOLYTIC AGENTS - Drugs for the Skin		
<i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
<i>adapalene-benzoyl peroxide external gel 2.5 %</i>	1	
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	3	PA
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (<i>sulfacetamide sodium-sulfur</i>)	3	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % (<i>sulfacetamide sodium-sulfur</i>)	3	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 % (<i>sulfacetamide sodium-sulfur</i>)	3	
AVIDOXY DK COMBINATION KIT 100 MG (<i>doxycycline-sunscreen-salicylic acid</i>)	3	
<i>bp 10-1 external emulsion 10-1 %</i>	1	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
CONDYLOX EXTERNAL GEL 0.5 % (<i>podofilox</i>)	3	
DERMACINRX UREA EXTERNAL CREAM 41 % (<i>urea</i>)	3	
EXODERM EXTERNAL LOTION 25-1 % (<i>sodium thiosulfate-salicylic acid</i>)	3	
FABIOR EXTERNAL FOAM 0.1 % (<i>tazarotene</i>)	3	PA
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (<i>salicylic acid-lactic acid</i>)	2	
HEXIOUNYL EXTERNAL LOTION 3-5-20 %	3	
HYDRO 40 EXTERNAL FOAM 40 % (<i>urea</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (<i>benzoyl perox-salicyl ac-vit</i>) e	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (<i>benzoyl perox-salicyl ac-vit</i>) e	3	
<i>isotretinoin oral capsul</i> 10 mg, 20 mg, 30 mg, 40 mg	1	
KERALYT SCALP EXTERNAL KIT 6 % (<i>salicylic aci</i>) d	3	
NUTRASEB EXTERNAL CREAM (<i>antiseborrheic products, misc.</i>)	3	
PHEDRAX EXTERNAL SHAMPOO 2-2 %	3	
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>) r	3	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>) r	3	
PLEXION EXTERNAL CREAM 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	3	
PLEXION EXTERNAL LOTION 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	3	
PODIATROLE EXTERNAL THERAPY PACK 2 & 20 % (<i>ketoconazole-urea</i>)	3	
PODOCON-25 EXTERNAL SOLUTION 25 % (<i>podophyllum resin</i>)	3	
<i>podofilox external gel</i> 5 %	1	
<i>podofilox external solution</i> 5 %	1	
PROMISEB EXTERNAL CREAM (<i>antiseborrheic products, misc.</i>)	3	
PRONAL EXTERNAL GEL 40-10 % (<i>urea-lactic aci</i>) d	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
RAYASAL EXTERNAL CREAM 5.9 %	3	
SALICATE EXTERNAL LIQUID 10 % (<i>salicylic aci</i>) d	3	
<i>salicylic acid external soluti</i> 20 %	1	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 % (<i>salicylic acid-urea in lact</i>) ac	3	
SCALACORT DK EXTERNAL KIT 2 & 2-2 % (<i>hc & sal acid-sulfur & shamp</i>) o	3	
<i>sss 10-5 external cream</i> 10-5 %	1	
SSS 10-5 EXTERNAL FOAM 10-5 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external pads 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %	1	
sulfacetamide sod-sulfur wash external liquid 10-5 %	1	
sulfacetamide-sulfur in urea external emulsion 10-5 %	1	
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 % (sulfacetamide sodium-sulfur)	3	
sulfamez wash external emulsion 10-1 %	1	
SUMAXIN CP EXTERNAL KIT 10-4 % (sulfacetamide-sulfur-cleanser)	3	
SUMAXIN EXTERNAL PAD 10-4 % (sulfacetamide sodium-sulfur)	3	
tazarotene external cream 0.05 %, 0.1 %	1	PA
TAZAROTENE EXTERNAL FOAM 0.1 %	3	PA
tazarotene external gel 0.05 %, 0.1 %	1	PA
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (tazarotene)	3	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (tazarotene)	3	PA
UMECTA MOUSSE EXTERNAL FOAM 40 % (urea)	3	
URAMAXIN EXTERNAL GEL 45 % (urea)	3	
urea external cream 20 %, 40 %, 41 %, 45 %	1	
urea external lotion 40 %	1	
urea nail external gel 45 %	1	
UREMEZ-40 EXTERNAL CREAM 40 %	3	
VEREGEN EXTERNAL OINTMENT 15 % (sinecatechins)	3	ST
zenatane oral capsules 10 mg, 20 mg, 30 mg, 40 mg	1	
KERATOPLASTIC AGENTS - Drugs for the Skin		
coal tar external solution 20 %	1	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS - Drugs for the Skin		
ACANYA EXTERNAL GEL 1.2-2.5 % (clindamycin phosphate)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>adapalene-benzoyl peroxide external gel 2.5 %</i>	1	
<i>benzalkonium chloride external solution</i>	2	
<i>benzalkonium chloride external solution 0.12 %</i>	1	
BENZAMYCIN EXTERNAL GEL 5-3 % (<i>benzoyl peroxide-erythromycin</i>)	2	
<i>benzoyl peroxide-erythromycin external gel 5.8 %</i>	1	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1.5 %</i>	1	SL (1 bottle (45 grams) per month.)
<i>clindamycin phos-benzoyl perox external gel 1.5 %, 1.2-2.5 %, 1.2-3.75 %</i>	1	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (<i>hc-pramoxine-chloroxylenol</i>)	3	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (<i>sulfuric acid-sulf phenolic</i>)	2	
FEM PH VAGINAL GEL 0.9-0.025 % (<i>acetic acid-oxyquinolin</i>)	3	
<i>hydrocortisone-iodoquinol external cream 1 %</i>	1	
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (<i>benzoyl perox-salicyl ac-vit</i>) e	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (<i>benzoyl perox-salicyl ac-vit</i>) e	3	
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 % (<i>benzoyl peroxide-vitamin</i>) e	3	
<i>iodine tincture external tincture 2 %</i>	1	
LUGOLS STRONG IODINE EXTERNAL SOLUTION 5-10 %	3	
<i>mafenide acetate external packets 5 %</i>	1	
<i>neuac external gel 1.2-5 %</i>	1	SL (1 bottle (45 grams) per month.)
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phos-benzoyl perox</i>)	3	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	3	
<i>periogard mouth/throat solution 0.12 %</i>	1	
<i>selenium sulfide external lotion 1.5 %</i>	1	
SILVADENE EXTERNAL CREAM 1 % (<i>silver sulfadiazin</i>) e	3	
<i>silver sulfadiazine external cream 1 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ssd external cream %</i>	1	
SULFAMYLDON EXTERNAL CREAM 85 MG/GM (<i>mafenide acetate</i>)	3	
TWYNEO EXTERNAL CREAM 0.1-3 % (<i>tretinoin-benzoyl peroxide</i>)	3	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 % (<i>ketoconazole & pyrithione zinc</i>)	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 % (<i>ketoconazole & pyrithione zinc</i>)	3	
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 % (<i>benzoyl peroxide-hyaluronate</i>)	3	
ZACLIR CLEANSING EXTERNAL LOTION 8 %	3	
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin		
<i>diclofenac sodium external gel %</i>	1	PA
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	PA
ENOVARX-IBUPROFEN EXTERNAL CREAM 10 %	3	PA
ENOVARX-NAPROXEN EXTERNAL CREAM 10 %	3	PA
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA
FROTEK EXTERNAL CREAM 10 % (<i>ketoprofen</i>)	3	PA
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (<i>ketoprofen-baclofen-gabap-lido</i>)	3	PA
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	
VP FC KIT EXTERNAL CREAM	3	PA
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	PA
OXABOROLES - Drugs for the Skin		
<i>tavaborole external solution %</i>	1	SL (4 ml per month.)
PHOSPHODIESTERASE-4 INHIBITORS (84:06) - Drugs for the Skin		
DALIRESP ORAL TABLET 250 MCG (<i>roflumilast</i>)	3	PA; SL (31 tablets per year.)
DALIRESP ORAL TABLET 500 MCG (<i>roflumilast</i>)	3	PA; SL (1 tablet per day)
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	3	ST
<i>roflumilast oral tablet 250 mcg</i>	1	PA; SL (31 tablets per year.)
<i>roflumilast oral tablet 500 mcg</i>	1	PA; SL (1 tablet per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	3	PA; SL (60 grams per 30 days.)
PIGMENTING AGENTS - Drugs for the Skin		
<i>methoxsalen rapid oral capsule</i> mg	1	
POLYENES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>klayesta external powder</i> 100000 unit/gm	1	
<i>nyamyc external powder</i> 100000 unit/gm	1	
<i>nystatin external cream</i> 100000 unit/gm	1	
<i>nystatin external ointment</i> 100000 unit/gm	1	
<i>nystatin external powder</i> 100000 unit/gm	1	
<i>nystatin-triamcinolone external cream</i> 100000-0.1 unit/gm-%	1	
<i>nystatin-triamcinolone external ointment</i> 100000-0.1 unit/gm-%	1	
<i>nystop external powder</i> 100000 unit/gm	1	
SCABICIDES AND PEDICULICIDES - Drugs for the Skin		
AVEIDA EXTERNAL GEL 1-1 %	3	
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>)	3	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
<i>malathion external lotion</i> 0.5 %	1	
OVIDE EXTERNAL LOTION 0.5 % (<i>malathion</i>)	3	
<i>permethrin external cream</i> 5 %	1	
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	1	
<i>spinosad external suspension</i> 0.9 %	1	
<i>sulfurated lime external solution</i>	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC. - Drugs for the Skin		
A.A.G.C. KIT IN TERODERM EXTERNAL CREAM 8-4-10-4 % (<i>amantad-amitrip-gabap-cycloben</i>)	3	PA
<i>acutane oral capsule</i> 60 mg, 20 mg, 30 mg, 40 mg	1	
<i>acitretin oral capsule</i> 60 mg, 17.5 mg, 25 mg	1	
<i>adapalene-benzoyl peroxide external gel</i> 2.5 %	1	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	2	PA; SL (0.15 ml per day.); SP
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALEVAMAX EXTERNAL CREAM	3	
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	3	
<i>amnestem oral capsule</i> 10 mg, 20 mg, 40 mg	1	
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML (<i>fibrin sealant component</i>)	3	
ARTISS EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	3	
<i>azelaic acid external gel</i> 15 %	1	
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</i>)	3	
B & C EXTERNAL OINTMENT	3	
<i>balsam peru-castor oil external ointment</i>	1	
<i>bexarotene external gel</i> 1 %	1	SP
<i>brimonidine tartrate external gel</i> 0.03 %	1	PA
<i>calcipotriene external cream</i> 0.005 %	1	
<i>calcipotriene external ointment</i> 0.005 %	1	
<i>calcipotriene external solution</i> 0.005 %	1	
<i>calcipotriene-betameth diprop external ointment</i> 0.005-0.064 %	1	
CALCITRENE EXTERNAL OINTMENT 0.005 % (<i>calcipotriene</i>)	3	
<i>calcitriol external ointment</i> 0.1 mcg/gm	1	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	2	PA; SL (1 tablet per day.); SP; CM
<i>claravis oral capsule</i> 10 mg, 20 mg, 30 mg, 40 mg	1	
<i>clindamycin-tretinoin external gel</i> 1.2-0.025 %	1	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (<i>clindamycin-tretinoin-cholesty</i>)	3	PA
COLLANEX EXTERNAL POWDER (<i>wound dressing</i>)	3	
CONDYLOX EXTERNAL GEL 0.5 % (<i>podofilox</i>)	3	
COPASIL EXTERNAL GEL (<i>scar treatment products</i>)	3	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	3	PA; ST; SL (0.072 ml per day.); SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	3	PA; ST; SL (0.036 ml per day.); SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>secukinumab</i>)	3	PA; ST; SL (0.018 ml per day.)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	3	PA; ST; SL (0.072 ml per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	3	PA; ST; SL (0.036 ml per day.); SP
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>secukinumab</i>)	3	PA; ST; SL (0.072 ml per day.); SP
<i>dapsone external gel</i> , 7.5 %	1	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
DERMASO PLUS EXTERNAL CREAM (<i>dermatological products, misc.</i>)	3	
DEXERYL EXTERNAL CREAM (<i>dermatological products, misc.</i>)	3	
DIOOXIA EXTERNAL CREAM 0.005-4 %	3	
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML (<i>dupilumab</i>)	2	PA; SL (0.09 ml per day.); SP
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML (<i>dupilumab</i>)	2	PA; SL (0.15 ml per day.); SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>dupilumab</i>)	2	PA; SL (0.15 ml per day.); SP
EFUDEX EXTERNAL CREAM 5 % (<i>fluorouracil</i>)	3	
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	3	SL (6 packets per day)
ENOVARX-TRAMADOL EXTERNAL CREAM 5 %	3	PA
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	
FABIOR EXTERNAL FOAM 0.1 % (<i>tazarotene</i>)	3	PA
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA
FEM PH VAGINAL GEL 0.9-0.025 % (<i>acetic acid-oxyquinolin</i>)	3	
FILSUVEZ EXTERNAL GEL 10 % (<i>birch triterpene</i>)	3	PA; SL (14.4 grams per day.); SP
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	2	
<i>fluorouracil external cream</i> , 5 %	1	
<i>fluorouracil external solution</i> , 5 %	1	
FLUOXIA EXTERNAL CREAM 0.05-4 %	3	
GELCLAIR MOUTH/THROAT GEL (<i>povidone-nahyaluron-glycyrrhet</i>)	3	
HALUCORT EXTERNAL GEL (<i>dermatological products, misc.</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HPR PLUS EXTERNAL CREAM (<i>dermatological products, misc.</i>)	3	
HYFTOR EXTERNAL GEL 0.2 % (<i>sirolimus</i>)	3	PA; SL (10 g per 23 days.)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	3	PA; ST; SL (1 ml per 63 days.); SP
<i>imiquimod external cream 5 %</i>	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (<i>ketoprofen-baclofen-gabap-lido</i>)	3	PA
KLISYRI EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	3	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>)	3	
<i>l-glutamine oral packet 5 gm</i>	1	SL (6 packets per day)
LITFULO ORAL CAPSULE 50 MG (<i>ritlecitinib tosylate</i>)	3	PA; SL (1 capsule per day.); SP
MEDERMA SPF 30 EXTERNAL CREAM (<i>scar treatment products</i>)	3	PA
<i>minocycline hcl er oral tablet extended release 205 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	2	PA
NEOSALUS EXTERNAL CREAM (<i>dermatological products, misc.</i>)	3	
<i>nitroglycerin rectal ointment 4 %</i>	1	SL (30 grams per month.)
NUJO EXTERNAL SOLUTION 0.1 %	3	
OPZELURA EXTERNAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	3	PA; SL (120 grams per prescription and 1200 grams per 365 days.); SP
OTEZLA ORAL TABLET 20 MG (<i>apremilast</i>)	2	PA; SL (60 tablets per month.)
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	2	PA; SL (2 tablets per day.); SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	2	PA; SL (55 tablets (one starter pack) per year.); SP
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (<i>apremilast</i>)	2	PA; SL (1 starter pack per year.)
PANRETIN EXTERNAL GEL 0.1 % (<i>alitretinoin</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHEOXIA EXTERNAL CREAM 2-4 %	3	
<i>pimecrolimus external cream</i> %	1	
PODOCON-25 EXTERNAL SOLUTION 25 % (<i>podophyllum resin</i>)	3	
<i>podofilox external gel</i> 5 %	1	
<i>podofilox external solution</i> 5 %	1	
PRUCLAIR EXTERNAL CREAM (<i>dermatological products, misc.</i>)	3	
PRUMYX EXTERNAL CREAM (<i>dermatological products, misc.</i>)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
RECTIV RECTAL OINTMENT 0.4 % (<i>nitroglycerin</i>)	3	SL (30 grams per month.)
REGRANEX EXTERNAL GEL 0.01 % (<i>becaplermin</i>)	2	PA
REMIGEN EXTERNAL CREAM	3	
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	3	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	3	
SCARCIN EXTERNAL CREAM	3	PA
SILATRIX MOUTH/THROAT GEL 10 %	3	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	2	PA; SL (1 ml per 63 days.); SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	2	PA; SL (1 ml per 63 days.); SP
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	3	PA; ST; SL (1 tablet per day.); SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	2	PA; SL (0.006 ml per day.); SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	2	PA; SL (0.006 ml per day.); SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	2	PA; SL (0.012 ml per day.); SP
STRATA CTX EXTERNAL GEL (<i>dermatological products, misc.</i>)	3	
STRATA XRT EXTERNAL GEL (<i>dermatological products, misc.</i>)	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	1	
<i>tacrolimus external ointment</i> 0.03 %, 0.1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tazarotene external cream</i> 0.05 %, 0.1 %	1	PA
TAZAROTENE EXTERNAL FOAM 0.1 %	3	PA
<i>tazarotene external gel</i> 0.05 %, 0.1 %	1	PA
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (<i>tazarotene</i>)	3	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	3	PA
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML (<i>fibrin sealant component</i>)	3	
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	3	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	2	PA; SL (1 mL (1 device) every 8 weeks); SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	2	PA; SL (2 ml per 2 months); SP
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	2	PA; SP
VELEX EXTERNAL OINTMENT (<i>balsam peru-castor oil</i>)	3	
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	3	ST
VP FC KIT EXTERNAL CREAM	3	PA
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	PA
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	3	PA
<i>zenatane oral capsules</i> 10 mg, 20 mg, 30 mg, 40 mg	1	
ZENPHOR WOUND PAD EXTERNAL PAD	3	
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	3	PA; SL (60 grams per 30 days.)
ZORYVE EXTERNAL FOAM 0.3 % (<i>roflumilast (antiseborrheic)</i>)	3	PA
SUNSCREEN AGENTS - Drugs for the Skin		
AVIDOXY DK COMBINATION KIT 100 MG (<i>doxycycline-sunscreen-sal acid</i>)	3	
THIOCARBAMATES(SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
MYCOZYL AL EXTERNAL SOLUTION 1 % (<i>tolnaftate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles		
ANTIMUSCARINICS - Drugs for the Urinary System		
<i>darifenacin hydrobromide er oral tablet extended release 15 mg, 7.5 mg</i>	24 1	
<i>flavoxate hcl oral tablet 100 mg</i>	1	
GELNIQUE TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	3	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	1	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	1	
<i>tolterodine tartrate oral tablet 2 mg</i>	1	
<i>tropium chloride er oral capsule extended release 24 hour 20 mg</i>	1	
<i>tropium chloride oral tablet 20 mg</i>	1	
VESICARE LS ORAL SUSPENSION 5 MG/5ML (<i>solifenacin succinate</i>)	3	
VESICARE ORAL TABLET 10 MG, 5 MG (<i>solifenacin succinate</i>)	3	
RESPIRATORY SMOOTH MUSCLE RELAXANTS - Drugs for Lungs		
<i>elixophyllin oral elixir 80 mg/15ml</i>	3	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	PA; SL (186 ml per month.); SP
<i>sildenafil citrate oral tablet 20 mg</i>	1	SL (0.5 tablet per day.)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	
<i>theophylline er oral tablet extended release 1200 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 2400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SELECTIVE BETA-3-ADRENERGIC AGONISTS - Drugs for the Urinary System		
GEMTESA ORAL TABLET 75 MG (<i>vibegron</i>)	3	
<i>mirabegron er oral tablet extended release 225 hour, 50 mg</i>	1	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>mirabegron</i>)	3	
VITAMINS		
MULTIVITAMIN PREPARATIONS		
ATABEX OB ORAL TABLET 29-1 MG (<i>prenatal vit w/ fe b12-fa</i>)	3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (<i>prenat-fecb-fefum-fa-dha w/o)a</i>)	3	
ELITE-OB ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	3	
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	3	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	3	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
<i>multivitamin/fluoride tablet chewable 0.25 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
<i>multivitamin/fluoride tablet chewable 0.5 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
<i>multivitamin/fluoride tablet chewable 1 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	1	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	3	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRIMACARE ORAL CAPSULE 30-1-470 MG (pren-fe-meth-fa-omeg w/o)a	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (pediatric multivitamins-fl)	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (pediatric multivitamins-fl)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (prenatal vit-fe psac cmplx-fa)	3	
TRINATE ORAL TABLET (prenatal vit-fe fumarate-fa)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (ped vit a-c-d-methylfolate-fl)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite/fluoride oral solutio0.25 mg/ml, 0.5 mg/ml	1	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	3	
VITAFOL STRIPS ORAL FILM 1 MG (prenatal-b6-b12-d3-folic acid)	3	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (prenatal-fe fum-methf-fa w/o)a	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (prenatal mv-min-fe fum-fa-dha)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (prenat w/o a-fe-methfol-fa-dha)	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (prenat-fefum-fered-fa-dha w/o)a	3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (prenatal vit-fe fumarate-fa)	3	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITAMIN A		
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>ped vit a-c-d-methylfolate-fl</i>)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
<i>tri-vite/fluoride oral solution</i> 0.25 mg/ml, 0.5 mg/ml	1	
VITAMIN B COMPLEX		
ATABEX OB ORAL TABLET 29-1 MG (<i>prenatal vit w/ fe bisg-fa</i>)	3	
CALCIFOL ORAL WAFER 1342-1.6 MG (<i>ca carb-fa-d-b6-b12-boron-mg</i>)	3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (<i>prenat-fecb-fefum-fa-dha w/o</i>) a	3	
<i>cyanocobalamin injection solution</i> 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
<i>cyanocobalamin nasal solution</i> 500 mcg/0.1ml	1	
DODEX INJECTION SOLUTION 1000 MCG/ML (<i>cyanocobalamin</i>)	3	
<i>drospiren-eth estrad-levomefol oral tablet</i> 0.02-0.451 mg, 3-0.03-0.451 mg	1	H
ELITE-OB ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	3	
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	3	
<i>folic acid oral tablet</i> mg	1	
<i>folic acid oral tablet</i> 400 mcg, 800 mcg	E	H
<i>ft folic acid oral tablet</i> 800 mcg	E	H
<i>hematinic/folic acid oral tablet</i> 0.24-1 mg	1	
<i>leucovorin calcium oral tablet</i> 10 mg, 15 mg, 25 mg, 5 mg	1	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
<i>multivitamin/fluoride tablet chewable</i> 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
<i>multivitamin/fluoride tablet chewable</i> 0.5 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
<i>multivitamin/fluoride tablet chewable</i> 1 mg oral (rx)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
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	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
PREMESISRX ORAL TABLET 1 MG (prenatal ca-b6-b12-fa-ginger)	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
<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 (prenat-feasp-meth-fa-dha w/o)a	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (prenatal-feasgly-methylfol-fa)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o)a	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (prenat-fecbn-feasp-meth-fa-dha)	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (prenat mv-min-methylfolate-fa)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (prenat-feasp-meth-fa-dha w/o)a	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRIMACARE ORAL CAPSULE 30-1-470 MG (pren-fe-meth-fa-omeg w/o)a	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	3	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>ped vit a-c-d-methylfolate-fl</i>)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
TRUE FOLIC ACID ORAL TABLET 400 MCG	E	H
<i>tydemy oral tablet 0.03-0.451 mg</i>	1	H
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	3	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (<i>prenatal-fe fum-methf-fa w/o)a</i>)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (<i>prenat-fefum-fered-fa-dha w/o a</i>)	3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
VITAMIN C		
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	2	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	1	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	2	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>ped vit a-c-d-methylfolate-fl</i>)	3	

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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	
VITAMIN D		
CALCIFOL ORAL WAFER 1342-1.6 MG (ca carb-fa-d-b6-b12-boron-mg)	3	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 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) (ergocalciferol)	3	
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	1	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (sodium fluoride-vitamin d)	3	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (alendronate-cholecalciferol)	3	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (calcitriol)	3	
ROCALTROL ORAL SOLUTION 1 MCG/ML (calcitriol)	3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (ped vit a-c-d-methylfolate-fl)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	1	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (paricalcitol)	3	
VITAMIN E		
<i>wheat germ oil oral oil</i>	1	
VITAMIN K ACTIVITY		
<i>phytonadione oral tablet 5 mg</i>	1	

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Index of Drugs

A.A.G.C. KIT IN TERODERM	307	ADALIMUMAB-ADBM (2 SYRINGE)	193, 244, 245, 255, 256, 260	<i>albendazole</i>	22
<i>abacavir sulfate</i>	33	ADALIMUMAB-ADBM(CD/UC/HS STRT)	245, 256	<i>albuterol sulfate</i>	66, 67, 282
<i>abacavir sulfate-lamivudine</i>	33	ADALIMUMAB-ADBM(PS/UV STARTER)	245, 256	ALBUTEROL SULFATE	66, 282
<i>abiraterone acetate</i>	42	<i>adapalene-benzoyl peroxide</i>	270, 302, 305, 307	<i>albuterol sulfate hfa</i>	66, 282
ABRYSVO	55	ADASUVE	123, 131	ALCAINE	186
<i>acamprosate calcium</i>	15, 130	ADBRY	300, 301, 307	<i>alclometasone dipropionate</i>	295
ACANYA	285, 304	ADDERALL XR	110	ALCOHOL PREP PADS	159
<i>acarbose</i>	202	ADDYI	130	ALECENSA	42
ACCOLATE	278	<i>adefovir dipivoxil</i>	36	<i>alendronate sodium</i>	249
ACCU-CHEK AVIVA	158	ADEMPAS	282, 284	ALEVAMAX	308
ACCU-CHEK FASTCLIX		ADIPEX-P	109	<i>alfuzosin hcl er</i>	66
LANCET KIT	158	ADLARITY	65	<i>aliskiren fumarate</i>	105
ACCU-CHEK GUIDE	158, 166	ADRENALIN	59, 187, 272	<i>allopurinol</i>	248
ACCU-CHEK GUIDE CONTROL	158	ADVAIR HFA	66, 199	ALLZITAL	111, 126, 137
ACCU-CHEK GUIDE ME	158	ADVATE	73	<i>almotriptan malate</i>	151
ACCU-CHEK SMARTVIEW CONTROL	158	ADVOCATE INSULIN PEN NEEDLE	158	ALOCRIIL	177, 278
ACCU-CHEK SOFTCLIX		ADYNOVATE	73	ALOGLIPTIN BENZOATE	212
LANCET DEVICE KIT	158	ADZENYS XR-ODT	110	ALOGLIPTIN-METFORMIN HCL	204, 212
ACCURETIC	85, 173	AEMCOLO	40	ALOGLIPTIN-PIOGLITAZONE	212, 237
<i>accutane</i>	302, 307	AEROCHAMBER HOLDING CHAMBER	158	ALOMIDE	19, 177
ACD-A NOCLOT-50	70	AEROCHAMBER PLS FLOVU MTHPIECE	158	ALORA	213, 249
<i>acebutolol hcl</i>	68, 87, 92, 95, 102	AEROCHAMBER PLUS FLOVU INTERM	158	<i>alosetron hcl</i>	189
<i>acetaminophen-codeine</i>	111, 137, 139, 140	AEROCHAMBER PLUS FLOVU LARGE	158	ALPHAGAN P	177, 285
<i>acetazolamide</i>	81, 91, 114, 169, 182	AEROCHAMBER PLUS FLOVU MEDIUM	158	ALPHANATE	73
<i>acetazolamide er</i>	81, 91, 114, 169, 182	AEROCHAMBER PLUS FLOVU SMALL	159	ALPHANINE SD	73
<i>acetic acid</i>	184	<i>afirmelle</i>	205, 213, 226	<i>alprazolam</i>	128
<i>acetylcysteine</i>	15, 247, 278	AFLURIA	55	<i>alprazolam er</i>	128
<i>acitretin</i>	302, 307	AFLURIA PRESERVATIVE FREE	55	<i>alprazolam intensal</i>	128
ACTEMRA	242, 255, 260	AFREZZA	234	<i>alprazolam xr</i>	128
ACTEMRA ACTPEN	242, 255, 260	AFSTYLA	73	ALPROLIX	74
ACTHAR	165, 225	<i>aftera</i>	205, 226	ALREX	182
ACTHIB	55	AIMOVIG	129	ALTACAINE	186
ACTIMMUNE	260	AIRSUPRA	66, 182, 199, 274, 279, 282	<i>altafrin</i>	186, 187
ACTIVELLA	213, 226	AKEEGA	42	<i>altavera</i>	205, 213, 226
ACTOPLUS MET	204, 237	AKLIEF	302, 307	ALTOPREV	100
ACULAR	185	AKTEN	186	ALTRENO	294
ACULAR LS	185	AKYNZEO	188, 196	ALTUVIIIIO	74
ACUVAIL	185	ALA SCALP	295	ALUNBRIG	42
<i>acyclovir</i>	36, 291			ALVAIZ	72
ADACEL	54, 55			<i>alvimopan</i>	188, 193
ADALIMUMAB-ADAZ	193, 244, 255, 260			<i>alyacen 1/35</i>	205, 213, 226
ADALIMUMAB-ADBM (2 PEN)	244, 255			<i>alyacen 7/7/7</i>	205, 213, 226
				<i>alyq</i>	104, 105, 280, 282
				<i>amantadine hcl</i>	20, 109
				<i>ambrisentan</i>	106, 276, 282
				<i>amcinonide</i>	295
				AMELUZ	284, 308
				<i>amethyst</i>	205, 213, 226
				<i>amiloride hcl</i>	82, 105, 171

<i>amiloride-hydrochlorothiazide</i>	<i>apap-caff-dihydrocodeine</i>	ASSURE ID PRO PEN
..... 171, 173	..... 111, 137, 140, 146	NEEDLES..... 159
<i>aminocaproic acid</i> 74	APEXICON E..... 295	ASTRINGYN..... 74
<i>amiodarone hcl</i> 96	APOKYN..... 136	ATABEX OB..... 77, 314, 317
AMITIZA..... 187, 193	<i>apomorphine hcl</i> 137	<i>atazanavir sulfate</i> 34
<i>amitriptyline hcl</i> 153	<i>apraclonidine hcl</i> 177, 184	<i>atenolol</i> 68, 87, 92, 95, 102
AMLODIPINE	<i>aprepitant</i> 196	ATENOLOL+SYRSPEND SF
BES+SYRSPEND SF. 97, 98, 106	<i>apri</i> 205, 213, 226	..... 68, 87, 92, 95, 102
<i>amlodipine besylate</i> .. 97, 98, 106	APRISO..... 189	<i>atenolol-chlorthalidone</i> 87, 92, 174
<i>amlodipine besylate-benazepril</i>	APTENSIO XR..... 146	<i>atomoxetine hcl</i> 130, 146
<i>hcl</i> 85, 97	APTIOM..... 114, 134	ATORVALIQ..... 100
<i>amlodipine besylate-valsartan</i>	APTIVUS..... 34	<i>atorvastatin calcium</i> 100
..... 84, 97	AQ INSULIN SYRINGE..... 159	<i>atovaquone</i> 24
<i>amlodipine-atorvastatin</i> 97, 100	AQINJECT PEN NEEDLE 159	<i>atovaquone-proguanil hcl</i> 23
<i>amlodipine-olmesartan</i> 84, 97	AQUORAL..... 184	<i>atropine sulfate</i> . 15, 60, 186, 272
<i>amlodipine-valsartan-hctz</i>	ARAKODA..... 23	ATROVENT HFA..... 60, 273
..... 84, 97, 173	<i>aranelle</i> 205, 214, 226	<i>aubra eq</i> 206, 214, 226
<i>amnesteem</i> 302, 308	ARANESP (ALBUMIN FREE)	AUGMENTIN..... 22
<i>amoxapine</i> 154	..... 69, 72	AUGTYRO..... 43
<i>amoxicill-clarithro-lansopraz</i>	ARCALYST..... 266, 277	AUM INSULIN SAFETY PEN
..... 21, 37, 38, 197	AREXVY..... 55	NEEDLE..... 159
<i>amoxicillin</i> 21, 22, 190	<i>arformoterol tartrate</i> 67	AUM MINI INSULIN PEN
<i>amoxicillin-potassium</i>	ARIKAYCE..... 21	NEEDLE..... 159
<i>clavulanate</i> 22	<i>aripiprazole</i> 119, 124	AUM PEN NEEDLE..... 159
<i>amoxicillin-potassium</i>	<i>armodafinil</i> 155	AUM READYGARD DUO PEN
<i>clavulanate er</i> 22	ARMOUR THYROID..... 237	NEEDLE..... 159
<i>amphetamine sulfate</i> 110	ARNUITY ELLIPTA . 199, 274, 279	AUM SAFETY PEN NEEDLE . 159
<i>amphetamine-</i>	ARTISS..... 294, 308	<i>aurovela 1.5/30</i> 206, 214, 226
<i>dextroamphetamine</i> 110	ARZOL SILVER NIT	<i>aurovela 1/20</i> 206, 214, 226
<i>amphetamine-</i>	APPLICATORS..... 180	<i>aurovela 24 fe</i> 206, 214, 226
<i>dextroamphetamine er</i> 110	<i>ascomp-codeine</i>	<i>aurovela fe 1.5/30</i> 206, 214, 226
<i>amphet-dextroamphet 3-bead</i>	..... 126, 140, 146, 150	<i>aurovela fe 1/20</i> .. 206, 214, 226
<i>er</i> 110	<i>asenapine maleate</i> 119, 124	AUSTEDO..... 154
<i>ampicillin</i> 22	<i>ashlyna</i> 206, 214, 226	AUSTEDO XR..... 154
AMZEEQ..... 286	<i>aspirin</i> 80, 81, 121, 150	AUSTEDO XR PATIENT
<i>anagrelide hcl</i> 80	<i>aspirin 81</i> 79, 80, 121, 150	TITRATION..... 155
ANALPRAM HC..... 290, 295	<i>aspirin adult low dose</i>	AUTOLET LANCING DEVICE 159
ANALPRAM-HC..... 290, 295	..... 79, 80, 121, 150	AUVELITY..... 118
ANASPAZ..... 15, 60	<i>aspirin adult low strength</i>	AUVI-Q..... 59, 272
<i>anastrozole</i> 42, 203	..... 79, 80, 121, 150	AVAR CLEANSER..... 286, 302
ANCOBON..... 39	<i>aspirin childrens</i> 79, 80, 121, 150	AVAR LS CLEANSER.... 286, 302
ANDRODERM..... 202	<i>aspirin ec adult low dose</i>	AVAR-E EMOLLIENT.... 286, 302
ANGELIQ..... 213, 226	..... 80, 121, 150	AVEIDA..... 286, 307
ANNOVERA..... 205, 213, 226	<i>aspirin ec low dose</i> 80, 121, 150	<i>aviane</i> 206, 214, 226
ANORO ELLIPTA..... 60, 67	<i>aspirin ec low strength</i>	<i>avidoxy</i> 23, 40, 286
ANTICOAGULANT SODIUM	..... 80, 81, 121, 150	AVIDOXY DK..... 40, 302, 312
CITRATE..... 70	<i>aspirin low dose</i> 80, 81, 121, 150	AVONEX PEN..... 241, 260
<i>anucort-hc</i> 295	<i>aspirin regimen</i> . 80, 81, 121, 150	AVONEX PREFILLED... 241, 260
ANUSOL-HC..... 295	<i>aspirin-dipyridamole er</i>	<i>ayuna</i> 206, 214, 226
ANZEMET..... 188	..... 80, 104, 150	AYVAKIT..... 43
APADAZ..... 111, 137, 140	ASPRUZYO SPRINKLE..... 92	AZASAN..... 239, 256, 260, 265
	ASSURE ID DUO PRO PEN	AZASITE..... 178
	NEEDLES..... 159	<i>azathioprine</i> 239, 256, 260, 265

<i>azelaic acid</i>	286, 308	BENZHYDROCODONE-	<i>blisovi fe 1.5/30</i>	206, 214, 226
<i>azelastine hcl</i>	177, 178, 281	ACETAMINOPHEN.111, 137, 140	<i>blisovi fe 1/20</i>	206, 214, 227
AZELEX.....	286, 308	BENZNIDAZOLE	BOOSTRIX.....	54, 55
AZILECT.....	135	<i>benzoin</i>	<i>bosentan</i>	107, 276, 283
<i>azithromycin</i>	37, 38	<i>benzoin compound</i>	BOSULIF.....	43
AZSTARYS.....	146	<i>benzonatate</i>	<i>bp 10-1</i>	286, 302
AZULFIDINE		<i>benzoyl peroxide-erythromycin</i>	BRAFTOVI.....	43
.....	40, 190, 240, 256, 260	.....	BREATHE COMFORT	
AZULFIDINE EN-TABS		<i>benzphetamine hcl</i>	CHAMBER/ADULT.....	159
.....	40, 190, 240, 256, 260	<i>benztropine mesylate</i>	BREATHE COMFORT	
<i>azurette</i>	206, 214, 226	<i>bepotastine besilate</i>	CHAMBER/CHILD.....	160
B & C.....	308	BERINERT.....	BRENZAVVY.....	235
<i>bac</i>	111, 126, 137, 146	BESIVANCE.....	BREO ELLIPTA.....	67, 199
<i>bacitracin</i>	178, 286	BESREMI.....	BREXAFEMME.....	22
<i>bacitracin-polymyxin b</i> ..	178, 286	BETADINE OPHTHALMIC	BREZTRI AEROSPHERE	
<i>bacitra-neomycin-polymyxin-hc</i>		PREP.....	.....	60, 67, 199
.....	178, 182, 286	<i>betaine</i>	<i>brillyn</i>	206, 214, 227
BACLOFEN.....	63	<i>betamethasone dipropionate</i>	BRILINTA.....	80
<i>baclofen</i>	63, 64	<i>betamethasone dipropionate</i>	<i>brimonidine tartrate</i>	177, 285, 308
BACTRIM.....	24, 40, 41	<i>aug</i>	<i>brinzolamide</i>	182
BACTRIM DS.....	24, 40, 41	<i>betamethasone valerate</i>	BRIVIACT.....	114
BAFIERTAM.....	241, 260	BETAPACE AF	<i>bromfenac sodium</i>	185
BALCOLTRA.....	206, 214, 226	.....	<i>bromfenac sodium (once-daily)</i>	
<i>balsalazide disodium</i>	190	BETASERON.....	.....	185
<i>balsam peru-castor oil</i>	308	<i>betaxolol hcl</i>	<i>bromocriptine mesylate</i>	132
BALVERSA.....	43	.....	BROMSITE.....	185
<i>balziva</i>	206, 214, 226	<i>bethanechol chloride</i>	BRONCHITOL.....	281
BANZEL.....	114, 134	BETIMOL.....	BRONCHITOL TOLERANCE	
BAQSIMI ONE PACK	15, 222, 247	BETOPTIC-S.....	TEST.....	281
BAQSIMI TWO PACK		BEVESPI AEROSPHERE	BROVANA.....	67
.....	15, 222, 247	.....	BRUKINSA.....	43
BARACLUDGE.....	36	<i>bexarotene</i>	BRYHALI.....	296
BAXDELA.....	39	BEXSERO.....	<i>budesonide</i>	199, 274, 279, 296
BD AUTOSHIELD DUO PEN		BEYFORTUS.....	<i>bumetanide</i>	82, 101, 169
NEEDLES.....	159	<i>bicalutamide</i>	BUMEX.....	82, 101, 169
BD ECLIPSE LUER-LOK		BIJUVA.....	<i>buprenorphine</i>	145
NEEDLE.....	159	BIKTARVY.....	<i>buprenorphine hcl</i>	144
BD ECLIPSE NEEDLE.....	159	BILTRICIDE.....	<i>buprenorphine hcl-naloxone</i>	
BD SHARPS COLLECTOR....	159	<i>bimatoprost</i>	<i>hcl</i>	143, 144, 145
BD ULTRA-FINE INSULIN		BINAXNOW COVID-19 AG	<i>bupropion hcl</i>	118
SYRINGES.....	159	HOME TEST.....	<i>bupropion hcl er (smoking det)</i>	
BD ULTRA-FINE PEN		BINOSTO.....	.....	58, 118
NEEDLES.....	159	<i>bis subcit-metronid-tetracyc</i>	<i>bupropion hcl er (sr)</i>	118
BELBUCA.....	144	.....	<i>bupropion hcl er (xl)</i>	118
BELSOMRA.....	123, 145	<i>bisacodyl</i>	BUPROPION HCL ER (XL)....	118
<i>benazepril hcl</i>	85	<i>bisacodyl ec</i>	<i>buspirone hcl</i>	123, 136
<i>benazepril-hydrochlorothiazide</i>		<i>bismuth/metronidaz/tetracyclin</i>	<i>butalbital-acetaminophen</i>	
.....	85, 173	.....	.....	111, 126, 137
BENEFIX.....	74	<i>bisoprolol fumarate</i>	<i>butalbital-apap-caff-cod</i>	
BENLYSTA.....	241, 265	.....	.....	111, 126, 137, 140, 146
<i>benzalkonium chloride</i> ..	292, 305	<i>bisoprolol-hydrochlorothiazide</i>	<i>butalbital-apap-caffeine</i>	
BENZAMYCIN.....	286, 305	.....	.....	112, 126, 137, 146
		<i>blisovi 24 fe</i>		206, 214, 226

<i>butalbital-asa-caff-codeine</i>	CARDURA XL..... 65, 83, 87	CHEMSTRIP UGK..... 168
..... 126, 140, 146, 150	CAREPOINT POLY HUB	CHENODAL..... 192
<i>butalbital-aspirin-caffeine</i>	NEEDLE 160	<i>chlordiazepoxide hcl</i> 128
..... 126, 146, 150	CAREPOINT SAFETY 1ST	<i>chlordiazepoxide-amitriptyline</i>
<i>butorphanol tartrate</i> 121, 145	NEEDLE 160	..... 128, 154
BYDUREON BCISE	CARESENS CONTROL	<i>chlordiazepoxide-clidinium 60</i> , 128
AUTOINJECTOR..... 222	SOLUTION A/B..... 160	<i>chlorhexidine gluconate</i>
BYETTA 10 MCG PEN..... 222	CARESENS LANCETS 30G ... 160	..... 21, 180, 181, 292, 305
BYETTA 5 MCG PEN..... 222	CARESTART COVID-19	<i>chloroquine phosphate</i> 23
BYLVAY 192, 194	HOME TEST 166	<i>chlorpromazine hcl</i> 145
BYLVAY (PELLETS) 192, 194	CARETOUCH CONTROL SOL	<i>chlorthalidone</i> 82, 106, 174
<i>cabergoline</i> 132	LEVEL 2..... 160	<i>chlorzoxazone</i> 63
CABLIVI..... 70, 81	CARETOUCH HYPODERMIC	CHOLBAM..... 192, 194
CABOMETYX 43	NEEDLE 160	<i>cholestyramine</i> 88
<i>caffeine citrate</i> 121, 146	CARETOUCH	<i>cholestyramine light</i> 88
CALCIFOL..... 171, 317, 320	LANCING/EJECTOR..... 160	CHOSEN LANCETS 30G 160
<i>calcipotriene</i> 294, 308	<i>carglumic acid</i> 168	CHOSEN LANCING DEVICE. 160
<i>calcipotriene-betameth diprop</i>	<i>carisoprodol</i> 63	CHOSEN SAFETY LANCETS
..... 294, 296, 308	CARNITOR..... 266	28G 160
<i>calcitonin (salmon)</i> 204, 249	CARNITOR SF 266	CIBINQO..... 243, 256, 301, 308
CALCITRENE 294, 308	CAROSPIR82, 101, 105, 106, 171	<i>ciclodan</i> 300
<i>calcitriol</i> 308, 320	<i>carteolol hcl</i> 181	<i>ciclopirox</i> 300
<i>calcium acetate</i> 170, 171	<i>cartia xt</i> 89, 90, 96, 107	<i>ciclopirox olamine</i> 300
<i>calcium acetate (phos binder)</i>	<i>carvedilol</i>	<i>ciclopirox treatment</i> 300
..... 170, 171	..... 64, 66, 83, 87, 93, 95, 102	<i>cilostazol</i> 80, 104, 105
CALQUENCE 43	<i>carvedilol phosphate er</i>	CILOXAN..... 178
CAMBIA..... 121, 138	..... 64, 66, 83, 87, 93, 95, 102	CIMDUO 33
<i>camila</i> 206, 227	CASODEX..... 43	<i>cimetidine</i> 18, 196
<i>camrese</i> 206, 214, 227	CAVERJECT..... 99, 107	<i>cimetidine hcl</i> 18, 196
<i>camrese lo</i> 206, 214, 227	CAVERJECT IMPULSE... 99, 107	CIMZIA (2 SYRINGE)
CAMZYOS 92	CAYA..... 270	..... 194, 240, 245, 256, 260
<i>candesartan cilexetil</i> 83, 84	CAYSTON..... 35	CIMZIA STARTER KIT
<i>candesartan cilexetil-hctz</i> 84, 174	<i>cefaclor</i> 20	..... 194, 240, 245, 256, 261
<i>capecitabine</i> 43	<i>cefaclor er</i> 20	<i>cinacalcet hcl</i> 204
CAPHOSOL..... 184	<i>cefadroxil</i> 20	CIPRO..... 26, 39
CAPLYTA..... 124	<i>cefdinir</i> 20	CIPRO HC..... 178, 182
CAPRELSA..... 43	<i>cefixime</i> 20	<i>ciprofloxacin hcl</i> 26, 39, 178
<i>captopril</i> 85	<i>cefepodoxime proxetil</i> 20	<i>ciprofloxacin-dexamethasone</i>
<i>captopril-hydrochlorothiazide</i>	<i>cefprozil</i> 20	..... 178, 182
..... 85, 174	<i>cefuroxime axetil</i> 20	CITALOPRAM
CAPVAXIVE..... 55	<i>celecoxib</i> 131	HYDROBROMIDE..... 152
<i>carbamazepine</i> 114, 119	CELONTIN..... 153	<i>citalopram hydrobromide</i> 152
<i>carbamazepine er</i> 114, 119	<i>cephalexin</i> 20	CITRANATAL MEDLEY
CARBATROL..... 114, 119	CEQUR SIMPLICITY 2U..... 160	..... 77, 266, 314, 317
<i>carbidopa</i> 131	CERDELGA..... 176, 266	<i>citroma</i> 191
<i>carbidopa-levodopa</i> 131, 132	CERVIDIL..... 272	<i>claravis</i> 302, 308
<i>carbidopa-levodopa er</i> 131	CETRAXAL..... 178	CLARINEX-D 12 HOUR..... 19, 59
<i>carbidopa-levodopa-</i>	<i>cevimeline hcl</i> 65	<i>clarithromycin</i> 26, 37, 38, 190
<i>entacapone</i> 129, 132	<i>charlotte 24 fe</i> 206, 214, 227	<i>clarithromycin er</i> ... 26, 37, 38, 190
<i>carbinoxamine maleate</i> ... 17, 277	<i>chateal eq</i> 206, 214, 227	CLEARDETECT COVID-19
CARBINOXAMINE MALEATE	CHEMET 15, 198, 247	AG HOME..... 166
ER..... 17, 277	CHEMSTRIP BG LOG BOOK. 160	<i>clearlax</i> 191
CARDURA..... 65, 83, 87	CHEMSTRIP K..... 167	<i>clemastine fumarate</i> 17, 277

CLENPIQ.....	191	COLY-MYCIN M.....	39	COVID-19 AT HOME	
CLEOCIN.....	35, 286	COMBIGAN.....	177, 181, 285	ANTIGEN TEST.....	166
CLEOCIN-T.....	286	COMBIPATCH.....	214, 227	COVID-19 AT-HOME TEST...	166
CLEVER CHOICE COMFORT		COMBIVENT RESPIMAT		CREON.....	176, 193
EZ.....	160	.....	60, 67, 273	CRESEMBA.....	27
CLIMARA PRO.....	214, 227	COMETRIQ.....	44	CRINONE.....	227
<i>clindacin</i>	286	COMFORT EZ PRO PEN		<i>cromolyn sodium</i> ...	178, 184, 278
CLINDACIN ETZ.....	286	NEEDLES.....	160	CROTAN.....	307
<i>clindacin etz</i>	286	COMFORT TOUCH TWIST		<i>cryselle-28</i>	206, 214, 227
<i>clindacin-p</i>	286	LANCET 30G.....	160	<i>curae</i>	206, 227
CLINDAGEL.....	286	COMIRNATY.....	55	CUVPOSA.....	60, 291
<i>clindamycin hcl</i>	35, 286	COMPLERA.....	32, 33, 36	CVS KETONE CARE.....	168
<i>clindamycin palmitate hcl</i>	35	CONDOMS.....	271	<i>cyanocobalamin</i>	79, 317
<i>clindamycin phos-benzoyl</i>		CONDYLOX.....	302, 308	CYANOCOBALAMIN.....	79, 317
<i>perox</i>	286, 305	<i>constulose</i>	168	<i>cyclobenzaprine hcl</i>	63
<i>clindamycin phosphate</i>	287	CONTOUR CONTROL.....	160	CYCLOGYL.....	186
<i>clindamycin-tretinoin</i>	287, 294, 308	CONTOUR NEXT CONTROL.....	160	CYCLOMYDRIL.....	186, 187
CLINDESSE.....	287	CONTOUR NEXT MONITOR.....	160	<i>cyclopentolate hcl</i>	186
CLINITEST RAPID COVID-19		CONTOUR NEXT ONE.....	160	<i>cyclophosphamide</i>	44, 241, 265
TEST.....	166	CONTOUR NEXT TEST.....	166	CYCLOPHOSPHAMIDE	
CLINOIN.....	88, 287, 294, 308	CONTRAVE.....	113	.....	44, 241, 265
CLINPRO 5000.....	155, 251	CONZIP.....	140	<i>cycloserine</i>	26
<i>clobazam</i>	127, 128	COPASIL.....	308	CYCLOSET.....	203
<i>clobetasol propionate</i>	296	COPIKTRA.....	44	<i>cyclosporine</i>	239, 256, 261, 265
<i>clobetasol propionate .e</i>	296	CORDRAN.....	296	<i>cyclosporine modified</i>	
<i>clobetasol propionate emulsion</i>		CORGARD		.....	239, 256, 261, 265
.....	296	.....	64, 68, 83, 87, 93, 95, 102	<i>cyproheptadine hcl</i>	17, 277
CLOBETAVIX.....	296	CORIFACT.....	74	<i>cyred eq</i>	206, 214, 227
<i>clocortolone pivalate</i>	296	CORLANOR.....	92, 107	CYSTADANE.....	266
<i>clodan</i>	296	CORTANE-B.....	290, 296, 305	CYSTADROPS.....	185, 186
<i>clomipramine hcl</i>	154	CORTEF.....	199	CYSTAGON.....	267
<i>clonazepam</i>	127, 128	CORTENEMA.....	296	CYSTARAN.....	185, 186
<i>clonidine</i>	59, 93, 99	CORTIFOAM.....	296	CYTOTEC.....	197
<i>clonidine hcl</i>	59, 93, 99	CORTISONE ACETATE.....	199	<i>cytra k crystals</i>	168
<i>clonidine hcl er</i>	59, 99	CORTISPORIN-TC.....	178, 182	<i>dabigatran etexilate mesylate</i>	71
<i>clopidogrel bisulfate</i>	80	CORTROPHIN.....	166, 225	<i>dalfampridine er</i>	267, 270
<i>clorazepate dipotassium</i>	127, 128	CORTROSYN.....	166	DALIRESP.....	279, 301, 306
<i>clotrimazole</i>	292	COSENTYX (300 MG DOSE)		<i>danazol</i>	202
<i>clotrimazole-betamethasone</i>		.....	242, 256, 308	DANTRIUM.....	63
.....	292, 296	COSENTYX 150 MG/ML		<i>dantrolene sodium</i>	63
<i>clozapine</i>	125	.....	242, 256, 308	<i>dapsone</i>	23, 24, 25, 287, 309
CLOZARIL.....	125	COSENTYX SENSOREADY		DAPTACEL.....	54, 55
COAGADEX.....	74	(300 MG).....	242, 256, 308	DARAPRIM.....	23
<i>coal tar</i>	304	COSENTYX SENSOREADY		<i>darifenacin hydrobromide er</i>	313
COARTEM.....	23	PEN.....	242, 256, 309	<i>darunavir</i>	34
<i>codeine sulfate</i>	140, 273	COSENTYX UNOREADY		<i>dasatinib</i>	44
<i>colchicine</i>	248	.....	242, 256, 309	<i>dasetta 1/35</i>	206, 215, 227
<i>colchicine-probenecid</i>	175, 248	COSOPT.....	181, 182	<i>dasetta 7/7/7</i>	206, 215, 227
<i>colesevelam hcl</i>	88, 203	<i>cosyntropin</i>	166	DAURISMO.....	44
COLESTID.....	88	COTELLIC.....	44	DAYBUE.....	130
<i>colestipol hcl</i>	88	COTEMPLA XR-ODT.....	146	DAYPRO.....	138, 148
<i>colistimethate sodium (cba)</i> ..	39	COVARYX.....	202, 214	<i>daysee</i>	206, 215, 227
COLLANEX.....	308	COVARYX HS.....	202, 214	DAYVIGO.....	123, 145

DAZAVEIDAOXIA	<i>desvenlafaxine succinate er</i>	150	<i>diltiazem hcl er coated beads</i>	89, 90, 91, 96, 107
..... 177, 285, 287, 307, 309	<i>dexamethasone</i>	199, 200	<i>dilt-xr</i>	89, 90, 91, 96, 107
DEBACTEROL.....185, 305	<i>dexamethasone intensol</i>	199	<i>dimethyl fumarate</i>	241, 261
<i>deblitane</i> 206, 227	<i>dexamethasone sodium phosphate</i>	182	<i>dimethyl fumarate starter pack</i>	241, 261
<i>deferasirox</i> 198	DEXCOM G6 RECEIVER..... 160		DIOOXIA.....294, 309	
<i>deferasirox granules</i> 198	DEXCOM G6 SENSOR..... 161		DIPENTUM..... 190	
<i>deferiprone</i>.....198	DEXCOM G6 TRANSMITTER 161		<i>diphenhydramine hcl</i>	..... 17, 18, 62, 113, 123, 273, 277
DELESTROGEN.....215, 249	DEXCOM G7 RECEIVER..... 161		<i>diphenoxylate-atropine</i>	..... 60, 188, 189
DELSTRIGO..... 32, 33	DEXCOM G7 SENSOR..... 161		DIPROLENE..... 297	
<i>delyla</i>.....206, 215, 227	DEXERYL..... 309		<i>dipyridamole</i>.....80, 104, 107, 166	
<i>demeclocycline hcl</i>.....41	<i>dexmethylphenidate hcl</i> 147		<i>disopyramide phosphate</i>.....94	
DEMSEER.....167, 267	<i>dexmethylphenidate hcl er</i>	146, 147	<i>disulfiram</i>.....15, 246	
DENAVIR.....291	<i>dextroamphetamine sulfate</i> ...110		DIURIL..... 82, 106, 174	
DENGVAXIA.....55	<i>dextroamphetamine sulfate</i> 110		<i>divalproex sodium</i>	..... 114, 115, 119, 122, 133
DENTA 5000 PLUS..... 155, 251	DIACOMIT..... 114, 133		<i>divalproex sodium er</i>	..... 114, 119, 122, 133
DENTA 5000 PLUS SENSITIVE..... 155, 251	DIASTIX REAGENT.....167		DIVIGEL.....215, 249	
DENTAGEL.....155, 252	DIATRUST COVID-19 HOME TEST.....167		DODEx..... 79, 317	
DEPAKOTE.... 114, 119, 122, 132	<i>diazepam</i> 127, 128		<i>dofetilide</i>.....96	
DEPAKOTE ER..... 114, 119, 122, 132	<i>diazepam intensol</i>.....127, 128		DOJOLVI.....169	
DEPAKOTE SPRINKLES..... 114, 119, 122	<i>diazoxide</i>.....204		<i>dolishale</i>.....207, 215, 227	
DEPEN TITRATABS .15, 198, 256	<i>dichlorphenamide</i>.....81, 251		DOLOBID..... 148	
DEPO-ESTRADIOL..... 215, 249	<i>diclofenac potassium</i> 138		<i>donepezil hcl</i>.....65	
DEPO-PROVERA...206, 207, 227	<i>diclofenac potassium(migraine)</i>	122, 138	DOPTLET..... 72	
DEPO-SUBQ PROVERA 104..... 207, 227	<i>diclofenac sodium</i>	138, 155, 185, 306	DORYX MPC..... 23, 41, 287	
DEPO-TESTOSTERONE..... 202	<i>diclofenac sodium er</i> 138		DORZOLAMIDE HCL..... 182	
DERMACINRX UREA.....302	<i>diclofenac-misoprostol</i> 138, 197		<i>dorzolamide hcl</i>.....182	
DERMA-SMOOTH/FS BODY..... 296	<i>dicloxacillin sodium</i> 39		<i>dorzolamide hcl-timolol mal</i>	..... 181, 182
DERMA-SMOOTH/FS SCALP.....297	DICOPANOL FUSEPAQ..... 17, 18, 62, 113, 123, 273, 277		<i>dorzolamide hcl-timolol mal pf</i>	..... 181, 182
DERMASO PLUS..... 309	<i>dicyclomine hcl</i>.....60		<i>dotti</i>.....215, 249	
DERMOTIC.....182	<i>diethylpropion hcl</i> 109		DOUBLE PM.....178, 182	
DESCOVY..... 33, 36	<i>diethylpropion hcl er</i>.....109		DOVATO.....31, 33	
<i>desipramine hcl</i>.....154	DIFICID.....37, 38		<i>doxazosin mesylate</i> 65, 83, 87	
<i>desloratadine</i> 19, 282	<i>diflorasone diacetate</i>.....297		<i>doxepin hcl</i>.....154, 290	
<i>desmopressin ace spray refrig</i>	<i>diflunisal</i>.....138, 148		<i>doxercalciferol</i>.....320	
..... 74, 225	<i>difluprednate</i> 182		<i>doxycycline hyclate</i> ...23, 41, 287	
<i>desmopressin acetate</i>.....74, 225	<i>digoxin</i>.....86, 92		DOXYCYCLINE HYCLATE	..... 23, 41, 287
DESMOPRESSIN ACETATE..... 74, 225	<i>dihydroergotamine mesylate</i>	65, 122	<i>doxycycline monohydrate</i>	..... 23, 41, 287
<i>desmopressin acetate pf</i> 74, 225	DILANTIN.....94, 134		DRISDOL..... 320	
<i>desmopressin acetate spray</i>	DILANTIN INFATABS..... 94, 134		DRIZALMA SPRINKLE..... 151	
..... 74, 225	DILANTIN-125..... 94, 134		<i>dronabinol</i> 189, 194	
<i>desogestrel-ethinyl estradiol</i>	<i>diltiazem hcl</i> .. 89, 90, 91, 96, 107		DROPLET MICRON..... 161	
..... 207, 215, 227	<i>diltiazem hcl</i> 89, 90, 91, 96, 107		DROPSAFE SAFETY SYRINGE/NEEDLE..... 161	
<i>desonide</i>.....297	<i>diltiazem hcl er beads</i>	89, 90, 91, 96, 107		
DESOWEN..... 297	..... 89, 90, 91, 96, 107			
<i>desoximetasone</i>.....297				
DESVENLAFAXINE ER..... 150				

DROPSAFE SICURA.....	161	<i>efavirenz-emtricitab-tenofo df</i>	32, 33	ENOVARX-IBUPROFEN.....	306
<i>drospiren-eth estrad-levomefol</i>	207, 215, 227, 317	<i>efavirenz-lamivudine-tenofovir</i>	32, 33	ENOVARX-LIDOCAINE HCL..	290
<i>drospirenone-ethinyl estradiol</i>	207, 215, 227	EFFER-K.....	171	ENOVARX-NAPROXEN.....	306
DROXIA.....	44	<i>effe-k</i>	171	ENOVARX-TRAMADOL.....	309
<i>droxidopa</i>	59	EFUDEX.....	44, 285, 309	<i>enoxaparin sodium</i>	77
DRYSOL.....	291	EGATEN.....	22	<i>enpresse-28</i>	207, 215, 228
DUAL COMPLEX FORMULA 1		EGRIFTA SV.....	236	<i>enskyce</i>	207, 215, 228
KIT.....	63, 306, 309	ELESTRIN.....	215, 249	ENSPRYNG.....	243, 261
DUAVEE.....	213, 215	<i>eletriptan hydrobromide</i>	151	ENSTILAR.....	294, 297, 309
DUETACT.....	236, 237	<i>elinest</i>	207, 215, 228	<i>entacapone</i>	130
DULERA.....	67, 200	ELIQUIS.....	71	ENTADFI.....	104, 105, 246, 294
<i>duloxetine hcl</i>	132, 151	ELIQUIS DVT/PE STARTER		<i>entecavir</i>	37
DUOPA.....	132	PACK.....	71	ENTRESTO.....	84, 106
DUPIXENT.....	277, 309	ELITE-OB.....	77, 314, 317	ENTYVIO.....	188, 194, 239
DUREX EXTRA SENSITIVE		<i>elixophyllin</i> 99, 147, 169, 284, 313		<i>enulose</i>	168
THIN.....	271	ELLA.....	207, 228	EPANED.....	85
DUREX TROPICAL.....	271	ELLUME COVID-19 HOME		EPCLUSA.....	29, 30
DUREZOL.....	182	TEST.....	167	EPIDIOLEX.....	115
<i>dutasteride</i>	246	ELMIRON.....	267	EPIFOAM.....	290, 297
<i>dutasteride-tamsulosin hc66</i> , 246		ELOCTATE.....	74	<i>epinastine hcl</i>	19, 178
DYANAVEL XR.....	110	<i>eluryng</i>	207, 215, 228	<i>epinephrine</i>	59, 272
E.E.S. GRANULES.....	28	EMBRACE PEN NEEDLES ...	161	<i>epinephrine hcl (nasal)</i>	59, 187, 272
EASIVENT.....	161	EMCYT.....	44	<i>epitol</i>	115, 119
EASY COMFORT SHARPS		EMEND.....	196	EPIVIR.....	33
CONTAINER.....	161	EMGALITY.....	129	<i>eplerenone</i> 82, 101, 105, 106, 171	
<i>easygel</i>	155, 252	EMPAVELI.....	254, 255	EQUETRO.....	115, 119
EASYMAX 15 LEVEL 2-3		EMSAM.....	135	<i>ergocalciferol</i>	320
CONTROL.....	161	<i>emtricitabine</i>	33	<i>ergoloid mesylates</i>	65
EASYMAX CONTROL.....	161	<i>emtricitabine-tenofovir df</i> ...33, 37		ERGOMAR.....	65, 122
EASYMAX CONTROL		EMTRIVA.....	33	<i>ergotamine-caffeine</i> .. 65, 122, 147	
NORMAL/HIGH.....	161	EMVERM.....	22	ERIVEDGE.....	44
EC-NAPROSYN		<i>emzahn</i>	207, 228	ERLEADA.....	44
.....	122, 138, 148, 248	<i>enalapril maleate</i>	85	<i>erlotinib hcl</i>	44
<i>ec-naproxen</i>	122, 138, 148, 248	<i>enalapril-hydrochlorothiazide</i>	85, 174	ERMEZA.....	237
<i>econazole nitrate</i>	292	.....	85, 174	<i>errin</i>	207, 228
<i>econtra one-step</i>	207, 227	ENBRACE HR ..	77, 267, 314, 317	<i>ery</i>	28, 178, 287
ECOZA.....	292	ENBREL.....	245, 256, 257, 261	ERYGEL.....	28, 178, 287
EC-RX DHEA.....	267	ENBREL MINI.....	245, 256, 261	ERYPED 200.....	28
EC-RX ESTRADIOL.....	215, 249	ENBREL SURECLICK	245, 257, 261	ERYPED 400.....	28
EC-RX PROGESTERONE.....	228	.....	245, 257, 261	ERY-TAB.....	28
EC-RX TESTOSTERONE.....	202	ENCARE.....	271	<i>erythromycin</i>	28, 178, 287
EDARBI.....	83, 84	ENDARI.....	267, 309	<i>erythromycin base</i>	28
EDARBYCLOR.....	84, 174	<i>endocet</i>	112, 137, 140	<i>erythromycin ethylsuccinate</i>	28
EDEX.....	99, 107	ENDOMETRIN.....	228	<i>escitalopram oxalate</i>	152
EDLUAR.....	124, 136	ENGERIX-B.....	55	ESGIC.....	112, 126, 137, 147
EDURANT.....	32	<i>enilloring</i>	207, 215, 228	<i>esomeprazole magnesium</i>	197
EEMT.....	202, 215	ENLITE GLUCOSE SENSOR..	161	<i>est estrogens-methyltest</i> 203, 215	
EEMT HS.....	202, 215	ENOVARX-AMITRIPTYLINE..	154	<i>est estrogens-methyltest ds</i>	202, 215
<i>efavirenz</i>	32	ENOVARX-BACLOFEN.....	64	<i>est estrogens-methyltest hs</i>	202, 215
		ENOVARX-		.....	202, 215
		CYCLOBENZAPRINE HCL.....	63	<i>estarylla</i>	207, 215, 228

<i>estazolam</i>	128	FEMCAP	271	FLOWFLEX COVID-19 AG	
<i>estradiol</i>	216, 249, 250	FEMRING	217, 251	HOME TEST	167
<i>estradiol valerate</i>	216, 250	<i>fenofibrate</i>	100	FLUAD	55
<i>estradiol-norethindrone acet</i>		<i>fenofibrate micronized</i>	100	FLUARIX.....	55
.....	216, 228	<i>fenofibric acid</i>	100	FLUCELVAX.....	56
<i>estratest f.s.</i>	203, 216	<i>fentanyl</i>	140	<i>fluconazole</i>	27
ESTRING	216, 250	<i>fentanyl citrate</i>	140	<i>flucytosine</i>	39
ESTROGEL.....	216, 250	FENTANYL CITRATE	140	<i>fludrocortisone acetate</i>	200
<i>eszopiclone</i>	124, 136	FERRIPROX.....	198	FLULAVAL.....	56
<i>ethacrynic acid</i>	82, 101, 169	FETZIMA	151	FLUMIST	56
<i>ethambutol hcl</i>	26	FETZIMA TITRATION	151	<i>flunisolide</i>	183, 200, 274, 278
<i>ethosuximide</i>	153	FIBRICOR.....	100	<i>fluocinolone acetonide</i> ..	183, 297
<i>ethynodiol diac-eth estradiol</i>		FILSPARI.....	267, 276	<i>fluocinolone acetonide body</i>	297
.....	207, 217, 228	FILSUVEZ.....	309	<i>fluocinolone acetonide scalp</i>	297
<i>etodolac</i>	138, 149	FINACEA.....	287, 309	<i>fluocinonide</i>	297
<i>etodolac er</i>	138, 149	<i>finasteride</i>	246, 294	<i>fluocinonide emulsified base</i>	297
<i>etonogestrel-ethinyl estradiol</i>		<i> fingolimod hcl</i>	244, 261	FLUORIDEX.....	156, 252
.....	207, 217, 228	FINTEPLA.....	115	<i>fluoridex daily renewal</i>	156, 252
<i>etoposide</i>	44	<i>finzala</i>	207, 217, 228	FLUORIDEX ENHANCED	
<i>etravirine</i>	32	FIORICET.....	112, 126, 137, 147	WHITENING	156, 252
EUCRISA.....	290, 306	FIRDAPSE.....	65, 267	FLUORIDEX SENSITIVITY	
<i>euthyrox</i>	237	FIRMAGON.....	45, 204	RELIEF	156, 252
EVAMIST.....	217, 250	FIRMAGON (240 MG DOSE)		FLUORIMAX 5000.....	156, 252
EVEKEO.....	110	.....	45, 203	FLUORIMAX 5000 SENSITIVE	
<i>everolimus</i>	44, 45, 265	FIRST PANTOPRAZOLE	197	.....	156, 252
EVOTAZ.....	34, 267	FIRST-LANSOPRAZOLE	197	<i>fluorometholone</i>	183
EVRYSDI.....	267	FIRST-METRONIDAZOLE		<i>fluorouracil</i>	45, 285, 309
EXELDERM.....	292	.....	21, 25, 190	<i>fluoxetine hcl</i>	152
<i>exemestane</i>	45, 203	FIRST-MOUTHWASH BLM		<i>fluoxetine hcl (pmd)</i>	152
EXODERM.....	17, 290, 302	....	17, 18, 186, 187, 189, 191, 290	FLUOXIA.....	297, 309
EYSUVIS.....	182	FIRST-OMEPRAZOLE	197	<i>fluphenazine hcl</i>	145, 146
EZALLOR SPRINKLE	100	FIRST-PROGESTERONE		<i>flurandrenolide</i>	297
<i>ezetimibe</i>	94	VGS.....	228	<i>flurazepam hcl</i>	128
<i>ezetimibe-simvastatin</i>	94, 100	FIRVANQ	28	<i>flurbiprofen</i>	139, 149
FABHALTA	239, 254	<i>flac</i>	182	<i>flurbiprofen sodium</i>	149, 185
FABIOR.....	302, 309	FLAGYL.....	21, 25, 36, 191	FLUTICASONE FUROATE-	
<i>falmina</i>	207, 217, 228	FLAREX.....	183	VILANTEROL.....	67, 200
<i>famciclovir</i>	37	<i>flavoxate hcl</i>	313	<i>fluticasone propionate</i>	
<i>famotidine</i>	18, 196	<i>flecainide acetate</i>	95	.....	183, 200, 274, 278, 297
FANAPT	125	FLEQSUVY	64	FLUTICASONE PROPIONATE	
FANAPT TITRATION PACK ...	125	FLEXICHAMBER.....	161	HFA.....	200, 274, 279
FANATREX FUSEPAQ... ..	112, 115	FLEXICHAMBER ADULT		FLUTICASONE-	
FASENRA PEN	278	MASK/SMALL	161	SALMETEROL.....	67, 200
FASTEP COVID-19 ANTIGEN		FLEXICHAMBER CHILD		<i>fluticasone-salmeterol</i>	67, 200
TEST	167	MASK/LARGE	161	<i>fluvastatin sodium</i>	100
FBL KIT.....	64, 290, 306, 309	FLEXICHAMBER CHILD		<i>fluvastatin sodium er</i>	100
FC2 FEMALE CONDOM.....	271	MASK/SMALL	161	<i>fluvoxamine maleate</i>	152
<i>febuxostat</i>	248	FLOLIPID.....	100	<i>fluvoxamine maleate er</i>	152
FEIBA.....	74	FLORAFOL PEDIATRIC		FLUZONE	56
<i>felbamate</i>	115	.....	156, 252, 314	FLUZONE HIGH-DOSE.....	56
FELBATOL.....	115	FLORIVA.....	156, 252, 320	FML FORTE	183
<i>felodipine er</i>	97, 98	FLORIVA PLUS.....	156, 252, 314	FML LIQUIFILM.....	183
FEM PH.....	305, 309			FOCALIN.....	147

<i>folic acid</i>	317	<i>galantamine hydrobromide</i>	65	<i>goodsense aspirin low dose</i>	80, 81, 122, 150
<i>fondaparinux sodium</i>	70, 77	<i>galantamine hydrobromide er</i>	65	<i>goodsense nicotine</i>	58, 62
FORA TEST N' GO ADVANCE	161	<i>gallifrey</i>	228	GORDOFILM.....	293, 302
FORA TEST N'GO ADV-		GALZIN.....	171	<i>granisetron hcl</i>	188
VOICE-6 CON.....	166	GARDASIL 9.....	56	GRASTEK.....	53
FORANE.....	134	<i>gatifloxacin</i>	178	<i>griseofulvin microsize</i>	22
FORFIVO XL.....	118	GATTEX.....	193, 194	<i>griseofulvin ultramicrosize</i>	22
<i>formaldehyde</i>	168	<i>gavilax</i>	191	<i>guaifenesin-codeine</i>	274, 277
<i>formoterol fumarate</i>	67, 282	<i>gavilyte-c</i>	191	<i>guanfacine hcl</i>	93, 99, 130
FOSAMAX.....	251	<i>gavilyte-g</i>	191	<i>guanfacine hcl er</i>	130
FOSAMAX PLUS D.....	251, 320	<i>gavilyte-n with flavor pack</i> ..	191	GUARDIAN 4 GLUCOSE	
<i>fosamprenavir calcium</i>	34	GAVRETO.....	45	SENSOR.....	162
<i>fosfomycin tromethamine</i>	41	<i>gefitinib</i>	45	GUARDIAN 4 TRANSMITTER	162
<i>fosinopril sodium</i>	85, 86	GELCLAIR.....	309	GUARDIAN CONNECT	
<i>fosinopril sodium-hctz</i>	86, 174	GELFILM.....	74	TRANSMITTER.....	162
FOSRENOL.....	170, 247	GEL-FLOW.....	74	GUARDIAN LINK 3	
FOTIVDA.....	45	GELFOAM-JMI POWDER.....	74	TRANSMITTER.....	162
FRAGMIN.....	77	GELFOAM-JMI SPONGE.....	74	GUARDIAN SENSOR (3).....	162
FRAICHE 5000 DENTAL	156, 252	GELNIQUE.....	313	GUARDIAN SENSOR 3.....	162
FREESTYLE LIBRE 14 DAY		<i>gemfibrozil</i>	100	GVOKE HYPOPEN 1-PACK	
READER.....	162	<i>gemmily</i>	207, 217, 228	.....	15, 222, 247
FREESTYLE LIBRE 14 DAY		GEMTESA.....	314	GVOKE HYPOPEN 2-PACK	
SENSOR.....	162	<i>generlac</i>	168	.....	15, 222, 247
FREESTYLE LIBRE 2		<i>gengraf</i>	239, 257, 261, 265	GVOKE KIT.....	15, 222, 247
READER.....	162	<i>gentamicin sulfate</i>	178, 287	GVOKE PFS.....	15, 222, 247
FREESTYLE LIBRE 2		<i>gentle laxative</i>	191	GYNAZOLE-1.....	292
SENSOR.....	162	<i>gentlelax</i>	191	<i>habitrol</i>	58, 62
FREESTYLE LIBRE 3 PLUS		GENVOYA.....	31, 33	HADLIMA 194, 245, 257, 261, 262	
SENSOR.....	162	GILENYA.....	244, 261	HADLIMA PUSH TOUCH	
FREESTYLE LIBRE 3		GILOTRIF.....	45	.....	194, 245, 257, 261
READER.....	162	<i>glatiramer acetate</i>	238, 261	HAEGARDA.....	254, 255
FREESTYLE LIBRE 3		<i>glatopa</i>	239, 261	<i>hailey 1.5/30</i>	207, 217, 228
SENSOR.....	162	GLEOSTINE.....	45	<i>hailey 24 fe</i>	207, 217, 228
FREESTYLE LIBRE READER	162	<i>glimepiride</i>	237	<i>hailey fe 1.5/30</i>	207, 217, 228
FROTEK.....	306	<i>glipizide</i>	237	<i>hailey fe 1/20</i>	207, 217, 228
<i>frovatriptan succinate</i>	151	<i>glipizide er</i>	237	<i>halcinonide</i>	298
FRUZAQLA.....	45	<i>glipizide xl</i>	237	HALCION.....	128
<i>ft aspirin</i>	80, 81, 122, 150	<i>glipizide-metformin hcl</i> ..	204, 237	<i>halobetasol propionate</i>	298
<i>ft aspirin low dose</i>	80, 81, 122, 150	GLOPERBA.....	248	<i>haloette</i>	207, 217, 228
<i>ft clearlax</i>	191	<i>glucagon emergency kit</i>		HALOG.....	298
<i>ft folic acid</i>	317	.....	15, 222, 247	<i>haloperidol</i>	129
<i>ft laxative</i>	191	GLUCAGON EMERGENCY		<i>haloperidol lactate</i>	129
<i>ft magnesium citrate</i>	191	KIT.....	15, 222, 247	HALUCORT.....	309
<i>ft nicotine</i>	58, 62	GLUCOTROL XL.....	237	HARVONI.....	29, 30
<i>ft nicotine mini</i>	58, 62	<i>glutaraldehyde</i>	168	HAVRIX.....	56
FUROSCIX.....	82, 101, 169	<i>glyburide</i>	237	<i>heather</i>	207, 228
<i>furosemide</i>	82, 101, 169	<i>glyburide micronized</i>	237	HEMANGEOL	
FUZEON.....	31	<i>glyburide-metformin</i>	204, 237	.....	64, 87, 93, 95, 102, 122
<i>fyavolv</i>	217, 228	<i>glycolax</i>	191	<i>hematinic/folic acid</i>	78, 317
FYCOMPA.....	115	<i>glycopyrrolate</i>	60, 291, 292	HEMLIBRA.....	74
<i>gabapentin</i>	112, 115, 133	<i>glydo</i>	290	HEMMOREX-HC.....	298
GALAFOLD.....	175, 267	GLYXAMBI.....	212, 235	HEMOPIL M.....	75

<i>heparin na (pork) lock flsh..pf</i>	<i>hydrocodone bit-homatrop mbr</i>	IMPAVIDO.....	25, 36
<i>heparin sod (pork) lock flusf7</i>	.....	IMVEXXY MAINTENANCE	
<i>heparin sodium (porcine).....</i>	<i>hydrocodone-acetaminophen</i>	PACK.....	217
<i>heparin sodium (porcine) ..pf.</i>	.....	IMVEXXY STARTER PACK...	217
HEPLISAV-B.....	<i>hydrocodone-ibuprofen</i>	INBRIJA.....	132
HEPZATO W/50MM	.....	<i>incassia</i>	208, 228
CATHETER.....	<i>hydrocortisone</i>	INCRELEX.....	236
HEPZATO W/62MM	<i>hydrocortisone (perianal)</i>	<i>indapamide</i>	82, 106, 175
CATHETER.....	<i>hydrocortisone ace-pramoxine</i>	INDERAL LA	
<i>her style</i>.....	.....	.....	64, 87, 93, 95, 102, 122
HETLIOZ.....	<i>hydrocortisone acetate</i>	INDICAID COVID-19 RAPID	
HETLIOZ LQ.....	.....	TEST.....	167
HEXIOUNYL.....	<i>hydrocortisone butyrate</i>	INDOCIN.....	139, 149, 248
HIBERIX.....	<i>hydrocortisone valerate</i>	<i>indomethacin</i>	139, 149, 248
HIPREX.....	<i>hydrocortisone-acetic acid</i>	<i>indomethacin er</i>	139, 149, 248
HPR PLUS.....	.....	INFANRIX.....	54, 56
HUMALOG.....	<i>hydrocortisone-iodoquinol</i>	INGREZZA.....	155
HUMALOG KWIKPEN.....	.....	INLYTA.....	46
HUMALOG MIX 50/50	<i>hydrocort-pramoxine (perianal)</i>	INOVA.....	300, 305
KWIKPEN.....	.....	INOVA 4/1 ACNE CONTROL	
HUMALOG MIX 50/50 VIAL....	<i>hydromet</i>	THERAPY.....	300, 303, 305
HUMALOG MIX 75/25	<i>hydromorphone hcl</i>	INOVA 8/2 ACNE CONTROL	
KWIKPEN.....	<i>hydromorphone hcl er</i>	THERAPY.....	300, 303, 305
HUMALOG MIX 75/25 VIAL....	<i>hydroxychloroquine sulfate</i>	INPEN 100-BLUE-LILLY-	
HUMALOG U-100 JUNIOR	.....	HUMALOG.....	162
KWIKPEN.....	<i>hydroxyurea</i>	INPEN 100-BLUE-NOVOLOG-	
HUMATE-P.....	<i>hydroxyzine hcl</i>	FIASP.....	162
HUMIRA (2 PEN)	<i>hydroxyzine pamoate</i>	INPEN 100-GREY-LILLY-	
.....	.....	HUMALOG.....	163
HUMIRA (2 SYRINGE)	HYFTOR.....	INPEN 100-GREY-	
.....	<i>hyoscyamine sulfate</i>	NOVOLOG-FIASP.....	163
HUMIRA-CD/UC/HS	<i>hyoscyamine sulfate er</i>	INPEN 100-PINK-LILLY-	
STARTER.....	<i>hyosyne</i>	HUMALOG.....	163
HUMIRA-PSORIASIS/UEVIT	HYPERSAL.....	INPEN 100-GREY-	
STARTER.....	<i>ibandronate sodium</i>	NOVOLOG-FIASP.....	163
HUMULIN 70/30 KWIKPEN	IBRANCE.....	INPEN 100-PINK-LILLY-	
.....	<i>ibuprofen</i>	HUMALOG.....	163
HUMULIN 70/30 VIAL.....	<i>icatibant acetate</i>	INPEN 100-PINK-NOVOLOG-	
HUMULIN N KWIKPEN.....	<i>iclevia</i>	FIASP.....	163
HUMULIN N VIAL.....	ICLUSIG.....	INQOVI.....	46
HUMULIN R U-500 KWIKPEN	IDARAN.....	INREBIC.....	46
235	IDELVION.....	INSPIREASE RESERVOIR	
HUMULIN R U-500 VIAL.....	IDHIFA.....	BAGS.....	163
235	IHEALTH CONTROL	INSULIN LISPRO.....	234
HUMULIN R VIAL.....	SOLUTION.....	INSULIN LISPRO (1 UNIT	
235	IHEALTH COVID-19 RAPID	DIAL).....	234
HYCAMTIN.....	TEST.....	INSULIN LISPRO JUNIOR	
<i>hydralazine hcl</i>	ILEVRO.....	KWIKPEN.....	234
99	ILUMYA.....	INSULIN LISPRO PROT &	
HYDREA.....	<i>imatinib mesylate</i>	LISPRO.....	234
45	IMBRUVICA.....	INSULIN PEN NEEDLES.....	163
HYDRO 40.....	IMCIVREE.....	INSULIN SYRINGES.....	163
302	<i>imipramine hcl</i>	INTELENCE.....	32
<i>hydrochlorothiazide</i> ...82, 106, 174	<i>imipramine pamoate</i>	INTELISWAB COVID-19	
<i>hydrocod poli-chlorphe poli er</i>	<i>imiquimod</i>	RAPID TEST.....	167
.....	.....	INTRAROSA.....	200
18, 19, 274	.....	<i>introvale</i>	208, 217, 228
<i>hydrocodone bitartrate er</i>....	.....	
140			

INVELTYS.....	183	<i>junel fe 1/20</i>	208, 217, 229	KOATE-DVI.....	75
<i>iodine strong</i> 6, 22, 204, 277, 292		<i>junel fe 24</i>	208, 217, 229	KOGENATE FS.....	75
<i>iodine tincture</i>	292, 305	JUST RIGHT 5000.....	156, 252	KORLYM.....	203
IOPIDINE.....	177, 185	JUXTAPID.....	86, 102	KOSELUGO.....	47
IPOL.....	56	JYLAMVO.....	46, 240, 257, 262, 265	<i>kourzeq</i>	298
<i>ipratropium bromide</i>	61, 273	JYNARQUE.....	175	KOVALTRY.....	75
<i>ipratropium-albuterol</i> ... 61, 67, 273		K.B.G.L IN TERODERM		K-PHOS.....	171
<i>irbesartan</i>	83, 84	.....	64, 139, 290, 306, 310	K-PHOS NO 2.....	168
<i>irbesartan-hydrochlorothiazide</i>		<i>kaitlib fe</i>	208, 218, 229	K-PHOS-NEUTRAL.....	171
.....	84, 174	KALETRA.....	34	<i>k-prime</i>	171
IRESSA.....	46	<i>kalliga</i>	208, 218, 229	KRAZATI.....	47
ISENTRESS.....	31	KALYDECO.....	275, 276	KRINTAFEL.....	23
ISENTRESS HD.....	31	KAPSPARGO SPRINKLE		KRISTALOSE.....	169
<i>isibloom</i>	208, 217, 228	.....	68, 87, 93, 95, 102	K-TAB.....	172
<i>isoflurane</i>	134	KARBINAL ER.....	17, 18, 277	<i>kurvelo</i>	208, 218, 229
<i>isoniazid</i>	26	<i>kariva</i>	208, 218, 229	KUTAR.....	295, 300
<i>isosorb dinitrate-hydralazine</i>		KATERZIA.....	98, 107	KUTARVIA.....	295, 300
.....	99, 102, 103	<i>kelnor 1/35</i>	208, 218, 229	KYZATREX.....	203
<i>isosorbide dinitrate</i>	102, 103	<i>kelnor 1/50</i>	208, 218, 229	<i>labetalol hcl</i>	
<i>isosorbide mononitrate</i> ... 102, 103		KEPPRA.....	115	.....	64, 66, 83, 87, 93, 95, 102
<i>isosorbide mononitrate</i> 102, 103		KEPPRA XR.....	115	<i>lacosamide</i>	115, 134
<i>isotretinoin</i>	303, 310	KERALYT SCALP.....	303	<i>lactulose</i>	169
<i>isradipine</i>	97, 98	KERAMATRIX REPLICINE		<i>lactulose encephalopathy</i>	169
ISTALOL.....	181	2CMX3CM.....	272	LAGEVRIO.....	37
ISTURISA.....	200, 267	KERAMATRIX REPLICINE		LAMICTAL.....	115, 119, 120
<i>itraconazole</i>	27	5CMX5CM.....	272	LAMICTAL ODT.....	115, 119
<i>ivabradine hcl</i>	92, 107	KERENDIA.....	101	LAMICTAL STARTER.....	115, 120
<i>ivermectin</i>	22	KESIMPTA.....	262	LAMICTAL XR.....	116, 120
IWILFIN.....	46	<i>ketconazole</i>	27, 292, 293	<i>lamivudine</i>	33
IYUZEH.....	187	<i>ketodan</i>	293	<i>lamivudine-zidovudine</i>	33
<i>jaimiess</i>	208, 217, 229	KETO-DIASTIX.....	168	<i>lamotrigine</i>	116, 120
JAKAFI.....	46, 301	KETONE TEST.....	167	<i>lamotrigine er</i>	116, 120
<i>jantoven</i>	71	<i>ketorolac tromethamine</i>		<i>lamotrigine starter kit-blue</i>	
JARDIANCE.....	235	.....	139, 149, 185	.....	116, 120
<i>jasmiel</i>	208, 217, 229	KETOSTIX.....	167	<i>lamotrigine starter kit-green</i>	
JAVYGTOR.....	175, 267	KEVARTIA.....	294, 300	.....	116, 120
JAYPIRCA.....	46	KEVEYIS.....	81, 251	<i>lamotrigine starter kit-orange</i>	
<i>jencycla</i>	208, 229	KEVZARA.....	242, 258	.....	116, 120
JENTADUETO.....	204, 212	KINERET.....	242, 258, 262	LAMPIT.....	25
JENTADUETO XR.....	205, 212	KISQALI (200 MG DOSE).....	47	LANCETS.....	163
JESDUVROQ.....	69, 72	KISQALI (400 MG DOSE).....	47	LANCETS SUPER THIN.....	163
<i>jinteli</i>	217, 229	KISQALI (600 MG DOSE).....	47	LANOXIN.....	86, 92
JIVI.....	75	KLARON.....	288	<i>lansoprazole</i>	197
JOENJA.....	262	<i>klayesta</i>	307	<i>lanthanum carbonate</i> ... 170, 247	
<i>jolessa</i>	208, 217, 229	KLISYRI.....	285, 310	LANTUS SOLOSTAR.....	224
JORNAY PM.....	147	<i>klor-con</i>	171	LANTUS U-100 VIAL.....	224
<i>joyeaux</i>	208, 217, 229	<i>klor-con 10</i>	171	<i>lapatinib ditosylate</i>	47
JUBLIA.....	292	<i>klor-con m10</i>	171	<i>larin 1.5/30</i>	208, 218, 229
<i>juleber</i>	208, 217, 229	<i>klor-con m15</i>	171	<i>larin 1/20</i>	208, 218, 229
JULUCA.....	31, 32	<i>klor-con m20</i>	171	<i>larin 24 fe</i>	208, 218, 229
<i>junel 1.5/30</i>	208, 217, 229	<i>klor-con/ef</i>	171	<i>larin fe 1.5/30</i>	208, 218, 229
<i>junel 1/20</i>	208, 217, 229	KLOXXADO.....	143	<i>larin fe 1/20</i>	208, 218, 229
<i>junel fe 1.5/30</i>	208, 217, 229	KOATE.....	75	LASIX.....	82, 101, 169

LATANOPROST	187	<i>lidocaine-prilocaine</i>	291	<i>lubiprostone</i>	188, 195
<i>latanoprost</i>	187	LIDTOPIC MAX	291	LUCEMYRA.....	59
<i>layolis fe</i>	208, 218, 229	LIKMEZ.....	21, 25, 36, 191	LUGOLS STRONG IODINE	
LAZCLUZE	47	<i>linezolid</i>	39	.....	292, 305
LEDIPASVIR-SOFOSBUVIR		LINZESS.....	188, 195	LULICONAZOLE.....	293
.....	29, 30	<i>liothyronine sodium</i>	238	LUMAKRAS.....	47
<i>leena</i>	208, 218, 229	LIPOFEN.....	100	LUMIGAN.....	187
<i>leflunomide</i>	243, 258, 262, 265	LIQUICAL PLUS.....	172	LUMRYZ.....	130, 155, 249
<i>lenalidomide</i>	47, 262	LIRAGLUTIDE	223	LUPKYNIS.....	244, 265
LENVIMA.....	47	<i>lisdexamfetamine dimesylate</i>		<i>lurasidone hcl</i>	125
<i>lessina</i>	208, 218, 229	.....	110, 111	<i>lutea</i>	209, 218, 230
<i>letrozole</i>	47, 203	<i>lisinopril</i>	85, 86	LUZU.....	293
LETS.....	59, 246	<i>lisinopril-hydrochlorothiazide</i>		<i>lyleq</i>	209, 230
<i>leucovorin calcium</i> ..	17, 247, 317	.....	86, 174	<i>lyllana</i>	218, 251
LEUKERAN.....	47	L-ISOLEUCINE.....	169	LYNPARZA.....	48
LEUKINE.....	72	LITFULO	301, 310	LYRICA.....	116, 132, 133
<i>leuprolide acetate</i>	47, 222	<i>lithium</i>	120	LYSODREN.....	48
<i>levabuterol hcl</i>	67, 282	<i>lithium carbonate</i>	120	LYTGOBI (12 MG DAILY	
LEVALBUTEROL HFA	68, 282	<i>lithium carbonate er</i>	120	DOSE).....	48
LEVBID.....	16, 61	LITHOBID.....	120	LYTGOBI (16 MG DAILY	
<i>levetiracetam</i>	116	LITHOSTAT	169	DOSE).....	48
<i>levetiracetam er</i>	116	LIVALO.....	100	LYTGOBI (20 MG DAILY	
<i>levobunolol hcl</i>	181	LIVMARLI.....	192, 195	DOSE).....	48
<i>levocarnitine</i>	267	LIVTENCITY	26	LYUMJEV KWIKPEN.....	234
<i>levocarnitine sf</i>	267	LO LOESTRIN FE ...	209, 218, 230	LYUMJEV VIAL.....	234
<i>levocetirizine dihydrochloride</i> ..	19	LOCOID LIPOCREAM.....	298	<i>lyza</i>	209, 230
<i>levofloxacin</i>	26, 39, 178, 288	LODOCO.....	70, 267	MACROBID.....	41
<i>levonest</i>	208, 218, 229	<i>lofexidine hcl</i>	59	MACRODANTIN.....	42
<i>levonorgest-eth est & eth est</i>		<i>lojaimiess</i>	209, 218, 230	<i>mafenide acetate</i>	288, 305
.....	208, 218, 229	LOKELMA.....	170	<i>magnesium citrate</i>	191
<i>levonorgest-eth estrad 91-day</i>		LOMAIRA.....	110	MALARONE.....	24
.....	208, 218, 229	LOMOTIL.....	61, 189	<i>malathion</i>	307
<i>levonorgest-eth estradiol-iron</i>		LONSURF.....	47	<i>maraviroc</i>	31
.....	209, 218, 229	LOPID.....	100	MARINOL.....	189, 195
<i>levonorgestrel</i>	209, 229	<i>lopinavir-ritonavir</i>	34, 35	<i>marlissa</i>	209, 218, 230
<i>levonorgestrel-ethinyl estrad</i>		LOPRESSOR..	68, 87, 93, 95, 102	MARPLAN.....	136
.....	209, 218, 230	<i>lorazepam</i>	127, 128	MATULANE.....	48
<i>levonorg-eth estrad triphasic</i>		<i>lorazepam intensal</i>	127, 128	<i>matzim la</i>	89, 90, 91, 97, 107
.....	209, 218, 230	LORBRENA.....	47	MAVENCLAD ...	48, 239, 262, 265
<i>levora 0.15/30 (28)</i>	209, 218, 230	LOREEV XR.....	127, 128	MAVYRET	29, 30
<i>levorphanol tartrate</i>	141	<i>loryna</i>	209, 218, 230	MAXIDEX.....	183
<i>levo-t</i>	238	LORZONE.....	63	MAXITROL.....	179, 183
LEVOTHYROXINE SODIUM..	238	<i>losartan potassium</i>	83, 84	<i>maxi-tuss ac</i>	274, 277
<i>levothyroxine sodium</i>	238	<i>losartan potassium-hctz</i> ..	84, 174	MAYZENT	244, 263
<i>levoxyl</i>	238	LOTEMAX.....	183	MAYZENT STARTER PACK	
LEVSIN.....	16, 61	LOTEMAX SM.....	183	.....	244, 263
LEVSIN/SL.....	16, 61	LOTENSIN.....	85, 86	<i>me/naphos/mb/hyo1</i> ...	42, 61, 267
LEVULAN KERASTICK..	285, 310	LOTENSIN HCT	86, 174	<i>meclofenamate sodium</i> ..	139, 149
<i>l-glutamine</i>	267, 310	<i>loteprednol etabonate</i>	183	MEDERMA SPF 30.....	310
<i>lidocaine</i>	290	<i>lovastatin</i>	100	MEDROL.....	200
<i>lidocaine hcl</i>	186, 291	<i>low-ogestrel</i>	209, 218, 230	<i>medroxyprogesterone acetate</i>	
<i>lidocaine hcl urethral/mucosa</i>	291	<i>loxapine succinate</i>	123, 131	.....	209, 230
<i>lidocaine viscous hcl</i>	186	<i>lo-zumandimine</i>	209, 218, 230	<i>mefenamic acid</i>	139, 149

<i>mefloquine hcl</i>	24	<i>methylphenidate hcl er (xr)</i>	147	<i>mm aspirin</i>	80, 81, 122, 150
<i>megestrol acetate</i>	48, 230	<i>methylprednisolone</i>	201	<i>mm clearlax</i>	191
MEKINIST.....	48	<i>methyltestosterone</i>	203	M-M-R II.....	56
MEKTOVI.....	48	<i>metoclopramide hcl</i>	197	M-NATAL PLUS.....	78, 314, 317
MELOXICAM.....	139, 149	<i>metolazone</i>	82, 106, 175	<i>modafinil</i>	155
<i>meloxicam</i>	139, 149	METOPIRONE.....	167	MODERNA COVID-19 VAC 6M-11Y.....	56
<i>memantine hcl</i>	130	<i>metoprolol succinate er</i>	69, 87, 93, 95, 102	<i>moexipril hcl</i>	85, 86
<i>memantine hcl er</i>	130	<i>metoprolol tartrate</i>	69, 87, 93, 95, 103	<i>molindone hcl</i>	123, 131
MENEST.....	219, 251	<i>metoprolol-hydrochlorothiazide</i>	88, 93, 174	<i>mometasone furoate</i>	183, 201, 274, 278, 298
MENOSTAR.....	219, 251	METROCREAM.....	288	<i>mondoxyne nl</i>	24, 41, 288
MENQUADFI.....	56	METROLOTION.....	288	<i>mono-lynyah</i>	209, 219, 230
MENVEO.....	56	<i>metronidazole</i>	21, 25, 36, 191, 288	MONSELS FERRIC SUBSULFATE.....	75
<i>meperidine hcl</i>	141	METRONIDAZOLE BENZO+SYRSPEND ..	21, 25, 191	<i>montelukast sodium</i>	278
<i>meprobamate</i>	124, 136	<i>metyrosine</i>	167, 268	<i>morphine sulfate</i>	142
<i>mercaptapurine</i>	48, 241, 265	<i>mexiletine hcl</i>	94	<i>morphine sulfate (concentrate)</i>	141
<i>merzee</i>	209, 219, 230	MIACALCIN.....	204, 251	<i>morphine sulfate er</i>	141, 142
<i>mesalamine</i>	190	<i>mibelas 24 fe</i>	209, 219, 230	<i>morphine sulfate er beads</i>	141
<i>mesalamine-cleanser</i>	190	<i>miconazole 3</i>	293	MOTEGRITY.....	195
MESNEX.....	270	MICONAZOLE-ZINC OXIDE- PETROLAT.....	292, 293, 300	MOTOFEN.....	61, 189
MESTINON.....	65	<i>microgestin 1.5/30</i>	209, 219, 230	MOTPOLY XR.....	116, 134
<i>metaxalone</i>	63	<i>microgestin 1/20</i>	209, 219, 230	MOUNJARO.....	223
<i>metformin hcl</i>	205	<i>microgestin fe 1.5/30</i>	209, 219, 230	MOVIPREP.....	191, 319
<i>metformin hcl er</i>	205	<i>microgestin fe 1/20</i>	209, 219, 230	<i>moxifloxacin hcl</i>	26, 39, 179, 288
<i>methadone hcl</i>	141	MICROLET NEXT LANCING DEVICE.....	163	<i>moxifloxacin hcl (2x day)</i>	39, 179
<i>methadone hcl intensol</i>	141	<i>midazolam hcl</i>	128	MOZOBIL.....	72
METHADOSE.....	141	MIDAZOLAM+SYRSPEND SF	128	MUCOSITISRX.....	185
<i>methadose</i>	141	<i>midodrine hcl</i>	59	MULPLETA.....	72
METHADOSE SUGAR-FREE.....	141	MIEBO.....	180, 185	MULTAQ.....	96
<i>methamphetamine hcl</i>	111	MIFEPREX.....	272	<i>multivitamin w/fluoride</i>	156, 252, 314
<i>methazolamide</i>	81, 91, 182	<i>mifepristone</i>	203, 272	<i>multivitamin/fluoride</i>	156, 252, 314, 317
<i>methenamine hippurate</i>	42	MIGERGOT.....	65, 122, 148	MULTIVITAMIN/FLUORIDE	156, 252, 314, 317, 318
<i>methenamine mandelate</i>	42	<i>miglitol</i>	202	<i>multi-vitamin/fluoride</i>	156, 252, 314
<i>methergine</i>	272	<i>miglustat</i>	176, 268	<i>multi-vitamin/fluoride/iron</i>	78, 252, 314
<i>methimazole</i>	204	<i>mili</i>	209, 219, 230	MULTI-VIT-FLOR....	156, 252, 314
METHITEST.....	203	<i>mimvey</i>	219, 230	<i>mupirocin</i>	288
<i>methocarbamol</i>	32, 63	<i>mineral oil heavy</i>	191	<i>mupirocin calcium</i>	288
<i>methotrexate sodium</i>	48, 240, 258, 263, 265	<i>minocycline hcl</i>	24, 41	<i>my choice</i>	209, 230
<i>methotrexate sodium (pf)</i>	48, 240, 258, 263, 265	<i>minocycline hcl er</i>	41, 310	<i>my way</i>	209, 230
<i>methoxsalen rapid</i>	307	<i>minoxidil</i>	99, 295	MYALEPT.....	224
<i>methscopolamine bromide</i>	61	<i>mirabegron er</i>	314	MYCOBUTIN.....	26, 40
<i>methsuximide</i>	153	<i>mirtazapine</i>	118, 153	<i>mycophenolate mofetil</i>	239, 265
<i>methyl salicylate</i>	293	MIRVASO.....	177, 285, 310	<i>mycophenolate sodium</i>	266
METHYLDOPA.....	59, 93, 99	<i>misoprostol</i>	197	<i>mycophenolic acid</i>	266
<i>methylergonovine maleate</i>	272	MITIGARE.....	248	MYCOZYL AL.....	312
METHYLIN.....	147	MITOSOL.....	179	MYDAYIS.....	111
<i>methylphenidate</i>	148				
<i>methylphenidate hcl</i>	148				
<i>methylphenidate hcl er</i>	147				
<i>methylphenidate hcl er (cd)</i>	147				
<i>methylphenidate hcl er (la)</i>	147				
<i>methylphenidate hcl er (osm)</i>	147				

MYFEMBREE	204, 219, 231	NERLYNX	48	NORDITROPIN FLEXPRO	225, 236
MYLERAN	48	NESTABS	78, 315, 318	<i>norelgestromin-eth estradiol</i>	210, 219, 231
MYRBETRIQ	314	NESTABS ONE	78, 268, 315, 318	<i>norethin ace-eth estrad-fe</i>	210, 219, 231
MYSOLINE	126	<i>neuac</i>	288, 305	<i>norethindrone</i>	210, 231
MYTESI	189	NEULASTA	72	<i>norethindrone acetate</i>	231
MYXREDLIN	172, 235	NEUPRO	137	<i>norethindrone acet-ethinyl est</i>	210, 219, 231
<i>na sulfate-k sulfate-mg sulf</i>	192	NEURAPTINE	112, 133	<i>norethindrone-eth estradiol</i>	219, 231
<i>nabumetone</i>	139, 149	NEURONTIN	112, 116, 133	<i>norethindron-ethinyl estrad-fe</i>	210, 219, 231
<i>nadolol</i>	64, 69, 83, 88, 93, 95, 103	NEVANAC	185	<i>norethin-eth estradiol-fe</i>	210, 219, 231
<i>naftifine hcl</i>	285	<i>nevirapine</i>	32	<i>norgestimate-eth estradiol</i>	210, 220, 231
NAFTIN	285	<i>nevirapine er</i>	32	<i>norgestimate-ethinyl estradiol triphasic</i>	210, 220, 231
<i>naloxone hcl</i>	16, 143, 247	<i>new day</i>	210, 231	NORLIQVA	98, 99, 108
<i>naltrexone hcl</i>	15, 16, 58, 143, 246, 247	NEXIUM	197	<i>norlyroc</i>	210, 231
NAMZARIC	66, 130	NEXLETOL	83, 86	NORPACE	94
NANRAN	288, 291	NEXLIZET	83, 86, 94	NORPACE CR	94
NAPROSYN....	122, 139, 149, 248	NEXTSTELLIS	210, 219, 231	NORPRAMIN	154
<i>naproxen</i>	122, 139, 149, 248	NGENLA	225	<i>nortrel 0.5/35 (28)</i>	210, 220, 231
<i>naproxen dr</i>	122, 139, 149, 248	<i>niacin er (antihyperlipidemic)</i>	86	<i>nortrel 1/35 (21)</i>	210, 220, 231
<i>naproxen sodium</i>	123, 139, 149, 248	<i>nicardipine hcl</i>	98, 107	<i>nortrel 1/35 (28)</i>	210, 220, 231
<i>naproxen sodium er</i>	123, 139, 149, 248	NICORETTE	58, 62	<i>nortrel 7/7/7</i>	210, 220, 231
<i>naratriptan hcl</i>	151	NICORETTE MINI	58, 62	<i>nortriptyline hcl</i>	154
NARCAN	143	<i>nicotine</i>	58, 62, 63	NORVIR	35
NARDIL	136	<i>nicotine mini</i>	58, 62	NOURIANZ	109, 130
NASCOBAL	79, 318	<i>nicotine polacrilex</i>	58, 62	NOVOEIGHT	75
NATACYN	180	<i>nicotine polacrilex mini</i>	58, 62	NOVOFINE PEN NEEDLE	164
NATAL PNV	78, 315, 318	<i>nicotine step .1</i>	58, 62	NOVOFINE PLUS PEN	164
NATAZIA	209, 219, 231	<i>nicotine step .2</i>	58, 62	NEEDLE	164
<i>nateglinide</i>	224	<i>nicotine step .3</i>	58, 62	NOVOPEN ECHO	164
NAYZILAM	127, 129	NICOTROL	58, 63	NOVOSEVEN RT	75
<i>nebivolol hcl</i>	64, 88, 93, 95	NICOTROL NS	58, 63	NOXAFIL	27
NEBUPENT	25	<i>nifedipine</i>	98, 107	<i>np thyroid</i>	238
NEBUSAL	278	<i>nifedipine er</i>	98, 107	NUBEQA	48
<i>necon 0.5/35 (28)</i>	209, 219, 231	<i>nifedipine er osmotic release</i>	98, 107	NUCALA	273
<i>nefazodone hcl</i>	153	<i>nikki</i>	210, 219, 231	NUCORT	298
<i>neomycin sulfate</i>	21, 179, 288	<i>nimodipine</i>	98, 108	NUCYNTA	142
<i>neomycin-bacitracin zn-polymyx</i>	179	NINLARO	48	NUCYNTA ER	142
<i>neomycin-polymyxin-dexameth</i>	179, 183	<i>nisoldipine er</i>	98, 99	NUDEXTA	130
<i>neomycin-polymyxin-gramicidin</i>	179	<i>nitazoxanide</i>	24, 25	NUJO	266, 301, 310
<i>neomycin-polymyxin-hc</i> ..	179, 183	NITRO-BID	103	NULEV	16, 61
NEONATAL COMPLETE	78, 315, 318	NITRO-DUR	103, 104	NUPLAZID	125
NEONATAL PLUS	78, 315, 318	<i>nitrofurantoin</i>	42	NURTEC	129
<i>neo-polycin</i>	179	<i>nitrofurantoin macrocrystal</i>	42	NUTRASEB	303
<i>neo-polycin hc</i>	179, 183, 288	<i>nitrofurantoin monohydrate macrocrystals</i>	42		
NEOSALUS	310	<i>nitroglycerin</i>	103, 104, 294, 310		
NEO-SYNALAR	288, 298	NITROSTAT	103, 104		
NEOTUSS PLUS..	18, 19, 59, 274	NITRO-TIME	103, 104		
		NIVA THYROID	238		
		NOCDURNA	75, 225		
		<i>nora-be</i>	210, 231		
		NORDIPEN 5 INJECTION DEVICE	163		

NUTROPIN AQ NUSPIN 10	OMNITROPE	225, 236	ORENITRAM MONTH 1
.....	OMVOH.....	188, 195	.....
NUTROPIN AQ NUSPIN 20	ON/GO COVID-19 ANTIGEN		ORENITRAM MONTH 2
.....	TEST	167	.....
NUTROPIN AQ NUSPIN 5	ON/GO ONE COVID-19		ORENITRAM MONTH 3
.....	HOME TEST	167	.....
NUVESSA.....	<i>ondansetron hcl</i>	188	ORFADIN.....
NUWIQ.....	<i>ondansetron odt</i>	188	ORGOVYX.....
NUZYRA.....	ONE VITE WOMENS PLUS		ORIAHNN.....
<i>nyamyc</i>.....	.....	78, 315, 318	ORLISSA.....
<i>nylia 1/35</i>	ONETOUCH DELICA PLUS		ORKAMBI.....
<i>nylia 7/7/7</i>	LANCING	164	ORLISTAT
NYMALIZE	ONETOUCH DELICA SAFETY		<i>orphenadrine citrate</i>
<i>nystatin</i>	LANCING	164	ORSERDU.....
<i>nystatin-triamcinolone</i>	ONETOUCH ULTRA	164, 166	OSCIMIN.....
<i>nystop</i>	ONETOUCH ULTRA 2.....	164	<i>oseltamivir phosphate</i>
OBIZUR.....	ONETOUCH ULTRA TEST ...	166	OSPHENA.....
OICALIVA.....	ONETOUCH VERIO.....	164, 166	OTEZLA..
<i>ocella</i>	ONETOUCH VERIO FLEX		OVACE PLUS.....
<i>octreotide acetate</i>	SYSTEM.....	164	OVACE PLUS WASH.....
OCUFLOX.....	ONETOUCH VERIO		OVACE WASH.....
ODACTRA.....	REFLECT	164	OVIDE.....
ODEFSEY	ONEXTON	288, 305	<i>oxaprozin</i>
ODOMZO.....	ONFI.....	127, 129	<i>oxazepam</i>
OFEV.....	ONGENTYS.....	130	OXBRYTA.....
<i>ofloxacin</i>	ONUREG	49	<i>oxcarbazepine</i>
OGSIVEO.....	ONZETRA XSAIL.....	151	OXERVATE.....
OJEMDA.....	<i>opcicon one-step</i>	210, 232	<i>oxiconazole nitrate</i>
OJJAARA.....	OPFOLDA.....	176, 268	OXISTAT.....
<i>olanzapine</i>	OPILL.....	210, 232	<i>oxybutynin chloride</i>
<i>olanzapine-fluoxetine hcl</i>	<i>opium</i>	189	<i>oxybutynin chloride er</i>
<i>olmesartan medoxomil</i>	OPSUMIT.....	108, 276, 283	<i>oxycodone hcl</i>
<i>olmesartan medoxomil-hctz</i>	<i>option 2</i>	210, 232	<i>oxycodone-acetaminophen</i>
.....	OPTIONS GYNOL II		.....
<i>olmesartan-amlodipine-hctz</i>	CONTRACEPTIVE	271	OXYCODONE-
.....	OPVEE.....	143	ACETAMINOPHEN.112, 138, 142
<i>olopatadine hcl</i>	OPZELURA.....	49, 302, 310	<i>oxymorphone hcl</i>
OLUMIANT	ORACIT.....	168	<i>oxymorphone hcl er</i>
OMECLAMOX-PAK....	ORAL CITRATE	168	OZEMPIC.....
<i>omega-3-acid ethyl ester</i>	ORALAIR.....	53	OZOBAX DS.....
<i>omeprazole</i>	ORALAIR ADULT STARTER		PACERONE.....
OMEPRAZOLE+SYRSPEND	PACK.....	53	PALFORZIA
SF ALKA.....	ORALAIR CHILDRENS		<i>paliperidone er</i>
OMNARIS.....	STARTER PACK.....	53	PALYNZIQ.....
OMNIFLEX DIAPHRAGM.....	<i>oralone</i>	298	PANCREAZE
OMNIPOD 5 DEXG7G6	ORAPRED ODT.....	201	PANDEL.....
INTRO GEN 5.....	ORAVIG.....	293	PANRETIN.....
OMNIPOD 5 DEXG7G6 PODS	ORENCIA.....	240, 258, 263	<i>pantoprazole sodium</i>
GEN 5.....	ORENCIA CLICKJECT		PARI VORTEX ADULT MASK
OMNIPOD 5 LIBRE2 PLUS G6	.....	240, 258, 263	<i>paricalcitol</i>
.....	ORENITRAM.....	108, 280, 283	PARNATE
OMNIPOD 5 LIBRE2 PLUS G6			<i>paroxetine hcl</i>
PODS.....			<i>paroxetine hcl er</i>

<i>paroxetine mesylate</i>	153	<i>phenytoin</i>	94, 134	<i>portia-28</i>	211, 220, 232
PAXIL.....	153	<i>phenytoin infatabs</i>	94, 134	<i>posaconazole</i>	27
PAXLOVID (150/100).....	26	<i>phenytoin sodium extended</i>		<i>potassium chloride</i>	172
PAXLOVID (300/100).....	26	.....	94, 134	<i>potassium chloride crys .er.</i>	172
<i>pazopanib hcl</i>	49	PHEOXIA.....	293, 311	<i>potassium chloride er</i>	172
PEDIAPRED.....	201	PHEXXI.....	271	<i>potassium citrate er</i>	168
PEDIARIX.....	54, 56	<i>philith</i>	210, 220, 232	<i>potassium citrate-citric acid</i>	168
PEDVAX HIB.....	56	PHOSPHA 250 NEUTRAL.....	172	<i>potassium iodide</i>	277
<i>peg 3350-kcl-na bicarb-nacl</i>	192	PHOSPHOLINE IODIDE.....	186	PRADAXA.....	71
<i>peg-3350/electrolytes</i>	192	<i>phosphorous</i>	172	<i>pramipexole dihydrochloride</i>	137
<i>peg-3350/electrolytes/ascorbic acid</i>		<i>phospho-trin 250 neutral</i>	172	PRAMOSONE.....	291, 298, 299
.....	192, 319	PHOXILLUM B22K4/0.....	172	PRAMOTIC.....	180, 186
PEGASYS.....	35, 49, 263	PHOXILLUM BK4/2.5.....	172	<i>prasugrel hcl</i>	80
<i>peg-kcl-nacl-nasulf-na asc-c</i>		<i>phytonadione</i>	16, 247, 320	<i>pravastatin sodium</i>	101
.....	192, 319	PIFELTRO.....	32	<i>praziquantel</i>	22
PEG-PREP.....	192	<i>pilocarpine hcl</i>	66, 186	<i>prazosin hcl</i>	65, 83, 88
PEMAZYRE.....	49	PILOT COVID-19 AT-HOME		PRED MILD.....	184
PENBRAYA.....	57	TEST.....	167	<i>prednisolone</i>	201
<i>penciclovir</i>	291	<i>pimecrolimus</i>	266, 301, 311	<i>prednisolone acetate</i>	184
<i>penicillamine</i>	16, 198, 258	<i>pimozide</i>	123, 131	<i>prednisolone sodium</i>	
<i>penicillin v potassium</i>	35, 36	<i>pimtreea</i>	210, 220, 232	<i>phosphate</i>	184, 201
PENTACEL.....	54, 57	<i>pindolol</i>	64, 88, 93, 95, 103	<i>prednisone</i>	201
<i>pentamidine isethionate</i>	25	<i>pioglitazone hcl</i>	237	<i>prednisone intensal</i>	201
<i>pentazocine-naloxone hcl</i>	43, 145	<i>pioglitazone hcl-glimepiride</i>	237	<i>pregabalin</i>	116, 132, 133
<i>pentoxifylline er</i>	73	<i>pioglitazone hcl-metformin hcl</i>		<i>pregabalin er</i>	112, 132, 133
PERFECT POINT SAFETY		.....	205, 237	PREHEVBRIO.....	57
LANCETS.....	164	PIP GLUCOSE CONTROL		PREMARIN.....	220, 251
PERFECT POINT SAFETY		SOLUTION.....	164	PREMESISRX 172, 268, 315, 318	
NEEDLE.....	164	PIQRAY.....	49	<i>premium lidocaine</i>	291
PERFOROMIST.....	68, 282	<i>pirfenidone</i>	273, 281	PREMPHASE.....	220, 232
PERIDEX..	21, 180, 181, 292, 305	<i>piroxicam</i>	139, 149	PREMPRO.....	220, 232
<i>perindopril erbumine</i>	85, 86	<i>pitavastatin calcium</i>	101	PRENAISSANCE	
<i>perio gard</i> ...21, 180, 181, 292, 305		PLAN B ONE-STEP.....	211, 232	.....	78, 192, 268, 315, 318
<i>permethrin</i>	307	PLEGRIDY.....	263, 264	<i>prenatal</i>	78, 315, 318
<i>perphenazine</i>	146	PLEGRIDY STARTER PACK.....	264	<i>prenatal plus vitamin/mineral</i>	
<i>perphenazine-amitriptyline</i>		PLENVU.....	192, 319	.....	78, 315, 318
.....	146, 154	<i>plerixafor</i>	72	PRENATE.....	172, 315, 318
PERTZYE.....	176, 193	PLEXION.....	289, 303	PRENATE DHA	
PFIZER COVID-19 VAC-TRIS		PLEXION CLEANSER....	289, 303	.....	78, 172, 268, 315, 318
5-11Y.....	57	PLEXION CLEANSING		PRENATE ELITE.....	78, 315, 318
PFIZER COVID-19 VAC-TRIS		CLOTH.....	289, 303	PRENATE ENHANCE	
6M-4Y.....	57	PNEUMOVAX 23.....	57	.....	78, 172, 268, 315, 318
PHEDRAX.....	293, 303	PODIATROLE.....	293, 303	PRENATE ESSENTIAL	
<i>phenazo</i>	291	PODOCON-25.....	303, 311	.....	78, 172, 268, 315, 318
<i>phenazopyridine hcl</i>	291	<i>podofilox</i>	303, 311	PRENATE MINI	
<i>phendimetrazine tartrate</i>	110	<i>polycin</i>	179, 289	.....	78, 172, 268, 315, 318
<i>phendimetrazine tartrate er</i>	110	<i>polyethylene glycol 3350</i>	192	PRENATE PIXIE	
<i>phenelzine sulfate</i>	136	<i>polymyxin b-trimethoprim</i>	179	.....	78, 172, 268, 315, 318
<i>phenobarbital</i>	126, 127	POLY-VI-FLOR		PRENATE RESTORE	
<i>phenoxybenzamine hcl</i> ... 65, 106		.....	156, 252, 253, 315	.....	78, 173, 268, 316, 318
<i>phentermine hcl</i>	110	POLY-VI-FLOR/IRON		PREPIDIL.....	272
<i>phenylephrine hcl</i>	187	.....	78, 253, 315	PRETOMANID.....	26
<i>phenytek</i>	94, 134	POMALYST.....	49, 264	<i>prevalite</i>	88

PREVIDENT.....	157, 253	<i>promethazine-codeine</i>	18, 19, 274	QUICKVUE AT-HOME	
PREVIDENT 5000 BOOSTER PLUS.....	157, 253	<i>promethazine-dm</i>	18, 19, 274	COVID-19 TEST.....	167
PREVIDENT 5000 DRY MOUTH.....	157, 253	<i>promethazine-phenylephrine</i>	..... 18, 19, 59	QUILLICHEW ER.....	148
PREVIDENT 5000 ENAMEL PROTECT.....	157, 253	<i>promethegan</i>	..... 18, 19, 124, 189, 277	QUILLIVANT XR.....	148
PREVIDENT 5000 KIDS.....	157, 253	PROMISEB.....	303	<i>quinapril hcl</i>	85, 86
PREVIDENT 5000 ORTHO DEFENSE.....	157, 253	PRONAL.....	293, 303	<i>quinapril-hydrochlorothiazide</i>	..... 86, 174
PREVIDENT 5000 PLUS.....	157, 253	<i>propafenone hcl</i>	95	<i>quinidine gluconate er</i>	24, 94
PREVIDENT 5000 SENSITIVE.....	157, 253	<i>propafenone hcl er</i>	95	<i>quinidine sulfate</i>	24, 94
PREVNAR 20.....	57	<i>proparacaine hcl</i>	186	<i>quinine sulfate</i>	24
PREVYMIS.....	26	<i>propranolol hcl</i>	..... 64, 88, 93, 96, 103, 123	QULIPTA.....	129
PREZCOBIX.....	35, 268	<i>propranolol hcl er</i>	..... 64, 88, 93, 95, 103, 123	QVAR REDIHALER.....	201, 275, 279
PREZISTA.....	35	<i>propylthiouracil</i>	204	RABEPRAZOLE SODIUM.....	198
PRIFTIN.....	26, 40	PROQUAD.....	57	<i>rabeprazole sodium</i>	198
PRILOSEC.....	198	PROTONIX.....	198	RADICAVA ORS.....	109, 130
PRIMACARE.....	78, 268, 316, 318	<i>protriptyline hcl</i>	154	RADICAVA ORS STARTER KIT.....	109, 130
<i>primaquine phosphate</i>	24	PROVERA.....	232	RADIOGARDASE.....	16, 170, 247
<i>primidone</i>	126	PRUCLAIR.....	311	RAGWITEK.....	54
PRIORIX.....	57	PRUMYX.....	311	<i>raloxifene hcl</i>	213, 251
PRISMASOL B22GK 4/0.....	173	<i>pseudoephedrine-bromphen-dm</i>	18, 19, 59, 274	<i>ramelteon</i>	124, 135
PRISMASOL BGK 0/2.5.....	173	PULMOSAL.....	278	<i>ramipril</i>	85, 86
PRISMASOL BGK 2/0.....	173	PULMOZYME.....	176, 278	<i>ranolazine er</i>	92
PRISMASOL BGK 2/3.5.....	173	PURE COMFORT SAFETY		RAPAMUNE.....	243, 266, 301
PRISMASOL BGK 4/0/1.2.....	173	PEN NEEDLE.....	164	<i>rasagiline mesylate</i>	135, 136
PRISMASOL BGK 4/2.5.....	173	PURIXAN.....	50, 241, 266	RASUVO.....	240, 258, 259
PRISMASOL BK 0/0/1.2.....	173	PYLERA.....	23, 25, 41, 189, 190	RAVICTI.....	169
<i>probenecid</i>	175, 248	<i>pyrazinamide</i>	26	RAYA SURE PEN NEEDLE... ..	164
PROCENTRA.....	111	PYRIDIDIUM.....	291	RAYASAL.....	303
<i>prochlorperazine</i>	146, 189	<i>pyridostigmine bromide</i>	66	<i>react</i>	211, 232
<i>prochlorperazine maleate</i>	146, 189	<i>pyridostigmine bromide er</i>	66	<i>reclipsen</i>	211, 220, 232
PROCORT.....	291, 299	<i>pyrimethamine</i>	24	RECOMBINATE.....	76
PROCTOCORT.....	299	PYROGALLIC ACID.....	272, 303, 311	RECOMBIVAX HB.....	57
PROCTOFOAM HC.....	291, 299	PYRUKYND.....	70	RECOTHROM.....	76
<i>procto-med hc</i>	299	PYRUKYND TAPER PACK.....	70	RECOTHROM SPRAY KIT.....	76
<i>proctosol hc</i>	299	QBRELIS.....	86	RECTIV.....	103, 294, 311
<i>proctozone-hc</i>	299	QINLOCK.....	50	REGLAN.....	197
PROCYSBI.....	268	QNASL.....	184, 201, 275, 279	REGRANEX.....	311
PROFILNINE.....	76	QNASL CHILDRENS	..... 184, 201, 275, 279	RELENZA DISKHALER.....	36
<i>progesterone</i>	232	QSYMIA.....	113	RELISTOR.....	144, 188, 195
PROGESTERONE		QUADRACEL.....	54, 57	RELNATE DHA.....	78, 268, 316, 318
MICRONIZED.....	232	QUALAQUIN.....	24	RELYVRIO.....	109, 130
PROGLYCEM.....	204	QUESTRAN.....	88, 89	REMIGEN.....	311
PROGRAF.....	266	QUESTRAN LIGHT.....	88	<i>repaglinide</i>	224
PROLATE.....	112, 138, 142	<i>quetiapine fumarate</i>	120, 125	REPATHA.....	104
PROLENSA.....	185	<i>quetiapine fumarate er</i>	120, 125	REPATHA PUSHTRONEX	
PROMACTA.....	73	QUFLORA PEDIATRIC	..... 157, 253, 316	SYSTEM.....	104
<i>promethazine hcl</i>				REPATHA SURECLICK.....	104
..... 17, 18, 19, 124, 189, 277				RESTASIS.....	181, 184, 239
<i>promethazine vc</i>	18, 19, 59			RESTASIS MULTIDOSE	
				..... 181, 184, 239	
				RESTORIL.....	129
				RETACRIT.....	70, 73

RETEVMO.....	50	SAFETY PEN NEEDLES.....	164	<i>silver nitrate</i>	180
RETIN-A MICRO PUMP.....	295	SALAGEN.....	66	<i>silver sulfadiazine</i>	292, 305
RETROVIR.....	34	SALICATE.....	303	SIMBRINZA.....	177, 182
REVLIMID.....	50, 264	<i>salicylic acid</i>	303	<i>simliya</i>	211, 220, 232
REXTOVY.....	144	SALIVAMAX.....	185	<i>simpesse</i>	211, 220, 232
REXULTI.....	125	<i>salsalate</i>	150	SIMPONI.....	195, 246, 259, 264
REYATAZ.....	35	SALVAX DUO PLUS.....	293, 303	<i>simvastatin</i>	101
REYVOW.....	151	SAMSCA.....	175	SINEMET.....	132
REZDIFFRA.....	238	SANDOSTATIN.....	195, 236	SINGULAIR.....	278
REZLIDHIA.....	50	SANTYL.....	176, 294, 311	<i>sirolimus</i>	243, 266, 301
REZUROCK.....	268	<i>sapropterin dihydrochloride</i>		SIRTURO.....	26
RHOFADE.....	187, 285, 311	.....	175, 176, 269	SIVEXTRO.....	39
RHOPRESSA.....	187	SAVAYSA.....	71	SKYCLARYS.....	269
<i>ribavirin</i>	37	SAVELLA.....	132, 151	SKYRIZI.....	196, 301, 311
RIDAURA.....	198, 240, 259, 264	SAVELLA TITRATION PACK		SKYRIZI PEN.....	301, 311
<i>rifabutin</i>	26, 40	.....	132, 151	SKYTROFA.....	226
<i>rifampin</i>	26, 40	<i>saxagliptin hcl</i>	213	SLYND.....	211, 232
RIFAMPIN+SYRSPEND SF26,	40	<i>saxagliptin-metformin er</i> .	205, 213	SOAAZ.....	82, 101, 170
<i>riluzole</i>	109, 130	SAXENDA.....	223	<i>sod citrate-citric acid</i>	168
<i>rimantadine hcl</i>	20	SCALACORT DK.....	299, 303	<i>sod fluoride-potassium nitrate</i>	
RINVOQ.....	243, 259	SCARCARIN.....	311	.....	157, 253
RINVOQ LQ.....	243	SCARTRATE.....	300	<i>sodium chloride</i>	278
<i>risedronate sodium</i>	251	SCEMBLIX.....	50	<i>sodium fluoride</i>	157, 158, 254
<i>risperidone</i>	120, 121, 125	<i>scopolamine</i>	61, 189, 196	<i>sodium fluoride 5000 enamel</i>	
<i>ritonavir</i>	35	SELECT-OB.....	79, 316, 319	.....	157, 253
<i>rivastigmine</i>	66	<i>selegiline hcl</i>	135, 136	<i>sodium fluoride 5000 plus</i>	
<i>rivastigmine tartrate</i>	66	<i>selenium sulfide</i>	292, 305	.....	157, 253
<i>rivelsa</i>	211, 220, 232	SELZENTRY.....	31	<i>sodium fluoride 5000 ppm</i>	
RIVFLOZA.....	268, 269	SEREVENT DISKUS.....	68, 282	.....	157, 253
RIVIVE.....	144	SERNIVO.....	299	<i>sodium fluoride 5000 sensitive</i>	
RIXUBIS.....	76	SEROQUEL XR.....	121, 126	.....	157, 253
<i>rizatriptan benzoate</i>	152	SEROSTIM.....	225, 236	SODIUM OXYBATE.....	131, 155, 249
ROCALTROL.....	320	SERTRALINE HCL.....	153	<i>sodium phenylbutyrate</i>	169
ROCKLATAN.....	187	<i>sertraline hcl</i>	153	<i>sodium polystyrene sulfonate</i>	
<i>roflumilast</i>	279, 302, 306	<i>setlakin</i>	211, 220, 232	.....	16, 170, 247
<i>ropinirole hcl</i>	137	<i>sevelamer carbonate</i>	16, 170, 247	<i>sodium sulfacetamide</i>	289
<i>ropinirole hcl er</i>	137	<i>sevelamer hcl</i>	16, 170, 247	<i>sodium sulfacetamide wash</i> .	289
<i>rosuvastatin calcium</i>	101	SEVENFACT.....	76	SOFOSBUVIR-VELPATASVIR	
ROTARIX.....	57	<i>sevoflurane</i>	134	.....	29, 30
ROTATEQ.....	57	<i>sf</i>	157, 253	SOHONOS.....	269
ROWASA.....	190	<i>sf 5000 plus</i>	157, 253	<i>solifenacin succinate</i>	313
<i>roweepira</i>	116	SFROWASA.....	190	SOLIQUA.....	223, 224
ROZLYTREK.....	50	<i>sharobel</i>	211, 232	SOLOSEC.....	25
RUBRACA.....	50	SHARPS COLLECTOR.....	164	SOLTAMOX.....	50, 213
RUCONEST.....	254, 255	SHARPS CONTAINER.....	164	SOMATULINE DEPOT.....	236
<i>rufinamide</i>	116, 117, 134	SHINGRIX.....	57	SOMAVERT.....	236
RUKOBIA.....	31	SIGNIFOR.....	236	SOOLANTRA.....	307
RYALTRIS		SILATRIX.....	311	<i>sorafenib tosylate</i>	50
.....	19, 178, 184, 201, 275, 279	<i>sildenafil citrate</i>		<i>sotalol hcl</i>	64, 88, 93, 96, 103
RYBELSUS.....	223	.....	104, 105, 280, 283, 313	<i>sotalol hcl (at)</i>	64, 88, 93, 96, 103
RYCLORA.....	18, 19	SILENOR.....	154	SOTYKTU.....	302, 311
RYDAPT.....	50	<i>silodosin</i>	66	SOTYLIZE.....	64, 88, 93, 96, 103
SABRIL.....	117, 133	SILVADENE.....	292, 305	SOVALDI.....	29

SPEEDY SWAB COVID-19 ANTIGEN.....	167	<i>sulfacetamide sodium-sulfur</i>	289, 304	<i>tadalafil</i>	105, 280
SPEVIGO.....	301	<i>sulfacetamide sod-sulfur wash</i>	289, 304	<i>tadalafil (pah)</i>	105, 280, 283
SPIKEVAX.....	57	<i>sulfacetamide-prednisolone</i>	179, 184	TADLIQ.....	105, 280, 283
<i>spinosad</i>	307	<i>sulfacetamide-sulfur in urea</i>	289, 304	TAFINLAR.....	51
SPIRIVA HANDIHALER....	61, 273	SULFACLEANSE 8/4.....	289, 304	<i>tafluprost (pf)</i>	187
SPIRIVA RESPIMAT.....	61, 273	<i>sulfadiazine</i>	40	TAGRISSE.....	51
<i>spironolactone</i>	82, 101, 102, 105, 106, 171	<i>sulfamethoxazole-trimethoprim</i>	25, 40, 42	<i>take action</i>	211, 232
<i>spironolactone-hctz</i>	101, 106, 174	<i>sulfamez wash</i>	289, 304	TAKHZYRO.....	81, 82, 255, 266
SPORANOX.....	27	SULFAMILYLON.....	289, 306	TALZENNA.....	51
SPRAVATO (56 MG DOSE).....	118, 136	<i>sulfasalazine</i>	40, 190, 240, 259, 264	<i>tamoxifen citrate</i>	51, 213
SPRAVATO (84 MG DOSE).....	118, 136	<i>sulfatrim pediatric</i>	25, 40, 42	<i>tamsulosin hcl</i>	66
<i>sprintec 28</i>	211, 220, 232	<i>sulfurated lime</i>	307	TANLOR.....	63
SPRITAM.....	117	<i>sulindac</i>	139, 149	TAPERDEX 12-DAY.....	201
SPRIX.....	139, 149, 186	<i>sumatriptan</i>	152	TAPERDEX 6-DAY.....	201
SPS.....	16, 170, 248	<i>sumatriptan succinate</i>	152	TAPERDEX 7-DAY.....	201
<i>sronyx</i>	211, 220, 232	<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	152	<i>tarina 24 fe</i>	211, 220, 232
<i>ssd</i>	292, 306	SUMAXIN.....	290, 304	<i>tarina fe 1/20 .eq</i>	211, 220, 233
SSKI.....	277	SUMAXIN CP.....	289, 304	TARPEYO.....	202
<i>sss 10-5</i>	289, 303	<i>sunitinib malate</i>	50	TASIGNA.....	51
SSS 10-5.....	289, 303	SUNLENCA.....	25, 31	<i>tasimelteon</i>	124, 135
ST JOSEPH LOW DOSE.....	80, 81, 123, 150	SUNOSI.....	155	<i>tavaborole</i>	306
STELARA.....	242, 243, 311	SUPREP BOWEL PREP KIT..	192	TAVALLISSE.....	70
STENDRA.....	104, 105	SUTAB.....	192	TAVNEOS.....	239, 254, 255
STIOLTO RESPIMAT.....	61, 68	<i>syeda</i>	211, 220, 232	<i>taysofy</i>	211, 220, 233
STIVARGA.....	50	SYMBICORT.....	68, 201	<i>tazarotene</i>	304, 312
STRATA CTX.....	311	SYMBYAX.....	126, 153	TAZAROTENE.....	304, 312
STRATA XRT.....	311	SYMDEKO.....	275, 276	TAZORAC.....	304, 312
STRATTERA.....	131, 148	SYMFI.....	32, 34	TAZVERIK.....	51
STRENSIQ.....	176, 177	SYMFI LO.....	32, 34	TDVAX.....	54
STRIBILD.....	31, 34, 269	SYMLINPEN 120.....	202	TECHLITE LANCETS 26G.....	165
STRIVERDI RESPIMAT..	68, 282	SYMLINPEN 60.....	202	TEGLUTIK.....	109, 131
STROMEKTOL.....	22	SYMPAZAN.....	127, 129	TEGRETOL.....	117, 121
SUBOXONE.....	144, 145	SYMPROIC.....	188, 196	TEGRETOL-XR.....	117, 121
<i>subvenite</i>	117, 121	SYMTUZA.....	34, 35, 269	TEGSEDI.....	249
<i>subvenite starter kit-blue</i>	117, 121	SYNALAR.....	299	TEKTURNA.....	105
<i>subvenite starter kit-green</i>	117, 121	SYNAPRYN FUSEPAQ.....	143	<i>telmisartan</i>	83, 84
<i>subvenite starter kit-orange</i>	117, 121	SYNAREL.....	222	<i>telmisartan-amlodipine</i>	84, 98
SUCRAID.....	177	SYNDROS.....	189, 196	<i>telmisartan-hctz</i>	84, 174
<i>sucralfate</i>	197	SYNJARDY.....	205, 235	<i>temazepam</i>	129
SUFLAVE.....	192	SYNJARDY XR.....	205, 235	TEMBEXA.....	37
SULAR.....	98, 99	TABLOID.....	50	<i>temozolomide</i>	51
SULCONAZOLE NITRATE.....	293	TABRADOL FUSEPAQ.....	63	TENCON.....	112, 127, 138
<i>sulfacetamide sodium</i>	179, 289	TABRECTA.....	50	TENIVAC.....	54
<i>sulfacetamide sodium (acne)</i>	289	TACLONEX.....	294, 299, 311	<i>tenofovir disoproxil fumarate</i>	34
<i>sulfacetamide sodium (clear)</i>	289	<i>tacrolimus</i>	266, 301, 311	TEPMETKO.....	51
				<i>terazosin hcl</i>	65, 83, 88
				<i>terbinafine hcl</i>	21
				<i>terbutaline sulfate</i>	68, 282
				<i>terconazole</i>	293
				<i>teriflunomide</i>	239, 264
				TERIPARATIDE.....	224, 249
				<i>terrell</i>	134
				TESTIM.....	203

<i>testosterone</i>	203	<i>tolmetin sodium</i>	139	TRIKAFTA.....	275, 276
<i>testosterone cypionate</i>	203	<i>tolterodine tartrate</i>	313	<i>tri-legest fe</i>	211, 221, 233
<i>testosterone enanthate</i>	203	<i>tolterodine tartrate er</i>	313	TRILEPTAL.....	117, 134, 135
<i>tetrabenazine</i>	155	<i>tolvaptan</i>	175	<i>tri-linyah</i>	211, 221, 233
<i>tetracaine hcl</i>	186	TOPAMAX.....	117, 123	<i>tri-lo-estarylla</i>	211, 221, 233
<i>tetracycline hcl</i>	24, 41, 191	TOPAMAX SPRINKLE....	117, 123	<i>tri-lo-marzia</i>	211, 221, 233
TEXACORT.....	299	TOPICORT.....	299	<i>tri-lo-mili</i>	211, 221, 233
TEZSPIRE.....	278, 281	<i>topiramate</i>	117, 123	<i>tri-lo-sprintec</i>	211, 221, 233
THALITONE.....	82, 106, 175	<i>toremifene citrate</i>	51, 213	<i>trimethobenzamide hcl</i>	189
THALOMID.....	264	<i>torpenz</i>	51	<i>trimethoprim</i>	42
THEO-24...99, 148, 169, 284, 313		<i>torsemide</i>	82, 101, 170	<i>tri-mili</i>	211, 221, 233
<i>theophylline</i>		TOSYMRA.....	152	<i>trimipramine maleate</i>	154
.....99, 148, 169, 284, 313		TOUJEO MAX SOLOSTAR....	224	TRINATE.....	79, 316, 319
<i>theophylline er</i>		TOUJEO SOLOSTAR.....	224	TRINTELLIX.....	153
.....99, 148, 169, 284, 313		<i>tovet</i>	299	TRIPLE COMPLEX FORMULA	
THIOLA.....	269	TPOXX.....	27	3 KIT.....	291, 306, 312
THIOLA EC.....	269	TRACLEER.....	108, 277, 283	TRIPLE PMB.....	180, 184, 186
<i>thioridazine hcl</i>	146	TRADJENTA.....	213	TRIPLE PMK.....	180, 184, 186
<i>thiothixene</i>	153	<i>tramadol hcl</i>	143	<i>tri-sprintec</i>	211, 221, 233
THROMBIN-JMI.....	76	TRAMADOL HCL (ER		TRISTART DHA	
THROMBIN-JMI EPISTAXIS....	76	BIPHASIC).....	143	.....79, 173, 269, 316, 319	
THROMBOGEN.....	76	<i>tramadol hcl (er biphasic)</i> ..	143	TRIUMEQ.....	32, 34
THYQUIDITY.....	238	<i>tramadol hcl er</i>	143	TRIUMEQ PD.....	32, 34
<i>thyroid</i>	238	<i>tramadol-acetaminophen</i>		TRI-VI-FLOR	
<i>tiadylt er</i>	89, 90, 91, 97, 108	.....112, 138, 143		.....158, 254, 316, 317, 319, 320	
<i>tiagabine hcl</i>	117, 133	<i>trandolapril</i>	85, 86	TRI-VI-FLORO	
TIAZAC.....	89, 90, 91, 97, 108	<i>trandolapril-verapamil hcl</i> 86 , 91		.....158, 254, 316, 317, 319, 320	
TIBSOVO.....	51	<i>tranexamic acid</i>	76	<i>tri-vite/fluoride</i>	
TIKOSYN.....	96	<i>tranylcypromine sulfate</i>	136	.....158, 254, 316, 317, 320	
<i>tilia fe</i>	211, 221, 233	<i>travoprost (bak free)</i>	187	<i>trivora (28)</i>	211, 221, 233
<i>timolol maleate</i>		<i>trazodone hcl</i>	153	<i>tri-vylibra</i>	211, 221, 233
.....64, 88, 93, 96, 103, 123, 181		TRECATOR.....	26	<i>tri-vylibra la</i>	211, 221, 233
<i>timolol maleate (once-daily)</i> .181		TRELEGY ELLIPTA....	61, 68, 202	<i>tropium chloride</i>	313
<i>timolol maleate ocudose</i>	181	TREMFYA.....	240, 241, 301, 312	<i>tropium chloride er</i>	313
<i>timolol maleate pf</i>	181	<i>tretinoin</i>	51, 295	TRUE COVER.....	271
TIMOPTIC OCUDOSE.....	181	<i>tretinoin microsphere</i>	295	TRUE FOLIC ACID.....	319
<i>tinidazole</i>	25	<i>tretinoin microsphere pump</i> .295		TRUE METRIX LEVEL 1.....	165
<i>tiopronin</i>	269	TRETTEN.....	76	TRUE METRIX LEVEL 2.....	165
TIROSINT.....	238	TREXALL..51, 241, 259, 264, 266		TRUE METRIX LEVEL 3.....	165
TIROSINT-SOL.....	238	TREZIX.....	113, 138, 143, 148	TRULANCE.....	188, 196
TISSEEL.....	294, 312	<i>triamcinolone acetonide</i>	299	TRULICITY.....	223
TIVICAY.....	31	<i>triamterene</i>	82, 105, 171	TRUMENBA.....	57
TIVICAY PD.....	31	<i>triamterene-hctz</i>	171, 174	TRUQAP.....	51
<i>tizanidine hcl</i>	63	<i>triazolam</i>	129	TRUVADA.....	34, 37
TOBI PODHALER.....	21, 179	TRICITRASOL.....	70	TUKYSA.....	51
TOBRADEX.....	179, 184	<i>tricitrates</i>	168	TURALIO.....	51
TOBRADEX ST.....	180, 184	<i>triderm</i>	300	<i>turpentine</i>	293
<i>tobramycin</i>	21, 180	<i>trientine hcl</i>	198	<i>turqoz</i>	211, 221, 233
<i>tobramycin-dexamethasone</i>		<i>tri-estarylla</i>	211, 221, 233	TUXARIN ER.....	18, 19, 274
.....180, 184		<i>trifluoperazine hcl</i>	146	TWINRIX.....	57
TOBREX.....	180	<i>trifluridine</i>	181	TWIRLA.....	211, 221, 233
TOLAK.....	51, 285, 312	<i>trihexyphenidyl hcl</i>	62, 114	TWYNEO.....	295, 306
<i>tolcapone</i>	130	TRIJARDY XR.....	205, 213, 235	TYBLUME.....	212, 221, 233

TYBOST.....	269	VANISH.....	158, 254	VESICARE.....	313
<i>tydemy</i>	212, 221, 233, 319	VAQTA.....	57	VESICARE LS.....	313
TYMLOS.....	225, 249	<i>varденаfil hcl</i>	105	<i>vestura</i>	212, 221, 233
TYRVAYA.....	185	<i>varenicline tartrate</i>	59, 63	VFEND.....	27
TYVASO.....	108, 280, 283	<i>varenicline tartrate (starter)</i>	59, 63	VIBERZI.....	189, 196
TYVASO DPI INSTITUTIONAL		<i>varenicline tartrate(continue)</i>		VIBRAMYCIN.....	24, 41, 290
KIT.....	108, 280, 283	.....	59, 63	<i>vienna</i>	212, 221, 233
TYVASO DPI MAINTENANCE		VARIVAX.....	58	<i>vigabatrin</i>	117, 133
KIT.....	108, 280, 283	VAXELIS.....	54, 55, 58	<i>vigadrone</i>	117, 133
TYVASO DPI TITRATION KIT		VAXNEUVANCE.....	58	VIGAMOX.....	40, 180
.....	108, 280, 283	VCF VAGINAL		<i>vigpoder</i>	117, 133
TYVASO REFILL KIT		CONTRACEPTIVE.....	271	VIJOICE.....	269
.....	108, 280, 283	VECAMYL.....	106	<i>vilazodone hcl</i>	153
TYVASO STARTER KIT		<i>velivet</i>	212, 221, 233	VILEVEV MB.....	42, 62, 113, 270
.....	108, 281, 284	VELPHORO.....	170	VIMPAT.....	117, 118, 135
UBRELVY.....	129	VELTASSA.....	170	VIOKACE.....	177, 193
UCERIS.....	202	VENCLEXTA.....	52	<i>viorele</i>	212, 221, 233
UDENYCA.....	73	VENCLEXTA STARTING		VIRACEPT.....	35
ULTANE.....	134	PACK.....	52	VIRAZOLE.....	37
UMECTA MOUSSE.....	304	VENELEX.....	312	VIREAD.....	34
UNIFINE PROTECT PEN		VENLAFAXINE BESYLATE		VISTARIL.....	18, 19, 124
NEEDLE.....	165	ER.....	151	VISTOGARD.....	17, 248
UNISTRIP CONTROL.....	165	<i>venlafaxine hcl</i>	151	VITAFOL FE+	
<i>unithroid</i>	238	<i>venlafaxine hcl er</i>	151	.....	79, 173, 270, 316, 319
UPNEEQ.....	187	VENTAVIS.....	109, 281, 284	VITAFOL STRIPS.....	316
UPTRAVI.....	284	VEOZAH.....	131	VITAFOL-NANO.....	79, 316, 319
UPTRAVI TITRATION.....	284	<i>verapamil hcl</i>	89, 90, 91, 97, 109	VITAFOL-OB+DHA	
URAMAXIN.....	304	<i>verapamil hcl er</i>		.....	79, 173, 270, 316, 319
<i>urea</i>	304	.....	89, 90, 91, 97, 109	VITAMEDMD ONE	
<i>urea nail</i>	304	VEREGEN.....	304, 312	RX/QUATREFOLIC	
URELLE.....	42, 61, 113, 269	VERELAN.....	89, 90, 91, 97, 109	.....	79, 173, 270, 316, 319
UREMEZ-40.....	304	VERELAN PM.....	89, 90, 91, 97, 109	VITAMIN C BRIGHTENING	
<i>uretron d/s</i>	42, 61, 113, 269	VERIFINE INSULIN PEN		SERUM.....	293
<i>urin ds</i>	42, 62, 113, 269	NEEDLE.....	165	<i>vitamin d (ergocalciferol)</i>	320
UROCIT-K 10.....	168	VERIFINE INSULIN SYRINGE		VITAPEARL.....	79, 270, 316, 319
UROCIT-K 15.....	168	.....	165	VITATHELY WITH GINGER	
UROGESIC-BLUE.....	42, 62, 269	VERIFINE PLUS PEN		.....	79, 316, 319
<i>ursodiol</i>	192	NEEDLE.....	165	VITRAKVI.....	52
URSODIOL+SYRSPEND SF..	193	VERIFINE SAFE LANCET		VIVAGUARD INO CONTROL	
<i>valacyclovir hcl</i>	37	MINI 21G.....	165	SOLUTION.....	165
VALCHLOR.....	285, 312	VERIFINE SAFE LANCET		VIVAGUARD LANCETS 30G.	165
<i>valganciclovir hcl</i>	37	MINI 23G.....	165	VIVAGUARD LANCING	
<i>valproic acid</i>	117, 121, 123, 133	VERIFINE SAFE LANCET		DEVICE.....	165
VALSARTAN.....	84	MINI 28G.....	165	VIVAGUARD SAFETY	
<i>valsartan</i>	84, 85	VERIFINE SAFE LANCET		LANCETS 28G.....	165
<i>valsartan-hydrochlorothiazide</i>		MINI 30G.....	165	VIVJOA.....	27
.....	85, 174	VERIFINE SHARPS		VIZIMPRO.....	52
VALTOCO.....	127	CONTAINER.....	165	VOCABRIA.....	32
VANCOICIN.....	28	VERQUVO.....	94, 109	<i>volnea</i>	212, 221, 233
<i>vancomycin hcl</i>	28	VERSACLOZ.....	126	VONJO.....	52
VANCOMYCIN+SYRSPEND		VERSAPENN (AL) ANHYD		VONVENDI.....	76
SF.....	28	LIPID.....	272	VOQUEZNA.....	196, 198
VANFLYTA.....	52	VERZENIO.....	52	VOQUEZNA DUAL PAK...	22, 196

VOQUEZNA TRIPLE PAK 22, 38, 197	XARELTO STARTER PACK .....71	ZARONTIN .....153
VORANIGO .....52	XATMEP ... 52, 241, 259, 264, 266	ZARXIO .....73
<i>voriconazole</i> .....27	XCOPRI 118, 135	ZAVZPRET 129
VORTEX VALVED HOLDING CHAMBER 165	XDEMVI 180	ZEGALOGUE 16, 222, 248
VOSEVI .....29, 30	XELJANZ 243, 259	ZEJULA .....53
VOWST 196, 270	XELJANZ XR 243, 259	ZELAPAR 135, 136
VOXZOGO .....270	XELPROS 187	ZELBORAF 53
VOYDEYA .....254	XELSTRYM .....111	ZEMBRACE SYMTOUCH 152
VP FC KIT 63, 306, 312	XENICAL .....196	ZEMPLAR 320
VP GKL KIT 291, 306, 312	XERMELO 189	<i>zenatane</i> 304, 312
VRAYLAR 126	XIFAXAN .....40	ZENPEP .....177, 193
VTAMA .....290, 294, 312	XIIDRA 181, 184	ZENPHOR WOUND PAD 312
VUSION 292, 293, 300	XOFLUZA (40 MG DOSE) 27	ZEPATIER 30, 31
<i>vyfemla</i> .....212, 221, 233	XOFLUZA (80 MG DOSE) 27	ZEPBOUND 113, 223, 224
VYLEESI 131, 199	XOLAIR .....241, 242, 281	ZEPOSIA .....264
<i>vylibra</i> .....212, 221, 233	XOLEGEL COREPAK .....293, 300	ZEPOSIA 7-DAY STARTER PACK 264
VYNDAMAX 92, 131, 270	XOLEGEL DUO/HEAD & SHOULDERS .....293, 306	ZEPOSIA STARTER KIT 265
VYNDAQEL 92, 270	XOLEGEL DUO/XOLEX 293, 306	ZIAGEN .....34
VYTORIN 94, 101	XOPENEX HFA 68, 282	<i>zidovudine</i> .....34
VYVANSE 111	XOSPATA 52	ZILBRYSQ 239, 254
WAINUA .....249	XPHOZAH .....170, 196	<i>zileuton er</i> 278
WAKIX 155	XPOVIO (100 MG ONCE WEEKLY) .....52	ZILXI 290
<i>warfarin sodium</i> .....71	XPOVIO (40 MG ONCE WEEKLY) .....52	ZIMHI 16, 144, 248
WEGOVI .....223	XPOVIO (40 MG TWICE WEEKLY) .....52	ZIOPTAN 187
WELIREG 52	XPOVIO (60 MG ONCE WEEKLY) .....52	<i>ziprasidone hcl</i> 121, 126
<i>wera</i> 212, 221, 233	XPOVIO (60 MG TWICE WEEKLY) .....52	ZIPSOR .....139
WESCAP-C DHA 79, 270, 316, 319	XPOVIO (80 MG ONCE WEEKLY) .....52	ZIRGAN 181
WESCAP-PN DHA 79, 173, 270, 316, 319	XPOVIO (80 MG TWICE WEEKLY) .....52	ZITHROMAX .....38
WESNATAL DHA COMPLETE 79, 173, 270, 316, 319	XSTAMPZA ER 143	ZITHROMAX TRI-PAK .....38
WESNATE DHA 79, 270, 316, 319 <i>wes-phos 250 neutral</i> .....173	XTANDI 53	ZITHROMAX Z-PAK 38
WESTGEL DHA 79, 173, 270, 316, 319	<i>xulane</i> 212, 221, 233	ZOKINVY 176, 270
<i>wheat germ oil</i> .....320	XURIDEN .....270	ZOLINZA .....53
WIDE-SEAL DIAPHRAGM 60 271	XYNTHA 76	<i>zolmitriptan</i> .....152
WIDE-SEAL DIAPHRAGM 65 271	XYNTHA SOLOFUSE 77	ZOLPIDEM TARTRATE .. 124, 136
WIDE-SEAL DIAPHRAGM 70 271	XYWAV 131	<i>zolpidem tartrate</i> 124, 136
WIDE-SEAL DIAPHRAGM 75 271	YASMIN 28 212, 221, 233	<i>zolpidem tartrate er</i> 124, 136
WIDE-SEAL DIAPHRAGM 80 271	YAZ .....212, 221, 233	ZOMIG 152
WIDE-SEAL DIAPHRAGM 85 271	YUPELRI .....62	ZONEGRAN 118, 135
WIDE-SEAL DIAPHRAGM 90 272	<i>yuvafem</i> 221, 251	ZONISADE .....118, 135
WIDE-SEAL DIAPHRAGM 95 272	ZACARE 294, 306	<i>zonisamide</i> 118, 135
WILATE .....76	ZACLIR CLEANSING 306	ZONTIVITY 80
WINREVAIR .....281	<i>zafemy</i> 212, 221, 234	ZORYVE 279, 302, 307, 312
<i>wixela inhub</i> 68, 202	<i>zafirlukast</i> .....278	<i>zovia 1/35 (28)</i> 212, 222, 234
<i>wymzya fe</i> 212, 221, 233	<i>zaleplon</i> .....124, 136	ZOVIRAX 291
XACIATO 290	ZANAFLEX 63	ZTALMY 118, 133
XARELTO 71		ZTLIDO 246
		ZUBSOLV 144, 145
		<i>zumandimine</i> .....212, 222, 234
		ZURZUVAE .....118
		ZYDELIG .....53
		ZYFLO 278
		ZYLET 180, 184

ZYPITAMAG	101
ZYVOX	39