



2023 California Advantage Large Group 3-Tier HMO and PPO Prescription Drug List

Please note: This Prescription Drug List (PDL) is accurate as of January 1, 2023 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 All previous versions of this PDL are no longer in effect.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 myuhc.com > **Popular Forms** > **Pharmacy Benefits** > **Prescription Drug Lists** > **California plans** > **Large Group - Advantage**. Plan-specific coverage documents may be accessed online at uhc.com/statedruglists > **Large Group Plans** > **California**.

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

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

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

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

Updated 8/26/2022

Contents

At UnitedHealthcare, we want to help you better understand your medication options.....	3
How do I use my PDL?	4
What are tiers?	5
When does the PDL change?	5
Utilization Management Programs.....	6
Your Right to Request Access to a Non-formulary Drug	6
Requesting a Prior Authorization or Step Therapy Exception	7
How do I locate and fill a prescription through a retail network pharmacy?	7
How do I locate and fill a prescription through the mail order pharmacy?.....	7
How do I locate and fill a prescription at a specialty pharmacy?	8
How do I get updated information about my pharmacy benefit?	8
Nondiscrimination notice and access to communication services.....	9
Prescription Drug List	13



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

We will provide coverage for a Prescription Drug Product which includes a medication that, due to its characteristics, is appropriate for self-administration or administration by a non-skilled caregiver. This definition includes: Inhalers (with spacers);



Insulin; the following diabetic supplies: standard insulin syringes with needles; blood-testing strips - glucose; urine-testing strips - glucose; ketone-testing strips and tablets; lancets and lancet devices; and glucose meters (including continuous glucose monitors [applies to PPO plans **only**]); disposable devices which are medically necessary for the administration of a covered outpatient Prescription Drug Product. Benefits also include FDA-approved contraceptive drugs, devices and products available over-the-counter when prescribed by a Network provider.

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

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

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

How do I use my PDL?

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

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

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

1. A drug is listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs;
2. The generic name for a brand-name drug is included after the brand-name in parentheses and all lowercase bold and italicized letters;
3. If a generic equivalent for a brand-name drug is both available and covered, the generic drug will be listed separately from the brand-name drug in all lowercase bold and italicized letters; and
4. If a generic drug is marketed under a proprietary, trademark-protected brand-name, the brand-name will be listed 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	M	May be covered under the medical benefit with prior authorization for HMO plans
PA	Prior authorization required	SMCS	Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit)
SL	Supply Limit	E	Excluded from coverage unless covered as part of health care reform preventive
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, 3 or 4, look to see if there is a Tier 1 option available. Discuss these options with your doctor.

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

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

\$	Drug Tier	Includes	Helpful Tips
\$	Tier 1 Your lowest cost	Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
\$\$	Tier 2 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. For HMO plans, please reference your Schedule of Benefits for costs associated with medications covered under the medical benefit. For information related to specialty medication cost share, please refer to the Specialty Medication Cost Share (SMCS) section below.

When does the PDL change?

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

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

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

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



Utilization Management Programs

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

Supply limit—Amount of medication covered per copayment or in a specific time period.

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

Health Care Reform Preventive when age and/or condition appropriate—This medication is part of a health care reform preventive benefit and may be available at no cost to you when used for appropriate preventive purposes. For more information, please refer to the California Advantage and Essential HMO and PPO Prescription Drug List (PDL) PPACA \$0 Cost-Share Preventive Care Medications list.

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.

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

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

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

Your Right to Request Access to a Non-formulary Drug

This plan must cover all Medically Necessary Prescription Drug Products.

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

Urgent Requests

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

External Review

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

Expedited External Review

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

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



Requesting a Prior Authorization or Step Therapy Exception

Before certain Prescription Drug Products are dispensed to you, your prescribing provider or your pharmacist is required to obtain prior authorization or step therapy exception from us. Your prescribing provider can submit a request by phone to OptumRx 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 OptumRx®. Here's how to fill prescriptions through the Mail Order Pharmacy Program.

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: OptumRx must have a new prescription to process any new Mail Order request.)

2. After picking up the prescription, complete the Mail Order Form included in your enrollment materials. (To obtain additional forms or for assistance in completing the form, contact UnitedHealthcare's customer service department by calling the telephone number on the back of your member ID card. You can also find the form at [optumrx.com](https://www.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. Make the check or money order payable to **OptumRx**. 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 UnitedHealthcare's Mail Order Pharmacy. Once you receive your medication through the Mail Order Pharmacy Program, you should stop filling the prescription at the network pharmacy.

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

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

Designated Pharmacies

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

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

How do I get updated information about my pharmacy benefit?

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

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

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

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

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

Learn more

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



Nondiscrimination notice and access to communication services

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

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

Online: UHC_Civil_Rights@uhc.com
Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

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

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

DMHC
California Help Center
980 9th Street, Suite 500
Sacramento, CA 95814-2725
1-888-HMO-2219 (1-888-466-2219)
1-800-735-2929 or 1-888-877-5378 (TTY)
Internet Website: www.hmohelp.ca.gov

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

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
Phone: Toll-free **1-800-368-1019, 1-800-537-7697 (TDD)**
Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201



English

IMPORTANT LANGUAGE INFORMATION:

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

Spanish

INFORMACIÓN IMPORTANTE SOBRE IDIOMAS:

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

Chinese

重要語言資訊：

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

Arabic

معلومات مهمة عن اللغة:

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

Armenian

ԿԱՐԵՎՈՐ ԼԵԶՎԱԿԱՆ ՏԵՂԵԿՈՅՈՒՆ՝

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

Cambodian

ព័ត៌មានសំខាន់អំពីភាសា:

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



Farsi

اطلاعات مهم در مورد زبان:

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

Hindi

भाषा-संबंधी महत्वपूर्ण जानकारी:

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

Hmong

COV NTAUB NTAUV LUS TSEEM CEEB:

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

Japanese

言語支援サービスについての重要なお知らせ：

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

Korean

중요 언어 정보:

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

Punjabi

ਮਰੱ ਤਵਪੂਰਨ ਭਾ, ਦੀ ਜਾਣਕਾਰੀ:

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

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

Russian

ВАЖНАЯ ЯЗЫКОВАЯ ИНФОРМАЦИЯ:

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

Tagalog

MAHALAGANG IMPORMASYON SA WIKA:

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

Thai

ข้อมูลสำคัญเกี่ยวกับภาษา :

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

Vietnamese

THÔNG TIN QUAN TRỌNG VỀ NGÔN NGỮ:

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

State of California

Table of Contents of Prescription Drug List

Informational Section.....1
ANTI-HISTAMINE DRUGS - Drugs for Allergy.....13
ANTI-INFECTIVE AGENTS - Drugs for Infections.....15
ANTI-NEOPLASTIC AGENTS - Drugs for Cancer.....36
ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES - DRUGS FOR THE IMMUNE SYSTEM.....46
AUTONOMIC DRUGS - Drugs for the Nervous System.....51
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood.....61
CARDIOVASCULAR DRUGS - Drugs for the Heart.....73
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System.....93
DENTAL AGENTS - Oral Care.....132
DEVICES - Medical Supplies and Durable Medical Equipment.....133
DIAGNOSTIC AGENTS.....137
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants.....139
ELECTROLYTIC, CALORIC, AND WATER BALANCE.....139
ENZYMES.....147
EYE, EAR, NOSE AND THROAT (EENT) PREPS.....148
GASTROINTESTINAL DRUGS.....157
GASTROINTESTINAL DRUGS - Drugs for the Stomach.....158
GOLD COMPOUNDS.....166
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron.....166
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones.....166
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing.....205
MISCELLANEOUS THERAPEUTIC AGENTS.....205
NONHORMONAL CONTRACEPTIVES - Drugs for Women.....227
OXYTOCICS - Drugs for Women.....228
PHARMACEUTICAL AIDS.....228
RESPIRATORY TRACT AGENTS - Drugs for the Lungs.....228
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin.....236
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles.....257
VITAMINS.....257

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTI-HISTAMINE DRUGS - Drugs for Allergy		
ANTI-HISTAMINE DRUGS - Drugs for Allergy		
promethazine hcl oral tablet 25 mg	1	
ETHANOLAMINE DERIVATIVES - Drugs for Allergy		
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
clemastine fumarate oral tablet 2.68 mg	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA
DICOPANOL RAPIDPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (dph-lido-alhydr-mghydr-simeth)	3	PA
FIRST GEN. ANTIHIST. DERIVATIVES, MISC. - Drugs for Allergy		
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
FIRST GENERATION ANTIHISTAMINES - Drugs for Allergy		
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA
DICOPANOL RAPIDPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral syrup 6.25 mg/5ml	1	

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; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
promethazine hcl oral tablet 12.5 mg, 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
VISTARIL ORAL CAPSULE 25 MG, 50 MG (hydroxyzine pamoate)	3	
OTHER ANTIHISTAMINES - Drugs for Allergy		
cimetidine hcl oral solution 300 mg/5ml	1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	
famotidine oral suspension reconstituted 40 mg/5ml	1	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
olopatadine hcl nasal solution 0.6 %	3	SL (30.5 grams (1 box) per prescription.)
olopatadine hcl solution 0.1 % ophthalmic (rx) 0.1 %	3	
VISTARIL ORAL CAPSULE 25 MG, 50 MG (hydroxyzine pamoate)	3	
PHENOTHIAZINE DERIVATIVES - Drugs for Allergy		
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral syrup 6.25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethazine vc oral syrup 6.25-5 mg/5ml	1	
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	1	PA; SL (360 ml per month.)
promethazine-codeine oral solution 6.25-10 mg/5ml	1	PA; SL (360 ml per month.)
promethazine-codeine oral syrup 6.25-10 mg/5ml	1	PA; SL (360 ml per month.)
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml	1	PA; SL (360 ml per month.)
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
PROPYLAMINE DERIVATIVES - Drugs for Allergy		
hydrocodone polst-chlorphen polst er susp oral suspension extended release 10-8 mg/5ml	3	PA; SL (360 ml per month.)

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; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
SECOND GENERATION ANTIHISTAMINES - Drugs for Allergy		
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (Iodoxamide tromethamine)	3	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	3	
levocetirizine dihydrochloride oral tablet 5 mg	1	
ANTI-INFECTIVE AGENTS - Drugs for Infections		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	1	
cefadroxil oral tablet 1 gm	1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cephalexin oral tablet 250 mg, 500 mg	1	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefaclor er oral tablet extended release 12 hour 500 mg	1	
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 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	3	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	3	

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; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	1	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	1	
SUPRAX ORAL CAPSULE 400 MG (cefixime)	3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML, 500 MG/5ML (cefixime)	3	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG (cefixime)	3	
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	
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG (amantadine hcl)	3	
rimantadine hcl oral tablet 100 mg	1	
ALLYLAMINE ANTIFUNGALS - Drugs for Fungus		
terbinafine hcl oral tablet 250 mg	1	SL (90 tablets per 365 days)
AMEBICIDES - Drugs for the Mouth and Throat		
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (metronidazole benzoate)	3	PA
FLAGYL ORAL CAPSULE 375 MG (metronidazole)	3	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (metronidazole benzoate)	3	PA
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal gel 0.75 %	2	
paromomycin sulfate oral capsule 250 mg	1	
vandazole vaginal gel 0.75 %	3	
AMINOGLYCOSIDE ANTIBIOTICS - Antibiotics		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (amikacin sulfate liposome)	3	PA; SL (8.4 ml per day.); SMCS; SP
neomycin sulfate oral tablet 500 mg	1	
paromomycin sulfate oral capsule 250 mg	1	
TOBI PODHALER INHALATION CAPSULE 28 MG (tobramycin)	3	PA; SL (224 capsules per 56 days.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tobramycin inhalation nebulization solution 300 mg/4ml	2	PA; SL (224 ml per 56 days.); SMCS; SP
AMINOMETHYLCYCLINES - Antibiotics		
NUZYRA ORAL TABLET 150 MG (omadacycline tosylate)	3	SL (30 tablets per prescription.)
AMINOPENICILLIN ANTIBIOTICS - Antibiotics		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	1	
ampicillin oral capsule 500 mg	1	
OMECLAMOX-PAK ORAL 500-500-20 MG (amoxicillin-clarithro-omeprazole)	3	SL (1 carton (10 administrative cards, 80 tablets) per 6 months.)
ANTHELMINTICS - Drugs for Parasites		
albendazole oral tablet 200 mg	3	PA; SL (124 tablets per month.)
BILTRICIDE ORAL TABLET 600 MG (praziquantel)	3	
EGATEN ORAL TABLET 250 MG (triclabendazole)	3	
EMVERM ORAL TABLET CHEWABLE 100 MG (mebendazole)	3	PA; SL (6 tablets per 3 days.)
ivermectin oral tablet 3 mg	1	PA; SL (20 tablets per 3 months.)
praziquantel oral tablet 600 mg	2	
STROMECTOL ORAL TABLET 3 MG (ivermectin)	3	PA; SL (20 tablets per 3 months.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIFUNGALS, MISCELLANEOUS - Drugs for Fungus		
BREXAFEMME ORAL TABLET 150 MG (ibrexafungerp citrate)	3	PA; SL (4 tablets per prescription)
griseofulvin microsize oral suspension 125 mg/5ml	1	
griseofulvin microsize oral tablet 500 mg	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
ANTI-INFECTIVES (SYSTEMIC), MISC. - Drugs for Infections		
PYLERA ORAL CAPSULE 140-125-125 MG (bis subcit-metronid-tetracyc)	3	SL (120 capsules per 180 days.)
ANTIMALARIALS - Drugs for the Mouth and Throat		
ARAKODA ORAL TABLET 100 MG (tafenoquine succinate)	3	SL (16 tablets per month.)
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	2	
avidoxy oral tablet 100 mg	1	
chloroquine phosphate oral tablet 250 mg, 500 mg	1	
COARTEM ORAL TABLET 20-120 MG (artemether-lumefantrine)	2	
DARAPRIM ORAL TABLET 25 MG (pyrimethamine)	3	PA; SMCS; SP
doxycycline hyclate oral capsule 100 mg, 50 mg	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	3	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
KRINTAFEL ORAL TABLET 150 MG (tafenoquine succinate)	1	SL (2 tablets per prescription.)
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (atovaquone-proguanil hcl)	3	
mefloquine hcl oral tablet 250 mg	1	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	
mondoxyne nl oral capsule 100 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
primaquine phosphate oral tablet 26.3 (15 base) mg	1	
pyrimethamine oral tablet 25 mg	2	PA; SMCS; SP
QUALAQUIN ORAL CAPSULE 324 MG (quinine sulfate)	3	
quinidine gluconate er oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
quinine sulfate oral capsule 324 mg	1	
tetracycline hcl oral capsule 250 mg, 500 mg	3	
VIBRAMYCIN ORAL CAPSULE 100 MG (doxycycline hyclate)	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (doxycycline monohydrate)	3	
VIBRAMYCIN ORAL SYRUP 50 MG/5ML (doxycycline calcium)	3	
ANTIMYCOBACTERIALS, MISCELLANEOUS - Antibiotics		
dapsone oral tablet 100 mg, 25 mg	2	
ANTIPROTOZOALS, MISCELLANEOUS - Drugs for the Mouth and Throat		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (nitazoxanide)	2	SL (60 ml per prescription.)
atovaquone oral suspension 750 mg/5ml	2	
BACTRIM DS ORAL TABLET 800-160 MG (sulfamethoxazole-trimethoprim)	3	
BACTRIM ORAL TABLET 400-80 MG (sulfamethoxazole-trimethoprim)	3	
BENZNIDAZOLE ORAL TABLET 100 MG	2	PA; SL (240 tablets per 720 days.)
BENZNIDAZOLE ORAL TABLET 12.5 MG	2	PA; SL (720 tablets per 720 days.)
dapsone oral tablet 100 mg, 25 mg	2	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (metronidazole benzoate)	3	PA
FLAGYL ORAL CAPSULE 375 MG (metronidazole)	3	
IMPAVIDO ORAL CAPSULE 50 MG (miltefosine)	2	PA; SL (3 capsules per day.)
LAMPIT ORAL TABLET 120 MG (nifurtimox)	3	PA; SL (7.5 tablets per day.)
LAMPIT ORAL TABLET 30 MG (nifurtimox)	3	PA; SL (9 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (metronidazole benzoate)	3	PA
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (pentamidine isethionate)	3	
nitazoxanide oral tablet 500 mg	2	SL (6 tablets per prescription.)
pentamidine isethionate inhalation solution reconstituted 300 mg	2	
PYLERA ORAL CAPSULE 140-125-125 MG (bis subcit-metronid-tetracyc)	3	SL (120 capsules per 180 days.)
SOLOSEC ORAL PACKET 2 GM (secnidazole)	3	ST; SL (1 packet per prescription.)
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	
tinidazole oral tablet 250 mg, 500 mg	3	
ANTITUBERCULOSIS AGENTS - Antibiotics		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (ciprofloxacin)	3	
CIPRO ORAL TABLET 250 MG, 500 MG (ciprofloxacin hcl)	3	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	2	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
clarithromycin oral tablet 250 mg, 500 mg	1	
cycloserine oral capsule 250 mg	1	
ethambutol hcl oral tablet 100 mg, 400 mg	1	
isoniazid oral syrup 50 mg/5ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	
levofloxacin oral solution 25 mg/ml	1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
itraconazole oral capsule 100 mg	1	SL (180 capsules per 365 days)
itraconazole oral solution 10 mg/ml	2	SL (1800 ml per 365 days)
ketoconazole oral tablet 200 mg	1	
NOXAFIL ORAL SUSPENSION 40 MG/ML (posaconazole)	2	SL (20 ml per day.)
posaconazole oral tablet delayed release 100 mg	2	
SPORANOX ORAL CAPSULE 100 MG (itraconazole)	3	SL (180 capsules per 365 days)
SPORANOX ORAL SOLUTION 10 MG/ML (itraconazole)	3	SL (1800 ml per 365 days)
SPORANOX PULSEPAK ORAL CAPSULE 100 MG (itraconazole)	3	SL (180 capsules per 365 days)
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (voriconazole)	3	SL (300 mL per prescription.)
VFEND ORAL TABLET 200 MG (voriconazole)	3	SL (62 tablets per prescription.)
VFEND ORAL TABLET 50 MG (voriconazole)	3	SL (124 tablets per prescription)
voriconazole oral suspension reconstituted 40 mg/ml	1	
voriconazole oral tablet 200 mg	1	SL (62 tablets per prescription.)
voriconazole oral tablet 50 mg	1	SL (124 tablets per prescription)
ERYTHROMYCIN ANTIBIOTICS - Antibiotics		
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (erythromycin ethylsuccinate)	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (erythromycin ethylsuccinate)	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (erythromycin ethylsuccinate)	3	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG (erythromycin base)	3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (erythromycin stearate)	2	
erythromycin base oral capsule delayed release particles 250 mg	1	
erythromycin base oral tablet 250 mg, 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	3	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
erythromycin ethylsuccinate oral tablet 400 mg	1	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	3	
GLYCOPEPTIDE ANTIBIOTICS - Antibiotics		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (vancomycin hcl)	1	
VANCOGIN ORAL CAPSULE 125 MG (vancomycin hcl)	3	SL (56 capsules per 11 days)
VANCOGIN ORAL CAPSULE 250 MG (vancomycin hcl)	3	SL (112 capsules per 11 days)
vancomycin hcl oral capsule 125 mg	1	SL (56 capsules per 11 days)
vancomycin hcl oral capsule 250 mg	1	SL (112 capsules per 11 days)
vancomycin hcl oral solution reconstituted 250 mg/5ml	3	
VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML (vancomycin hcl)	3	PA
HCV POLYMERASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG (sofosbuvir-velpatasvir)	2	PA; SL (2 packets per day and 84 packets per 720 days.); SMCS; SP
EPCLUSA ORAL PACKET 200-50 MG (sofosbuvir-velpatasvir)	2	PA; SMCS; SP
EPCLUSA ORAL TABLET 200-50 MG (sofosbuvir-velpatasvir)	2	PA; SL (1 tablet per day.); SMCS
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	2	PA; SL (84 tablets per 720 days.); SMCS
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (ledipasvir-sofosbuvir)	2	SL (1 pellet per day and 84 pellets per 720 days.); SMCS
HARVONI ORAL TABLET 45-200 MG (ledipasvir-sofosbuvir)	2	PA; ST; SL (84 tablets per 720 days.); SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	2	PA; ST; SL (56 tablets per 720 days.); SMCS
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	2	PA; ST; SL (56 tablets per 720 days.); SMCS
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	2	PA; SL (84 tablets per 720 days.); SMCS
SOVALDI ORAL PACKET 150 MG, 200 MG (sofosbuvir)	3	PA; ST; SL (1 pellet per day and 84 pellets per 720 days.); SMCS
SOVALDI ORAL TABLET 200 MG (sofosbuvir)	3	PA; ST; SL (84 tablets per 720 days.); SMCS
SOVALDI ORAL TABLET 400 MG (sofosbuvir)	3	PA; ST; SL (84 tablets per 720 days.); SMCS; SP
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 & 250 MG (ombitas-paritapre-ritona-dasab)	3	PA; ST; SL (336 tablets per 720 days.); SMCS; SP
VOSEVI ORAL TABLET 400-100-100 MG (sofosbuv-velpatasv-voxilaprev)	2	PA; SL (84 tablets per 720 days.); SMCS; SP
HCV PROTEASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
MAVYRET ORAL PACKET 50-20 MG (glecaprevir-pibrentasvir)	2	SL (5 packets per day and 280 packets per 720 days.); SMCS; SP
MAVYRET ORAL TABLET 100-40 MG (glecaprevir-pibrentasvir)	2	PA; SL (168 tablets per 720 days.); SMCS; SP
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 & 250 MG (ombitas-paritapre-ritona-dasab)	3	PA; ST; SL (336 tablets per 720 days.); SMCS; SP
VOSEVI ORAL TABLET 400-100-100 MG (sofosbuv-velpatasv-voxilaprev)	2	PA; SL (84 tablets per 720 days.); SMCS; SP
ZEPATIER ORAL TABLET 50-100 MG (elbasvir-grazoprevir)	2	PA; SL (84 tablets per 720 days (12 weeks).); SMCS; SP
HCV REPLICATION COMPLEX INHIBITORS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG (sofosbuvir-velpatasvir)	2	PA; SL (2 packets per day and 84 packets per 720 days.); SMCS; SP
EPCLUSA ORAL PACKET 200-50 MG (sofosbuvir-velpatasvir)	2	PA; SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPCLUSA ORAL TABLET 200-50 MG (sofosbuvir-velpatasvir)	2	PA; SL (1 tablet per day.); SMCS
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	2	PA; SL (84 tablets per 720 days.); SMCS
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (ledipasvir-sofosbuvir)	2	SL (1 pellet per day and 84 pellets per 720 days.); SMCS
HARVONI ORAL TABLET 45-200 MG (ledipasvir-sofosbuvir)	2	PA; ST; SL (84 tablets per 720 days.); SMCS
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	2	PA; ST; SL (56 tablets per 720 days.); SMCS
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	2	PA; ST; SL (56 tablets per 720 days.); SMCS
MAVYRET ORAL PACKET 50-20 MG (glecaprevir-pibrentasvir)	2	SL (5 packets per day and 280 packets per 720 days.); SMCS; SP
MAVYRET ORAL TABLET 100-40 MG (glecaprevir-pibrentasvir)	2	PA; SL (168 tablets per 720 days.); SMCS; SP
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	2	PA; SL (84 tablets per 720 days.); SMCS
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 & 250 MG (ombitas-paritapre-ritona-dasab)	3	PA; ST; SL (336 tablets per 720 days.); SMCS; SP
VOSEVI ORAL TABLET 400-100-100 MG (sofosbuv-velpatasv-voxilaprev)	2	PA; SL (84 tablets per 720 days.); SMCS; SP
ZEPATIER ORAL TABLET 50-100 MG (elbasvir-grazoprevir)	2	PA; SL (84 tablets per 720 days (12 weeks).); SMCS; SP
HIV ENTRY AND FUSION INHIBITORS - Drugs for Viral Infections		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (enfuvirtide)	3	M; SMCS
maraviroc oral tablet 150 mg, 300 mg	2	PA
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (fostemsavir tromethamine)	3	PA
SELZENTRY ORAL SOLUTION 20 MG/ML (maraviroc)	2	PA
SELZENTRY ORAL TABLET 150 MG, 300 MG (maraviroc)	3	PA
SELZENTRY ORAL TABLET 25 MG, 75 MG (maraviroc)	2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (bictegravir-emtricitab-tenofov)	2	SL (1 tablet per day.)
DOVATO ORAL TABLET 50-300 MG (dolutegravir-lamivudine)	2	SL (1 tablet per day.)
GENVOYA ORAL TABLET 150-150-200-10 MG (elviteg-cobic-emtricit-tenofaf)	2	SL (1 tablet per day.)
ISENTRESS HD ORAL TABLET 600 MG (raltegravir potassium)	2	
ISENTRESS ORAL PACKET 100 MG (raltegravir potassium)	2	
ISENTRESS ORAL TABLET 400 MG (raltegravir potassium)	2	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (raltegravir potassium)	2	
JULUCA ORAL TABLET 50-25 MG (dolutegravir-rilpivirine)	2	SL (1 tablet per day.)
STRIBILD ORAL TABLET 150-150-200-300 MG (elviteg-cobic-emtricit-tenofdf)	2	SL (1 tablet per day.)
TIVICAY ORAL TABLET 50 MG (dolutegravir sodium)	3	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (dolutegravir sodium)	3	
TRIUMEQ ORAL TABLET 600-50-300 MG (abacavir-dolutegravir-lamivud)	2	SL (1 tablet per day.)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (abacavir-dolutegravir-lamivud)	2	SL (6 tablets per day.)
VOCABRIA ORAL TABLET 30 MG	3	
HIV NONNUCLEOSIDE REV.TRANSSCRIP. INHIB. - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (bictegravir-emtricitab-tenofov)	2	SL (1 tablet per day.)
COMPLERA ORAL TABLET 200-25-300 MG (emtricitab-rilpivir-tenofovir)	2	SL (1 tablet per day.)
DELSTRIGO ORAL TABLET 100-300-300 MG (doravirin-lamivudin-tenofov df)	2	SL (1 tablet per day.)
EDURANT ORAL TABLET 25 MG (rilpivirine hcl)	2	
efavirenz oral capsule 200 mg, 50 mg	2	
efavirenz oral tablet 600 mg	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg	2	SL (1 tablet per day.)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	2	SL (1 tablet per day.)
etravirine oral tablet 100 mg, 200 mg	2	
INTELENCE ORAL TABLET 100 MG, 200 MG (etravirine)	3	
INTELENCE ORAL TABLET 25 MG (etravirine)	2	
JULUCA ORAL TABLET 50-25 MG (dolutegravir-rilpivirine)	2	SL (1 tablet per day.)
methocarbamol oral tablet 500 mg	1	
nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg	3	
nevirapine oral suspension 50 mg/5ml	1	
nevirapine oral tablet 200 mg	1	
ODEFSEY ORAL TABLET 200-25-25 MG (emtricitab-rilpivir-tenofov af)	2	SL (1 tablet per day.)
PIFELTRO ORAL TABLET 100 MG (doravirine)	3	
SUSTIVA ORAL TABLET 600 MG (efavirenz)	3	
SYMFI LO ORAL TABLET 400-300-300 MG (efavirenz-lamivudine-tenofovir)	2	SL (1 tablet per day.)
SYMFI ORAL TABLET 600-300-300 MG (efavirenz-lamivudine-tenofovir)	2	SL (1 tablet per day.)
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS - Drugs for Viral Infections		
abacavir sulfate oral solution 20 mg/ml	1	
abacavir sulfate oral tablet 300 mg	1	
abacavir sulfate-lamivudine oral tablet 600-300 mg	2	SL (1 tablet per day.)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (bictegravir-emtricitab-tenofov)	2	SL (1 tablet per day.)
CIMDUO ORAL TABLET 300-300 MG (lamivudine-tenofovir)	2	SL (1 tablet per day.)
COMBIVIR ORAL TABLET 150-300 MG (lamivudine-zidovudine)	3	
COMPLERA ORAL TABLET 200-25-300 MG (emtricitab-rilpivir-tenofovir)	2	SL (1 tablet per day.)
DELSTRIGO ORAL TABLET 100-300-300 MG (doravirin-lamivudin-tenofov df)	2	SL (1 tablet per day.)
DESCOVY ORAL TABLET 120-15 MG (emtricitabine-tenofovir af)	2	SL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DESCOVY ORAL TABLET 200-25 MG (emtricitabine-tenofovir af)	2	SL (1 tablet per day.); H
DOVATO ORAL TABLET 50-300 MG (dolutegravir-lamivudine)	2	SL (1 tablet per day.)
efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg	2	SL (1 tablet per day.)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	2	SL (1 tablet per day.)
emtricitabine oral capsule 200 mg	2	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	SL (1 tablet per day.)
emtricitabine-tenofovir df oral tablet 200-300 mg	1	SL (1 tablet per day.); H
EMTRIVA ORAL CAPSULE 200 MG (emtricitabine)	3	
EMTRIVA ORAL SOLUTION 10 MG/ML (emtricitabine)	2	
EPIVIR HBV ORAL SOLUTION 5 MG/ML (lamivudine)	2	SMCS
EPIVIR HBV ORAL TABLET 100 MG (lamivudine)	3	SMCS
EPIVIR ORAL SOLUTION 10 MG/ML (lamivudine)	3	
EPIVIR ORAL TABLET 150 MG, 300 MG (lamivudine)	3	
GENVOYA ORAL TABLET 150-150-200-10 MG (elviteg-cobic-emtricit-tenofaf)	2	SL (1 tablet per day.)
lamivudine oral solution 10 mg/ml	1	
lamivudine oral tablet 100 mg	1	SMCS
lamivudine oral tablet 150 mg, 300 mg	1	
lamivudine-zidovudine oral tablet 150-300 mg	1	
ODEFSEY ORAL TABLET 200-25-25 MG (emtricitab-rilpivir-tenofov af)	2	SL (1 tablet per day.)
RETROVIR ORAL CAPSULE 100 MG (zidovudine)	3	
RETROVIR ORAL SYRUP 50 MG/5ML (zidovudine)	3	
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	1	
STRIBILD ORAL TABLET 150-150-200-300 MG (elviteg-cobic-emtricit-tenofdf)	2	SL (1 tablet per day.)
SYMFI LO ORAL TABLET 400-300-300 MG (efavirenz-lamivudine-tenofovir)	2	SL (1 tablet per day.)
SYMFI ORAL TABLET 600-300-300 MG (efavirenz-lamivudine-tenofovir)	2	SL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SYMTUZA ORAL TABLET 800-150-200-10 MG (darun-cobic-emtricit-tenofaf)	2	SL (1 tablet per day.)
tenofovir disoproxil fumarate oral tablet 300 mg	1	H
TRIUMEQ ORAL TABLET 600-50-300 MG (abacavir-dolutegravir-lamivud)	2	SL (1 tablet per day.)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (abacavir-dolutegravir-lamivud)	2	SL (6 tablets per day.)
TRIZIVIR ORAL TABLET 300-150-300 MG (abacavir-lamivudine-zidovudine)	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (emtricitabine-tenofovir df)	3	SL (1 tablet per day.)
VIREAD ORAL POWDER 40 MG/GM (tenofovir disoproxil fumarate)	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (tenofovir disoproxil fumarate)	2	
ZIAGEN ORAL SOLUTION 20 MG/ML (abacavir sulfate)	3	
ZIAGEN ORAL TABLET 300 MG (abacavir sulfate)	3	
zidovudine oral capsule 100 mg	1	
zidovudine oral syrup 50 mg/5ml	1	
zidovudine oral tablet 300 mg	1	
HIV PROTEASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (tipranavir)	2	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	2	
EVOTAZ ORAL TABLET 300-150 MG (atazanavir-cobicistat)	2	
fosamprenavir calcium oral tablet 700 mg	2	
KALETRA ORAL SOLUTION 400-100 MG/5ML (lopinavir-ritonavir)	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (lopinavir-ritonavir)	3	
LEXIVA ORAL SUSPENSION 50 MG/ML (fosamprenavir calcium)	2	
lopinavir-ritonavir oral solution 400-100 mg/5ml	2	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	2	
NORVIR ORAL PACKET 100 MG (ritonavir)	2	
NORVIR ORAL SOLUTION 80 MG/ML (ritonavir)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREZCOBIX ORAL TABLET 800-150 MG (darunavir-cobicistat)	2	
PREZISTA ORAL SUSPENSION 100 MG/ML (darunavir)	2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG (darunavir)	2	
REYATAZ ORAL PACKET 50 MG (atazanavir sulfate)	2	
ritonavir oral tablet 100 mg	2	
SYMTUZA ORAL TABLET 800-150-200-10 MG (darun-cobic-emtricit-tenofaf)	2	SL (1 tablet per day.)
VIRACEPT ORAL TABLET 250 MG, 625 MG (nelfinavir mesylate)	2	
INTERFERON ANTIVIRALS - Drugs for Viral Infections		
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (interferon alfa-n3)	2	M
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (ropeginterferon alfa-2b-njft)	3	PA; ST; SL (0.08 ml per day.)
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 50000000 UNIT (interferon alfa-2b)	3	PA; M; SMCS; SP
PEGASYS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML SUBCUTANEOUS 180 MCG/0.5ML (peginterferon alfa-2a)	2	PA; M; SMCS; SP
PEGASYS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML SUBCUTANEOUS 180 MCG/0.5ML (peginterferon alfa-2a)	2	PA; M; SL (4 prefilled syringes per month.); SMCS; SP
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (peginterferon alfa-2a)	2	PA; M; SL (4 auto-injectors per month); SMCS; SP
LINCOMYCIN ANTIBIOTICS - Antibiotics		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG (clindamycin hcl)	3	
CLEOCIN ORAL CAPSULE 75 MG (clindamycin hcl)	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (clindamycin palmitate hcl)	3	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	2	
MONOBACTAM ANTIBIOTICS - Antibiotics		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (aztreonam lysine)	3	PA; ST; SL (84 vials per 56 days.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NATURAL PENICILLIN ANTIBIOTICS - Antibiotics		
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
NEURAMINIDASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	2	
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	2	SL (180 ml per month.)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER (zanamivir)	3	
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - Drugs for Viral Infections		
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet 400 mg, 800 mg	1	
adefovir dipivoxil oral tablet 10 mg	2	SMCS
BARACLUDE ORAL SOLUTION 0.05 MG/ML (entecavir)	2	SMCS
entecavir oral tablet 0.5 mg, 1 mg	1	SMCS
famciclovir oral tablet 125 mg, 500 mg	2	
famciclovir oral tablet 250 mg	2	SL (62 tablets per prescription.)
LAGEVRIO ORAL CAPSULE 200 MG (molnupiravir)	3	
ribavirin inhalation solution reconstituted 6 gm	3	
ribavirin oral capsule 200 mg	1	
ribavirin oral tablet 200 mg	1	
valacyclovir hcl oral tablet 1 gm	1	SL (31 tablets per prescription)
valacyclovir hcl oral tablet 500 mg	1	SL (62 tablets per prescription.)
valganciclovir hcl oral solution reconstituted 50 mg/ml	1	
valganciclovir hcl oral tablet 450 mg	1	
VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM (ribavirin)	3	
ZOVIRAX ORAL SUSPENSION 200 MG/5ML (acyclovir)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OTHER MACROLIDE ANTIBIOTICS - Antibiotics		
azithromycin oral packet 1 gm	1	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	2	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
clarithromycin oral tablet 250 mg, 500 mg	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (fidaxomicin)	3	SL (136 mL per 10 days.)
DIFICID ORAL TABLET 200 MG (fidaxomicin)	3	SL (20 tablets per 7 days)
OMECLAMOX-PAK ORAL 500-500-20 MG (amoxicillin-clarithro-omeprazole)	3	SL (1 carton (10 administrative cards, 80 tablets) per 6 months.)
ZITHROMAX ORAL PACKET 1 GM (azithromycin)	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (azithromycin)	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (azithromycin)	3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (azithromycin)	3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (azithromycin)	3	
OXAZOLIDINONE ANTIBIOTICS - Antibiotics		
linezolid oral suspension reconstituted 100 mg/5ml	2	SL (900 ml per 11 days)
linezolid oral tablet 600 mg	2	SL (28 tablets per 11 days)
SIVEXTRO ORAL TABLET 200 MG (tedizolid phosphate)	3	SL (6 tablets per prescription.)
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (linezolid)	3	SL (900 ml per 11 days)
PENICILLINASE-RESISTANT PENICILLINS - Antibiotics		
dicloxacillin sodium oral capsule 250 mg, 500 mg	1	
PLEUROMUTILINS - Antibiotics		
XENLETA ORAL TABLET 600 MG (lefamulin acetate)	3	
POLYENE ANTIFUNGALS - Drugs for Fungus		
nystatin mouth/throat suspension 100000 unit/ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nystatin oral tablet 500000 unit	1	
POLYMYXIN ANTIBIOTICS - Antibiotics		
colistimethate sodium (cba) injection solution reconstituted 150 mg	1	M
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED 150 MG (colistimethate sodium)	3	M
PYRIMIDINE ANTIFUNGALS - Drugs for Fungus		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (flucytosine)	3	
flucytosine oral capsule 250 mg, 500 mg	1	
QUINOLONE ANTIBIOTICS - Antibiotics		
BAXDELA ORAL TABLET 450 MG (delafloxacin meglumine)	3	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (ciprofloxacin)	3	
CIPRO ORAL TABLET 250 MG, 500 MG (ciprofloxacin hcl)	3	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	1	
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin hcl oral tablet 400 mg	3	
ofloxacin oral tablet 300 mg, 400 mg	1	
RIFAMYCIN ANTIBIOTICS - Antibiotics		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG (rifamycin sodium)	3	SL (12 tablets per prescription.)
MYCOBUTIN ORAL CAPSULE 150 MG (rifabutin)	3	
PRIFTIN ORAL TABLET 150 MG (rifapentine)	2	
rifabutin oral capsule 150 mg	1	
rifampin oral capsule 150 mg, 300 mg	1	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML (rifampin)	3	PA
XIFAXAN ORAL TABLET 200 MG (rifaximin)	3	PA; SL (9 tablets per prescription)
XIFAXAN ORAL TABLET 550 MG (rifaximin)	3	PA; SL (62 tablets per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - Antibiotics		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (sulfasalazine)	3	
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	3	
BACTRIM DS ORAL TABLET 800-160 MG (sulfamethoxazole-trimethoprim)	3	
BACTRIM ORAL TABLET 400-80 MG (sulfamethoxazole-trimethoprim)	3	
sulfadiazine oral tablet 500 mg	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	
TETRACYCLINE ANTIBIOTICS - Antibiotics		
AVIDOXY DK COMBINATION KIT 100 MG (doxycycline-sunscreen-sal acid)	3	
avidoxy oral tablet 100 mg	1	
demeclocycline hcl oral tablet 150 mg, 300 mg	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	3	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	
mondoxyne nl oral capsule 100 mg	1	
NUTRIDOX ORAL KIT 75 MG (doxycycline monohyd-omega 3-e)	3	
PYLERA ORAL CAPSULE 140-125-125 MG (bis subcit-metronid-tetracyc)	3	SL (120 capsules per 180 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tetracycline hcl oral capsule 250 mg, 500 mg	3	
VIBRAMYCIN ORAL CAPSULE 100 MG (doxycycline hyclate)	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (doxycycline monohydrate)	3	
VIBRAMYCIN ORAL SYRUP 50 MG/5ML (doxycycline calcium)	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 packet 3 gm	3	
HIPREX ORAL TABLET 1 GM (methenamine hippurate)	3	
HYOPHEN ORAL TABLET 81.6 MG (meth-hyo-m bl-benz acd-ph sal)	3	
MACROBID ORAL CAPSULE 100 MG (nitrofurantoin monohyd macro)	3	
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 1 gm	1	
methenamine mandelate oral tablet 0.5 gm, 1 gm	1	
MONUROL ORAL PACKET 3 GM (fosfomycin tromethamine)	3	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1	
nitrofurantoin monohydrate macrocrystals oral capsule 100 mg	1	
nitrofurantoin oral suspension 25 mg/5ml	3	
PHOSPHASAL ORAL TABLET 81.6 MG (meth-hyo-m bl-na phos-ph sal)	2	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	
trimethoprim oral tablet 100 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
URELLE ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	3	
URIMAR-T ORAL TABLET 120 MG (meth-hyo-m bl-na phos-ph sal)	2	
urin ds oral tablet 81.6 mg	1	
URO-458 ORAL TABLET 81 MG	3	
UROGESIC-BLUE ORAL TABLET 81.6 MG (methen-hyosc-meth blue-na phos)	2	
USTELL ORAL CAPSULE 120 MG (meth-hyo-m bl-na phos-ph sal)	3	
UTIRA-C ORAL TABLET 81.6 MG (meth-hyo-m bl-na phos-ph sal)	2	
VILEVEV MB ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	3	
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	2	PA; SL (4 tablets per day.); SP; CM
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (everolimus)	3	PA; SL (1 tablet per day.); SMCS; SP; CM
ALECENSA ORAL CAPSULE 150 MG (alectinib hcl)	2	PA; SL (8 capsules per day.); SMCS; SP; CM
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (interferon alfa-n3)	2	M
ALKERAN ORAL TABLET 2 MG (melphalan)	3	SMCS; CM
ALUNBRIG ORAL TABLET 180 MG (brigatinib)	2	PA; SL (1 tablet per day.); SMCS; SP; CM
ALUNBRIG ORAL TABLET 30 MG (brigatinib)	2	PA; SL (4 tablets per day.); SMCS; SP; CM
anastrozole oral tablet 1 mg	1	H
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (avapritinib)	3	PA; SL (1 tablet per day.); SMCS; SP; CM
BALVERSA ORAL TABLET 3 MG (erdafitinib)	3	PA; SL (3 tablets per day.); SMCS; SP; CM
BALVERSA ORAL TABLET 4 MG (erdafitinib)	3	PA; SL (2 tablets per day.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BALVERSA ORAL TABLET 5 MG (erdafitinib)	3	PA; SL (1 tablet per day.); SMCS; SP; CM
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (ropeginterferon alfa-2b-njft)	3	PA; ST; SL (0.08 ml per day.)
bicalutamide oral tablet 50 mg	1	CM
BOSULIF ORAL TABLET 100 MG (bosutinib)	2	PA; ST; SL (4 tablets per day.); SMCS; SP; CM
BOSULIF ORAL TABLET 400 MG, 500 MG (bosutinib)	2	PA; ST; SL (1 tablet per day.); SMCS; SP; CM
BRAFTOVI ORAL CAPSULE 75 MG (encorafenib)	3	PA; ST; SL (6 capsules per day.); SMCS; SP; CM
BRUKINSA ORAL CAPSULE 80 MG (zanubrutinib)	2	PA; SL (4 capsules per day.); SMCS; SP; CM
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (cabozantinib s-malate)	2	PA; SL (1 tablet per day.); SMCS; SP; CM
CALQUENCE ORAL CAPSULE 100 MG (acalabrutinib)	2	PA; SL (2 capsules per day.); SMCS; SP; CM
CALQUENCE ORAL TABLET 100 MG (acalabrutinib maleate)	2	PA; SMCS; CM
capecitabine oral tablet 150 mg	1	SL (84 tablets per prescription.); SMCS; SP; CM
capecitabine oral tablet 500 mg	1	SL (140 tablets per prescription.); SMCS; SP; CM
CAPRELSA ORAL TABLET 100 MG (vandetanib)	2	PA; SL (2 tablets per day.); SMCS; SP; CM
CAPRELSA ORAL TABLET 300 MG (vandetanib)	2	PA; SL (1 tablet per day.); SMCS; SP; CM
CASODEX ORAL TABLET 50 MG (bicalutamide)	3	CM
COMETRIQ ORAL KIT 20 MG (cabozantinib s-malate)	2	PA; SL (93 capsules per month.); SMCS; SP; CM
COMETRIQ ORAL KIT 3 X 20 MG & 80 MG (cabozantinib s-malate)	2	PA; SL (124 capsules per month.); SMCS; SP; CM
COMETRIQ ORAL KIT 80 & 20 MG (cabozantinib s-malate)	2	PA; SL (62 capsules per month.); SMCS; SP; CM
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (duvelisib)	3	PA; SL (2 capsules per day.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cyclophosphamide oral capsule 25 mg, 50 mg	2	CM
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	2	CM
DAURISMO ORAL TABLET 100 MG (glasdegib maleate)	2	PA; SL (1 tablet per day.); SMCS; SP; CM
DAURISMO ORAL TABLET 25 MG (glasdegib maleate)	2	PA; SL (2 tablets per day.); SMCS; SP; CM
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (hydroxyurea)	2	
ELIGARD SUBCUTANEOUS KIT 22.5 MG (leuprolide acetate (3 month))	3	PA; M; SMCS
ELIGARD SUBCUTANEOUS KIT 30 MG (leuprolide acetate (4 month))	3	PA; M; SMCS
ELIGARD SUBCUTANEOUS KIT 45 MG (leuprolide acetate (6 month))	3	PA; M; SMCS
ELIGARD SUBCUTANEOUS KIT 7.5 MG (leuprolide acetate)	3	PA; M; SMCS
EMCYT ORAL CAPSULE 140 MG (estramustine phosphate sodium)	2	CM
ERIVEDGE ORAL CAPSULE 150 MG (vismodegib)	2	PA; SL (1 capsule per day.); SMCS; SP; CM
ERLEADA ORAL TABLET 60 MG (apalutamide)	2	PA; SL (4 tablets per day.); SMCS; SP; CM
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	2	PA; SL (1 tablet per day.); SMCS; SP; CM
etoposide oral capsule 50 mg	1	SMCS; SP; CM
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	PA; SL (1 tablet per day.); SMCS; SP; CM
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	2	PA; SL (1 tablet per day.); SMCS; SP; CM
exemestane oral tablet 25 mg	2	H
EXKIVITY ORAL CAPSULE 40 MG (mobocertinib succinate)	3	PA; SL (4 capsules per day.); SMCS; SP; CM
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (degarelix acetate)	3	M; SMCS; SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (degarelix acetate)	3	M; SMCS; SP
flutamide oral capsule 125 mg	1	CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (tivozanib hcl)	3	PA; SL (0.75 capsules per day.); SMCS; SP; CM
GAVRETO ORAL CAPSULE 100 MG (pralsetinib)	3	PA; SL (4 capsules per day.); SMCS; SP; CM
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (afatinib dimaleate)	3	PA; SL (1 tablet per day.); SMCS; SP; CM
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	2	SMCS; SP; CM
HYCANTIN ORAL CAPSULE 0.25 MG (topotecan hcl)	2	PA; SL (180 capsules per prescription.); SMCS; SP; CM
HYCANTIN ORAL CAPSULE 1 MG (topotecan hcl)	2	PA; SL (40 capsules per prescription.); SMCS; SP; CM
HYDREA ORAL CAPSULE 500 MG (hydroxyurea)	3	
hydroxyurea oral capsule 500 mg	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (palbociclib)	2	PA; SL (21 capsules per month.); SMCS; SP; CM
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (palbociclib)	2	PA; SL (0.75 tablets per day.); SMCS; SP; CM
ICLUSIG ORAL TABLET 15 MG (ponatinib hcl)	3	PA; SL (2 tablets per day.); SMCS; SP; CM
ICLUSIG ORAL TABLET 45 MG (ponatinib hcl)	3	PA; SL (1 tablet per day.); SMCS; SP; CM
IDHIFA ORAL TABLET 100 MG, 50 MG (enasidenib mesylate)	2	PA; SL (1 tablet per day.); SMCS; SP; CM
imatinib mesylate oral tablet 100 mg	1	PA; SL (6 tablets per day.); SMCS; SP; CM
imatinib mesylate oral tablet 400 mg	1	PA; SL (1 tablet per day.); SMCS; SP; CM
IMBRUVICA ORAL CAPSULE 140 MG (ibrutinib)	2	PA; SL (3 capsules per day.); SMCS; SP; CM
IMBRUVICA ORAL CAPSULE 70 MG (ibrutinib)	2	PA; SL (1 capsule per day.); SMCS; SP; CM
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (ibrutinib)	2	PA; SL (1 tablet per day.); SMCS; SP; CM
INLYTA ORAL TABLET 1 MG (axitinib)	3	PA; SL (4 tablets per day.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INLYTA ORAL TABLET 5 MG (axitinib)	3	PA; SL (124 tablets per 30 days.); SMCS; SP; CM
INQOVI ORAL TABLET 35-100 MG (decitabine-cedazuridine)	3	PA; SL (5 tablets per month.); SMCS; SP; CM
INREBIC ORAL CAPSULE 100 MG (fedratinib hcl)	3	PA; ST; SL (4 capsules per day.); SMCS; SP
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 50000000 UNIT (interferon alfa-2b)	3	PA; M; SMCS; SP
IRESSA ORAL TABLET 250 MG (gefitinib)	3	PA; SL (1 tablet per day.); SMCS; SP; CM
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (ruxolitinib phosphate)	2	PA; SL (2 tablets per day.); SMCS; SP; CM
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL 200 MG (ribociclib succinate)	3	PA; ST; SMCS; SP; CM
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL 200 MG (ribociclib succinate)	3	PA; ST; SL (42 tablets per month.); SMCS; SP; CM
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL 200 MG (ribociclib succinate)	3	PA; ST; SMCS; SP; CM
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL 200 MG (ribociclib succinate)	3	PA; ST; SL (63 tablets per month.); SMCS; SP; CM
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG (ribociclib-letrozole)	3	PA; ST; SMCS; CM
KISQALI ORAL TABLET THERAPY PACK 200 MG (ribociclib succinate)	3	PA; ST; SL (21 tablets per month.); SMCS; SP; CM
KOSELUGO ORAL CAPSULE 10 MG (selumetinib sulfate)	3	PA; SL (8 capsules per day.); SMCS; SP; CM
KOSELUGO ORAL CAPSULE 25 MG (selumetinib sulfate)	3	PA; SL (4 capsules per day.); SMCS; SP; CM
lapatinib ditosylate oral tablet 250 mg	2	PA; SL (186 tablets per prescription); SMCS; SP; CM
lenalidomide oral capsule 10 mg, 5 mg	2	PA; SL (28 capsules per prescription.); SMCS; SP; CM
lenalidomide oral capsule 15 mg, 25 mg	2	PA; SL (21 capsules per prescription.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lenalidomide oral capsule 2.5 mg	1	PA; SL (28 capsules per prescription.); SMCS; SP; CM
lenalidomide oral capsule 20 mg	1	PA; SL (21 capsules per prescription.); SMCS; SP; CM
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 2 X 10 MG, 2 X 4 MG (lenvatinib mesylate)	3	PA; SL (2 capsules per day.); SMCS; SP; CM
LENVIMA ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG, 2 X 10 MG & 4 MG, 3 X 4 MG (lenvatinib mesylate)	3	PA; SL (3 capsules per day.); SMCS; SP; CM
LENVIMA ORAL CAPSULE THERAPY PACK 10 MG, 4 MG (lenvatinib mesylate)	3	PA; SL (1 capsule per day.); SMCS; SP; CM
letrozole oral tablet 2.5 mg	1	H
LEUKERAN ORAL TABLET 2 MG (chlorambucil)	2	CM
leuprolide acetate injection kit 1 mg/0.2ml	1	PA; M; SMCS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (trifluridine-tipiracil)	3	PA; SL (100 tablets per month.); SMCS; SP; CM
LORBRENA ORAL TABLET 100 MG, 25 MG (lorlatinib)	3	PA; ST; SMCS; SP; CM
LUMAKRAS ORAL TABLET 120 MG (sotorasib)	3	PA; SL (8 tablets per day.); SMCS; SP; CM
LYNPARZA ORAL TABLET 100 MG, 150 MG (olaparib)	2	PA; SL (4 tablets per day.); SMCS; SP; CM
LYSODREN ORAL TABLET 500 MG (mitotane)	2	
MATULANE ORAL CAPSULE 50 MG (procarbazine hcl)	2	SMCS; SP; CM
megestrol acetate oral suspension 40 mg/ml	1	
megestrol acetate oral suspension 625 mg/5ml	3	
megestrol acetate oral tablet 20 mg, 40 mg	1	
MEKINIST ORAL TABLET 0.5 MG (trametinib dimethyl sulfoxide)	3	PA; SL (2 tablets per day.); SMCS; SP; CM
MEKINIST ORAL TABLET 2 MG (trametinib dimethyl sulfoxide)	3	PA; SL (1 tablet per day.); SMCS; SP; CM
MEKTOVI ORAL TABLET 15 MG (binimetinib)	3	PA; ST; SL (6 tablets per day.); SMCS; SP; CM
melphalan oral tablet 2 mg	2	SMCS; CM
mercaptopurine oral tablet 50 mg	1	CM
methotrexate oral tablet 2.5 mg	1	CM

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methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	M
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	M
methotrexate sodium injection solution reconstituted 1 gm	1	M
methotrexate sodium oral tablet 2.5 mg	1	CM
MYLERAN ORAL TABLET 2 MG (busulfan)	2	CM
NERLYNX ORAL TABLET 40 MG (neratinib maleate)	2	PA; SL (6 tablets per day.); SMCS; SP; CM
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (ixazomib citrate)	2	PA; SL (3 capsules per prescription.); SMCS; SP; CM
NUBEQA ORAL TABLET 300 MG (darolutamide)	2	PA; SL (4 tablets per day.); SMCS; SP; CM
ODOMZO ORAL CAPSULE 200 MG (sonidegib phosphate)	2	PA; SL (1 capsule per day.); SMCS; SP; CM
ONUREG ORAL TABLET 200 MG, 300 MG (azacitidine)	2	PA; SL (1 tablet per day.); SMCS; SP; CM
ORGOVYX ORAL TABLET 120 MG (relugolix)	3	PA; SL (1 tablet per day); SMCS; SP; CM
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (pemigatinib)	3	PA; SL (14 tablets per 21 days.); SMCS; SP; CM
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG (alpelisib)	2	PA; SL (2 tablets per day.); SMCS; SP; CM
PIQRAY ORAL TABLET THERAPY PACK 200 MG (alpelisib)	2	PA; SL (1 tablet per day.); SMCS; SP; CM
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	3	PA; SL (21 capsules per prescription.); SMCS; SP; CM
PURIXAN ORAL SUSPENSION 2000 MG/100ML (mercaptopurine)	3	PA; SMCS; SP; CM
QINLOCK ORAL TABLET 50 MG (ripretinib)	3	PA; SL (3 tablets per day.); SMCS; SP; CM
RETEVMO ORAL CAPSULE 40 MG (selpercatinib)	3	PA; SL (6 capsules per day.); SMCS; SP; CM
RETEVMO ORAL CAPSULE 80 MG (selpercatinib)	3	PA; SMCS; SP; CM

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REVLIMID ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (lenalidomide)	2	PA; SL (28 capsules per prescription.); SMCS; SP; CM
REVLIMID ORAL CAPSULE 15 MG, 20 MG, 25 MG (lenalidomide)	2	PA; SL (21 capsules per prescription.); SMCS; SP; CM
ROZLYTREK ORAL CAPSULE 100 MG (entrectinib)	2	PA; SL (1 capsule per day.); SMCS; SP; CM
ROZLYTREK ORAL CAPSULE 200 MG (entrectinib)	2	PA; SL (3 capsules per day.); SMCS; SP; CM
RUBRACA ORAL TABLET 200 MG (rucaparib camsylate)	3	PA; ST; SL (2 tablets per day.); SMCS; SP; CM
RUBRACA ORAL TABLET 250 MG, 300 MG (rucaparib camsylate)	3	PA; ST; SL (4 tablets per day.); SMCS; SP; CM
RYDAPT ORAL CAPSULE 25 MG (midostaurin)	2	PA; SL (8 capsules per day.); SMCS; SP; CM
SCEMBLIX ORAL TABLET 20 MG, 40 MG (asciminib hcl)	3	PA; SL (2 tablets per day.); SMCS; SP; CM
sorafenib tosylate oral tablet 200 mg	2	PA; SL (4 tablets per day.); SMCS; SP; CM
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (dasatinib)	3	PA; ST; SL (1 tablet per day.); SMCS; SP; CM
SPRYCEL ORAL TABLET 20 MG (dasatinib)	3	PA; ST; SL (2 tablets per day.); SMCS; SP; CM
STIVARGA ORAL TABLET 40 MG (regorafenib)	2	PA; SL (84 tablets per prescription.); SMCS; SP; CM
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	2	PA; SL (1 capsule per day.); SMCS; SP; CM
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (sunitinib malate)	3	PA; SL (1 capsule per day.); SMCS; SP; CM
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG (omacetaxine mepesuccinate)	2	PA; M; SL (28 vials per month.); SMCS; SP
TABLOID ORAL TABLET 40 MG (thioguanine)	2	SMCS; SP; CM
TABRECTA ORAL TABLET 150 MG, 200 MG (capmatinib hcl)	3	PA; SL (4 tablets per day.); SMCS; SP; CM
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (dabrafenib mesylate)	3	PA; SL (4 capsules per day.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TAGRISSE ORAL TABLET 40 MG, 80 MG (osimertinib mesylate)	3	PA; SL (1 tablet per day.); SMCS; SP; CM
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG (talazoparib tosylate)	3	PA; ST; SL (1 capsule per day.); SMCS; SP; CM
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG (talazoparib tosylate)	3	PA; ST; SL (1 capsule per day.); SMCS; CM
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H
TARGRETIN ORAL CAPSULE 75 MG (bexarotene)	2	SMCS; CM
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (nilotinib hcl)	2	PA; ST; SL (4 capsules per day.); SMCS; SP; CM
TAZVERIK ORAL TABLET 200 MG (tazemetostat hbr)	3	PA; SL (8 tablets per day.); SMCS; SP; CM
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	1	PA; SMCS; SP; CM
TEPMETKO ORAL TABLET 225 MG (tepotinib hcl)	3	PA; SL (2 tablets per day.); SMCS; SP; CM
TIBSOVO ORAL TABLET 250 MG (ivosidenib)	2	PA; SL (2 tablets per day.); SMCS; SP; CM
toremifene citrate oral tablet 60 mg	2	
tretinoin oral capsule 10 mg	2	SL (279 capsules per prescription.); SMCS; SP; CM
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	2	CM
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG (infigratinib phosphate)	3	PA; SL (21 capsules per 28 days.); SMCS; SP; CM
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG (infigratinib phosphate)	3	PA; SL (42 capsules per 21 days.); SMCS; SP; CM
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG (infigratinib phosphate)	3	PA; SL (42 capsules per 21 days.); SMCS; SP; CM
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG (infigratinib phosphate)	3	PA; SL (63 capsules per 21 days.); SMCS; SP; CM
TUKYSA ORAL TABLET 150 MG (tucatinib)	2	PA; SL (4 tablets per day.); SMCS; SP; CM
TUKYSA ORAL TABLET 50 MG (tucatinib)	2	PA; SL (10 tablets per day.); SMCS; SP; CM

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TURALIO ORAL CAPSULE 200 MG (pexidartinib hcl)	2	PA; SL (4 capsules per day.); SMCS; SP; CM
VENCLEXTA ORAL TABLET 10 MG, 100 MG (venetoclax)	2	PA; SL (4 tablets per day.); SMCS; SP; CM
VENCLEXTA ORAL TABLET 50 MG (venetoclax)	2	PA; SL (1 tablet per day.); SMCS; SP; CM
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (venetoclax)	2	PA; SL (42 tablets per year.); SMCS; SP; CM
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (abemaciclib)	2	PA; SL (2 tablets per day.); SMCS; SP; CM
VITRAKVI ORAL CAPSULE 100 MG (larotrectinib sulfate)	2	PA; SL (2 capsules per day.); SMCS; SP; CM
VITRAKVI ORAL CAPSULE 25 MG (larotrectinib sulfate)	2	PA; SL (6 capsules per day.); SMCS; SP; CM
VITRAKVI ORAL SOLUTION 20 MG/ML (larotrectinib sulfate)	2	PA; SL (10 mL per day.); SMCS; SP; CM
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (dacomitinib)	3	PA; SL (1 tablet per day.); SMCS; SP; CM
VONJO ORAL CAPSULE 100 MG (pacritinib citrate)	3	PA; SL (4 capsules per day.); SMCS; SP; CM
VOTRIENT ORAL TABLET 200 MG (pazopanib hcl)	3	PA; SL (4 tablets per day.); SMCS; SP; CM
WELIREG ORAL TABLET 40 MG (belzutifan)	3	PA; SL (3 tablets day.); SMCS; SP; CM
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	3	PA; SL (4 ml per day.); CM
XOSPATA ORAL TABLET 40 MG (gilteritinib fumarate)	3	PA; SL (3 tablets per day.); SMCS; SP; CM
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (selinexor)	3	PA; SL (0.26 tablet per day.); SMCS; SP; CM
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (selinexor)	3	PA; SL (0.26 tablet per day.); SMCS; SP; CM
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (selinexor)	3	PA; SL (0.5 tablet per day.); SMCS; SP; CM
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (selinexor)	3	PA; SL (0.5 tablet per day.); SMCS; SP; CM
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (selinexor)	3	PA; SL (0.86 tablets per day.); SMCS; 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 (selinexor)	3	PA; SL (0.5 tablet per day.); SMCS; SP; CM
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (selinexor)	3	PA; SL (1.15 tablets per day.); SMCS; SP; CM
XTANDI ORAL CAPSULE 40 MG (enzalutamide)	3	PA; ST; SL (4 capsules per day.); SMCS; SP; CM
XTANDI ORAL TABLET 40 MG (enzalutamide)	3	PA; ST; SL (4 tablets per day.); SMCS; SP; CM
XTANDI ORAL TABLET 80 MG (enzalutamide)	3	PA; ST; SL (2 tablets per day.); SMCS; SP; CM
ZEJULA ORAL CAPSULE 100 MG (niraparib tosylate)	2	PA; SL (3 capsules per day.); SMCS; SP; CM
ZELBORAF ORAL TABLET 240 MG (vemurafenib)	2	PA; SL (8 tablets per day.); SMCS; SP; CM
ZOLINZA ORAL CAPSULE 100 MG (vorinostat)	2	PA; SL (124 capsules per prescription); SMCS; SP; CM
ZYDELIG ORAL TABLET 100 MG, 150 MG (idelalisib)	3	PA; SL (60 tablets per month.); SMCS; SP; CM
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES - DRUGS FOR THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS (THERAPEUTIC) - DRUGS FOR THE IMMUNE SYSTEM		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (timothy grass pollen allergen)	3	PA; SL (1 tablet per day.)
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (dust mite mixed allergen ext)	3	PA; SL (1 tablet per day.)
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR (grass mix pollens allergen ext)	3	PA; SL (1 tablet per day.)
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 100 IR (grass mix pollens allergen ext)	3	PA; SL (3 tablets per year.)
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (grass mix pollens allergen ext)	3	PA; SL (1 tablet per day.)
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (peanut powder-dnfp)	3	PA; SL (13 capsules per year.); SMCS; SP
PALFORZIA ORAL 2 X 1 MG & 10 MG, 3 X 1 MG (peanut powder-dnfp)	3	PA; SL (45 capsules per 13 days.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PALFORZIA ORAL 2 X 100 MG, 2 X 20 MG, 20 MG & 100 MG (peanut powder-dnfp)	3	PA; SL (30 capsules per 13 days.); SMCS; SP
PALFORZIA ORAL 2 X 20 MG & 2 X 100 MG, 4 X 20 MG (peanut powder-dnfp)	3	PA; SL (60 capsules per 13 days.); SMCS; SP
PALFORZIA ORAL 20 MG (peanut powder-dnfp)	3	PA; SL (15 capsules per 13 days.); SMCS; SP
PALFORZIA ORAL 3 X 20 MG & 100 MG (peanut powder-dnfp)	3	PA; SL (60 capsule per 13 days.); SMCS; SP
PALFORZIA ORAL 6 X 1 MG (peanut powder-dnfp)	3	PA; SL (90 capsules per 13 days.); SMCS; SP
PALFORZIA ORAL PACKET 300 MG (peanut powder-dnfp)	3	PA; SL (1 capsule per day.); SMCS; SP
PALFORZIA ORAL PACKET 300 MG (peanut powder-dnfp)	3	PA; SL (15 capsules per 13 days.); SMCS; SP
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (short ragweed pollen ext)	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 5-2.5-18.5 LF-MCG/0.5 (tetanus-diphth-acell pertussis)	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (tetanus-diphth-acell pertussis)	2	H
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (diphth-acell pertussis-tetanus)	2	H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR 25-58-10 (diphth-acell pertussis-tetanus)	2	H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR 25-58-10 (diphth-acell pertussis-tetanus)	3	H
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (dtap-hepatitis b recomb-ipv)	3	H
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (dtap-ipv-hib vaccine)	3	H
QUADRACEL INTRAMUSCULAR SUSPENSION (dtap-ipv vaccine)	3	H
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (tetanus-diphtheria toxoids td)	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VACCINES - Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (haemophilus b polysac conj vac)	2	H
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (tetanus-diphth-acell pertussis)	3	H
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION (influenza vac split quad)	3	H
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (influenza vac split quad)	3	H
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (meningococcal b recomb omv adj)	3	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 (tetanus-diphth-acell pertussis)	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (tetanus-diphth-acell pertussis)	2	H
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML (covid-19 mrna virus vaccine)	3	H
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (diphth-acell pertussis-tetanus)	2	H
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED (dengue virus vaccine live tetr)	3	H
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML (hepatitis b vac recombinant)	2	H
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML (influenza vac a&b sa adj quad)	3	H
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (influenza vac split quad)	3	H
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (influenza vac recomb ha quad)	3	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION (influenza vac subunit quad)	3	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (influenza vac subunit quad)	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (influenza vac split quad)	3	H
FLUMIST QUADRIVALENT NASAL SUSPENSION (influenza virus vac live quad)	3	H
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML (influenza vac high-dose quad)	3	H
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML (influenza vac split quad)	3	H
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (influenza vac split quad)	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION (hpv 9-valent recomb vaccine)	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (hpv 9-valent recomb vaccine)	3	H
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML (hepatitis a vaccine)	3	H
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (hepatitis b vac recomb adj)	3	H
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG (haemophilus b polysac conj vac)	3	H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR 25-58-10 (diphth-acell pertussis-tetanus)	2	H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR 25-58-10 (diphth-acell pertussis-tetanus)	3	H
IPOL INJECTION INJECTABLE (poliovirus vaccine inactivated)	2	H
JANSSEN COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 0.5 ML	3	H
MENACTRA INTRAMUSCULAR SOLUTION (mening acy&w-135 diphth conj)	3	H
MENQUADFI INTRAMUSCULAR SOLUTION (mening acy&w-135 tetanus conj)	3	H
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (meningococcal a c y&w-135 olig)	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
M-M-R II INJECTION SOLUTION RECONSTITUTED (measles, mumps & rubella vac)	2	H
MODERNA COVID-19 VAC (BOOSTER) INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML	3	H
MODERNA COVID-19 VACC 6M-5Y INTRAMUSCULAR SUSPENSION 25 MCG/0.25ML	3	H
MODERNA COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 100 MCG/0.5ML	3	H
NOVAVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 5 MCG/0.5ML	3	H
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (dtap-hepatitis b recomb-ipv)	3	H
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML (haemophilus b polysac conj vac)	2	H
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (dtap-ipv-hib vaccine)	3	H
PFIZER COVID-19 VAC BIVALENT INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.2ML	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y INTRAMUSCULAR SUSPENSION 3 MCG/0.2ML	3	H
PFIZER-BIONT COVID-19 VAC-TRIS INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML	3	H
PFIZER-BIONTECH COVID-19 VACC INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML	3	H
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML (pneumococcal vac polyvalent)	2	H
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	M; H
PREVNAR 13 INTRAMUSCULAR SUSPENSION (pneumococcal 13-val conj vacc)	3	H
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (pneumococcal 20-val conj vacc)	3	M; H
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (measles-mumps-rubella-varicell)	3	H
QUADRACEL INTRAMUSCULAR SUSPENSION (dtap-ipv vaccine)	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML (hepatitis b vac recombinant)	2	H
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML (zoster vac recomb adjuvanted)	3	H
SPIKEVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 100 MCG/0.5ML (covid-19 mrna virus vaccine)	3	H
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (meningococcal b vac (recomb))	3	H
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (hepatitis a-hep b recomb vac)	3	H
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (hepatitis a vaccine)	2	H
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML (varicella virus vaccine live)	3	H
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (pneumococcal 15-val conj vacc)	3	M; 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 (epinephrine)	2	SL (2 pens per prescription.)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML (epinephrine)	2	SL (2 injections per prescription.)
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml	1	SL (2 injections per prescription.)
epinephrine injection solution auto-injector 0.15 mg/0.3ml	1	SL (4 injections per prescription.)
LETS KIT	3	PA
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (epinephrine)	2	SL (2 pens per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALPHA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	3	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	3	
GILPHEX TR ORAL TABLET 10-388 MG (phenylephrine-guaifenesin)	3	
LUCEMYRA ORAL TABLET 0.18 MG (lofexidine hcl)	3	PA; SL (192 tablets per year.)
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	
promethazine vc oral syrup 6.25-5 mg/5ml	1	
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	1	PA; SL (360 ml per month.)
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml	1	PA; SL (360 ml per month.)
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	1	
ANTIMUSCARINICS/ANTISPASMODICS - Drugs for Parkinson		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG (hyoscyamine sulfate)	2	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH (umeclidinium-vilanterol)	3	SL (2 blisters per day.)
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (ipratropium bromide hfa)	3	SL (0.87 grams per day.)
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	1	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (glycopyrrolate-formoterol)	2	SL (0.36 grams per day.)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (budeson-glycopyrrol-formoterol)	3	SL (0.36 grams per day.)
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	3	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (ipratropium-albuterol)	3	SL (0.28 grams per day.)
CUVPOSA ORAL SOLUTION 1 MG/5ML (glycopyrrolate)	3	
dicyclomine hcl oral capsule 10 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (aclidinium bromoterol fumarate)	3	SL (0.04 mcg per day.)
ED-SPAZ ORAL TABLET DISPERSIBLE 0.125 MG	3	
glycopyrrolate oral solution 1 mg/5ml	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	1	PA; SL (120 mL per prescription and 360 ml per month.)
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	1	PA
hydromet oral solution 5-1.5 mg/5ml	1	PA; SL (120 mL per prescription and 360 ml per month.)
HYOPHEN ORAL TABLET 81.6 MG (meth-hyo-methylbenzamide-phosphate salt)	3	
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	1	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	1	
hyoscyamine sulfate oral solution 0.125 mg/ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	1	
hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg	1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	1	
hyosyne oral elixir 0.125 mg/5ml	1	
hyosyne oral solution 0.125 mg/ml	1	
ipratropium bromide inhalation solution 0.02 %	1	
ipratropium bromide nasal solution 0.03 %, 0.06 %	1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	2	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG (hyoscyamine sulfate)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 81.6 mg	1	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	1	
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	
PHOSPHASAL ORAL TABLET 81.6 MG (meth-hyo-m bl-na phos-ph sal)	2	
scopolamine transdermal patch 72 hour 1 mg/3days	3	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (tiotropium bromide monohydrate)	2	SL (1 capsule per day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (tiotropium bromide monohydrate)	2	SL (0.15 grams per day.)
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/INH, 200-62.5-25 MCG/INH (fluticasone-umeclidin-vilant)	3	SL (2 blisters per day.)
URELLE ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	3	
URIMAR-T ORAL TABLET 120 MG (meth-hyo-m bl-na phos-ph sal)	2	
urin ds oral tablet 81.6 mg	1	
URO-458 ORAL TABLET 81 MG	3	
UROGESIC-BLUE ORAL TABLET 81.6 MG (methen-hyosc-meth blue-na phos)	2	
USTELL ORAL CAPSULE 120 MG (meth-hyo-m bl-na phos-ph sal)	3	
UTIRA-C ORAL TABLET 81.6 MG (meth-hyo-m bl-na phos-ph sal)	2	
VILEVEV MB ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
YUPELRI INHALATION SOLUTION 175 MCG/3ML (revefenacin)	3	PA; SL (3 ml per day.)
ANTIPARKINSONIAN AGENTS - Drugs for Parkinson		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA
DICOPANOL RAPIDPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	
AUTONOMIC DRUGS, MISCELLANEOUS - Drugs for the Nervous System		
goodsense nicotine mouth/throat lozenge 4 mg	1	H
habitrol transdermal patch 24 hour 21 mg/24hr	1	H
NICORETTE MOUTH/THROAT GUM 2 MG (nicotine polacrilex)	3	H
NICORETTE MOUTH/THROAT LOZENGE 4 MG (nicotine polacrilex)	2	H
nicotine polacrilex mini mouth/throat lozenge 2 mg	1	H
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	1	H
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	1	H
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	1	H
nicotine transdermal kit 21-14-7 mg/24hr	1	H
NICOTROL INHALATION INHALER 10 MG (nicotine)	3	H
NICOTROL NS NASAL SOLUTION 10 MG/ML (nicotine)	3	H
varenicline tartrate oral 0.5 mg x 11 & 1 mg x 42	3	H
varenicline tartrate oral tablet 0.5 mg, 1 mg	3	H
CENTRALLY ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYCLOPHENE RAPIDPAQ TRANSDERMAL CREAM 5 % (cyclobenzaprine hcl)	3	PA
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	PA
ENOVARX-CYCLOBENZAPRINE HCL TRANSDERMAL CREAM 20 MG/GM	3	PA
metaxalone oral tablet 400 mg, 800 mg	3	
methocarbamol oral tablet 500 mg, 750 mg	1	
TABRADOL FUSEPAQ ORAL SUSPENSION 1 MG/ML (cyclobenzaprine hcl-msm)	3	PA
TABRADOL RAPIDPAQ ORAL SUSPENSION 1 MG/ML (cyclobenzaprine hcl-msm)	3	PA
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	3	
tizanidine hcl oral tablet 2 mg, 4 mg	1	
VP FC KIT EXTERNAL CREAM	3	PA
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (tizanidine hcl)	3	
ZANAFLEX ORAL TABLET 4 MG (tizanidine hcl)	3	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS - Drugs for Relaxing Muscles		
DANTRIUM ORAL CAPSULE 25 MG (dantrolene sodium)	3	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	1	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
BACLOFEN ORAL SOLUTION 5 MG/5ML	3	PA
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
ENOVARX-BACLOFEN EXTERNAL CREAM 1 %	3	PA
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (baclofen)	3	PA
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (ketoprofen-baclofen-gabap-lido)	3	PA
OZOBAX ORAL SOLUTION 5 MG/5ML (baclofen)	3	PA
NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl af)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (nadolol)	3	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	2	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	3	PA
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS - Drugs for the Heart		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (doxazosin mesylate)	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (doxazosin mesylate)	3	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (prazosin hcl)	3	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
CAFERGOT ORAL TABLET 1-100 MG (ergotamine-caffeine)	3	SL (10 tablets per prescription.)
dihydroergotamine mesylate injection solution 1 mg/ml	1	M
dihydroergotamine mesylate nasal solution 4 mg/ml	3	PA; SL (8 mL per prescription.)
ergoloid mesylates oral tablet 1 mg	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (ergotamine tartrate)	3	PA; SL (5 tablets per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ergotamine-caffeine oral tablet 1-100 mg	3	SL (10 tablets per prescription.)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine-caffeine)	3	
phenoxybenzamine hcl oral capsule 10 mg	2	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - Drugs for Bladder Incontinence		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
cevimeline hcl oral capsule 30 mg	1	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	2	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	1	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	1	
galantamine hydrobromide oral solution 4 mg/ml	1	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	1	
MESTINON ORAL SOLUTION 60 MG/5ML (pyridostigmine bromide)	3	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
pyridostigmine bromide er oral tablet extended release 180 mg	1	
pyridostigmine bromide oral solution 60 mg/5ml	3	
pyridostigmine bromide oral tablet 60 mg	1	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG (galantamine hydrobromide)	3	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	3	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (pilocarpine hcl)	3	
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT - Drugs for the Heart		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
silodosin oral capsule 4 mg, 8 mg	3	
tamsulosin hcl oral capsule 0.4 mg	1	
SELECTIVE BETA-2-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (fluticasone-salmeterol)	3	SL (2 blisters per day)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (fluticasone-salmeterol)	3	SL (0.4 grams per day.)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation 108 (90 base) mcg/act	2	SL (1 inhaler per prescription.)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation 108 (90 base) mcg/act	2	SL (6.7 grams per prescription.)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation 108 (90 base) mcg/act	2	SL (8.5 grams per prescription.)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	1	
albuterol sulfate oral syrup 2 mg/5ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	3	PA
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH (umeclidinium-vilanterol)	3	SL (2 blisters per day.)
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	3	SL (2 nebulizers per day)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (glycopyrrolate-formoterol)	2	SL (0.36 grams per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH (fluticasone furoate-vilanterol)	3	SL (2 blisters per day.)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (budeson-glycopyrrol-formoterol)	3	SL (0.36 grams per day.)
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (arformoterol tartrate)	3	SL (2 nebulizers per day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (ipratropium-albuterol)	3	SL (0.28 grams per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (aclidinium bromoterol fumarate)	3	SL (0.04 mcg per day.)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	SL (0.04 mcg per day.)
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	3	SL (2 vials per day)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	2	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	3	SL (90 ml per prescription.)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	3	SL (30 vials per prescription)
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	SL (15 grams per prescription.)
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (formoterol fumarate)	3	SL (2 vials per day)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE (salmeterol xinafoate)	2	SL (2 blisters per day.)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (tiotropium bromide-olodaterol)	2	SL (0.15 grams per day.)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (olodaterol hcl)	2	SL (0.14 grams per day.)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (budesonide-formoterol fumarate)	3	SL (0.34 grams per day.)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH (fluticasone-umeclidin-vilant)	3	SL (2 blisters per day.)
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (levalbuterol tartrate)	3	SL (15 grams per prescription.)
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT - Drugs for the Heart		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (atenolol)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	3	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - Drugs for Relaxing Muscles		
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	2	
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood		
ANTIANEMIA DRUGS - Vitamins and Minerals		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML (darbepoetin alfa)	2	M; SL (2 syringes per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (darbepoetin alfa)	2	M; SL (4 syringes per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML (darbepoetin alfa)	2	M; SL (1.6 ml per month.); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML (darbepoetin alfa)	2	M; SL (1 prefill syringe per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 60 MCG/0.3ML (darbepoetin alfa)	2	M; SL (2 vials per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML (darbepoetin alfa)	2	M; SL (4 vials per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML (darbepoetin alfa)	2	M; SL (2 vials per prescription); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (darbepoetin alfa)	2	M; SL (2 syringes per month); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RETACRIT INJECTION SOLUTION 10000 UNIT/ML (epoetin alfa-epbx)	2	M; SL (8 ml per 21 days.); SMCS; SP
RETACRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (epoetin alfa-epbx)	2	M; SL (12 ml per 21 days.); SMCS; SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML (epoetin alfa-epbx)	2	M; SMCS
RETACRIT INJECTION SOLUTION 40000 UNIT/ML (epoetin alfa-epbx)	2	M; SL (4 ml per 21 days.); SMCS; SP
ANTICOAGULANTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML (anticoagulant cit dext soln a)	3	
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION 4 %, 4 GM/100ML	3	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	2	M; SL (24 ml (30 syringes) per prescription)
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	2	M; SL (15 ml (30 syringes) per prescription)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	2	M; SL (12 ml (30 syringes) per prescription)
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	2	M; SL (18 ml (30 syringes) per prescription)
TRICITRASOL IN VITRO CONCENTRATE 46.7 % (anticoagulant sodium citrate)	3	
ANTITHROMBOTIC AGENTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
CABLIVI INJECTION KIT 11 MG (caplacizumab-yhdp)	2	PA; M; SL (1 vial per day and 58 vials per 120 days.); SMCS; SP
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC. - Drugs to Prevent Bleeding		
OXBRYTA ORAL TABLET 500 MG (voxelotor)	3	PA; SL (3 tablets per day.); SMCS; SP
OXBRYTA ORAL TABLET SOLUBLE 300 MG (voxelotor)	3	PA; SL (3 tablets per day.); SMCS; SP
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (mitapivat sulfate)	3	PA; SL (56 tablets per 28 days.); SMCS; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG (mitapivat sulfate)	3	PA; SL (7 tablets per 365 days.); SMCS; CM
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG (mitapivat sulfate)	3	PA; SL (14 tablets per 365 days.); SMCS; CM
TAVALISSE ORAL TABLET 100 MG, 150 MG (fostamatinib disodium)	3	PA; SL (2 tablets per day.); SMCS; SP
COUMARIN DERIVATIVES - Drugs to Prevent Blood Clots		
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
DIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (apixaban)	2	SL (2.5 tablets per day.)
ELIQUIS ORAL TABLET 2.5 MG (apixaban)	2	SL (2 tablets per day.)
ELIQUIS ORAL TABLET 5 MG (apixaban)	2	SL (2.5 tablets per day.)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (edoxaban tosylate)	3	ST; SL (1 tablet per day.)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (rivaroxaban)	2	SL (20 ml per day.)
XARELTO ORAL TABLET 10 MG (rivaroxaban)	2	SL (1 tablet per day.)
XARELTO ORAL TABLET 15 MG (rivaroxaban)	2	SL (52 tablets per month initial 1 tablet per day for maintenance.)
XARELTO ORAL TABLET 2.5 MG (rivaroxaban)	2	SL (2 tablets per day.)
XARELTO ORAL TABLET 20 MG (rivaroxaban)	2	SL (31 tablets per 31 days.)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (rivaroxaban)	2	SL (51 tablets per year.)
DIRECT THROMBIN INHIBITORS - Drugs to Prevent Blood Clots		
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	1	SL (62 capsules per 31 days.)
PRADAXA ORAL CAPSULE 110 MG (dabigatran etexilate mesylate)	2	SL (2 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRADAXA ORAL CAPSULE 150 MG, 75 MG (dabigatran etexilate mesylate)	2	SL (62 capsules per 31 days.)
HEMATOPOIETIC AGENTS - Drugs for Anemia		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML (darbepoetin alfa)	2	M; SL (2 syringes per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (darbepoetin alfa)	2	M; SL (4 syringes per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML (darbepoetin alfa)	2	M; SL (1.6 ml per month.); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML (darbepoetin alfa)	2	M; SL (1 prefill syringe per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 60 MCG/0.3ML (darbepoetin alfa)	2	M; SL (2 vials per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML (darbepoetin alfa)	2	M; SL (4 vials per month); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML (darbepoetin alfa)	2	M; SL (2 vials per prescription); SMCS; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (darbepoetin alfa)	2	M; SL (2 syringes per month); SMCS; SP
DOPTELET ORAL TABLET 20 MG (avatrombopag maleate)	3	PA; ST; SL (15 tablets per month.); SMCS; SP
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (sargramostim)	2	M; SMCS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML (plerixafor)	2	M; SMCS; SP
MULPLETA ORAL TABLET 3 MG (lusutrombopag)	2	PA; SL (7 tablets per prescription.); SMCS; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (pegfilgrastim)	3	M; SMCS
PROMACTA ORAL PACKET 12.5 MG (eltrombopag olamine)	3	PA; SMCS; SP
PROMACTA ORAL PACKET 25 MG (eltrombopag olamine)	3	PA; SMCS
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (eltrombopag olamine)	3	PA; SMCS; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML (epoetin alfa-epbx)	2	M; SL (8 ml per 21 days.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RETACRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (epoetin alfa-epbx)	2	M; SL (12 ml per 21 days.); SMCS; SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML (epoetin alfa-epbx)	2	M; SMCS
RETACRIT INJECTION SOLUTION 40000 UNIT/ML (epoetin alfa-epbx)	2	M; SL (4 ml per 21 days.); SMCS; SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (filgrastim-sndz)	2	M; SMCS; SP
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (pegfilgrastim-bmez)	3	M; SMCS; SP
HEMORRHOLOGIC AGENTS - Drugs for Blood Flow		
pentoxifylline er oral tablet extended release 400 mg	1	
HEMOSTATICS - Drugs to Prevent Bleeding		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (antihemophil factor (rahf-pfm))	2	M; SMCS; SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	3	PA; M; SMCS; SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (antihemophil fact single chain)	3	PA; M; SMCS; SP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (antihemophilic factor-vwf)	2	M; SMCS; SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (coagulation factor ix)	2	M; SMCS
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 500 UNIT (coagulation factor ix)	2	M; SMCS; SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (coagulation factor ix (rfixfc))	3	M; SMCS; SP
aminocaproic acid oral solution 0.25 gm/ml	3	
aminocaproic acid oral tablet 1000 mg, 500 mg	3	
ASTRINGYN EXTERNAL SOLUTION 259 MG/GM (ferric subsulfate)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (coagulation factor ix (recomb))	2	M; SMCS; SP
COAGADDEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (coagulation factor x (human))	2	M; SMCS; SP
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (factor xiii concentrate human)	2	M; SMCS; SP
desmopressin ace spray refrig nasal solution 0.01 %	1	
desmopressin acetate injection solution 4 mcg/ml	1	M
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	3	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	1	
desmopressin acetate pf injection solution 4 mcg/ml	1	M
desmopressin acetate spray nasal solution 0.01 %	1	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (antihem fact (bdd-rfviiiifc))	3	PA; M; SMCS; SP
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (antiinhibitor coagulant cmplx)	2	M; SMCS; SP
GELFILM OPHTHALMIC FILM (gelatin adsorbable)	2	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML (emicizumab-kxwh)	2	PA; M; SMCS; SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (antihemophilic factor)	2	M; SMCS
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1700 UNIT (antihemophilic factor)	2	M; SMCS; SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (antihemophilic factor-vwf)	2	M; SMCS; SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (coagulation factor ix (rix-fp))	3	M; SMCS; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (ahf (bdd-rfviii peg-aucl))	3	PA; M; SMCS; SP
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (antihemophilic factor)	2	M; SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (antihemophilic factor)	2	M; SMCS
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (antihem factor recomb (rfviii))	2	M; SMCS
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (antihemophil factor (rahf-pfm))	2	M; SMCS; SP
LYSTEDA ORAL TABLET 650 MG (tranexamic acid)	3	SL (30 tablets per 5 days.)
MONSELS FERRIC SUBSULFATE EXTERNAL SOLUTION	3	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (desmopressin acetate)	3	PA; SL (1 tablet per day.)
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (antihemophil fact bd truncated)	2	M; SMCS
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT (antihemophil fact bd truncated)	2	M; SMCS; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (coagulation factor viia recomb)	2	M; SMCS; SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (antihem fact (bdd-rfviii,sim))	2	M; SMCS; SP
NUWIQ INTRAVENOUS KIT 1500 UNIT (antihem fact (bdd-rfviii,sim))	2	M; SMCS
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (antihem fact (bdd-rfviii,sim))	2	M; SMCS; SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT (antihem fact (bdd-rfviii,sim))	2	M; SMCS
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (factor ix complex)	2	M; SMCS; SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (antihem factor recomb (rfviii))	2	M; SMCS; SP
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT (thrombin (recombinant))	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT (thrombin (recombinant))	3	
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	2	M; SMCS
STIMATE NASAL SOLUTION 1.5 MG/ML (desmopressin acetate)	3	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT 5000 UNIT (thrombin)	3	
THROMBIN-JMI EXTERNAL KIT 20000 UNIT, 5000 UNIT (thrombin)	3	
THROMBOGEN EXTERNAL KIT 10000 UNIT (thrombin)	3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED 1000 UNIT, 10000 UNIT (thrombin)	3	
tranexamic acid oral tablet 650 mg	2	SL (30 tablets per 5 days.)
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2000-3125 UNIT (coagulation factor xiii a-sub)	3	M; SMCS; SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (von willebrand factor (recomb))	2	M; SMCS; SP
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (antihemophilic factor-vwf)	2	M; SMCS; SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (antihem fact (bdd-rfviii,mor))	3	PA; ST; M; SMCS
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (antihem fact (bdd-rfviii,mor))	3	PA; ST; M; SMCS
XYNTHA SOLOFUSE INTRAVENOUS KIT 3000 UNIT (antihem fact (bdd-rfviii,mor))	3	PA; ST; M; SMCS; SP
HEPARINS - Drugs to Prevent Blood Clots		
enoxaparin sodium injection solution 300 mg/3ml	2	M; SL (42 ml (14 vials) per prescription)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	2	M; SL (30 syringes per prescription)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	2	M; SL (24 ml (30 syringes) per prescription)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	2	M; SL (9 ml (30 syringes) per prescription)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	2	M; SL (12 ml (30 syringes) per prescription)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	2	M; SL (18 ml (30 syringes) per prescription)
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML (dalteparin sodium)	3	M
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML (dalteparin sodium)	3	M; SL (10 ml (10 syringes) per prescription.)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML (dalteparin sodium)	3	M; SL (5 ml (10 syringes) per prescription.)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML (dalteparin sodium)	3	M; SL (6 ml (10 syringes) per prescription.)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML (dalteparin sodium)	3	M; SL (8 ml (10 syringes) per prescription)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML (dalteparin sodium)	3	M; SL (2 ml (10 syringes) per prescription.)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML (dalteparin sodium)	3	M; SL (3 ml (10 syringes) per prescription.)
heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml	1	M
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	M
heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml	1	M
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/ml	1	M
IRON PREPARATIONS - Vitamins and Minerals		
ATABEX OB ORAL TABLET 29-1 MG (prenatal vit w/ fe bisg-fa)	3	
CITRANATAL BLOOM ORAL TABLET 90-1 MG (prenatal-dss-fecb-fegl-fa)	3	
ELITE-OB ORAL TABLET 50-1.25 MG (prenatal vit-iron carbonyl-fa)	3	
ENBRACE HR ORAL CAPSULE (prenat vit-fe gly cys-fa-omega)	3	
hematinic/folic acid oral tablet 324-1 mg	1	
hemocyte-f oral tablet 324-1 mg	1	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 MG, 29-1 MG	3	
NEONATAL FE ORAL TABLET 90-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG (prenatal vit-fe fumarate-fa)	3	
NESTABS 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	
prenatal vitamin plus low iron oral tablet 27-1 mg	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (prenatal-feaspgly-methylfol-fa)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (prenat-fecfn-feasp-meth-fa-dha)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	
PRIMACARE ORAL CAPSULE 30-1-470 MG (pren-fe-meth-fa-omeg w/o a)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
TRISTART FREE ORAL CAPSULE 33-1 MG (prenat w/o a-fecbn-meth-fa-dha)	3	
TRISTART ONE ORAL CAPSULE 35-1-215 MG (prenat w/o a-fecbn-meth-fa-dha)	3	
VINATE ONE ORAL TABLET 60-1 MG (prenatal vit-fe fumarate-fa)	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	3	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (prenatal-fe fum-methf-fa w/o a)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (prenatal mv-min-fe fum-fa-dha)	3	
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	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
LIVER AND STOMACH PREPARATIONS - Vitamins and Minerals		
cyanocobalamin injection solution 1000 mcg/ml	1	M
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	M
DODEX INJECTION SOLUTION 1000 MCG/ML (cyanocobalamin)	3	M
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (cyanocobalamin)	3	M
PLATELET-AGGREGATION INHIBITORS - Drugs to Prevent Blood Clots		
adult aspirin regimen 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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aspirin childrens oral tablet chewable 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 ec oral tablet delayed release 325 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 325 mg	E	H
aspirin oral tablet delayed release 325 mg, 81 mg	E	H
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	3	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (aspirin)	E	H
BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)	E	H
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (aspirin)	E	H
BRILINTA ORAL TABLET 60 MG, 90 MG (ticagrelor)	3	SL (2 tablets per day.)
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel bisulfate oral tablet 300 mg, 75 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
goodsense aspirin adults oral tablet 325 mg	E	H
goodsense aspirin low dose oral tablet delayed release 81 mg	E	H
prasugrel hcl oral tablet 10 mg, 5 mg	3	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (aspirin)	E	H
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		
adult aspirin regimen 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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aspirin ec low dose oral tablet delayed release 81 mg	E	H
aspirin ec low strength oral tablet delayed release 81 mg	E	H
aspirin ec oral tablet delayed release 325 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 325 mg	E	H
aspirin oral tablet delayed release 325 mg, 81 mg	E	H
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (aspirin)	E	H
BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)	E	H
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (aspirin)	E	H
goodsense aspirin adults oral tablet 325 mg	E	H
goodsense aspirin low dose oral tablet delayed release 81 mg	E	H
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (aspirin)	E	H
CARDIOVASCULAR DRUGS - Drugs for the Heart		
ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for High Blood Pressure		
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	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (prazosin hcl)	3	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (doxazosin mesylate)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (doxazosin mesylate)	3	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (prazosin hcl)	3	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN) - Drugs for High Blood Pressure & Angina		
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	3	
EDARBI ORAL TABLET 40 MG, 80 MG (azilsartan medoxomil)	3	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	2	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	2	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs for the Heart		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	2	
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	3	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	3	
EDARBI ORAL TABLET 40 MG, 80 MG (azilsartan medoxomil)	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (azilsartan-chlorthalidone)	3	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	3	PA; SL (2 tablets per day.)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
enalapril maleate oral solution 1 mg/ml	3	PA
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
EPANED ORAL SOLUTION 1 MG/ML (enalapril maleate)	3	PA
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (benazepril-hydrochlorothiazide)	3	
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	2	
QBRELIS ORAL SOLUTION 1 MG/ML (lisinopril)	3	PA
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	2	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	3	
ANTIARRHYTHMICS, MISCELLANEOUS - Drugs for Angina		
digitek oral tablet 125 mcg, 250 mcg	1	
digoxin oral solution 0.05 mg/ml	1	
digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG (digoxin)	3	

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; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTILIPEMIC AGENTS, MISCELLANEOUS - Drugs for Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 5 MG (lomitapide mesylate)	3	PA; ST; SL (1 tablet per day.); SMCS; SP
JUXTAPID ORAL CAPSULE 20 MG, 30 MG (lomitapide mesylate)	3	PA; ST; SL (1 capsule per day.); SMCS; SP
NEXLETOL ORAL TABLET 180 MG (bempedoic acid)	2	PA; ST; SL (1 tablet per day.)
NEXLIZET ORAL TABLET 180-10 MG (bempedoic acid-ezetimibe)	2	PA; ST; SL (1 tablet per day.)
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	2	
omega-3-acid ethyl esters oral capsule 1 gm	2	
BETA-ADRENERGIC BLOCKING AGENTS - 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	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (nadolol)	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, 50 mg	2	

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; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	2	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	3	PA
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (bisoprolol-hydrochlorothiazide)	3	
BETA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (atenolol)	3	PA
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl af)	3	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (nadolol)	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	

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; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	2	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	3	PA
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
BILE ACID SEQUESTRANTS - Drugs for Cholesterol		
cholestyramine light oral packet 4 gm	1	
cholestyramine light oral powder 4 gm/dose	1	
cholestyramine oral packet 4 gm	1	
cholestyramine oral powder 4 gm/dose	1	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (clindamycin-tretinoin-cholesty)	3	PA
colesevelam hcl oral packet 3.75 gm	2	
colesevelam hcl oral tablet 625 mg	2	
COLESTID FLAVORED ORAL GRANULES 5 GM (colestipol hcl)	3	
COLESTID FLAVORED ORAL PACKET 5 GM (colestipol hcl)	3	
COLESTID ORAL GRANULES 5 GM (colestipol hcl)	3	
COLESTID ORAL PACKET 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 1 gm	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
QUESTRAN ORAL POWDER 4 GM/DOSE (cholestyramine)	3	
CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN) - Drugs for High Blood Pressure & Angina		
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG (verapamil hcl)	3	
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
faztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl er beads)	3	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	

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

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; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	3	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (verapamil hcl)	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 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
methazolamide oral tablet 25 mg, 50 mg	1	
CARDIAC DRUGS, MISCELLANEOUS - Drugs for Angina		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (mavacamten)	3	PA; SL (1 capsule per day.); SMCS; SP
CORLANOR ORAL SOLUTION 5 MG/5ML (ivabradine hcl)	3	PA; SL (20 ml per day.)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine hcl)	3	PA; SL (2 tablets per day.)
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	2	
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	2	PA; SL (1 capsule per day.); SMCS; SP
VYNDAQEL ORAL CAPSULE 20 MG (tafamidis meglumine (cardiac))	2	PA; SL (4 capsules per day.); SMCS; SP
CARDIOTONIC AGENTS - Drugs for Angina		
digitek oral tablet 125 mcg, 250 mcg	1	
digoxin oral solution 0.05 mg/ml	1	
digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG (digoxin)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CENTRAL ALPHA-AGONISTS - Drugs for High Blood Pressure & Angina		
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	3	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	3	
guanfacine hcl oral tablet 1 mg, 2 mg	1	
CHOLESTEROL ABSORPTION INHIBITORS - Drugs for Cholesterol		
ezetimibe oral tablet 10 mg	2	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	3	
NEXLIZET ORAL TABLET 180-10 MG (bempedoic acid-ezetimibe)	2	PA; ST; SL (1 tablet per day.)
CLASS IA ANTIARRHYTHMICS - Drugs for Angina		
disopyramide phosphate oral capsule 100 mg, 150 mg	1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (disopyramide phosphate)	2	
NORPACE ORAL CAPSULE 100 MG, 150 MG (disopyramide phosphate)	3	
quinidine gluconate er oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
CLASS IB ANTIARRHYTHMICS - Drugs for Angina		
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (phenytoin)	3	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (phenytoin sodium extended)	3	
DILANTIN ORAL SUSPENSION 125 MG/5ML (phenytoin)	3	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (phenytoin sodium extended)	3	
phenytoin infatabs oral tablet chewable 50 mg	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	

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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 12 hour 225 mg, 325 mg, 425 mg	3	
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 10 mg, 5 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
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, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	2	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	3	PA

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; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	2	
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 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	3	PA
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (dofetilide)	3	
CLASS IV ANTIARRHYTHMICS - Drugs for Angina		
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG (verapamil hcl)	3	
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	

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; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl er beads)	3	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (verapamil hcl)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (verapamil hcl)	3	
DIHYDROPYRIDINES - Drugs for High Blood Pressure & Angina		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (amlodipine besylate)	3	PA
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	2	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
KATERZIA ORAL SUSPENSION 1 MG/ML (amlodipine benzoate)	3	PA
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	2	
NYMALIZE ORAL SOLUTION 6 MG/ML (nimodipine)	2	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (nisoldipine)	3	
DIHYDROPYRIDINES (ANTIHYPERTENSIVE) - Drugs for High Blood Pressure & Angina		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (amlodipine besylate)	3	PA
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
KATERZIA ORAL SUSPENSION 1 MG/ML (amlodipine benzoate)	3	PA
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	2	
NYMALIZE ORAL SOLUTION 6 MG/ML (nimodipine)	2	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (nisoldipine)	3	
DIRECT VASODILATORS - Drugs for High Blood Pressure & Angina		
BIDIL ORAL TABLET 20-37.5 MG (isosorb dinitrate-hydralazine)	2	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	2	
minoxidil oral tablet 10 mg, 2.5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIURETICS, MISCELLANEOUS (HYPOTENSIVE) - Drugs for High Blood Pressure & Angina		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML (theophylline)	3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (theophylline)	3	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline oral solution 80 mg/15ml	1	
FIBRIC ACID DERIVATIVES - Drugs for Cholesterol		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
gemfibrozil oral tablet 600 mg	1	
LOPID ORAL TABLET 600 MG (gemfibrozil)	3	
HMG-COA REDUCTASE INHIBITORS - Drugs for Cholesterol		
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (rosuvastatin calcium)	3	PA
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	3	
FLOLIPID ORAL SUSPENSION 20 MG/5ML, 40 MG/5ML	3	PA
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	3	ST
fluvastatin sodium oral capsule 20 mg, 40 mg	1	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	H
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	2	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H
simvastatin oral tablet 80 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYPOTENSIVE AGENTS, MISCELLANEOUS - Drugs for High Blood Pressure & Angina		
phenoxybenzamine hcl oral capsule 10 mg	2	
VECAMYL ORAL TABLET 2.5 MG (mecamylamine hcl)	3	PA
LOOP DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
BUMEX ORAL TABLET 0.5 MG (bumetanide)	3	
ethacrynic acid oral tablet 25 mg	3	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (furosemide)	3	
torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS - Drugs for the Heart		
ALDACTAZIDE ORAL TABLET 25-25 MG (spironolactone-hctz)	3	
ALDACTAZIDE ORAL TABLET 50-50 MG (spironolactone-hctz)	2	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (spironolactone)	3	PA
eplerenone oral tablet 25 mg, 50 mg	2	
KERENDIA ORAL TABLET 10 MG, 20 MG (finerenone)	3	PA; SL (1 tablet per day.)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT) - Drugs for High Blood Pressure & Angina		
CAROSPIR ORAL SUSPENSION 25 MG/5ML (spironolactone)	3	PA
eplerenone oral tablet 25 mg, 50 mg	2	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
NITRATES AND NITRITES - Drugs for the Heart		
BIDIL ORAL TABLET 20-37.5 MG (isosorb dinitrate-hydralazine)	2	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (nitroglycerin)	3	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION 400 MCG/SPRAY (nitroglycerin)	3	SL (4.1 grams (1 package) per prescription.)
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	
PCSK9 INHIBITORS - Drugs for Cholesterol		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (evolocumab)	2	PA; ST; M; SL (3.5 ml (1 cartridge) per month.)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (evolocumab)	2	PA; ST; M; SL (2 syringes per 28 days.)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (evolocumab)	2	PA; ST; M; SL (2 ml per month.)
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for the Heart		
alyq oral tablet 20 mg	3	PA; SL (2 tablets per day); SMCS; SP
cilostazol oral tablet 100 mg, 50 mg	1	
sildenafil citrate oral suspension reconstituted 10 mg/ml	3	PA; SL (186 ml per month.); SMCS; SP
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	SL (6 tablets per month.)
sildenafil citrate oral tablet 20 mg	1	SL (0.5 tablet per day.); SMCS
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (avanafil)	3	PA; SL (3 tablets per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tadalafil (pah) oral tablet 20 mg	3	PA; SL (2 tablets per day); SMCS; SP
tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	2	SL (6 tablets per month.)
vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	3	SL (3 tablets per month.)
POTASSIUM-SPARING DIURETICS (HYPOTEN) - Drugs for High Blood Pressure & Angina		
amiloride hcl oral tablet 5 mg	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (spironolactone)	3	PA
eplerenone oral tablet 25 mg, 50 mg	2	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
triamterene oral capsule 100 mg, 50 mg	3	
RENIN INHIBITORS - Drugs for the Heart		
aliskiren fumarate oral tablet 150 mg, 300 mg	3	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (aliskiren-hydrochlorothiazide)	3	
TEKTURNA ORAL TABLET 150 MG, 300 MG (aliskiren fumarate)	3	
RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC - Drugs for the Heart		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	3	PA; SL (2 tablets per day.)
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
DIURIL ORAL SUSPENSION 250 MG/5ML (chlorothiazide)	2	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT) - Drugs for High Blood Pressure & Angina		
chlorthalidone oral tablet 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
VASODILATING AGENTS, MISCELLANEOUS - Drugs for the Heart		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (amlodipine besylate)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG (verapamil hcl)	3	
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (alprostadil (vasodilator))	3	M; SL (6 units per month.)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG (alprostadil (vasodilator))	3	M; SL (6 units per month.)
CORLANOR ORAL SOLUTION 5 MG/5ML (ivabradine hcl)	3	PA; SL (20 ml per day.)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine hcl)	3	PA; SL (2 tablets per day.)
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (alprostadil (vasodilator))	3	M; SL (6 units per month.)
KATERZIA ORAL SUSPENSION 1 MG/ML (amlodipine benzoate)	3	PA
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
MUSE URETHRAL PELLETT 1000 MCG, 250 MCG, 500 MCG (alprostadil (vasodilator))	3	SL (6 units per month.)
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	
NYMALIZE ORAL SOLUTION 6 MG/ML (nimodipine)	2	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl er beads)	3	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (verapamil hcl)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (verapamil hcl)	3	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (vericiguat)	3	PA; SL (1 tablet per day.)
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System		
ADAMANTANES (CNS) - Drugs for Parkinson		
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral solution 50 mg/5ml	1	
amantadine hcl oral tablet 100 mg	1	
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG (amantadine hcl)	3	
AMPHETAMINE DERIVATIVES - Drugs for the Nervous System		
ADIPEX-P ORAL CAPSULE 37.5 MG (phentermine hcl)	3	PA
ADIPEX-P ORAL TABLET 37.5 MG (phentermine hcl)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diethylpropion hcl er oral tablet extended release 24 hour 75 mg	1	PA
diethylpropion hcl oral tablet 25 mg	1	PA
LOMAIRA ORAL TABLET 8 MG (phentermine hcl)	3	PA
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg	1	PA
phendimetrazine tartrate oral tablet 35 mg	1	PA
phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg	1	PA
phentermine hcl oral tablet 37.5 mg	1	PA
AMPHETAMINES - Drugs for the Nervous System		
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (amphetamine-dextroamphetamine)	2	SL (1 capsule per day.)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	
benzphetamine hcl oral tablet 25 mg, 50 mg	1	PA
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	3	SL (4 capsules per day.)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	3	SL (10 capsules per day.)
dextroamphetamine sulfate oral solution 5 mg/5ml	1	
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	3	
methamphetamine hcl oral tablet 5 mg	1	
PROCENTRA ORAL SOLUTION 5 MG/5ML (dextroamphetamine sulfate)	3	
VYVANSE ORAL CAPSULE 10 MG, 20 MG (lisdexamfetamine dimesylate)	3	SL (1 capsule per day.)
VYVANSE ORAL CAPSULE 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine dimesylate)	3	SL (1 capsule per day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (lisdexamfetamine dimesylate)	3	SL (1 tablet per day.)
ANALGESICS AND ANTIPYRETICS, MISC. - Drugs for Pain		
acetaminophen-codeine #2 oral tablet 300-15 mg	1	
acetaminophen-codeine #3 oral tablet 300-30 mg	1	
acetaminophen-codeine #4 oral tablet 300-60 mg	1	
acetaminophen-codeine oral solution 120-12 mg/5ml	1	

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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	
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	3	SL (40 capsules per prescription.)
bac oral tablet 50-325-40 mg	1	SL (6 tablets per day)
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	SL (6 capsules per day)
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	SL (6 tablets per day)
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
ESGIC ORAL CAPSULE 50-325-40 MG (butalbital-apap-caffeine)	3	SL (6 capsules per day)
ESGIC ORAL TABLET 50-325-40 MG (butalbital-apap-caffeine)	3	SL (6 tablets per day)
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML (gabapentin)	3	PA
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-apap-caffeine)	3	SL (6 capsules per day.)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
GRALISE ORAL 300 (9) & 600(24) MG (gabapentin (once-daily))	3	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
HYOPHEN ORAL TABLET 81.6 MG (meth-hyo-m bl-benz acid-ph sal)	3	
LORTAB ORAL ELIXIR 10-300 MG/15ML (hydrocodone-acetaminophen)	3	
NEURAPTINE EXTERNAL CREAM 10 % (gabapentin)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (gabapentin)	3	PA
NEURONTIN ORAL SOLUTION 250 MG/5ML (gabapentin)	3	PA
NEURONTIN ORAL TABLET 600 MG, 800 MG (gabapentin)	3	PA
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
PHOSPHASAL ORAL TABLET 81.6 MG (meth-hyo-m bi-na phos-ph sal)	2	
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	3	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	SL (40 tablets per prescription.)
TREZIX ORAL CAPSULE 320.5-30-16 MG (apap-caff-dihydrocodeine)	3	SL (40 capsules per prescription.)
ULTRACET ORAL TABLET 37.5-325 MG (tramadol-acetaminophen)	3	SL (40 tablets per prescription.)
URELLE ORAL TABLET 81 MG (meth-hyo-m bi-na phos-ph sal)	3	
URIMAR-T ORAL TABLET 120 MG (meth-hyo-m bi-na phos-ph sal)	2	
urin ds oral tablet 81.6 mg	1	
URO-458 ORAL TABLET 81 MG	3	
USTELL ORAL CAPSULE 120 MG (meth-hyo-m bi-na phos-ph sal)	3	
UTIRA-C ORAL TABLET 81.6 MG (meth-hyo-m bi-na phos-ph sal)	2	
VILEVEV MB ORAL TABLET 81 MG (meth-hyo-m bi-na phos-ph sal)	3	
VTOL LQ ORAL SOLUTION 50-325-40 MG/15ML (butalbital-apap-caffeine)	2	PA; SL (180 ml per prescription.)
ZEBUTAL ORAL CAPSULE 50-325-40 MG (butalbital-apap-caffeine)	3	SL (6 capsules 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 (phentermine-topiramate)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANOREXIGENIC AGENTS, MISCELLANEOUS - Drugs for the Nervous System		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (naltrexone-bupropion hcl)	3	PA
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (setmelanotide acetate)	3	PA; M; SMCS; SP
ANTICHOLINERGIC AGENTS (CNS) - Drugs for Parkinson		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA
DICOPANOL RAPIDPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	2	
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	
ANTICONVULSANTS, MISCELLANEOUS - Drugs for Seizures		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (eslicarbazepine acetate)	3	PA
BANZEL ORAL SUSPENSION 40 MG/ML (rufinamide)	3	PA
BANZEL ORAL TABLET 200 MG, 400 MG (rufinamide)	3	PA
BRIVIACT ORAL SOLUTION 10 MG/ML (brivaracetam)	3	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (brivaracetam)	3	PA
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	2	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	3	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg	1	

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; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	PA
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (divalproex sodium)	3	PA
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (divalproex sodium)	3	PA
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (stiripentol)	3	PA; SMCS; SP
DIACOMIT ORAL PACKET 250 MG, 500 MG (stiripentol)	3	PA; SMCS; SP
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	2	
divalproex sodium oral capsule delayed release sprinkle 125 mg	2	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (cannabidiol)	3	PA; SMCS; SP
epitol oral tablet 200 mg	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (carbamazepine (antipsychotic))	3	
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML (gabapentin)	3	PA
felbamate oral suspension 600 mg/5ml	1	
felbamate oral tablet 400 mg, 600 mg	1	
FELBATOL ORAL SUSPENSION 600 MG/5ML (felbamate)	3	PA
FELBATOL ORAL TABLET 400 MG, 600 MG (felbamate)	3	PA
FINTEPLA ORAL SOLUTION 2.2 MG/ML (fenfluramine hcl)	3	PA; SMCS
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (perampanel)	3	PA
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (perampanel)	3	PA
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG (tiagabine hcl)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GRALISE ORAL 300 (9) & 600(24) MG (gabapentin (once-daily))	3	
KEPPRA ORAL SOLUTION 100 MG/ML (levetiracetam)	3	PA
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (levetiracetam)	3	PA
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (levetiracetam)	3	PA
lacosamide oral solution 10 mg/ml	3	PA
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	3	PA
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (lamotrigine)	3	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (lamotrigine)	3	PA
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)	3	PA
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (lamotrigine)	3	PA
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (lamotrigine)	3	PA
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (lamotrigine)	3	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (lamotrigine)	3	PA
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	3	PA
lamotrigine oral kit 25 & 50 & 100 mg	3	PA
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	1	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	3	PA
lamotrigine starter kit-blue oral kit 35 x 25 mg	1	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	2	
levetiracetam oral solution 100 mg/ml	1	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG (pregabalin)	3	PA; SL (93 capsules per 31 days.)
LYRICA ORAL CAPSULE 225 MG, 300 MG (pregabalin)	3	PA; SL (62 capsules per 31 days.)
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	3	PA; SL (30.52 ml per day.)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (gabapentin)	3	PA
NEURONTIN ORAL SOLUTION 250 MG/5ML (gabapentin)	3	PA
NEURONTIN ORAL TABLET 600 MG, 800 MG (gabapentin)	3	PA
oxcarbazepine oral suspension 300 mg/5ml	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	2	SL (93 capsules per 31 days.)
pregabalin oral capsule 225 mg, 300 mg	2	SL (62 capsules per 31 days.)
pregabalin oral solution 20 mg/ml	3	SL (30.52 ml per day.)
roweepra oral tablet 500 mg	1	
rufinamide oral suspension 40 mg/ml	3	
rufinamide oral tablet 200 mg, 400 mg	3	PA
SABRIL ORAL TABLET 500 MG (vigabatrin)	3	PA; SL (6 tablets per day.); SMCS; SP
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
subvenite starter kit-blue oral kit 35 x 25 mg	1	
subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (topiramate)	3	PA
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (topiramate)	3	PA
topiramate oral capsule sprinkle 15 mg, 25 mg	1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (oxcarbazepine)	3	PA
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (oxcarbazepine)	3	PA
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
vigabatrin oral packet 500 mg	2	PA; SL (6 packets per day.); SMCS
vigabatrin oral tablet 500 mg	2	PA; SL (6 tablets per day.); SMCS; SP
vigadrone oral packet 500 mg	2	PA; SL (6 packets per day.); SMCS
VIMPAT ORAL SOLUTION 10 MG/ML (lacosamide)	3	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (lacosamide)	3	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (cenobamate)	3	PA
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG (cenobamate)	3	PA
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (zonisamide)	3	PA
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ANTIDEPRESSANTS, MISCELLANEOUS - Drugs for Depression & Psychosis		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	1	H
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bupropion hcl oral tablet 100 mg, 75 mg	1	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	1	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (esketamine hcl)	3	PA; SL (8 devices (4 kits) per month.); SMCS
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (esketamine hcl)	3	PA; SL (12 devices (4 kits) per month.); SMCS
ANTIMANIC AGENTS - Drugs for Personality Disorder		
aripiprazole oral solution 1 mg/ml	3	
aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg	2	SL (1 tablet per day)
aripiprazole oral tablet 2 mg	2	SL (2 tablets per day.)
aripiprazole oral tablet 5 mg	2	SL (1.5 tablets per day.)
aripiprazole oral tablet dispersible 10 mg, 15 mg	2	SL (1 tablet per day.)
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	2	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	3	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg	1	
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	PA
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (divalproex sodium)	3	PA
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (divalproex sodium)	3	PA
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	2	
divalproex sodium oral capsule delayed release sprinkle 125 mg	2	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
epitol oral tablet 200 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (carbamazepine (antipsychotic))	3	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (lamotrigine)	3	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (lamotrigine)	3	PA
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)	3	PA
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (lamotrigine)	3	PA
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (lamotrigine)	3	PA
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (lamotrigine)	3	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (lamotrigine)	3	PA
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	3	PA
lamotrigine oral kit 25 & 50 & 100 mg	3	PA
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	1	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	3	PA
lamotrigine starter kit-blue oral kit 35 x 25 mg	1	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
lithium carbonate er oral tablet extended release 300 mg, 450 mg	1	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (lithium carbonate)	3	PA
olanzapine oral tablet 10 mg, 15 mg, 20 mg, 7.5 mg	1	SL (1 tablet per day)
olanzapine oral tablet 2.5 mg	1	SL (2 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
olanzapine oral tablet 5 mg	1	SL (3 tablets per day)
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg	2	SL (1 tablet per day)
olanzapine oral tablet dispersible 5 mg	2	SL (3 tablets per day)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg	3	SL (31 tablets per 31 days.)
quetiapine fumarate er oral tablet extended release 24 hour 200 mg	3	SL (1 tablet per day.)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg	3	SL (62 tablets per 31 days.)
quetiapine fumarate er oral tablet extended release 24 hour 50 mg	3	SL (13 tablets per year for initial fill 3 tablets per day for maintenance fill.)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (asenapine maleate)	3	SL (2 tablets per day)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG (asenapine maleate)	3	SL (2 tablets per day.)
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
subvenite starter kit-blue oral kit 35 x 25 mg	1	
subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (carbamazepine)	3	
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (carbamazepine)	3	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	2	SL (62 capsules per 31 days.)
ANTIMIGRAINE AGENTS, MISCELLANEOUS - Migraine Treatment		
adult aspirin regimen 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 low dose oral tablet delayed release 81 mg	E	H
aspirin ec low strength oral tablet delayed release 81 mg	E	H
aspirin ec oral tablet delayed release 325 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 325 mg	E	H
aspirin oral tablet delayed release 325 mg, 81 mg	E	H
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (aspirin)	E	H
BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)	E	H
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (aspirin)	E	H
butorphanol tartrate nasal solution 10 mg/ml	2	SL (7.5 ml (3 bottles) per prescription.)
CAFERGOT ORAL TABLET 1-100 MG (ergotamine-caffeine)	3	SL (10 tablets per prescription.)
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (divalproex sodium)	3	PA
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (divalproex sodium)	3	PA
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (divalproex sodium)	3	PA
dihydroergotamine mesylate injection solution 1 mg/ml	1	M
dihydroergotamine mesylate nasal solution 4 mg/ml	3	PA; SL (8 mL per prescription.)
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
divalproex sodium oral capsule delayed release sprinkle 125 mg	2	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (naproxen)	3	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (ergotamine tartrate)	3	PA; SL (5 tablets per prescription.)
ergotamine-caffeine oral tablet 1-100 mg	3	SL (10 tablets per prescription.)
goodsense aspirin adults oral tablet 325 mg	E	H
goodsense aspirin low dose oral tablet delayed release 81 mg	E	H
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine-caffeine)	3	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg, 500 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	2	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	2	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (aspirin)	E	H
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (topiramate)	3	PA
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (topiramate)	3	PA
topiramate oral capsule sprinkle 15 mg, 25 mg	1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIPSYCHOTICS, MISCELLANEOUS - Drugs for Depression & Psychosis		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG (loxapine)	3	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	3	
pimozide oral tablet 1 mg, 2 mg	2	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC - Drugs for Anxiety & Sleep Disorder		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (suvorexant)	3	ST; SL (1 tablet per day.)
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
DAYVIGO ORAL TABLET 10 MG, 5 MG (lemborexant)	3	ST; SL (1 tablet per day.)
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA
DICOPANOL RAPIDPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	2	SL (1 tablet per day)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (tasimelteon)	3	PA; SL (5.1 mL per day.); SMCS; SP
HETLIOZ ORAL CAPSULE 20 MG (tasimelteon)	3	PA; SL (1 capsule per day.); SMCS; SP
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
meprobamate oral tablet 200 mg, 400 mg	1	
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral syrup 6.25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
ramelteon oral tablet 8 mg	3	ST; SL (1 tablet per day)
VISTARIL ORAL CAPSULE 25 MG, 50 MG (hydroxyzine pamoate)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
zaleplon oral capsule 10 mg, 5 mg	1	SL (1 tablet per day)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	3	SL (31 tablets per month)
zolpidem tartrate oral tablet 10 mg, 5 mg	1	SL (1 tablet per day)
ZOLPIMIST ORAL SOLUTION 5 MG/ACT (zolpidem tartrate)	3	ST; SL (8 ml (1 canister) per month)
ATYPICAL ANTIPSYCHOTICS - Drugs for Depression & Psychosis		
aripiprazole oral solution 1 mg/ml	3	
aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg	2	SL (1 tablet per day)
aripiprazole oral tablet 2 mg	2	SL (2 tablets per day.)
aripiprazole oral tablet 5 mg	2	SL (1.5 tablets per day.)
aripiprazole oral tablet dispersible 10 mg, 15 mg	2	SL (1 tablet per day.)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG (lumateperone tosylate)	3	PA; ST
CAPLYTA ORAL CAPSULE 42 MG (lumateperone tosylate)	3	PA; ST; SL (1 capsule per day.)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	1	
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (clozapine)	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.)
LATUDA ORAL TABLET 120 MG, 20 MG, 60 MG (lurasidone hcl)	3	SL (1 tablet per day.)
LATUDA ORAL TABLET 40 MG (lurasidone hcl)	3	SL (1 tablet per day)
LATUDA ORAL TABLET 80 MG (lurasidone hcl)	3	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, 20 mg, 7.5 mg	1	SL (1 tablet per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
olanzapine oral tablet 2.5 mg	1	SL (2 tablets per day.)
olanzapine oral tablet 5 mg	1	SL (3 tablets per day)
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg	2	SL (1 tablet per day)
olanzapine oral tablet dispersible 5 mg	2	SL (3 tablets per day)
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	2	SL (1 capsule per day)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	3	SL (1 tablet per day)
paliperidone er oral tablet extended release 24 hour 6 mg	3	SL (2 tablets per day)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg	3	SL (31 tablets per 31 days.)
quetiapine fumarate er oral tablet extended release 24 hour 200 mg	3	SL (1 tablet per day.)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg	3	SL (62 tablets per 31 days.)
quetiapine fumarate er oral tablet extended release 24 hour 50 mg	3	SL (13 tablets per year for initial fill 3 tablets per day for maintenance fill.)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (brexiprazole)	3	PA; ST; SL (1 tablet per day.)
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (asenapine maleate)	3	SL (2 tablets per day)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG (asenapine maleate)	3	SL (2 tablets per day.)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (olanzapine-fluoxetine hcl)	3	SL (1 capsule per day)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (cariprazine hcl)	3	SL (1 capsule per day.)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (cariprazine hcl)	3	SL (7 capsules per year.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	2	SL (62 capsules per 31 days.)
BARBITURATES (ANTICONSULSANTS) - Drugs for Seizures		
MYSOLINE ORAL TABLET 250 MG, 50 MG (primidone)	2	PA
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 250 mg, 50 mg	1	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety & Sleep Disorder		
ascomp-codeine oral capsule 50-325-40-30 mg	1	
bac oral tablet 50-325-40 mg	1	SL (6 tablets per day)
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	SL (6 capsules per day)
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	SL (6 tablets per day)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
ESGIC ORAL CAPSULE 50-325-40 MG (butalbital-apap-caffeine)	3	SL (6 capsules per day)
ESGIC ORAL TABLET 50-325-40 MG (butalbital-apap-caffeine)	3	SL (6 tablets per day)
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-apap-caffeine)	3	SL (6 capsules per day.)
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	3	
VTOL LQ ORAL SOLUTION 50-325-40 MG/15ML (butalbital-apap-caffeine)	2	PA; SL (180 ml per prescription.)
ZEBUTAL ORAL CAPSULE 50-325-40 MG (butalbital-apap-caffeine)	3	SL (6 capsules per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BENZODIAZEPINES (ANTICONVULSANTS) - Drugs for Seizures		
clobazam oral suspension 2.5 mg/ml	3	PA
clobazam oral tablet 10 mg, 20 mg	2	PA
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG (diazepam)	3	SL (1 box (2 doses/box) per prescription)
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG (diazepam)	2	SL (1 box (2 doses/box) per prescription)
diazepam intensol oral concentrate 5 mg/ml	1	
diazepam oral concentrate 5 mg/ml	1	
diazepam oral solution 5 mg/5ml	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	SL (1 box (2 doses/box) per prescription)
lorazepam intensol oral concentrate 2 mg/ml	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (midazolam (anticonvulsant))	3	PA; SL (1 box per prescription.)
ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)	3	PA
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	3	PA
TRANXENE-T ORAL TABLET 7.5 MG (clorazepate dipotassium)	3	
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML (diazepam)	3	PA; SL (2 devices per prescription.)
VALTOCO NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 7.5 MG/0.1ML (diazepam)	3	PA; SL (2 devices per prescription.)
BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP) - Drugs for Anxiety & Sleep Disorder		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	1	
alprazolam intensol oral concentrate 1 mg/ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	3	
clobazam oral suspension 2.5 mg/ml	3	PA
clobazam oral tablet 10 mg, 20 mg	2	PA
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG (diazepam)	3	SL (1 box (2 doses/box) per prescription)
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG (diazepam)	2	SL (1 box (2 doses/box) per prescription)
diazepam intensol oral concentrate 5 mg/ml	1	
diazepam oral concentrate 5 mg/ml	1	
diazepam oral solution 5 mg/5ml	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	SL (1 box (2 doses/box) per prescription)
estazolam oral tablet 1 mg, 2 mg	1	
flurazepam hcl oral capsule 15 mg, 30 mg	1	
HALCION ORAL TABLET 0.25 MG (triazolam)	3	
lorazepam intensol oral concentrate 2 mg/ml	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
midazolam hcl oral syrup 2 mg/ml	1	
MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (midazolam)	3	PA
ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	3	PA
oxazepam oral capsule 10 mg, 15 mg, 30 mg	1	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (temazepam)	3	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	1	
TRANXENE-T ORAL TABLET 7.5 MG (clorazepate dipotassium)	3	
triazolam oral tablet 0.125 mg, 0.25 mg	1	
BUTYROPHENONES - Drugs for Depression & Psychosis		
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
CALCITONIN GENE-RELATED PEPTIDE ANTAG. - Migraine Treatment		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (erenumab-aooe)	2	PA; ST; M; SL (1 ml per 21 days.)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (erenumab-aooe)	2	PA; ST; M
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (galcanezumab-gnlm)	2	PA; ST; M; SL (0.04 ml per day.)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (galcanezumab-gnlm)	2	PA; ST; M; SL (0.1 mL per day.)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (galcanezumab-gnlm)	2	PA; ST; M; SL (0.04 ml per day.)
NURTEC ORAL TABLET DISPERSIBLE 75 MG (rimegepant sulfate)	2	PA; ST; SL (0.27 tablets per day.)
UBRELVY ORAL TABLET 100 MG, 50 MG (ubrogepant)	2	PA; ST; SL (0.27 tablets per day.)
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB. - Drugs for Parkinson		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
COMTAN ORAL TABLET 200 MG (entacapone)	3	
entacapone oral tablet 200 mg	1	
STALEVO 100 ORAL TABLET 25-100-200 MG (carbidopa-levodopa-entacapone)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STALEVO 125 ORAL TABLET 31.25-125-200 MG (carbidopa-levodopa-entacapone)	3	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (carbidopa-levodopa-entacapone)	3	
STALEVO 200 ORAL TABLET 50-200-200 MG (carbidopa-levodopa-entacapone)	3	
STALEVO 50 ORAL TABLET 12.5-50-200 MG (carbidopa-levodopa-entacapone)	3	
STALEVO 75 ORAL TABLET 18.75-75-200 MG (carbidopa-levodopa-entacapone)	3	
tolcapone oral tablet 100 mg	3	PA
CENTRAL NERVOUS SYSTEM AGENTS, MISC. - Drugs for Attention Deficit Disorder		
acamprosate calcium oral tablet delayed release 333 mg	1	
ADDYI ORAL TABLET 100 MG (flibanserin)	3	PA; SL (1 tablet per day.)
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	3	SL (2 capsules per day)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	3	SL (1 capsule per day)
guanfacine hcl er oral tablet extended release 24 hour 1 mg	2	SL (1 tablet per day)
guanfacine hcl er oral tablet extended release 24 hour 2 mg, 4 mg	2	SL (1 tablet per day.)
guanfacine hcl er oral tablet extended release 24 hour 3 mg	2	SL (2 tablets per day.)
guanfacine hcl oral tablet 1 mg, 2 mg	1	
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	3	
memantine hcl oral solution 2 mg/ml	3	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	1	
NOURIANZ ORAL TABLET 20 MG, 40 MG (istradefylline)	3	PA; SL (1 tablet per day.)
NUEDEXTA ORAL CAPSULE 20-10 MG (dextromethorphan-quinidine)	2	PA; SL (2 capsules per day.)
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (edaravone)	3	PA; SL (150 ml per 84 days.); SMCS; SP
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (edaravone)	3	PA; SL (70 ml per 365 days.); SMCS; SP
riluzole oral tablet 50 mg	1	SMCS
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (riluzole)	3	PA; SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (bremelanotide acetate)	3	PA; M; SL (4 autoinjector pens (1.2mls) per month.)
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	2	PA; SL (1 capsule per day.); SMCS; SP
XYREM ORAL SOLUTION 500 MG/ML (sodium oxybate)	3	PA; SL (18 ml per day.); SMCS; SP
XYWAV ORAL SOLUTION 500 MG/ML (ca, mg, k, and na oxybates)	3	PA; SL (18 mL per day.); SMCS; SP
CYCLOOXYGENASE-2 (COX-2) INHIBITORS - Drugs for Pain		
celecoxib oral capsule 100 mg, 200 mg, 50 mg	2	SL (2 capsules per day)
celecoxib oral capsule 400 mg	2	SL (31 capsules per 31 days.)
DOPAMINE PRECURSORS - Drugs for Parkinson		
carbidopa oral tablet 25 mg	1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (carbidopa-levodopa)	3	PA
INBRIJA INHALATION CAPSULE 42 MG (levodopa)	3	PA; SL (10 tablets per day.); SMCS; SP
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (carbidopa-levodopa)	3	
STALEVO 100 ORAL TABLET 25-100-200 MG (carbidopa-levodopa-entacapone)	3	
STALEVO 125 ORAL TABLET 31.25-125-200 MG (carbidopa-levodopa-entacapone)	3	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (carbidopa-levodopa-entacapone)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STALEVO 200 ORAL TABLET 50-200-200 MG (carbidopa-levodopa-entacapone)	3	
STALEVO 50 ORAL TABLET 12.5-50-200 MG (carbidopa-levodopa-entacapone)	3	
STALEVO 75 ORAL TABLET 18.75-75-200 MG (carbidopa-levodopa-entacapone)	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	2	
FIBROMYALGIA AGENTS - Drugs for Nerve Pain		
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	2	SL (2 capsules per day.)
duloxetine hcl oral capsule delayed release particles 30 mg	2	SL (1 capsule per day.)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG (pregabalin)	3	PA; SL (93 capsules per 31 days.)
LYRICA ORAL CAPSULE 225 MG, 300 MG (pregabalin)	3	PA; SL (62 capsules per 31 days.)
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	3	PA; SL (30.52 ml per day.)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	2	SL (93 capsules per 31 days.)
pregabalin oral capsule 225 mg, 300 mg	2	SL (62 capsules per 31 days.)
pregabalin oral solution 20 mg/ml	3	SL (30.52 ml per day.)
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.)
HYDANTOINS - Drugs for Seizures		
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (phenytoin)	3	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (phenytoin sodium extended)	3	
DILANTIN ORAL SUSPENSION 125 MG/5ML (phenytoin)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (phenytoin sodium extended)	3	
phenytoin infatabs oral tablet chewable 50 mg	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
INHALATION ANESTHETICS - Anesthetics		
FORANE INHALATION SOLUTION (isoflurane)	2	
isoflurane inhalation solution	1	
sevoflurane inhalation solution	1	
terrell inhalation solution	1	
ULTANE INHALATION SOLUTION (sevoflurane)	3	
MONOAMINE OXIDASE B INHIBITORS - Drugs for Parkinson		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (selegiline)	3	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	3	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (selegiline hcl)	3	
MONOAMINE OXIDASE INHIBITORS - Drugs for Depression & Psychosis		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (selegiline)	3	
MARPLAN ORAL TABLET 10 MG (isocarboxazid)	3	
NARDIL ORAL TABLET 15 MG (phenelzine sulfate)	3	
PARNATE ORAL TABLET 10 MG (tranylcypromine sulfate)	3	
phenelzine sulfate oral tablet 15 mg	1	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	3	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
tranylcypromine sulfate oral tablet 10 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (selegiline hcl)	3	
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - Drugs for Parkinson		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (apomorphine hcl)	3	PA; M; SL (3 ml per day.); SMCS; SP
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	3	PA; M; SL (3 ml per day.); SMCS; SP
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (apomorphine hcl)	3	PA; SL (5 films per day.); SMCS; SP
KYNMOBI TITRATION KIT SUBLINGUAL KIT 10/15/20/25/30 MG (apomorphine hcl)	3	PA; SMCS; SP
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (rotigotine)	3	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
OPIATE AGONISTS - Drugs for Pain		
acetaminophen-codeine #2 oral tablet 300-15 mg	1	
acetaminophen-codeine #3 oral tablet 300-30 mg	1	
acetaminophen-codeine #4 oral tablet 300-60 mg	1	
acetaminophen-codeine oral solution 120-12 mg/5ml	1	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	3	SL (40 capsules per prescription.)
ascomp-codeine oral capsule 50-325-40-30 mg	1	
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	1	
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	SL (6 capsules per day.)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
codeine sulfate oral tablet 30 mg, 60 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	2	PA; SL (4 lozenges per day)
fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA; SL (0.34 patches per day.)
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr	2	PA; SL (15 patches per 31 days.)
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	3	PA; SL (2 capsules per day.)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg	3	PA; SL (0 tablets per 100 days, diagnosis review required.)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	3	PA; SL (1 tablet per day.)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	
hydromorphone hcl er oral tablet extended release 24 hour 12 mg	3	PA; SL (2 tablets per day.)
hydromorphone hcl er oral tablet extended release 24 hour 16 mg, 8 mg	3	PA; SL (1 tablet per day.)
hydromorphone hcl er oral tablet extended release 24 hour 32 mg	3	PA; SL (0 tablet per 100 days, diagnosis review required.)
hydromorphone hcl oral liquid 1 mg/ml	1	
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	1	
hydromorphone hcl rectal suppository 3 mg	1	
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT (fentanyl citrate)	3	PA; SL (15 bottles per month)
levorphanol tartrate oral tablet 2 mg, 3 mg	3	ST; SL (4 tablets per day.)
LORTAB ORAL ELIXIR 10-300 MG/15ML (hydrocodone-acetaminophen)	3	
meperidine hcl oral solution 50 mg/5ml	1	
meperidine hcl oral tablet 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
methadone hcl intensol oral concentrate 10 mg/ml	1	SL (6 ml per day.)
methadone hcl oral concentrate 10 mg/ml	1	SL (6 ml per day.)
methadone hcl oral solution 10 mg/5ml	1	PA; SL (11.3 ml per day.)
methadone hcl oral solution 5 mg/5ml	1	PA; SL (22.6 ml per day.)
methadone hcl oral tablet 10 mg	1	PA; SL (2 tablets per day.)
methadone hcl oral tablet 5 mg	1	PA; SL (4 tablets per day.)
methadone hcl oral tablet soluble 40 mg	1	SL (1.5 tablets per day.)
methadose oral concentrate 10 mg/ml	1	SL (6 ml per day.)
methadose oral tablet soluble 40 mg	1	SL (1.5 tablets per day.)
methadose sugar-free oral concentrate 10 mg/ml	1	SL (6 ml per day.)
morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er beads oral capsule extended release 24 hour 120 mg	3	PA; SL (0 capsule per 100 days, diagnosis review required.)
morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	3	PA; SL (1 capsule per day.)
morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg	3	PA; SL (62 capsules per 31 days.)
morphine sulfate er oral capsule extended release 24 hour 100 mg	3	PA; SL (0 capsule per 100 days, diagnosis review required.)
morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg	3	PA; SL (1 capsule per day.)
morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg	1	PA; SL (0 capsules per 100 days, diagnosis review required.)
morphine sulfate er oral tablet extended release 15 mg, 30 mg	1	PA; SL (93 tablets per 31 days.)
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	1	
morphine sulfate oral tablet 15 mg, 30 mg	1	
morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 50 MG (tapentadol hcl)	3	PA; SL (2 tablets per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG, 250 MG (tapentadol hcl)	3	PA; SL (0 capsules per 100 days, diagnosis review required.)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (tapentadol hcl)	3	SL (6 tablets per day)
oxycodone hcl oral capsule 5 mg	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution 5 mg/5ml	1	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	
oxycodone hcl oral tablet 5 mg	1	SL (12 tablets per day.)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg	3	PA; SL (2 tablets per day.)
oxymorphone hcl er oral tablet extended release 12 hour 20 mg, 30 mg, 40 mg	3	PA; SL (0 tablet per 100 days.)
oxymorphone hcl oral tablet 10 mg, 5 mg	2	SL (6 tablets per day.)
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED 10 MG/ML (tramadol hcl)	3	PA
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	3	SL (1 tablet per day)
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	2	SL (1 tablet per day)
tramadol hcl oral tablet 50 mg	1	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	SL (40 tablets per prescription.)
TREZIX ORAL CAPSULE 320.5-30-16 MG (apap-caff-dihydrocodeine)	3	SL (40 capsules per prescription.)
ULTRACET ORAL TABLET 37.5-325 MG (tramadol-acetaminophen)	3	SL (40 tablets per prescription.)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 9 MG (oxycodone)	3	PA; SL (2 tablets per day.)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG (oxycodone)	3	PA; SL (0 capsules per 100 days, diagnosis review required.)
OPIATE ANTAGONISTS - Drugs for Overdose or Poisoning		
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	1	SL (2 films per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg	1	SL (1 film per day.)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	1	SL (3 films per day.)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	1	SL (3 tablets per day.)
KLOXXADO NASAL LIQUID 8 MG/0.1ML (naloxone hcl)	2	SL (2 devices per prescription.)
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	
naloxone hcl nasal liquid 4 mg/0.1ml	1	SL (2 auto-injectors per prescription.)
naltrexone hcl oral tablet 50 mg	1	
NARCAN NASAL LIQUID 4 MG/0.1ML (naloxone hcl)	2	SL (2 auto-injectors per prescription.)
pentazocine-naloxone hcl oral tablet 50-0.5 mg	1	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (methylnaltrexone bromide)	3	PA; M; SL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (methylnaltrexone bromide)	3	PA; M; SL (0.4 ml per day.)
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, 4-1 MG (buprenorphine hcl-naloxone hcl)	3	PA; ST; SL (1 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	SL (1 ml per prescription.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 2.9-0.71 MG (buprenorphine hcl-naloxone hcl)	1	SL (1 tablet per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 5.7-1.4 MG (buprenorphine hcl-naloxone hcl)	1	SL (3 tablets per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 8.6-2.1 MG (buprenorphine hcl-naloxone hcl)	1	SL (2 tablets per day.)
OPIATE PARTIAL AGONISTS - Drugs for Pain		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 900 MCG (buprenorphine hcl)	3	PA; SL (2 Films per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BELBUCA BUCCAL FILM 750 MCG (buprenorphine hcl)	3	PA; SL (2 films per day.)
buprenorphine hcl sublingual tablet sublingual 2 mg	1	SL (3 sublingual tablets per day.)
buprenorphine hcl sublingual tablet sublingual 8 mg	1	SL (3 tablets per day.)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	1	SL (2 films per day.)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg	1	SL (1 film per day.)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	1	SL (3 films per day.)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	1	SL (3 tablets per day.)
buprenorphine transdermal patch weekly 10 mcg/hr, 20 mcg/hr, 5 mcg/hr	3	PA; SL (4 patches per 28 days.)
buprenorphine transdermal patch weekly 15 mcg/hr, 7.5 mcg/hr	3	PA; SL (4 patches per month.)
butorphanol tartrate nasal solution 10 mg/ml	2	SL (7.5 ml (3 bottles) per prescription.)
pentazocine-naloxone hcl oral tablet 50-0.5 mg	1	
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, 4-1 MG (buprenorphine hcl-naloxone hcl)	3	PA; ST; SL (1 film per day.)
SUBOXONE SUBLINGUAL FILM 8-2 MG (buprenorphine hcl-naloxone hcl)	3	PA; ST; SL (3 films per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 2.9-0.71 MG (buprenorphine hcl-naloxone hcl)	1	SL (1 tablet per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 5.7-1.4 MG (buprenorphine hcl-naloxone hcl)	1	SL (3 tablets per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 8.6-2.1 MG (buprenorphine hcl-naloxone hcl)	1	SL (2 tablets per day.)
OREXIN RECEPTOR ANTAGONISTS - Drugs for Anxiety & Sleep Disorder		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (suvorexant)	3	ST; SL (1 tablet per day.)
DAYVIGO ORAL TABLET 10 MG, 5 MG (lemborexant)	3	ST; SL (1 tablet per day.)
OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Pain		
DAYPRO ORAL TABLET 600 MG (oxaprozin)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	3	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	1	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	3	
diflunisal oral tablet 500 mg	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (naproxen)	3	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	3	
etodolac oral capsule 200 mg, 300 mg	2	
etodolac oral tablet 400 mg, 500 mg	2	
FELDENE ORAL CAPSULE 10 MG, 20 MG (piroxicam)	3	
flurbiprofen oral tablet 100 mg, 50 mg	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN ORAL SUSPENSION 25 MG/5ML (indomethacin)	3	PA
INDOCIN RECTAL SUPPOSITORY 50 MG (indomethacin)	3	PA
indomethacin er oral capsule extended release 75 mg	2	
indomethacin oral capsule 25 mg, 50 mg	1	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (ketoprofen-baclofen-gabap-lido)	3	PA
KETOROLAC TROMETHAMINE NASAL SOLUTION 15.75 MG/SPRAY	3	ST; SL (5 bottles per prescription.)
ketorolac tromethamine oral tablet 10 mg	1	
meclofenamate sodium oral capsule 100 mg, 50 mg	1	
mefenamic acid oral capsule 250 mg	3	
MELOXICAM ORAL SUSPENSION 7.5 MG/5ML	3	
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
naproxen oral tablet delayed release 375 mg, 500 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet 600 mg	2	
piroxicam oral capsule 10 mg, 20 mg	2	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (ketorolac tromethamine)	3	ST; SL (5 bottles per prescription.)
sulindac oral tablet 150 mg, 200 mg	1	
PHENOTHIAZINES - Drugs for Depression & Psychosis		
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	3	PA
chlorpromazine hcl oral tablet 10 mg, 25 mg	1	SL (6 tablets per day.)
chlorpromazine hcl oral tablet 100 mg, 50 mg	1	SL (4 tablets per day.)
chlorpromazine hcl oral tablet 200 mg	1	SL (2 tablets per day.)
compro rectal suppository 25 mg	1	
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
RESPIRATORY AND CNS STIMULANTS - Drugs for the Nervous System		
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	3	SL (40 capsules per prescription.)
ascomp-codeine oral capsule 50-325-40-30 mg	1	
bac oral tablet 50-325-40 mg	1	SL (6 tablets per day)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	SL (6 capsules per day)
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	SL (6 tablets per day)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
CAFERGOT ORAL TABLET 1-100 MG (ergotamine-caffeine)	3	SL (10 tablets per prescription.)
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	1	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG (methylphenidate hcl)	2	SL (1 tablet per day.)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG (methylphenidate hcl)	2	SL (2 tablets per day.)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	3	SL (31 capsules per 31 days.)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML (theophylline)	3	
ergotamine-caffeine oral tablet 1-100 mg	3	SL (10 tablets per prescription.)
ESGIC ORAL CAPSULE 50-325-40 MG (butalbital-apap-caffeine)	3	SL (6 capsules per day)
ESGIC ORAL TABLET 50-325-40 MG (butalbital-apap-caffeine)	3	SL (6 tablets per day)
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-apap-caffeine)	3	SL (6 capsules per day.)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (dexmethylphenidate hcl)	3	
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML (methylphenidate hcl)	3	
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg	2	SL (31 tablets per 31 days.)
methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg	2	SL (31 capsules per 31 days.)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg	2	SL (1 capsule per day)
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	2	SL (2 capsules per day.)
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
methylphenidate hcl er oral tablet extended release 10 mg	3	SL (6 tablets per day.)
methylphenidate hcl er oral tablet extended release 20 mg	3	SL (3 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	3	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine-caffeine)	3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (theophylline)	3	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline oral solution 80 mg/15ml	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG (apap-caff-dihydrocodeine)	3	SL (40 capsules per prescription.)
VTOL LQ ORAL SOLUTION 50-325-40 MG/15ML (butalbital-apap-caffeine)	2	PA; SL (180 ml per prescription.)
ZEBUTAL ORAL CAPSULE 50-325-40 MG (butalbital-apap-caffeine)	3	SL (6 capsules per day)
SALICYLATES - Drugs for Pain		
adult aspirin regimen oral tablet delayed release 81 mg	E	H
ascomp-codeine oral capsule 50-325-40-30 mg	1	
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 low dose oral tablet delayed release 81 mg	E	H
aspirin ec low strength oral tablet delayed release 81 mg	E	H
aspirin ec oral tablet delayed release 325 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 325 mg	E	H
aspirin oral tablet delayed release 325 mg, 81 mg	E	H
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (aspirin)	E	H
BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)	E	H
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (aspirin)	E	H
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
goodsense aspirin adults oral tablet 325 mg	E	H
goodsense aspirin low dose oral tablet delayed release 81 mg	E	H
salsalate oral tablet 500 mg, 750 mg	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (aspirin)	E	H
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR - Drugs for Depression & Psychosis		
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 50 mg	3	SL (1 tablet per day)
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg	3	SL (1 tablet per day.)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG (duloxetine hcl)	3	PA; SL (2 capsules per day.)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG (duloxetine hcl)	3	PA; SL (1 capsule per day.)
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	2	SL (2 capsules per day.)
duloxetine hcl oral capsule delayed release particles 30 mg	2	SL (1 capsule per day.)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (levomilnacipran hcl)	3	ST; SL (1 capsule per day.)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (levomilnacipran hcl)	3	ST; SL (28 capsules per year.)
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.)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
SELECTIVE SEROTONIN AGONISTS - Migraine Treatment		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	3	SL (4 tablets per prescription)
eletriptan hydrobromide oral tablet 20 mg, 40 mg	2	SL (4 tablets per prescription)
frovatriptan succinate oral tablet 2.5 mg	3	SL (4 tablets per prescription)
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT (sumatriptan)	3	SL (6 spray bottles per prescription)
naratriptan hcl oral tablet 1 mg, 2.5 mg	1	SL (4 tablets per prescription)
REYVOW ORAL TABLET 100 MG (lasmiditan succinate)	3	PA; ST; SL (0.27 tablets per day. 8 tablets per prescription.)
REYVOW ORAL TABLET 50 MG (lasmiditan succinate)	3	PA; ST; SL (0.14 tablets per day. Benefit maximum quantity 4 tablets per prescription.)
rizatriptan benzoate oral tablet 10 mg, 5 mg	1	SL (4 tablets per prescription)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	1	SL (4 tablets per prescription)
sumatriptan nasal solution 20 mg/act, 5 mg/act	2	SL (6 spray bottles per prescription)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	SL (10 tablets per prescription.)
sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	1	M; SL (2 kits per prescription)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	M; SL (2 kits per prescription)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	M; SL (2 kits per prescription)
zolmitriptan oral tablet 2.5 mg, 5 mg	2	SL (4 tablets per prescription)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	3	SL (4 tablets per prescription)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZOMIG NASAL SOLUTION 2.5 MG (zolmitriptan)	3	SL (6 units per prescription.)
ZOMIG NASAL SOLUTION 5 MG (zolmitriptan)	2	SL (1 box per prescription)
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS - Drugs for Depression & Psychosis		
citalopram hydrobromide oral solution 10 mg/5ml	1	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	1	
escitalopram oxalate oral solution 5 mg/5ml	3	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	1	
fluoxetine hcl oral capsule delayed release 90 mg	3	SL (4 capsules per 28 days.)
fluoxetine hcl oral solution 20 mg/5ml	1	
fluoxetine hcl oral tablet 10 mg	3	SL (1 tablet per day.)
fluoxetine hcl oral tablet 20 mg	3	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	3	SL (2 capsules per day)
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	1	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	2	SL (1 capsule per day)
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	3	SL (1 tablet per day)
paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg	3	SL (2 tablets per day)
paroxetine hcl oral suspension 10 mg/5ml	3	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	
PAXIL ORAL SUSPENSION 10 MG/5ML (paroxetine hcl)	3	
sertraline hcl oral concentrate 20 mg/ml	1	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	1	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (olanzapine-fluoxetine hcl)	3	SL (1 capsule per day)
SEROTONIN MODULATORS - Drugs for Depression & Psychosis		
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
protriptyline hcl oral tablet 10 mg, 5 mg	1	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	3	
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 9 MG (deutetrabenazine)	2	PA; SL (4 tablets per day.); SMCS; SP
AUSTEDO ORAL TABLET 6 MG (deutetrabenazine)	2	PA; SL (2 tablets per day.); SMCS; SP
tetrabenazine oral tablet 12.5 mg	2	PA; SMCS
tetrabenazine oral tablet 25 mg	2	PA; SMCS; SP
WAKEFULNESS-PROMOTING AGENTS - Drugs for the Nervous System		
armodafinil oral tablet 150 mg, 250 mg	2	PA; SL (1 tablet per day)
armodafinil oral tablet 200 mg, 50 mg	2	PA; SL (1 tablet per day.)
diclofenac sodium oral tablet delayed release 75 mg	1	
modafinil oral tablet 100 mg, 200 mg	2	PA; SL (1 tablet per day)
SUNOSI ORAL TABLET 150 MG, 75 MG (solriamfetol hcl)	2	PA; SL (1 tablet per day.)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (pitolisant hcl)	3	PA; SL (2 tablets per day.); SMCS; SP
DENTAL AGENTS - Oral Care		
DENTAL AGENTS - Oral Care		
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sod fluoride-potassium nitrate)	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sod fluoride-potassium nitrate)	3	
NAFRINSE DAILY ACIDULATED MOUTH/THROAT SOLUTION RECONSTITUTED 1 MG/5ML (sodium fluoride-phosphoric acid)	2	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 % (sod fluoride-potassium nitrate)	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 % (sod fluoride-potassium nitrate)	3	
sodium fluoride 5000 enamel dental gel 1.1-5 %	1	
sodium fluoride 5000 sensitive dental gel 1.1-5 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEVICES - Medical Supplies and Durable Medical Equipment		
DEVICES - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK AVIVA IN VITRO SOLUTION (blood glucose calibration)	1	
ACCU-CHEK FASTCLIX LANCET KIT KIT (lancets misc.)	1	
ACCU-CHEK FASTCLIX LANCETS (lancets)	1	
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID (blood glucose calibration)	1	
ACCU-CHEK SAFE-T PRO LANCETS (lancets)	1	
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID (blood glucose calibration)	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT KIT (lancets misc.)	1	
ACCU-CHEK SOFTCLIX LANCETS (lancets)	1	
AEROCHAMBER PLUS FLO-VU (spacer/aero-holding chambers)	3	
ALCOHOL PREP PADS SHEET 70 %	3	
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM	2	
AUM MINI INSULIN PEN NEEDLE 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	3	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM (insulin pen needle)	2	
AUM SAFETY PEN NEEDLE 31G X 4 MM (insulin pen needle)	3	
AUM SAFETY PEN NEEDLE 31G X 5 MM (insulin pen needle)	2	
AUTOLET LANCING DEVICE (lancet devices)	3	SL (1 device per prescription.)
BREATHE COMFORT CHAMBER/ADULT DEVICE	3	
BREATHE COMFORT CHAMBER/CHILD DEVICE	3	
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID (blood glucose calibration)	3	
CARETOUCH HYPODERMIC NEEDLE 22G X 1" (needle (disp))	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARETOUCH LANCING/EJECTOR (lancet devices)	3	SL (1 device per prescription.)
CEQUR SIMPLICITY 2U DEVICE (injection device for insulin)	3	
CHEMSTRIP BG LOG BOOK (blood glucose monitoring suppl)	1	M
CONTOUR CONTROL IN VITRO LIQUID HIGH (blood glucose calibration)	3	
CONTOUR CONTROL IN VITRO LIQUID LOW , NORMAL (blood glucose calibration)	2	
CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL (blood glucose calibration)	2	
CONTOUR NEXT LINK KIT W/DEVICE (blood glucose monitoring suppl)	3	M
CONTOUR NEXT MONITOR KIT W/DEVICE (blood glucose monitoring suppl)	2	M
CONTOUR NEXT ONE KIT (blood glucose monitoring suppl)	2	M
DEXCOM G6 RECEIVER DEVICE (continuous blood gluc receiver)	3	PA; M; SL (1 kit per 999 days.)
DEXCOM G6 SENSOR (continuous blood gluc sensor)	3	PA; M; SL (3 sensors per month.)
DEXCOM G6 TRANSMITTER (continuous blood gluc transmit)	3	PA; M; SL (Benefit maximum quantity 1 transmitter per 3 months for Dexcom G6 Transmitter.)
EASIVENT (spacer/aero-holding chambers)	3	
EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID (blood glucose calibration)	3	
EASYMAX CONTROL IN VITRO SOLUTION NORMAL (blood glucose calibration)	3	
EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID (blood glucose calibration)	3	
ENLITE GLUCOSE SENSOR (continuous blood gluc sensor)	3	PA; M
EVERSENSE SENSOR/HOLDER (continuous blood gluc sensor)	3	PA; M
EVERSENSE SMART TRANSMITTER (continuous blood gluc transmit)	3	PA; M

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLEXICHAMBER ADULT MASK/SMALL (spacer/aero-hold chamber mask)	2	
FLEXICHAMBER CHILD MASK/LARGE (spacer/aero-hold chamber mask)	2	
FLEXICHAMBER CHILD MASK/SMALL (spacer/aero-hold chamber mask)	2	
FLEXICHAMBER DEVICE (spacer/aero-holding chambers)	3	
FORTISCARE CONTROL IN VITRO SOLUTION HIGH , LOW , NORMAL (blood glucose calibration)	2	
FREESTYLE LIBRE 14 DAY READER DEVICE (continuous blood gluc receiver)	3	PA; M
FREESTYLE LIBRE 14 DAY SENSOR (continuous blood gluc sensor)	3	PA; M
FREESTYLE LIBRE 2 READER DEVICE (continuous blood gluc receiver)	3	PA; M
FREESTYLE LIBRE 2 SENSOR (continuous blood gluc sensor)	3	PA; M
FREESTYLE LIBRE 3 SENSOR	3	PA; M
FREESTYLE LIBRE READER DEVICE (continuous blood gluc receiver)	3	PA; M; SL (1 kit per 999 days.)
GUARDIAN CONNECT TRANSMITTER (continuous blood gluc transmit)	3	PA; M; SL (10 sensors per month.)
GUARDIAN LINK 3 TRANSMITTER (continuous blood gluc transmit)	3	PA; M
GUARDIAN SENSOR (3) (continuous blood gluc sensor)	3	PA; M
GUARDIAN SENSOR 3	3	PA; M
INSPIREASE RESERVOIR BAGS (spacer/aero-hold chamber bags)	2	
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM (insulin pen needle)	2	
INSULIN PEN NEEDLES 29G X 5MM , 29G X 8MM , 31G X 4 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM (insulin pen needle)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (insulin syringe-needle u-100)	2	
LANCETS (lancets)	3	
MICROLET NEXT LANCING DEVICE (lancet devices)	3	SL (1 device per prescription.)
NORDIPEN 5 INJECTION DEVICE (injection device)	3	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM (insulin pen needle)	2	
NOVOFINE PEN NEEDLE 32G X 6 MM (insulin pen needle)	2	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM (insulin pen needle)	2	
NOVOPEN ECHO DEVICE (injection device for insulin)	3	
OMNIPOD 5 G6 INTRO (GEN 5) KIT (insulin disposable pump)	2	PA; SL (1 kit per 180 days.)
OMNIPOD 5 G6 POD (GEN 5) (insulin disposable pump)	2	PA; SL (10 pods per prescription.)
ONETOUCH CLUB LANCETS FINE PT (lancets)	1	
ONETOUCH DELICA LANCETS 30G (lancets)	1	
ONETOUCH DELICA LANCETS 33G (lancets)	1	
ONETOUCH DELICA LANCING DEV (lancet devices)	1	SL (1 device per prescription.)
ONETOUCH DELICA PLUS LANCET30G (lancets)	1	
ONETOUCH DELICA PLUS LANCET33G (lancets)	1	
ONETOUCH DELICA PLUS LANCING (lancet devices)	1	SL (1 device per prescription.)
ONETOUCH FINEPOINT LANCETS (lancets)	1	
ONETOUCH ULTRA 2 KIT W/DEVICE (blood glucose monitoring suppl)	1	M
ONETOUCH ULTRA MINI KIT W/DEVICE (blood glucose monitoring suppl)	3	M
ONETOUCH ULTRASOFT LANCETS (lancets)	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE W/DEVICE (blood glucose monitoring suppl)	1	M

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE W/DEVICE (blood glucose monitoring suppl)	3	M
ONETOUCH VERIO IN VITRO SOLUTION HIGH (blood glucose calibration)	1	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE (blood glucose monitoring suppl)	3	M
ONETOUCH VERIO KIT W/DEVICE (blood glucose monitoring suppl)	1	M
ONETOUCH VERIO REFLECT KIT W/DEVICE (blood glucose monitoring suppl)	1	M
SAFETY PEN NEEDLES 30G X 5 MM	3	
SAFETY PEN NEEDLES 30G X 8 MM	2	
SHARPS CONTAINER	3	
SURESTEP PRO HIGH GLUCOSE IN VITRO LIQUID (blood glucose calibration)	3	
SURESTEP PRO LOW GLUCOSE IN VITRO LIQUID (blood glucose calibration)	3	
SURESTEP PRO NORMAL GLUCOSE IN VITRO LIQUID (blood glucose calibration)	3	
TRUE METRIX LEVEL 1 IN VITRO SOLUTION LOW (blood glucose calibration)	2	
TRUE METRIX LEVEL 2 IN VITRO SOLUTION NORMAL (blood glucose calibration)	2	
TRUE METRIX LEVEL 3 IN VITRO SOLUTION HIGH (blood glucose calibration)	2	
UNISTRIP CONTROL IN VITRO SOLUTION LOW (blood glucose calibration)	3	
VORTEX VALVED HOLDING CHAMBER DEVICE (spacer/aero-holding chambers)	2	
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
ACTHAR INJECTION GEL 80 UNIT/ML (corticotropin)	3	PA; ST; M; SL (20 ml per 24 days.); SMCS; SP
CORTROPHIN INJECTION GEL 80 UNIT/ML (corticotropin)	3	PA; ST; M; SL (20 ml per 24 days.); SMCS; SP
CORTROSYN INJECTION SOLUTION RECONSTITUTED 0.25 MG (cosyntropin)	3	M

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cosyntropin injection solution reconstituted 0.25 mg	1	M
DIABETES MELLITUS		
ACCU-CHEK GUIDE IN VITRO STRIP (glucose blood)	3	SL (51 strips per prescription without history 204 strips per prescription with history.)
CONTOUR NEXT TEST IN VITRO STRIP (glucose blood)	2	SL (51 strips per prescription without history 204 strips per prescription with history.)
ONETOUCH ULTRA IN VITRO STRIP (glucose blood)	1	SL (51 strips per prescription without history 204 strips per prescription with history.)
ONETOUCH VERIO IN VITRO STRIP (glucose blood)	1	SL (51 strips per prescription without history 204 strips per prescription with history.)
DIAGNOSTIC AGENTS		
BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT (covid-19 at home test)	3	
CARESTART COVID-19 HOME TEST IN VITRO KIT (covid-19 at home test)	3	
CLEARDETECT COVID-19 AG HOME IN VITRO KIT (covid-19 at home test)	3	
CLINITEST RAPID COVID-19 TEST IN VITRO KIT (covid-19 at home test)	3	
COVID-19 AT-HOME TEST IN VITRO KIT	3	
COVID-19 RAPID SELF TEST KIT IN VITRO KIT	3	
DIATRUST COVID-19 HOME TEST IN VITRO KIT (covid-19 at home test)	3	
ELLUME COVID-19 HOME TEST IN VITRO KIT	3	
FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT (covid-19 at home test)	3	
IHEALTH COVID-19 RAPID TEST IN VITRO KIT (covid-19 at home test)	3	
INDICAID COVID-19 RAPID TEST IN VITRO KIT (covid-19 at home test)	3	
INTELISWAB COVID-19 RAPID TEST IN VITRO KIT (covid-19 at home test)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ON/GO COVID-19 ANTIGEN TEST IN VITRO KIT (covid-19 at home test)	3	
ON/GO ONE COVID-19 HOME TEST IN VITRO KIT (covid-19 at home test)	3	
PILOT COVID-19 AT-HOME TEST IN VITRO KIT (covid-19 at home test)	3	
QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT (covid-19 at home test)	3	
KETONES		
CHEMSTRIP K IN VITRO STRIP (acetone (urine) test)	2	
KETONE TEST IN VITRO STRIP	2	
KETOSTIX IN VITRO STRIP (acetone (urine) test)	2	
URINE AND FECES CONTENTS		
CHEMSTRIP UGK IN VITRO STRIP (urine glucose-ketones test)	3	
CVS KETONE CARE IN VITRO STRIP (urine glucose-ketones test)	2	
KETO-DIASTIX IN VITRO STRIP (urine glucose-ketones test)	3	
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
formaldehyde external solution 10 %, 37 %	1	
glutaraldehyde external solution 25 %	1	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AGENTS		
K-PHOS NO 2 ORAL TABLET 305-700 MG (pot & sod ac phosphates)	2	
ALKALINIZING AGENTS		
cytra k crystals oral packet 3300-1002 mg	1	
ORACIT ORAL SOLUTION 490-640 MG/5ML (sod citrate-citric acid)	2	
pot & sod cit-cit ac oral solution 550-500-334 mg/5ml	1	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	1	
potassium citrate-citric acid oral solution 1100-334 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
tricitrates oral solution 550-500-334 mg/5ml	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (potassium citrate)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (potassium citrate)	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) (potassium citrate)	3	
AMMONIA DETOXICANTS		
BUPHENYL ORAL POWDER 3 GM/TSP (sodium phenylbutyrate)	3	PA; SMCS
BUPHENYL ORAL TABLET 500 MG (sodium phenylbutyrate)	3	PA; SMCS
carglumic acid oral tablet soluble 200 mg	2	PA; SMCS; SP
constulose oral solution 10 gm/15ml	1	
enulose oral solution 10 gm/15ml	1	
generlac oral solution 10 gm/15ml	1	
KRISTALOSE ORAL PACKET 10 GM, 20 GM (lactulose)	3	
lactulose encephalopathy oral solution 10 gm/15ml	1	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	1	
LITHOSTAT ORAL TABLET 250 MG (acetohydroxamic acid)	3	
RAVICTI ORAL LIQUID 1.1 GM/ML (glycerol phenylbutyrate)	3	PA; ST; SL (17.5 ml per day.); SMCS; SP
sodium phenylbutyrate oral powder 3 gm/tsp	1	PA; SMCS
sodium phenylbutyrate oral tablet 500 mg	3	PA; SMCS
CALORIC AGENTS - Drugs for Nutrition		
aminoamrms oral capsule	1	
aminoreliefrms oral capsule	1	
DOJOLVI ORAL LIQUID 100 % (triheptanoin)	3	PA; SMCS; SP
L-CYSTINE POWDER	3	
L-ISOLEUCINE POWDER	3	PA
CARBONIC ANHYDRASE INHIBITORS - Drugs for Water Balance		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIURETICS, MISCELLANEOUS - Drugs for Water Balance		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML (theophylline)	3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (theophylline)	3	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline oral solution 80 mg/15ml	1	
LOOP DIURETICS - Drugs for Water Balance		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
BUMEX ORAL TABLET 0.5 MG (bumetanide)	3	
ethacrynic acid oral tablet 25 mg	3	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (furosemide)	3	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
OTHER ION-REMOVING AGENTS		
RADIOGARDASE ORAL CAPSULE 0.5 GM (prussian blue insoluble)	3	
PHOSPHATE-REMOVING AGENTS		
calcium acetate (phos binder) oral capsule 667 mg	1	
calcium acetate (phos binder) oral tablet 667 mg	1	
calcium acetate oral tablet 667 mg	1	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (lanthanum carbonate)	3	ST
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	3	ST
PHOSLYRA ORAL SOLUTION 667 MG/5ML (calcium acetate (phos binder))	3	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	2	PA
sevelamer carbonate oral tablet 800 mg	2	
sevelamer hcl oral tablet 400 mg, 800 mg	3	
VELPHORO ORAL TABLET CHEWABLE 500 MG (sucroferric oxyhydroxide)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
POTASSIUM-REMOVING AGENTS		
LOKELMA ORAL PACKET 10 GM (sodium zirconium cyclosilicate)	3	PA; SL (3 packets per day.)
LOKELMA ORAL PACKET 5 GM (sodium zirconium cyclosilicate)	3	PA; SL (1 packet per day.)
sodium polystyrene sulfonate oral powder	1	
sps oral suspension 15 gm/60ml	1	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (patiromer sorbitex calcium)	3	PA; SL (1 Packet per day.)
POTASSIUM-SPARING DIURETICS - Drugs for Water Balance		
amiloride hcl oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (spironolactone)	3	PA
eplerenone oral tablet 25 mg, 50 mg	2	
MAXZIDE ORAL TABLET 75-50 MG (triamterene-hctz)	3	
MAXZIDE-25 ORAL TABLET 37.5-25 MG (triamterene-hctz)	3	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
triamterene oral capsule 100 mg, 50 mg	3	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
REPLACEMENT PREPARATIONS		
CALCIFOL ORAL WAFER 1342-1.6 MG (ca carb-fa-d-b6-b12-boron-mg)	3	
calcium acetate (phos binder) oral capsule 667 mg	1	
calcium acetate (phos binder) oral tablet 667 mg	1	
calcium acetate oral tablet 667 mg	1	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (potassium bicarb-citric acid)	2	
effer-k oral tablet effervescent 25 meq	1	
GALZIN ORAL CAPSULE 25 MG, 50 MG (zinc acetate (oral))	3	
klor-con 10 oral tablet extended release 10 meq	1	
klor-con m10 oral tablet extended release 10 meq	1	
klor-con m15 oral tablet extended release 15 meq	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
klor-con m20 oral tablet extended release 20 meq	1	
klor-con oral packet 20 meq	1	
klor-con oral tablet extended release 8 meq	1	
klor-con/ef oral tablet effervescent 25 meq	1	
K-PHOS ORAL TABLET 500 MG (potassium phosphate monobasic)	2	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG (k phos mono-sod phos di & mono)	2	
k-prime oral tablet effervescent 25 meq	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ (potassium chloride)	3	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
PHOSLYRA ORAL SOLUTION 667 MG/5ML (calcium acetate (phos binder))	3	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG (k phos mono-sod phos di & mono)	2	
phosphorous oral tablet 155-852-130 mg	1	
phospho-trin 250 neutral oral tablet 155-852-130 mg	1	
PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION 22-4-1 MEQ-MMOL/L	3	
PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5-1 MEQ-MMOL/L	3	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1	
potassium chloride crys er oral tablet extended release 15 meq	3	
potassium chloride er oral capsule extended release 10 meq, 8 meq	1	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
PREMESISRX ORAL TABLET 1 MG (prenatal ca-b6-b12-fa- ginger)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (prenat-fecbn-feasp-meth-fa-dha)	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (prenat mv-min-methylfolate-fa)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION 22-4 MEQ/L (bicarb-dextrose-k (crrt))	3	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION 32-2.5 MEQ/L (bicarb-dextrose-ca (crrt))	3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION 32-2 MEQ/L (bicarb-dextrose-k (crrt))	3	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION 32-2-3.5 MEQ/L (bicarb-dextrose-k-ca (crrt))	3	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION 32-4-1.2 MEQ/L (bicarb-dextrose-k-mg (crrt))	3	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5 MEQ/L (bicarb-dextrose-k-ca (crrt))	3	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION 32-1.2 MEQ/L (bicarb-mg (crrt))	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRISTART FREE ORAL CAPSULE 33-1 MG (prenat w/o a-fecbn-meth-fa-dha)	3	
TRISTART ONE ORAL CAPSULE 35-1-215 MG (prenat w/o a-fecbn-meth-fa-dha)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (prenatal mv-min-fe fum-fa-dha)	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
WILZIN ORAL CAPSULE 25 MG (zinc acetate (oral))	3	
THIAZIDE DIURETICS - Drugs for Water Balance		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (quinapril-hydrochlorothiazide)	3	
ALDACTAZIDE ORAL TABLET 25-25 MG (spironolactone-hctz)	3	
ALDACTAZIDE ORAL TABLET 50-50 MG (spironolactone-hctz)	2	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	3	
DIURIL ORAL SUSPENSION 250 MG/5ML (chlorothiazide)	2	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (azilsartan-chlorthalidone)	3	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (benazepril-hydrochlorothiazide)	3	
MAXZIDE ORAL TABLET 75-50 MG (triamterene-hctz)	3	
MAXZIDE-25 ORAL TABLET 37.5-25 MG (triamterene-hctz)	3	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	2	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	2	
spironolactone-hctz oral tablet 25-25 mg	1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (aliskiren-hydrochlorothiazide)	3	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	2	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (bisoprolol-hydrochlorothiazide)	3	
THIAZIDE-LIKE DIURETICS - Drugs for Water Balance		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
URICOSURIC AGENTS		
colchicine-probenecid oral tablet 0.5-500 mg	1	
probenecid oral tablet 500 mg	1	
VASOPRESSIN ANTAGONISTS - Drugs for Water Balance		
JYNARQUE ORAL TABLET 15 MG, 30 MG (tolvaptan)	2	PA; SL (2 tablets per day.); SMCS; SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (tolvaptan)	2	PA; SL (2 tablets per day.); SMCS; SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG (tolvaptan)	2	PA; SL (2 tablets per day.); SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SAMSCA ORAL TABLET 15 MG (tolvaptan)	3	PA; SL (90 tablets per 365 days.); SMCS; SP
SAMSCA ORAL TABLET 30 MG (tolvaptan)	3	PA; SL (60 tablets per 365 days.); SMCS; SP
tolvaptan oral tablet 15 mg	2	PA; SMCS; SP
tolvaptan oral tablet 30 mg	2	PA; SL (2 tablets per day.); SMCS; SP
ENZYMES		
ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (pancrelipase (lip-prot-amyl))	2	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML (pegvaliase-pqpz)	3	PA; ST; M; SL (7 mL per year.); SMCS; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML (pegvaliase-pqpz)	3	PA; ST; M; SL (3 ml per year.); SMCS; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (pegvaliase-pqpz)	3	PA; ST; M; SL (1 ml per day.); SMCS; SP
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (pancrelipase (lip-prot-amyl))	3	ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (pancrelipase (lip-prot-amyl))	3	ST
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (dornase alfa)	2	PA; SL (5 ml per day.); SMCS; SP
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (collagenase)	3	SL (90 grams per prescription.)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML (asfotase alfa)	2	PA; M; SL (5.4 ml per month.); SMCS; SP
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML (asfotase alfa)	2	PA; M; SL (8.4 ml per month.); SMCS; SP
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML (asfotase alfa)	2	PA; M; SL (12 ml tablets per month.); SMCS; SP
STRENSIQ SUBCUTANEOUS SOLUTION 80 MG/0.8ML (asfotase alfa)	2	PA; M; SL (9.6 ml (12 vials) per month.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUCRAID ORAL SOLUTION 8500 UNIT/ML (sacrosidase)	2	PA; SMCS; SP
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (pancrelipase (lip-prot-amyl))	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 (pancrelipase (lip-prot-amyl))	2	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ALPHA-ADRENERGIC AGONISTS (EENT) - Drugs for the Eye		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (brimonidine tartrate)	2	SL (10 ml per prescription)
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (brimonidine tartrate)	3	SL (10 ml per prescription)
brimonidine tartrate ophthalmic solution 0.15 %	2	SL (10 ml per prescription)
brimonidine tartrate ophthalmic solution 0.2 %	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (brimonidine tartrate-timolol)	2	SL (5 ml per prescription)
ANTIALLERGIC AGENTS - Drugs for Allergy		
ALOCRILOPHTHALMIC SOLUTION 2 % (nedocromil sodium)	3	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (lodoxamide tromethamine)	3	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl ophthalmic solution 0.05 %	1	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	1	
cromolyn sodium ophthalmic solution 4 %	1	
olopatadine hcl nasal solution 0.6 %	3	SL (30.5 grams (1 box) per prescription.)
olopatadine hcl solution 0.1 % ophthalmic (rx) 0.1 %	3	
ANTIBACTERIALS (EENT) - Drugs for Infections		
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	1	
AZASITE OPHTHALMIC SOLUTION 1 % (azithromycin)	3	
bacitracin ophthalmic ointment 500 unit/gm	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (besifloxacin hcl)	3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 % (sulfacetamide-prednisolone)	2	
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	
CIPRODEX OTIC SUSPENSION 0.3-0.1 % (ciprofloxacin-dexamethasone)	3	
ciprofloxacin hcl ophthalmic solution 0.3 %	1	
ciprofloxacin hcl otic solution 0.2 %	1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (neomycin-colist-hc-thonzonium)	3	
DOUBLE PM OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5 %	3	PA
erythromycin ophthalmic ointment 5 mg/gm	1	H
gatifloxacin ophthalmic solution 0.5 %	3	
gentak ophthalmic ointment 0.3 %	1	
gentamicin sulfate ophthalmic solution 0.3 %	1	SL (15 ml per prescription.)
levofloxacin ophthalmic solution 0.5 %	1	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (neomycin-polymyxin-dexameth)	3	
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1 (neomycin-polymyxin-dexameth)	3	
MITOSOL OPHTHALMIC KIT 0.2 MG (mitomycin)	3	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	3	
moxifloxacin hcl ophthalmic solution 0.5 %	3	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000	1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	

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neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
neo-polycin hc ophthalmic ointment 1 %	1	
neo-polycin ophthalmic ointment 3.5-400-10000	1	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (ofloxacin)	3	
ofloxacin ophthalmic solution 0.3 %	1	
ofloxacin otic solution 0.3 %	2	
polycin ophthalmic ointment 500-10000 unit/gm	1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-% (polymyxin b-trimethoprim)	3	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 % (gentamicin-prednisolone acet)	3	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 % (gentamicin-prednisolone acet)	3	
sulfacetamide sodium ophthalmic ointment 10 %	1	
sulfacetamide sodium ophthalmic solution 10 %	1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 % (tobramycin-dexamethasone)	3	
tobramycin ophthalmic solution 0.3 %	1	SL (5 ml per prescription.)
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	2	
TOBEX OPHTHALMIC OINTMENT 0.3 % (tobramycin)	3	SL (3.5 grams per prescription.)
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	PA
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (loteprednol-tobramycin)	3	
ZYMAXID OPHTHALMIC SOLUTION 0.5 % (gatifloxacin)	3	
ANTIFUNGALS (EENT) - Drugs for Infections		
NATACYN OPHTHALMIC SUSPENSION 5 % (natamycin)	3	
ANTIVIRALS (EENT) - Drugs for Infections		
trifluridine ophthalmic solution 1 %	1	
ZIRGAN OPHTHALMIC GEL 0.15 % (ganciclovir)	3	
BETA-ADRENERGIC BLOCKING AGENTS (EENT) - Drugs for the Eye		
betaxolol hcl ophthalmic solution 0.5 %	1	
BETIMOL OPHTHALMIC SOLUTION 0.25 % (timolol hemihydrate)	2	SL (5 ml per prescription)
BETIMOL OPHTHALMIC SOLUTION 0.5 % (timolol hemihydrate)	2	SL (5 ml per prescription.)
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (betaxolol hcl)	3	
carteolol hcl ophthalmic solution 1 %	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (brimonidine tartrate-timolol)	2	SL (5 ml per prescription)
COSOPT OPHTHALMIC SOLUTION 22.3-6.8 MG/ML (dorzolamide hcl-timolol mal)	3	
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	2	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (timolol maleate)	3	
levobunolol hcl ophthalmic solution 0.5 %	1	
timolol maleate (once-daily) ophthalmic solution 0.5 %	3	
timolol maleate ocudose ophthalmic solution 0.5 %	2	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate pf ophthalmic solution 0.25 %	1	
timolol maleate pf ophthalmic solution 0.5 %	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 % (timolol maleate)	2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 % (timolol maleate)	3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 % (timolol maleate)	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 % (timolol maleate)	3	
CARBONIC ANHYDRASE INHIBITORS (EENT) - Drugs for the Eye		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
brinzolamide ophthalmic suspension 1 %	2	SL (10 ml per prescription)
COSOPT OPHTHALMIC SOLUTION 22.3-6.8 MG/ML (dorzolamide hcl-timolol mal)	3	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC 2 %	3	
dorzolamide hcl solution 2 % ophthalmic 2 %	1	
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	2	
methazolamide oral tablet 25 mg, 50 mg	1	
TRUSOPT OPHTHALMIC SOLUTION 2 % (dorzolamide hcl)	3	
CORTICOSTEROIDS (EENT) - Drugs for Inflammation		
ALREX OPHTHALMIC SUSPENSION 0.2 % (loteprednol etabonate)	3	SL (5 ml per prescription)
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 % (sulfacetamide-prednisolone)	2	
CIPRO HC OTIC SUSPENSION 0.2-1 % (ciprofloxacin-hydrocortisone)	3	
CIPRODEX OTIC SUSPENSION 0.3-0.1 % (ciprofloxacin-dexamethasone)	3	
cortic-nd otic solution 10-10-1 mg/ml	1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (neomycin-colist-hc-thonzonium)	3	
DERMOTIC OTIC OIL 0.01 % (fluocinolone acetonide)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dexamethasone sodium phosphate ophthalmic solution 0.1 %	1	
difluprednate ophthalmic emulsion 0.05 %	3	
DOUBLE PM OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5 %	3	PA
DUREZOL OPHTHALMIC EMULSION 0.05 % (difluprednate)	3	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (loteprednol etabonate)	3	SL (8.3 mL per prescription)
flac otic oil 0.01 %	1	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (fluorometholone acetate)	2	
flunisolide nasal solution 25 mcg/act (0.025%)	3	
fluocinolone acetonide otic oil 0.01 %	1	
fluorometholone ophthalmic suspension 0.1 %	1	
fluticasone propionate nasal suspension 50 mcg/act	2	SL (16 grams (1 bottle) per prescription)
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (fluorometholone)	3	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (fluorometholone)	3	
FML OPHTHALMIC OINTMENT 0.1 % (fluorometholone)	3	
hydrocortisone-acetic acid otic solution 1-2 %	1	
INVELTYS OPHTHALMIC SUSPENSION 1 % (loteprednol etabonate)	3	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (loteprednol etabonate)	3	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (loteprednol etabonate)	3	SL (5 grams per prescription.)
loteprednol etabonate ophthalmic suspension 0.5 %	3	SL (5 ml per prescription.)
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (dexamethasone)	2	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (neomycin-polymyxin-dexameth)	3	
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1 (neomycin-polymyxin-dexameth)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
neo-polycin hc ophthalmic ointment 1 %	1	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (prednisolone acetate)	3	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 % (gentamicin-prednisolone acet)	3	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 % (gentamicin-prednisolone acet)	3	
prednisolone acetate ophthalmic suspension 1 %	1	
prednisolone sodium phosphate ophthalmic solution 1 %	1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 % (tobramycin-dexamethasone)	3	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	2	
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	PA
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	PA
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (ciclesonide)	3	SL (6.1 grams per prescription.)
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (loteprednol-tobramycin)	3	
EENT ANTI-INFECTIVES, MISCELLANEOUS - Drugs for Infections		
ARZOL SILVER NIT APPLICATORS EXTERNAL 75-25 % (silver nitrate-pot nitrate)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % (povidone-iodine)	3	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
cortic-nd otic solution 10-10-1 mg/ml	1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (chlorhexidine gluconate)	3	
perio gard mouth/throat solution 0.12 %	1	
PRAMOTIC OTIC LIQUID 1-0.1 % (pramoxine-chloroxylenol)	3	
silver nitrate external solution 0.5 %	1	
EENT ANTI-INFLAMMATORY AGENTS, MISC. - Drugs for Inflammation		
RESTASIS OPHTHALMIC EMULSION 0.05 % (cyclosporine)	3	PA; SL (60 vials per prescription.)
XIIDRA OPHTHALMIC SOLUTION 5 % (lifitegrast)	3	PA; SL (60 vials per prescription.)
EENT DRUGS, MISCELLANEOUS		
acetic acid otic solution 2 %	1	
apraclonidine hcl ophthalmic solution 0.5 %	1	
cromolyn sodium ophthalmic solution 4 %	1	
cromolyn sodium oral concentrate 100 mg/5ml	1	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (cysteamine hcl)	3	PA; SL (20 mL per 21 days); SMCS
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (cysteamine hcl)	2	PA; SL (60 ml (4 bottles) per month.); SMCS; SP
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (sulfuric acid-sulf phenolics)	2	
hydrocortisone-acetic acid otic solution 1-2 %	1	
LACRISERT OPHTHALMIC INSERT 5 MG (artificial tear insert)	2	
MUCOSITISRX MOUTH/THROAT PACKET (artificial saliva)	3	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (cenegermin-bkbj)	3	PA; SL (1 ml per day and 56 ml per 365 days.); SMCS; SP
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (varenicline tartrate)	3	PA; SL (0.28 ml per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Inflammation		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (ketorolac tromethamine)	3	
ACULAR OPHTHALMIC SOLUTION 0.5 % (ketorolac tromethamine)	3	
diclofenac sodium ophthalmic solution 0.1 %	1	
flurbiprofen sodium ophthalmic solution 0.03 %	1	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	1	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (nepafenac)	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
LOCAL ANESTHETICS (EENT) - Drugs for Numbing		
AKTEN OPHTHALMIC GEL 3.5 % (lidocaine hcl)	3	
ALCAINE OPHTHALMIC SOLUTION 0.5 % (proparacaine hcl)	3	
ALTACAIN OPHTHALMIC SOLUTION 0.5 % (tetracaine hcl)	3	
cortic-nd otic solution 10-10-1 mg/ml	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (dph-lido-alhydr-mghydr-simeth)	3	PA
lidocaine hcl mouth/throat solution 4 %	1	
lidocaine viscous hcl mouth/throat solution 2 %	1	
PRAMOTIC OTIC LIQUID 1-0.1 % (pramoxine-chloroxylenol)	3	
proparacaine hcl ophthalmic solution 0.5 %	1	
tetracaine hcl ophthalmic solution 0.5 %	1	
MIOTICS - Drugs for the Eye		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (echothiophate iodide)	2	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
MYDRIATICS - Drugs for the Eye		
altafrin ophthalmic solution 10 %, 2.5 %	1	
atropine sulfate ophthalmic ointment 1 %	1	
atropine sulfate ophthalmic solution 1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 % (cyclopentolate hcl)	3	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (cyclopentolate-phenylephrine)	3	
cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %	1	
homatropaire ophthalmic solution 5 %	1	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % (atropine sulfate)	3	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
PROSTAGLANDIN ANALOGS - Drugs for the Eye		
latanoprost ophthalmic solution 0.005 %	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (bimatoprost)	2	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (netarsudil-latanoprost)	3	SL (2.5 mL per prescription.)
XELPROS OPHTHALMIC EMULSION 0.005 % (latanoprost)	3	SL (2.5 ml per prescription.)
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (tafluprost)	3	ST; SL (30 unit of use droppers per prescription.)
RHO KINASE INHIBITORS - Drugs for the Eye		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (netarsudil dimesylate)	3	SL (2.5 ml per prescription.)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (netarsudil-latanoprost)	3	SL (2.5 mL per prescription.)
VASOCONSTRICTORS		
ADRENALIN NASAL SOLUTION 0.1 % (epinephrine hcl (nasal))	2	
altafrin ophthalmic solution 10 %, 2.5 %	1	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (cyclopentolate-phenylephrine)	3	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (oxymetazoline hcl)	3	PA; SL (30 single-use vials per prescription.)
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (dph-lido-alhydr-mghydr-simeth)	3	PA
sodium bicarbonate oral powder	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GASTROINTESTINAL DRUGS - Drugs for the Stomach		
5-HT3 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO ORAL CAPSULE 300-0.5 MG (netupitant-palonosetron)	3	SL (1 capsule per prescription.)
ANZEMET ORAL TABLET 50 MG (dolasetron mesylate)	3	SL (1 tablet per prescription.)
granisetron hcl oral tablet 1 mg	2	
ondansetron hcl oral solution 4 mg/5ml	1	
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
ANTIDIARRHEA AGENTS - Drugs for Diarrhea		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
LOMOTIL ORAL TABLET 2.5-0.025 MG (diphenoxylate-atropine)	3	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (crofelemer)	3	PA; SL (2 tablets per day.)
opium oral tincture 10 mg/ml (1%)	1	
PYLERA ORAL CAPSULE 140-125-125 MG (bis subcit-metronid-tetracyc)	3	SL (120 capsules per 180 days.)
XERMELO ORAL TABLET 250 MG (telotristat etiprate)	3	PA; SL (3 tablets per day.); SMCS; SP
ANTIEMETICS, MISCELLANEOUS - Drugs for Vomiting and Nausea		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	
MARINOL ORAL CAPSULE 2.5 MG (dronabinol)	3	
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral syrup 6.25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
scopolamine transdermal patch 72 hour 1 mg/3days	3	
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	3	PA; SL (4 ml per day.)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	2	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
clarithromycin oral tablet 250 mg, 500 mg	1	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (metronidazole benzoate)	3	PA
FLAGYL ORAL CAPSULE 375 MG (metronidazole)	3	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (metronidazole benzoate)	3	PA
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
sodium bicarbonate oral powder	1	
tetracycline hcl oral capsule 250 mg, 500 mg	3	
CATHARTICS AND LAXATIVES - Drugs for Constipation		
bisacodyl ec oral tablet delayed release 5 mg	E	H
CITRANATAL BLOOM ORAL TABLET 90-1 MG (prenatal-dss-fecb-fegl-fa)	3	
citroma oral solution 1.745 gm/30ml	E	H
clearlax oral powder 17 gm/scoop	E	H
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML (sod picosulfate-mag ox-cit acid)	3	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (dph-lido-alhydr-mghydr-simeth)	3	PA
gavilax oral powder 17 gm/scoop	E	H
gavilyte-c oral solution reconstituted 240 gm	1	H
gavilyte-g oral solution reconstituted 236 gm	1	SL (400 mL per prescription.); H
gentle laxative oral tablet delayed release 5 mg	E	H
gentlelax oral powder 17 gm/scoop	E	H
glycolax oral powder 17 gm/scoop	E	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (peg 3350-kcl-nabcb-nacl-nasulf)	3	SL (400 mL per prescription.)
magnesium citrate oral solution 1.745 gm/30ml	E	H
mineral oil heavy oral oil	1	
mm clearlax oral powder 17 gm/scoop	E	H
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (peg-kcl-nacl-nasulf-na asc-c)	3	SL (1 kit per prescription.)
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	1	SL (354 ml per prescription.)
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	1	SL (4000 ml per prescription.); H
peg-3350/electrolytes oral solution reconstituted 236 gm	1	SL (400 mL per prescription.); H
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	3	SL (1 kit per prescription.)
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	3	SL (1 kit per prescription.)
peg-prep oral kit 5-210 mg-gm	1	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (peg-kcl-nacl-nasulf-na asc-c)	3	SL (3 cartons per prescription.)
polyethylene glycol 3350 oral powder 17 gm/scoop	E	H
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
qc magnesium citrate oral solution 1.745 gm/30ml	E	H
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (na sulfate-k sulfate-mg sulf)	3	SL (354 ml per prescription.)
SUTAB ORAL TABLET 1479-225-188 MG (sodium sulfate-mag sulfate-kcl)	3	H
CHOLELITHOLYTIC AGENTS - Drugs for the Stomach		
CHENODAL ORAL TABLET 250 MG (chenodiol)	3	ST; SMCS; SP
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
URSODIOL+SYRSPEND SF ORAL SUSPENSION 30 MG/ML (ursodiol)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIGESTANTS - Drugs for the Stomach		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (pancrelipase (lip-prot-amyl))	2	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (pancrelipase (lip-prot-amyl))	3	ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (pancrelipase (lip-prot-amyl))	3	ST
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (pancrelipase (lip-prot-amyl))	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 (pancrelipase (lip-prot-amyl))	2	
GI DRUGS, MISCELLANEOUS - Drugs for the Stomach		
alvimopan oral capsule 12 mg	3	
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG (odevixibat)	3	PA; SL (2 capsules per day.)
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG (odevixibat)	3	PA; SL (1 capsule per day.)
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (odevixibat)	3	PA; SL (2 capsules per day.)
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (cholic acid)	2	PA; SL (4 capsules per day.); SMCS; SP
CIMZIA PREFILLED KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (certolizumab pegol)	2	PA; M; SL (1 kit per 21 days.); SMCS; SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (certolizumab pegol)	2	PA; M; SL (6 mL per 365 days.); SMCS; SP
ENTEREG ORAL CAPSULE 12 MG (alvimopan)	3	
GATTEX SUBCUTANEOUS KIT 5 MG (teduglutide (rdna))	2	PA; M; SL (1 vial per day.); SMCS; SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (adalimumab)	2	PA; M; SL (3 syringes per year.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (adalimumab)	2	PA; M; SL (2 kits per year.); SMCS; SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (adalimumab)	2	PA; M; SL (2 pens per month.); SMCS; SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)	2	PA; M; SL (6 pens (1 kit) per year.); SMCS; SP
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (adalimumab)	2	PA; M; SL (3 pens per year.); SMCS; SP
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (adalimumab)	2	PA; M; SL (3 pens per year.); SMCS; SP
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)	2	PA; M; SL (4 pens (1 kit) per year.); SMCS; SP
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (adalimumab)	2	PA; M; SL (3 pens per year.); SMCS; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (linaclotide)	2	PA; SL (1 capsule per day.)
LIVMARLI ORAL SOLUTION 9.5 MG/ML (maralixibat chloride)	3	PA; SL (3 mL per day.); SMCS; SP
LUBIPROSTONE ORAL CAPSULE 24 MCG, 8 MCG	3	PA; ST; SL (2 capsules per day.)
MOTEGRITY ORAL TABLET 1 MG, 2 MG (prucalopride succinate)	3	PA; SL (1 tablet per day.)
OCALIVA ORAL TABLET 10 MG, 5 MG (obeticholic acid)	3	PA; ST; SL (1 tablet per day.); SMCS; SP
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA; M; SMCS
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA; M; SMCS
ORLISTAT ORAL CAPSULE 120 MG	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (methylnaltrexone bromide)	3	PA; M; SL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (methylnaltrexone bromide)	3	PA; M; SL (0.4 ml per day.)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (golimumab)	2	PA; M; SL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (golimumab)	2	PA; M; SL (0.5 ml (1 syringe) per month); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (golimumab)	2	PA; M; SL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (golimumab)	2	PA; M; SL (0.5 ml (1 syringe) per month); SMCS; SP
SYMPROIC ORAL TABLET 0.2 MG (naldemedine tosylate)	2	PA; SL (1 tablet per day.)
VIBERZI ORAL TABLET 100 MG, 75 MG (eluxadoline)	3	PA; SL (2 tablets per day.)
XENICAL ORAL CAPSULE 120 MG (orlistat)	3	PA
HISTAMINE H2-ANTAGONISTS - Drugs for Ulcers and Stomach Acid		
cimetidine hcl oral solution 300 mg/5ml	1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	
famotidine oral suspension reconstituted 40 mg/5ml	1	
NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO ORAL CAPSULE 300-0.5 MG (netupitant-palonosetron)	3	SL (1 capsule per prescription.)
aprepitant oral 80 & 125 mg	2	SL (3 capsules per prescription)
aprepitant oral capsule 125 mg, 40 mg	2	SL (1 capsule per prescription)
aprepitant oral capsule 80 & 125 mg	2	SL (3 capsules per prescription)
aprepitant oral capsule 80 mg	2	SL (2 capsules per prescription)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (aprepitant)	2	SL (3 pouches per prescription.)
PROKINETIC AGENTS - Drugs for the Stomach		
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
REGLAN ORAL TABLET 10 MG, 5 MG (metoclopramide hcl)	3	
PROSTAGLANDINS - Drugs for Ulcers and Stomach Acid		
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (misoprostol)	3	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	3	
misoprostol oral tablet 100 mcg, 200 mcg	1	
PROTECTANTS - Drugs for Ulcers and Stomach Acid		
sucralfate oral suspension 1 gm/10ml	3	
sucralfate oral tablet 1 gm	1	
PROTON-PUMP INHIBITORS - Drugs for Ulcers and Stomach Acid		
esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg	3	PA; ST; SL (1 packet per day)
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML (lansoprazole)	3	PA
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML (omeprazole)	3	PA
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	3	PA; ST; SL (1 tablet per day.)
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG (esomeprazole magnesium)	3	PA; ST; SL (1 packet per day)
NEXIUM ORAL PACKET 2.5 MG, 5 MG (esomeprazole magnesium)	3	PA; ST; SL (1 packet per day.)
OMECLAMOX-PAK ORAL 500-500-20 MG (amoxicillin-clarithro-omeprazole)	3	SL (1 carton (10 administrative cards, 80 tablets) per 6 months.)
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	1	
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML (omeprazole)	3	PA
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	1	
rabeprazole sodium oral tablet delayed release 20 mg	2	SL (1 tablet per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA ORAL CAPSULE 3 MG (auranofin)	3	SMCS; SP
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
CHEMET ORAL CAPSULE 100 MG (succimer)	2	
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	2	PA; SMCS; SP
deferasirox oral packet 180 mg, 360 mg, 90 mg	2	PA; SMCS; SP
deferasirox oral tablet 180 mg, 360 mg, 90 mg	2	PA; SMCS; SP
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	2	PA; SMCS; SP
deferiprone oral tablet 1000 mg	3	PA; SMCS
deferiprone oral tablet 500 mg	3	PA; SMCS; SP
DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	2	SMCS; SP
FERRIPROX ORAL SOLUTION 100 MG/ML (deferiprone)	2	PA; SMCS; SP
FERRIPROX ORAL TABLET 1000 MG (deferiprone)	3	PA; SMCS
FERRIPROX ORAL TABLET 500 MG (deferiprone)	3	PA; SMCS; SP
penicillamine oral tablet 250 mg	2	SMCS; SP
trientine hcl oral capsule 250 mg	3	PA; SMCS; SP
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones		
ADRENALS - Hormones		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (fluticasone-salmeterol)	3	SL (2 blisters per day)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (fluticasone-salmeterol)	3	SL (0.4 grams per day.)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (fluticasone furoate)	1	SL (1 blister per day.)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (fluticasone furoate)	1	SL (1 packet per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH (fluticasone furoate-vilanterol)	3	SL (2 blisters per day.)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (budeson-glycopyrrol-formoterol)	3	SL (0.36 grams per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	2	SL (120 ml (2 boxes) per 30 days.)
budesonide inhalation suspension 1 mg/2ml	2	SL (60 ml (1 box) per 30 days.)
budesonide oral capsule delayed release particles 3 mg	2	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (hydrocortisone)	3	
dexamethasone intensol oral concentrate 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5ml	1	
dexamethasone oral solution 0.5 mg/5ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	3	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST (fluticasone propionate (inhal))	1	SL (2 packages per day)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST (fluticasone propionate (inhal))	1	SL (4 packages per day)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 44 MCG/ACT (fluticasone propionate hfa)	1	SL (1 inhaler per month)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT (fluticasone propionate hfa)	1	SL (2 inhalers per month)
fludrocortisone acetate oral tablet 0.1 mg	1	
flunisolide nasal solution 25 mcg/act (0.025%)	3	
fluticasone propionate nasal suspension 50 mcg/act	2	SL (16 grams (1 bottle) per prescription)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	SL (0.04 mcg per day.)
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
INTRAROSA VAGINAL INSERT 6.5 MG (prasterone)	3	PA; SL (1 insert per day.)
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG (methylprednisolone)	3	
MEDROL ORAL TABLET 2 MG (methylprednisolone)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MEDROL ORAL TABLET THERAPY PACK 4 MG (methylprednisolone)	3	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
methylprednisolone oral tablet therapy pack 4 mg	1	
MILLIPRED ORAL TABLET 5 MG (prednisolone)	2	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (prednisolone sodium phosphate)	3	
PEDIAPRED ORAL SOLUTION 6.7 (5 BASE) MG/5ML (prednisolone sodium phosphate)	2	
prednisolone oral solution 15 mg/5ml	1	
prednisolone oral syrup 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	1	
prednisone intensol oral concentrate 5 mg/ml	1	
prednisone oral solution 5 mg/5ml	1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	1	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (budesonide)	1	SL (2 inhalers per month)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (budesonide-formoterol fumarate)	3	SL (0.34 grams per day.)
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (dexamethasone)	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG, 1.5 MG (21) (dexamethasone)	3	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (dexamethasone)	3	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (budesonide)	3	PA; SL (4 capsules per day.); SMCS; SP
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH (fluticasone-umeclidin-vilant)	3	SL (2 blisters per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (budesonide)	3	
ALPHA-GLUCOSIDASE INHIBITORS - Drugs for Diabetes		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	2	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (acarbose)	3	
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	PA; SL (1 patch per day)
COVARYX HS ORAL TABLET 0.625-1.25 MG (est estrogens-methyltest)	3	
COVARYX ORAL TABLET 1.25-2.5 MG (est estrogens-methyltest)	2	
danazol oral capsule 100 mg, 200 mg, 50 mg	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML (testosterone cypionate)	3	M
EC-RX TESTOSTERONE TRANSDERMAL CREAM 0.2 %, 0.4 %, 10 %, 20 %	3	PA
EEMT HS ORAL TABLET 0.625-1.25 MG (est estrogens-methyltest)	3	
EEMT ORAL TABLET 1.25-2.5 MG (est estrogens-methyltest)	2	
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	1	
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	1	
est estrogens-methyltest oral tablet 1.25-2.5 mg	1	
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG (testosterone undecanoate)	3	
METHITEST ORAL TABLET 10 MG	2	
methyltestosterone oral capsule 10 mg	2	
oxandrolone oral tablet 10 mg, 2.5 mg	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (testosterone)	2	PA; SL (100 mg Testosterone (2 X 5 grams tubes = 10 grams) per day)
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	M
testosterone enanthate intramuscular solution 200 mg/ml	1	M
ANTIDIABETIC AGENTS, MISCELLANEOUS - Drugs for Diabetes		
colesevelam hcl oral packet 3.75 gm	2	
colesevelam hcl oral tablet 625 mg	2	
CYCLOSET ORAL TABLET 0.8 MG (bromocriptine mesylate)	3	
KORLYM ORAL TABLET 300 MG (mifepristone)	3	PA; SMCS; SP
ANTIESTROGENS - Drugs for Women		
anastrozole oral tablet 1 mg	1	H
exemestane oral tablet 25 mg	2	H
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG (ribociclib-letrozole)	3	PA; ST; SMCS; CM
letrozole oral tablet 2.5 mg	1	H
ANTIGONADTROPINS - Hormones		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (degarelix acetate)	3	M; SMCS; SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (degarelix acetate)	3	M; SMCS; SP
MYFEMBREE ORAL TABLET 40-1-0.5 MG (relugolix-estradiol-norethind)	2	PA; SL (1 tablet day.)
ORGOVYX ORAL TABLET 120 MG (relugolix)	3	PA; SL (1 tablet per day); SMCS; SP; CM
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (elagolix-estradiol-norethind)	2	PA; SL (2 capsules per day.)
ORLISSA ORAL TABLET 150 MG (elagolix sodium)	2	PA; SL (1 tablet per day.)
ORLISSA ORAL TABLET 200 MG (elagolix sodium)	2	PA; SL (2 tablets per day.)
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS - Hormones		
diazoxide oral suspension 50 mg/ml	3	
ANTIPARATHYROID AGENTS - Drugs for Bones		
calcitonin (salmon) injection solution 200 unit/ml	3	M

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
calcitonin (salmon) nasal solution 200 unit/act	2	
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	3	PA
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (calcitonin (salmon))	3	M
ANTITHYROID AGENTS - Drugs for the Thyroid		
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet 50 mg	1	
BIGUANIDES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG (pioglitazone hcl-metformin hcl)	3	SL (3 tablets per day)
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	2	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin-metformin hcl)	2	SL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (linagliptin-metformin hcl)	2	SL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (linagliptin-metformin hcl)	2	SL (1 tablet per day.)
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG (alogliptin-metformin hcl)	2	SL (2 tablets per day.)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (saxagliptin-metformin)	2	SL (62 tablets per month.)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG (saxagliptin-metformin)	2	SL (31 tablets per month.)
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	1	
metformin hcl oral solution 500 mg/5ml	3	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	2	SL (3 tablets per day)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (empagliflozin-metformin hcl)	2	SL (2 tablets per day.)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG (empagliflozin-metformin hcl)	2	SL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG (empagliflozin-metformin hcl)	2	SL (2 tablets per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (empagliflozin-linaglip-metform)	2	SL (1 tablet per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (empagliflozin-linaglip-metform)	2	SL (2 tablets per day.)
CONTRACEPTIVES - Drugs for Women		
afirmelle oral tablet 0.1-20 mg-mcg	1	H
aftera oral tablet 1.5 mg	1	H
altavera oral tablet 0.15-30 mg-mcg	1	H
alyacen 1/35 oral tablet 1-35 mg-mcg	1	H
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
amethia oral tablet 0.15-0.03 & 0.01 mg	3	H
amethyst oral tablet 90-20 mcg	3	H
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (segesterone-ethinyl estradiol)	3	SL (1 vaginal ring per 327 days); H
apri oral tablet 0.15-30 mg-mcg	1	H
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	1	H
ashlyna oral tablet 0.15-0.03 & 0.01 mg	3	H
aubra eq oral tablet 0.1-20 mg-mcg	1	H
aubra oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
aurovela 1/20 oral tablet 1-20 mg-mcg	1	H
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	1	H
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
aurovela fe 1/20 oral tablet 1-20 mg-mcg	1	H
aviane oral tablet 0.1-20 mg-mcg	1	H
ayuna oral tablet 0.15-30 mg-mcg	1	H
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	2	H
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (levonorgest-eth estrad-fe bisg)	3	H
balziva oral tablet 0.4-35 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	1	H
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
blisovi fe 1/20 oral tablet 1-20 mg-mcg	1	H
briellyn oral tablet 0.4-35 mg-mcg	1	H
camila oral tablet 0.35 mg	1	H
camrese lo oral tablet 0.1-0.02 & 0.01 mg	3	H
camrese oral tablet 0.15-0.03 & 0.01 mg	3	H
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
chateal eq oral tablet 0.15-30 mg-mcg	1	H
chateal oral tablet 0.15-30 mg-mcg	1	H
cryselle-28 oral tablet 0.3-30 mg-mcg	1	H
cyred eq oral tablet 0.15-30 mg-mcg	1	H
cyred oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35 oral tablet 1-35 mg-mcg	1	H
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
daysee oral tablet 0.15-0.03 & 0.01 mg	3	H
deblitane oral tablet 0.35 mg	1	H
delyla oral tablet 0.1-20 mg-mcg	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (medroxyprogesterone acetate)	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 0.15-0.02/0.01 mg (21/5)	2	H
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
dolishale oral tablet 90-20 mcg	3	H
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	3	H
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	3	
econtra ez oral tablet 1.5 mg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
econtra one-step oral tablet 1.5 mg	1	H
elinest oral tablet 0.3-30 mg-mcg	1	H
ELLA ORAL TABLET 30 MG (ulipristal acetate)	1	SL (1 tablet per 21 days.); H
eluryng vaginal ring 0.12-0.015 mg/24hr	1	H
emoquette oral tablet 0.15-30 mg-mcg	1	H
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H
enskyce oral tablet 0.15-30 mg-mcg	1	H
errin oral tablet 0.35 mg	1	H
estarylla oral tablet 0.25-35 mg-mcg	1	H
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	H
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	1	H
falmina oral tablet 0.1-20 mg-mcg	1	H
fayosim oral tablet 42-21-21-7 days	3	H
femynor oral tablet 0.25-35 mg-mcg	1	H
finzala oral tablet chewable 1-20 mg-mcg(24)	1	H
gemmily oral capsule 1-20 mg-mcg(24)	3	H
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
hailey 24 fe oral tablet 1-20 mg-mcg(24)	1	H
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
hailey fe 1/20 oral tablet 1-20 mg-mcg	1	H
heather oral tablet 0.35 mg	1	H
iclevia oral tablet 0.15-0.03 mg	2	H
incassia oral tablet 0.35 mg	1	H
introvale oral tablet 0.15-0.03 mg	2	H
isibloom oral tablet 0.15-30 mg-mcg	1	H
jaimiess oral tablet 0.15-0.03 & 0.01 mg	3	H
jasmiel oral tablet 3-0.02 mg	3	
jencycla oral tablet 0.35 mg	1	H
jolessa oral tablet 0.15-0.03 mg	2	H
juleber oral tablet 0.15-30 mg-mcg	1	H
junel 1.5/30 oral tablet 1.5-30 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
junel 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel fe 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 24 oral tablet 1-20 mg-mcg(24)	1	H
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	3	H
kalliga oral tablet 0.15-30 mg-mcg	1	H
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	2	H
kelnor 1/35 oral tablet 1-35 mg-mcg	1	H
kelnor 1/50 oral tablet 1-50 mg-mcg	1	H
kurvelo oral tablet 0.15-30 mg-mcg	1	H
larin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
larin 1/20 oral tablet 1-20 mg-mcg	1	H
larin 24 fe oral tablet 1-20 mg-mcg(24)	1	H
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
larin fe 1/20 oral tablet 1-20 mg-mcg	1	H
layolis fe oral tablet chewable 0.8-25 mg-mcg	3	H
leena oral tablet 0.5/1/0.5-35 mg-mcg	1	H
lessina oral tablet 0.1-20 mg-mcg	1	H
levonest oral tablet 50-30/75-40/ 125-30 mcg	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	3	H
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	H
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgestrel oral tablet 1.5 mg	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	3	H
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	H
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	1	H
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (norethin-eth estrad-fe biphas)	1	H
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	3	H
loryna oral tablet 3-0.02 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG (levonorgest-eth estrad 91-day)	3	
low-ogestrel oral tablet 0.3-30 mg-mcg	1	H
lo-zumandimine oral tablet 3-0.02 mg	3	
lutera oral tablet 0.1-20 mg-mcg	1	H
lyleq oral tablet 0.35 mg	1	H
lyza oral tablet 0.35 mg	1	H
marlissa oral tablet 0.15-30 mg-mcg	1	H
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	1	SL (5 ml per year.); H
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	1	SL (5 mL per 365 days.); H
merzee oral capsule 1-20 mg-mcg(24)	3	H
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin 1/20 oral tablet 1-20 mg-mcg	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	H
mili oral tablet 0.25-35 mg-mcg	1	H
mono-linyah oral tablet 0.25-35 mg-mcg	1	H
my choice oral tablet 1.5 mg	1	H
my way oral tablet 1.5 mg	1	H
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (estradiol valerate-dienogest)	2	H
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
new day oral tablet 1.5 mg	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (drospirenone-estetrol)	3	H
nikki oral tablet 3-0.02 mg	3	
nora-be oral tablet 0.35 mg	1	H
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	3	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	H

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	2	H
simpesse oral tablet 0.15-0.03 &0.01 mg	3	H
SLYND ORAL TABLET 4 MG (drospirenone)	3	H
sprintec 28 oral tablet 0.25-35 mg-mcg	1	H
sronyx oral tablet 0.1-20 mg-mcg	1	H
syeda oral tablet 3-0.03 mg	3	
take action oral tablet 1.5 mg	1	H
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	H
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	H
tarina fe 1/20 oral tablet 1-20 mg-mcg	1	H
taysofy oral capsule 1-20 mg-mcg(24)	3	H
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	3	H
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	3	H
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	1	H
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 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	1	H
tydemy oral tablet 3-0.03-0.451 mg	3	H
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	1	H
vestura oral tablet 3-0.02 mg	3	
vienva oral tablet 0.1-20 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	2	H
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	2	H
vyfemla oral tablet 0.4-35 mg-mcg	1	H
vylibra oral tablet 0.25-35 mg-mcg	1	H
wera oral tablet 0.5-35 mg-mcg	1	H
wymzya fe oral tablet chewable 0.4-35 mg-mcg	3	H
xulane transdermal patch weekly 150-35 mcg/24hr	3	H
YASMIN 28 ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	2	H
YAZ ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	2	H
zafemy transdermal patch weekly 150-35 mcg/24hr	3	H
zovia 1/35 (28) oral tablet 1-35 mg-mcg	1	H
zumandimine oral tablet 3-0.03 mg	3	
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS - Drugs for Diabetes		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (empagliflozin-linagliptin)	2	ST; SL (1 tablet per day.)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin-metformin hcl)	2	SL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (linagliptin-metformin hcl)	2	SL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (linagliptin-metformin hcl)	2	SL (1 tablet per day.)
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG (alogliptin-metformin hcl)	2	SL (2 tablets per day.)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (saxagliptin-metformin)	2	SL (62 tablets per month.)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG (saxagliptin-metformin)	2	SL (31 tablets per month.)
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (alogliptin benzoate)	2	SL (1 tablet per day.)
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (saxagliptin hcl)	2	SL (1 tablet per day)
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG (alogliptin-pioglitazone)	2	SL (1 tablet per day.)
TRADJENTA ORAL TABLET 5 MG (linagliptin)	2	SL (1 tablet per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (empagliflozin-linagliptin-metform)	2	SL (1 tablet per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (empagliflozin-linagliptin-metform)	2	SL (2 tablets per day.)
ESTROGEN AGONIST-ANTAGONISTS - Drugs for Women		
DUAVEE ORAL TABLET 0.45-20 MG (conj estrogens-bazedoxifene)	3	SL (1 tablet per day.)
OSPHEA ORAL TABLET 60 MG (ospemifene)	3	PA; SL (1 tablet per day.)
raloxifene hcl oral tablet 60 mg	2	H
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H
toremifene citrate oral tablet 60 mg	2	
ESTROGENS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	3	
afirmelle oral tablet 0.1-20 mg-mcg	1	H
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol)	3	SL (8 patches (1 box) per 28 days.)
altavera oral tablet 0.15-30 mg-mcg	1	H
alyacen 1/35 oral tablet 1-35 mg-mcg	1	H
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
amethia oral tablet 0.15-0.03 & 0.01 mg	3	H
amethyst oral tablet 90-20 mcg	3	H
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (drospirenone-estradiol)	3	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (segesterone-ethinyl estradiol)	3	SL (1 vaginal ring per 327 days); H
apri oral tablet 0.15-30 mg-mcg	1	H
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	1	H
ashlyna oral tablet 0.15-0.03 & 0.01 mg	3	H
aubra eq oral tablet 0.1-20 mg-mcg	1	H
aubra oral tablet 0.1-20 mg-mcg	1	H

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
daysee oral tablet 0.15-0.03 &0.01 mg	3	H
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML (estradiol valerate)	3	M
delyla oral tablet 0.1-20 mg-mcg	1	H
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)	3	M
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	H
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (estradiol)	3	
dolishale oral tablet 90-20 mcg	3	H
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	SL (8 patches (1 box) per 28 days.)
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	3	H
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	3	
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 0.3-30 mg-mcg	1	H
eluryng vaginal ring 0.12-0.015 mg/24hr	1	H
emoquette oral tablet 0.15-30 mg-mcg	1	H
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H
enskyce oral tablet 0.15-30 mg-mcg	1	H
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	1	
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
est estrogens-methyltest oral tablet 1.25-2.5 mg	1	
estarylla oral tablet 0.25-35 mg-mcg	1	H
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	SL (8 patches (1 box) per 28 days.)
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	3	
estradiol vaginal tablet 10 mcg	2	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	M
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
ESTRING VAGINAL RING 2 MG (estradiol)	2	SL (1 ring per 90 days.)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (estradiol)	3	SL (50 grams (1 box) per month.)
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	H
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	1	H
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (estradiol)	2	
falmina oral tablet 0.1-20 mg-mcg	1	H
fayosim oral tablet 42-21-21-7 days	3	H
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (estradiol acetate)	3	SL (1 ring per 3 months.)
femynor oral tablet 0.25-35 mg-mcg	1	H
finzala oral tablet chewable 1-20 mg-mcg(24)	1	H
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	3	
gemmily oral capsule 1-20 mg-mcg(24)	3	H
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
hailey 24 fe oral tablet 1-20 mg-mcg(24)	1	H
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
hailey fe 1/20 oral tablet 1-20 mg-mcg	1	H
iclevia oral tablet 0.15-0.03 mg	2	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG (estradiol)	2	SL (0.29 vaginal insert per day.)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 4 MCG (estradiol)	2	SL (0.29 insert per day.)
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (estradiol)	2	SL (18 inserts per year.)
introvale oral tablet 0.15-0.03 mg	2	H
isibloom oral tablet 0.15-30 mg-mcg	1	H
jaimiess oral tablet 0.15-0.03 & 0.01 mg	3	H
jasmiel oral tablet 3-0.02 mg	3	
jinteli oral tablet 1-5 mg-mcg	3	
jolessa oral tablet 0.15-0.03 mg	2	H
juleber oral tablet 0.15-30 mg-mcg	1	H
junel 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel fe 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 24 oral tablet 1-20 mg-mcg(24)	1	H
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	3	H
kalliga oral tablet 0.15-30 mg-mcg	1	H
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	2	H
kelnor 1/35 oral tablet 1-35 mg-mcg	1	H
kelnor 1/50 oral tablet 1-50 mg-mcg	1	H
kurvelo oral tablet 0.15-30 mg-mcg	1	H
larin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
larin 1/20 oral tablet 1-20 mg-mcg	1	H
larin 24 fe oral tablet 1-20 mg-mcg(24)	1	H
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
larin fe 1/20 oral tablet 1-20 mg-mcg	1	H
layolis fe oral tablet chewable 0.8-25 mg-mcg	3	H
leena oral tablet 0.5/1/0.5-35 mg-mcg	1	H
lessina oral tablet 0.1-20 mg-mcg	1	H
levonest oral tablet 50-30/75-40/ 125-30 mcg	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	H
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	3	H
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	H
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	1	H
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (norethin-eth estrad-fe biphas)	1	H
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	3	H
loryna oral tablet 3-0.02 mg	3	
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG (levonorgest-eth estrad 91-day)	3	
low-ogestrel oral tablet 0.3-30 mg-mcg	1	H
lo-zumandimine oral tablet 3-0.02 mg	3	
lutera oral tablet 0.1-20 mg-mcg	1	H
lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	3	SL (8 patches (1 box) per 28 days.)
marlissa oral tablet 0.15-30 mg-mcg	1	H
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (esterified estrogens)	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (estradiol)	3	SL (4 patches (1 carton) per 28 days.)
merzee oral capsule 1-20 mg-mcg(24)	3	H
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin 1/20 oral tablet 1-20 mg-mcg	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	H
mili oral tablet 0.25-35 mg-mcg	1	H
mimvey oral tablet 1-0.5 mg	2	
mono-linyah oral tablet 0.25-35 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MYFEMBREE ORAL TABLET 40-1-0.5 MG (relugolix-estradiol-norethind)	2	PA; SL (1 tablet day.)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (estradiol valerate-dienogest)	2	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 3-0.02 mg	3	
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	3	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	H
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	3	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	3	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	3	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	H
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	H
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nylia 1/35 oral tablet 1-35 mg-mcg	1	H
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella oral tablet 3-0.03 mg	3	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (elagolix-estradiol-norethind)	2	PA; SL (2 capsules per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
philith oral tablet 0.4-35 mg-mcg	1	H
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	2	H
pirmella 1/35 oral tablet 1-35 mg-mcg	1	H
pirmella 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
portia-28 oral tablet 0.15-30 mg-mcg	1	H
PREFEST ORAL TABLET 1/1-0.09 MG (15/15) (estradiol-norgestimate)	2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens conjugated)	3	
PREMARIN VAGINAL CREAM 0.625 MG/GM (estrogens, conjugated)	3	
PREMPHASE ORAL TABLET 0.625-5 MG (conj estrog-medroxyprogest ace)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (conj estrog-medroxyprogest ace)	3	
reclipsen oral tablet 0.15-30 mg-mcg	1	H
rivelsa oral tablet 42-21-21-7 days	3	H
setlakin oral tablet 0.15-0.03 mg	2	H
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	2	H
simpesse oral tablet 0.15-0.03 & 0.01 mg	3	H
sprintec 28 oral tablet 0.25-35 mg-mcg	1	H
sronyx oral tablet 0.1-20 mg-mcg	1	H
syeda oral tablet 3-0.03 mg	3	
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	H
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	H
tarina fe 1/20 oral tablet 1-20 mg-mcg	1	H
taysofy oral capsule 1-20 mg-mcg(24)	3	H
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	3	H
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	3	H
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	1	H
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 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	1	H
tydemy oral tablet 3-0.03-0.451 mg	3	H
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	1	H
vestura oral tablet 3-0.02 mg	3	
vienva oral tablet 0.1-20 mg-mcg	1	H
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	2	H
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	2	H
vyfemla oral tablet 0.4-35 mg-mcg	1	H
vylibra oral tablet 0.25-35 mg-mcg	1	H
wera oral tablet 0.5-35 mg-mcg	1	H
wymzya fe oral tablet chewable 0.4-35 mg-mcg	3	H
xulane transdermal patch weekly 150-35 mcg/24hr	3	H
YASMIN 28 ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	2	H
YAZ ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	2	H
yuvaferm vaginal tablet 10 mcg	2	
zafemy transdermal patch weekly 150-35 mcg/24hr	3	H
zovia 1/35 (28) oral tablet 1-35 mg-mcg	1	H
zumandimine oral tablet 3-0.03 mg	3	
GLYCOGENOLYTIC AGENTS - Hormones		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (glucagon)	2	SL (2 intranasal devices per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (glucagon)	2	SL (2 intranasal devices per prescription.)
glucagon emergency kit injection kit 1 mg	2	SL (2 boxes per prescription.)
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	SL (2 boxes per prescription.)
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (dasiglucagon hcl)	2	SL (1.2 ml per prescription.)
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (dasiglucagon hcl)	2	SL (1.2 ml per prescription.)
GONADOTROPINS - Hormones		
ELIGARD SUBCUTANEOUS KIT 22.5 MG (leuprolide acetate (3 month))	3	PA; M; SMCS
ELIGARD SUBCUTANEOUS KIT 30 MG (leuprolide acetate (4 month))	3	PA; M; SMCS
ELIGARD SUBCUTANEOUS KIT 45 MG (leuprolide acetate (6 month))	3	PA; M; SMCS
ELIGARD SUBCUTANEOUS KIT 7.5 MG (leuprolide acetate)	3	PA; M; SMCS
leuprolide acetate injection kit 1 mg/0.2ml	1	PA; M; SMCS
SYNAREL NASAL SOLUTION 2 MG/ML (nafarelin acetate)	2	
INCRETIN MIMETICS - Drugs for Diabetes		
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML (lixisenatide)	3	PA; ST; SL (6 ml per year.)
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML (lixisenatide)	3	PA; ST; SL (6 ml per month.)
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (exenatide)	2	PA; ST; SL (3.4 ml per month.)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (exenatide)	2	PA; ST; SL (2.4 mL (one pen) per prescription)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (exenatide)	2	PA; ST; SL (1.2 mL (one pen) per prescription)
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (tirzepatide)	2	PA; ST; SL (0.08 ml per day.)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (semaglutide)	2	PA; ST; SL (1.5 mL per 21 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (semaglutide)	2	PA; ST; SL (9 ml per 3 months.)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (semaglutide)	2	PA; ST
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (semaglutide)	2	PA; ST; SL (1 tablet per day.)
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (liraglutide -weight management)	3	PA; M; SL (0.5 mL per day.)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (insulin glargine-lixisenatide)	2	SL (18 ml per month.)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (dulaglutide)	2	PA; ST; SL (2 ml per month.)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML (dulaglutide)	2	PA; ST; SL (2 mL per 21 days)
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS 18 MG/3ML (liraglutide)	2	PA; ST; SL (6 ml (2 pens) per month.)
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS 18 MG/3ML (liraglutide)	3	PA; ST; SL (6 ml (2 pens) per month.)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML (semaglutide-weight management)	3	PA; M
INTERMEDIATE-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (insulin nph isophane & regular)	2	SL (75 ml per prescription.)
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (insulin nph isophane & regular)	1	SL (70 ml per prescription.)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (insulin nph human (isophane))	2	SL (75 ml per prescription.)
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (insulin nph human (isophane))	1	SL (70 ml per prescription.)
LEPTINS - Hormones		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (metreleptin)	3	PA; M; SL (1 vial per day.); SMCS; SP
LONG-ACTING INSULINS - Drugs for Diabetes		
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (insulin glargine)	1	SL (75 ml per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine)	1	SL (70 ml per prescription.)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (insulin glargine-lixisenatide)	2	SL (18 ml per month.)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (insulin glargine)	2	SL (75 ml per prescription.)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (insulin glargine)	2	SL (37.5 ml per prescription.)
MEGLITINIDES - Drugs for Diabetes		
nateglinide oral tablet 120 mg, 60 mg	2	SL (3 tablets per day)
repaglinide oral tablet 0.5 mg, 1 mg	2	SL (4 tablets per day)
repaglinide oral tablet 2 mg	2	SL (8 tablets per day)
PARATHYROID AGENTS - Drugs for Bones		
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG (parathyroid hormone (recomb))	3	PA; M; SL (2 cartridges per month.); SMCS; SP
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA; M; SMCS; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (abaloparatide)	3	PA; M; SMCS; SP
PITUITARY - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (corticotropin)	3	PA; ST; M; SL (20 ml per 24 days.); SMCS; SP
CORTROPHIN INJECTION GEL 80 UNIT/ML (corticotropin)	3	PA; ST; M; SL (20 ml per 24 days.); SMCS; SP
desmopressin ace spray refrig nasal solution 0.01 %	1	
desmopressin acetate injection solution 4 mcg/ml	1	M
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	3	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	1	
desmopressin acetate pf injection solution 4 mcg/ml	1	M
desmopressin acetate spray nasal solution 0.01 %	1	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (desmopressin acetate)	3	PA; SL (1 tablet per day.)
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML (somatropin)	2	PA; M; SL (13.5 mL (9 pens) per month.); SMCS
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML (somatropin)	2	PA; M; SL (9 mL (6 pens) per month.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 30 MG/3ML (somatropin)	2	PA; M; SL (9 mL (3 pens) per month.); SMCS; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/1.5ML (somatropin)	2	PA; M; SL (27 mL (18 pens) per month.); SMCS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (somatropin)	2	PA; M; SL (18 ml (9 cartridges) per month.); SMCS; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (somatropin)	2	PA; M; SL (10 ml (5 cartridges) per month.); SMCS; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (somatropin)	2	PA; M; SL (36 ml (18 cartridges) per month.); SMCS; SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (somatropin (non-refrigerated))	3	PA; M; SL (1 tablet per day); SMCS; SP
STIMATE NASAL SOLUTION 1.5 MG/ML (desmopressin acetate)	3	
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG (somatropin (non-refrigerated))	3	PA; M; SL (1 tablet per day); SMCS; SP
PROGESTINS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	3	
afirmelle oral tablet 0.1-20 mg-mcg	1	H
aftera oral tablet 1.5 mg	1	H
altavera oral tablet 0.15-30 mg-mcg	1	H
alyacen 1/35 oral tablet 1-35 mg-mcg	1	H
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
amethia oral tablet 0.15-0.03 & 0.01 mg	3	H
amethyst oral tablet 90-20 mcg	3	H
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (drospirenone-estradiol)	3	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (segesterone-ethinyl estradiol)	3	SL (1 vaginal ring per 327 days); H
apri oral tablet 0.15-30 mg-mcg	1	H
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	1	H

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cyred oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35 oral tablet 1-35 mg-mcg	1	H
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
daysee oral tablet 0.15-0.03 &0.01 mg	3	H
deblitane oral tablet 0.35 mg	1	H
delyla oral tablet 0.1-20 mg-mcg	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (medroxyprogesterone acetate)	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 0.15-0.02/0.01 mg (21/5)	2	H
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
dolishale oral tablet 90-20 mcg	3	H
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	3	H
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	3	
econtra ez oral tablet 1.5 mg	1	H
econtra one-step oral tablet 1.5 mg	1	H
EC-RX PROGESTERONE TRANSDERMAL CREAM 10 %, 20 %	3	PA
elinest oral tablet 0.3-30 mg-mcg	1	H
ELLA ORAL TABLET 30 MG (ulipristal acetate)	1	SL (1 tablet per 21 days.); H
eluryng vaginal ring 0.12-0.015 mg/24hr	1	H
emoquette oral tablet 0.15-30 mg-mcg	1	H
ENDOMETRIN VAGINAL INSERT 100 MG (progesterone)	2	
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H
enskyce oral tablet 0.15-30 mg-mcg	1	H
errin oral tablet 0.35 mg	1	H
estarylla oral tablet 0.25-35 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	H
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	1	H
falmina oral tablet 0.1-20 mg-mcg	1	H
fayosim oral tablet 42-21-21-7 days	3	H
femynor oral tablet 0.25-35 mg-mcg	1	H
finzala oral tablet chewable 1-20 mg-mcg(24)	1	H
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG (progesterone)	3	PA
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	3	
gemmily oral capsule 1-20 mg-mcg(24)	3	H
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
hailey 24 fe oral tablet 1-20 mg-mcg(24)	1	H
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
hailey fe 1/20 oral tablet 1-20 mg-mcg	1	H
heather oral tablet 0.35 mg	1	H
iclevia oral tablet 0.15-0.03 mg	2	H
incassia oral tablet 0.35 mg	1	H
introvale oral tablet 0.15-0.03 mg	2	H
isibloom oral tablet 0.15-30 mg-mcg	1	H
jaimiess oral tablet 0.15-0.03 & 0.01 mg	3	H
jasmiel oral tablet 3-0.02 mg	3	
jencycla oral tablet 0.35 mg	1	H
jinteli oral tablet 1-5 mg-mcg	3	
jolessa oral tablet 0.15-0.03 mg	2	H
juleber oral tablet 0.15-30 mg-mcg	1	H
junel 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel fe 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 24 oral tablet 1-20 mg-mcg(24)	1	H
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
kalliga oral tablet 0.15-30 mg-mcg	1	H
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	2	H
kelnor 1/35 oral tablet 1-35 mg-mcg	1	H
kelnor 1/50 oral tablet 1-50 mg-mcg	1	H
kurvelo oral tablet 0.15-30 mg-mcg	1	H
larin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
larin 1/20 oral tablet 1-20 mg-mcg	1	H
larin 24 fe oral tablet 1-20 mg-mcg(24)	1	H
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
larin fe 1/20 oral tablet 1-20 mg-mcg	1	H
layolis fe oral tablet chewable 0.8-25 mg-mcg	3	H
leena oral tablet 0.5/1/0.5-35 mg-mcg	1	H
lessina oral tablet 0.1-20 mg-mcg	1	H
levonest oral tablet 50-30/75-40/ 125-30 mcg	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	3	H
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	H
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgestrel oral tablet 1.5 mg	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	3	H
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	H
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	1	H
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (norethin-eth estrad-fe biphas)	1	H
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	3	H
loryna oral tablet 3-0.02 mg	3	
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG (levonorgest-eth estrad 91-day)	3	
low-ogestrel oral tablet 0.3-30 mg-mcg	1	H
lo-zumandimine oral tablet 3-0.02 mg	3	
lutera oral tablet 0.1-20 mg-mcg	1	H

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	H
norethindrone acetate oral tablet 5 mg	1	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethindrone oral tablet 0.35 mg	1	H
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	3	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	3	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	3	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc oral tablet 0.35 mg	1	H
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	H
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	H
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nylia 1/35 oral tablet 1-35 mg-mcg	1	H
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella oral tablet 3-0.03 mg	3	
opcicon one-step oral tablet 1.5 mg	1	H
option 2 oral tablet 1.5 mg	1	H
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (elagolix-estradiol-norethind)	2	PA; SL (2 capsules per day.)
philith oral tablet 0.4-35 mg-mcg	1	H
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	2	H
pirmella 1/35 oral tablet 1-35 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pirmella 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
PLAN B ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	1	H
portia-28 oral tablet 0.15-30 mg-mcg	1	H
PREFEST ORAL TABLET 1/1-0.09 MG (15/15) (estradiol-norgestimate)	2	
PREMPHASE ORAL TABLET 0.625-5 MG (conj estrogen-medroxyprogesterone)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (conj estrogen-medroxyprogesterone)	3	
progesterone intramuscular oil 50 mg/ml	1	M
PROGESTERONE MICRONIZED TRANSDERMAL CREAM 10 %	3	PA
progesterone oral capsule 100 mg, 200 mg	2	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (medroxyprogesterone acetate)	3	
react oral tablet 1.5 mg	1	H
reclipsen oral tablet 0.15-30 mg-mcg	1	H
rivelsa oral tablet 42-21-21-7 days	3	H
setlakin oral tablet 0.15-0.03 mg	2	H
sharobel oral tablet 0.35 mg	1	H
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	2	H
simpesse oral tablet 0.15-0.03 & 0.01 mg	3	H
SLYND ORAL TABLET 4 MG (drospirenone)	3	H
sprintec 28 oral tablet 0.25-35 mg-mcg	1	H
sronyx oral tablet 0.1-20 mg-mcg	1	H
syeda oral tablet 3-0.03 mg	3	
take action oral tablet 1.5 mg	1	H
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	H
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	H
tarina fe 1/20 oral tablet 1-20 mg-mcg	1	H
taysofy oral capsule 1-20 mg-mcg(24)	3	H
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	3	H
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	3	H
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	1	H
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	2	H
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 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	1	H
tydemy oral tablet 3-0.03-0.451 mg	3	H
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	1	H
vestura oral tablet 3-0.02 mg	3	
vienva oral tablet 0.1-20 mg-mcg	1	H
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	2	H
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	2	H
vyfemla oral tablet 0.4-35 mg-mcg	1	H
vylibra oral tablet 0.25-35 mg-mcg	1	H
wera oral tablet 0.5-35 mg-mcg	1	H
wymzya fe oral tablet chewable 0.4-35 mg-mcg	3	H
xulane transdermal patch weekly 150-35 mcg/24hr	3	H
YASMIN 28 ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	2	H
YAZ ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	2	H
zafemy transdermal patch weekly 150-35 mcg/24hr	3	H
zovia 1/35 (28) oral tablet 1-35 mg-mcg	1	H
zumandimine oral tablet 3-0.03 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RAPID-ACTING INSULINS - Drugs for Diabetes		
HUMALOG INJECTION SOLUTION 100 UNIT/ML (insulin lispro)	1	SL (70 ml per prescription.)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (insulin lispro)	2	SL (75 ml per prescription.)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (insulin lispro)	2	SL (75 ml (25 pens) per prescription.)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (insulin lispro prot & lispro)	2	SL (75 ml per prescription.)
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (insulin lispro prot & lispro)	1	SL (70 ml per prescription.)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (insulin lispro prot & lispro)	2	SL (75 ml per prescription.)
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (insulin lispro prot & lispro)	1	SL (70 ml per prescription.)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (insulin lispro)	2	SL (75 ml per prescription.)
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (insulin lispro)	2	SL (75 ml per prescription.)
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (insulin lispro-aabc)	2	SL (75 ml per prescription.)
LYUMJEV VIAL INJECTION SOLUTION 100 UNIT/ML (insulin lispro-aabc)	1	SL (70 ml per prescription.)
SHORT-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (insulin nph isophane & regular)	2	SL (75 ml per prescription.)
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (insulin nph isophane & regular)	1	SL (70 ml per prescription.)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (insulin regular human)	2	SL (75 mL per prescription.)
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML (insulin regular human)	1	SL (80 ml per prescription.)
HUMULIN R VIAL INJECTION SOLUTION 100 UNIT/ML (insulin regular human)	1	SL (70 ml per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - Drugs for Diabetes		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (empagliflozin-linagliptin)	2	ST; SL (1 tablet per day.)
JARDIANCE ORAL TABLET 10 MG, 25 MG (empagliflozin)	2	SL (30 tablets per month.)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (empagliflozin-metformin hcl)	2	SL (2 tablets per day.)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG (empagliflozin-metformin hcl)	2	SL (1 tablet per day.)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG (empagliflozin-metformin hcl)	2	SL (2 tablets per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (empagliflozin-linagliptin-metformin)	2	SL (1 tablet per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (empagliflozin-linagliptin-metformin)	2	SL (2 tablets per day.)
SOMATOSTATIN AGONISTS - Hormones		
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA; M; SMCS
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA; M; SMCS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (pasireotide diaspertate)	3	PA; M; SL (2 ampules per day.); SMCS; SP
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (lanreotide acetate)	3	M; SMCS; SP
SOMATOTROPIN AGONISTS - Hormones		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG (tesamorelin acetate)	3	PA; M; SMCS
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (mecasermin)	2	PA; M; SL (52 vials per month.); SMCS; SP
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML (somatropin)	2	PA; M; SL (13.5 mL (9 pens) per month.); SMCS
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML (somatropin)	2	PA; M; SL (9 mL (6 pens) per month.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 30 MG/3ML (somatropin)	2	PA; M; SL (9 mL (3 pens) per month.); SMCS; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/1.5ML (somatropin)	2	PA; M; SL (27 mL (18 pens) per month.); SMCS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (somatropin)	2	PA; M; SL (18 ml (9 cartridges) per month.); SMCS; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (somatropin)	2	PA; M; SL (10 ml (5 cartridges) per month.); SMCS; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (somatropin)	2	PA; M; SL (36 ml (18 cartridges) per month.); SMCS; SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (somatropin (non-refrigerated))	3	PA; M; SL (1 tablet per day); SMCS; SP
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG (somatropin (non-refrigerated))	3	PA; M; SL (1 tablet per day); SMCS; SP
SOMATOTROPIN ANTAGONISTS - Hormones		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (pegvisomant)	3	PA; M; SL (1 vial per day.); SMCS; SP
SULFONYLUREAS - Drugs for Diabetes		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (pioglitazone hcl-glimepiride)	3	SL (1 tablet per day)
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	2	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG (glipizide)	3	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG (glyburide micronized)	3	
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	1	SL (1 tablet per day)
THIAZOLIDINEDIONES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG (pioglitazone hcl-metformin hcl)	3	SL (3 tablets per day)
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (pioglitazone hcl-glimepiride)	3	SL (1 tablet per day)
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG (alogliptin-pioglitazone)	2	SL (1 tablet per day.)
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	1	SL (1 tablet per day)
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	1	SL (1 tablet per day)
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	2	SL (3 tablets per day)
THYROID AGENTS - Drugs for the Thyroid		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (thyroid)	3	
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	2	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	2	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (levothyroxine sodium)	2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing		
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing		
LETS KIT	3	PA
ZTLIDO EXTERNAL PATCH 1.8 % (lidocaine)	3	PA; SL (3 patches per day.)
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
dutasteride oral capsule 0.5 mg	3	
finasteride oral tablet 5 mg	1	
ALCOHOL DETERRENTS - Drugs for Alcohol Dependence		
disulfiram oral tablet 250 mg, 500 mg	1	
naltrexone hcl oral tablet 50 mg	1	
ANTIDOTES - Drugs for Overdose or Poisoning		
acetylcysteine inhalation solution 10 %, 20 %	1	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (glucagon)	2	SL (2 intranasal devices per prescription.)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (glucagon)	2	SL (2 intranasal devices per prescription.)
CHEMET ORAL CAPSULE 100 MG (succimer)	2	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (lanthanum carbonate)	3	ST
glucagon emergency kit injection kit 1 mg	2	SL (2 boxes per prescription.)
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	SL (2 boxes per prescription.)
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	3	ST
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
naltrexone hcl oral tablet 50 mg	1	
phytonadione oral tablet 5 mg	3	SL (5 tablets per prescription.)
RADIOGARDASE ORAL CAPSULE 0.5 GM (prussian blue insoluble)	3	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	2	PA
sevelamer carbonate oral tablet 800 mg	2	
sevelamer hcl oral tablet 400 mg, 800 mg	3	
sodium polystyrene sulfonate oral powder	1	
sps oral suspension 15 gm/60ml	1	
VISTOGARD ORAL PACKET 10 GM (uridine triacetate)	2	SL (20 packets per prescription.)
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (dasiglucagon hcl)	2	SL (1.2 ml per prescription.)
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (dasiglucagon hcl)	2	SL (1.2 ml per prescription.)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (naloxone hcl)	2	SL (1 ml per prescription.)
ANTIGOUT AGENTS - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine-probenecid oral tablet 0.5-500 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	
febuxostat oral tablet 40 mg, 80 mg	3	SL (1 tablet per day)
INDOCIN ORAL SUSPENSION 25 MG/5ML (indomethacin)	3	PA
INDOCIN RECTAL SUPPOSITORY 50 MG (indomethacin)	3	PA
indomethacin er oral capsule extended release 75 mg	2	
indomethacin oral capsule 25 mg, 50 mg	1	
MITIGARE ORAL CAPSULE 0.6 MG (colchicine)	2	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg, 500 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	2	
probenecid oral tablet 500 mg	1	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG (allopurinol)	3	

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ANTISENSE OLIGONUCLEOTIDES		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (inotersen sodium)	2	PA; M; SL (0.22 ml per day.); SMCS; SP
BONE ANABOLIC AGENTS		
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG (parathyroid hormone (recomb))	3	PA; M; SL (2 cartridges per month.); SMCS; SP
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA; M; SMCS; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (abaloparatide)	3	PA; M; SMCS; SP
BONE RESORPTION INHIBITORS - Drugs for Bone Loss		
alendronate sodium oral solution 70 mg/75ml	1	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol)	3	SL (8 patches (1 box) per 28 days.)
calcitonin (salmon) injection solution 200 unit/ml	3	M
calcitonin (salmon) nasal solution 200 unit/act	2	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML (estradiol valerate)	3	M
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)	3	M
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (estradiol)	3	
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	SL (8 patches (1 box) per 28 days.)
EC-RX ESTRADIOL TRANSDERMAL CREAM 0.4 %, 0.6 %	3	PA
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (estradiol)	3	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	SL (8 patches (1 box) per 28 days.)
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	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
estradiol vaginal tablet 10 mcg	2	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	M
ESTRING VAGINAL RING 2 MG (estradiol)	2	SL (1 ring per 90 days.)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (estradiol)	3	SL (50 grams (1 box) per month.)
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (estradiol)	2	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (estradiol acetate)	3	SL (1 ring per 3 months.)
FOSAMAX ORAL TABLET 70 MG (alendronate sodium)	3	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (alendronate-cholecalciferol)	3	
ibandronate sodium oral tablet 150 mg	2	
lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	3	SL (8 patches (1 box) per 28 days.)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (esterified estrogens)	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (estradiol)	3	SL (4 patches (1 carton) per 28 days.)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (calcitonin (salmon))	3	M
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens conjugated)	3	
PREMARIN VAGINAL CREAM 0.625 MG/GM (estrogens, conjugated)	3	
raloxifene hcl oral tablet 60 mg	2	H
risedronate sodium oral tablet 150 mg	3	SL (1 tablet per month)
risedronate sodium oral tablet 30 mg, 5 mg	3	
risedronate sodium oral tablet 35 mg	3	SL (4 tablets per 28 days.)
yuvaferm vaginal tablet 10 mcg	2	
BRADYKININ RECEPTOR ANTAGONISTS		
icatibant acetate subcutaneous solution 30 mg/3ml	2	PA; M; SL (0.6 ml per day.); SMCS; SP
sajazir subcutaneous solution 30 mg/3ml	3	PA; M; SL (0.6 ml per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	2	PA; SL (4 tablets per day.); SMCS; SP
CARIOSTATIC AGENTS - Vitamins and Fluoride		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	
cavarest dental gel 1.1 %	1	
CLINPRO 5000 DENTAL PASTE 1.1 % (sodium fluoride)	3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (sodium fluoride)	3	
DENTAGEL DENTAL GEL 1.1 % (sodium fluoride)	3	
easygel dental gel 0.4 %	1	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (sodium fluoride-vitamin d)	3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (pediatric multivitamins-fl)	3	
fluoridex daily renewal mouth/throat concentrate 0.63 %	1	
FLUORIDEX DENTAL PASTE 1.1 % (sodium fluoride)	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 % (sodium fluoride)	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sod fluoride-potassium nitrate)	3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (sodium fluoride)	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sod fluoride-potassium nitrate)	3	
fluoritab oral solution 0.275 (0.125 f) mg/drop	1	H
JUST RIGHT 5000 DENTAL GEL 1.1 % (sodium fluoride)	3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (sodium fluoride)	3	
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx) 0.25 mg	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX) 0.25 MG	3	
multivitamin/fluoride tablet chewable 0.5 mg oral 0.5 mg	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL 0.5 MG	3	
multivitamin/fluoride tablet chewable 1 mg oral 1 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL 1 MG	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	
NAFRINSE DAILY ACIDULATED MOUTH/THROAT SOLUTION RECONSTITUTED 1 MG/5ML (sodium fluoride-phosphoric acid)	2	
NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED 0.05 % (sodium fluoride)	2	
nafrinse drops oral solution 0.275 (0.125 f) mg/drop	1	H
nafrinse oral tablet chewable 2.2 (1 f) mg	1	H
NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED 0.2 % (sodium fluoride)	3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (pediatric multivitamins-fl)	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (pediatric multivitamins-fl)	3	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (ped multivitamins-fl-iron)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (ped multivitamins-fl-iron)	3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (sodium fluoride)	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (sodium fluoride)	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 % (sod fluoride-potassium nitrate)	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 % (sod fluoride-potassium nitrate)	3	
PREVIDENT DENTAL GEL 1.1 % (sodium fluoride)	3	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 % (sodium fluoride)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (pediatric multivitamins-fl)	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (pediatric multivitamins-fl)	3	
sf 5000 plus dental cream 1.1 %	1	
sf dental gel 1.1 %	1	
sodium fluoride 5000 enamel dental gel 1.1-5 %	1	
sodium fluoride 5000 plus dental cream 1.1 %	1	
sodium fluoride 5000 ppm dental cream 1.1 %	1	
sodium fluoride 5000 ppm dental gel 1.1 %	1	
sodium fluoride 5000 ppm dental paste 1.1 %	1	
sodium fluoride 5000 sensitive dental gel 1.1-5 %	1	
sodium fluoride dental cream 1.1 %	1	
sodium fluoride dental gel 1.1 %	1	
sodium fluoride mouth/throat solution 0.2 %	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	H
sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg	1	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	1	H
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML (ped vit a-c-d-methylfolate-fl)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
vitamins acd-fluoride oral solution 0.25 mg/ml	1	
COMPLEMENT INHIBITORS		
BERINERT INTRAVENOUS KIT 500 UNIT (c1 esterase inhibitor (human))	3	PA; ST; M; SL (0.34 boxes per day.); SMCS; SP
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (pegcetacoplan)	2	PA; M; SL (5.8 ml per day. 2,100 ml per 360 days.); SMCS; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (c1 esterase inhibitor (human))	2	PA; M; SL (11 vials per month.); SMCS; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (c1 esterase inhibitor (recomb))	3	PA; M; SL (0.27 vials per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TAVNEOS ORAL CAPSULE 10 MG (avacopan)	3	PA; SL (6 capsules per day.); SMCS; SP
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - Drugs for Arthritis		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (tocilizumab)	3	PA; ST; M; SL (3.6 ml per 21 days.); SMCS; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (tocilizumab)	3	PA; ST; M; SL (4 syringes (3.6 ml) per month.); SMCS; SP
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	3	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (sulfasalazine)	3	
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	3	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (abrocitinib)	2	PA; SL (1 tablet per day.); SMCS; SP; CM
CIMZIA PREFILLED KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (certolizumab pegol)	2	PA; M; SL (1 kit per 21 days.); SMCS; SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (certolizumab pegol)	2	PA; M; SL (6 mL per 365 days.); SMCS; SP
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.067 mL per day.); SMCS; SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.034 mL per day.); SMCS; SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (secukinumab)	3	PA; ST; M; SL (0.018 ml per day.); SMCS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.067 mL per day.); SMCS; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.034 mL per day.); SMCS; SP
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	SMCS
cyclosporine modified oral solution 100 mg/ml	1	SMCS
cyclosporine oral capsule 100 mg, 25 mg	1	SMCS
DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	2	SMCS; SP
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (etanercept)	3	PA; ST; M; SL (0.15mg/ml per day.); SMCS; SP

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ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (etanercept)	3	PA; ST; M; SL (0.15 ml per day.); SMCS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (etanercept)	3	PA; ST; M; SL (0.15mg/ml per day.); SMCS; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (etanercept)	3	PA; ST; M; SL (0.15mg/ml per day.); SMCS; SP
gengraf oral capsule 100 mg, 25 mg	1	SMCS
gengraf oral solution 100 mg/ml	1	SMCS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (adalimumab)	2	PA; M; SL (3 syringes per year.); SMCS; SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (adalimumab)	2	PA; M; SL (2 kits per year.); SMCS; SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (adalimumab)	2	PA; M; SL (2 pens per month.); SMCS; SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)	2	PA; M; SL (6 pens (1 kit) per year.); SMCS; SP
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (adalimumab)	2	PA; M; SL (3 pens per year.); SMCS; SP
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (adalimumab)	2	PA; M; SL (3 pens per year.); SMCS; SP
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)	2	PA; M; SL (4 pens (1 kit) per year.); SMCS; SP
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (adalimumab)	2	PA; M; SL (3 pens per year.); SMCS; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (sarilumab)	3	PA; ST; M; SL (2.28 ml per month.); SMCS; SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (sarilumab)	3	PA; ST; M; SL (2.28 ml per month.); SMCS; SP

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML (methotrexate (anti-rheumatic))	2	M; SL (1.4 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (methotrexate (anti-rheumatic))	2	M; SL (1.6 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML (methotrexate (anti-rheumatic))	2	M; SL (1.8 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML (methotrexate (anti-rheumatic))	2	M; SL (2 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML (methotrexate (anti-rheumatic))	2	M; SL (2.4 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML (methotrexate (anti-rheumatic))	2	M; SL (0.6 ml (4 auto-injectors) per month.)
RIDAURA ORAL CAPSULE 3 MG (auranofin)	3	SMCS; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (upadacitinib)	2	PA; SL (1 tablet per day.); SMCS; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (upadacitinib)	2	PA; SL (56 tablets per 365 days.); SMCS; SP
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	3	SMCS
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (golimumab)	2	PA; M; SL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (golimumab)	2	PA; M; SL (0.5 ml (1 syringe) per month); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (golimumab)	2	PA; M; SL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (golimumab)	2	PA; M; SL (0.5 ml (1 syringe) per month); SMCS; SP
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	3	PA; SL (4 ml per day.); CM
XELJANZ ORAL SOLUTION 1 MG/ML (tofacitinib citrate)	2	PA; SL (8 mL per day.); SMCS; SP
XELJANZ ORAL TABLET 10 MG, 5 MG (tofacitinib citrate)	2	PA; SL (2 tablets per day.); SMCS; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (tofacitinib citrate)	2	PA; SL (1 tablet per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (tofacitinib citrate)	2	PA; SL (1 tablet per day.); SMCS
IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (tocilizumab)	3	PA; ST; M; SL (3.6 ml per 21 days.); SMCS; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (tocilizumab)	3	PA; ST; M; SL (4 syringes (3.6 ml) per month.); SMCS; SP
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (interferon gamma-1b)	2	PA; M; SL (6.5 ml (13 vials) per month.); SMCS; SP
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (interferon alfa-n3)	2	M
AUBAGIO ORAL TABLET 14 MG, 7 MG (teriflunomide)	3	PA; SL (1 tablet per day.); SMCS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (interferon beta-1a)	2	PA; M; SL (4 pens (1 box) per month.); SMCS; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (interferon beta-1a)	2	PA; M; SL (4 syringes (1 box) per month.); SMCS; SP
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	3	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (sulfasalazine)	3	
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	3	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (monomethyl fumarate)	2	PA; SL (4 capsules per day.); SMCS; SP
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (ropeginterferon alfa-2b-njft)	3	PA; ST; SL (0.08 ml per day.)
BETASERON SUBCUTANEOUS KIT 0.3 MG (interferon beta-1b)	2	PA; M; SL (15 vials per month); SMCS
CIMZIA PREFILLED KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (certolizumab pegol)	2	PA; M; SL (1 kit per 21 days.); SMCS; SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (certolizumab pegol)	2	PA; M; SL (6 mL per 365 days.); SMCS; SP
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	SMCS
cyclosporine modified oral solution 100 mg/ml	1	SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cyclosporine oral capsule 100 mg, 25 mg	1	SMCS
dimethyl fumarate oral capsule delayed release 120 mg	2	PA; SL (56 capsules per year.); SMCS
dimethyl fumarate oral capsule delayed release 240 mg	2	PA; SL (2 capsules per day.); SMCS
dimethyl fumarate starter pack oral 120 & 240 mg	2	PA; SL (60 capsules (1 starter pack) per 365 days.); SMCS
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (etanercept)	3	PA; ST; M; SL (0.15mg/ml per day.); SMCS; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (etanercept)	3	PA; ST; M; SL (0.15 ml per day.); SMCS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (etanercept)	3	PA; ST; M; SL (0.15mg/ml per day.); SMCS; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (etanercept)	3	PA; ST; M; SL (0.15mg/ml per day.); SMCS; SP
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (satralizumab-mwge)	3	PA; M; SL (0.04 ml per day.); SMCS; SP
fingolimod hcl oral capsule 0.5 mg	1	PA; SL (1 capsule per day); SMCS
gengraf oral capsule 100 mg, 25 mg	1	SMCS
gengraf oral solution 100 mg/ml	1	SMCS
GILENYA ORAL CAPSULE 0.25 MG (fingolimod hcl)	3	PA; SL (1 capsule per day.); SMCS
GILENYA ORAL CAPSULE 0.5 MG (fingolimod hcl)	3	PA; SL (1 capsule per day); SMCS
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	2	PA; M; SL (30 ml per month.); SMCS
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	2	PA; M; SL (12 ml per 21 days.); SMCS
glatopa subcutaneous solution prefilled syringe 20 mg/ml	2	PA; M; SL (30 ml per month.); SMCS
glatopa subcutaneous solution prefilled syringe 40 mg/ml	2	PA; M; SL (12 ml per 21 days.); SMCS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (adalimumab)	2	PA; M; SL (3 syringes per year.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (adalimumab)	2	PA; M; SL (2 kits per year.); SMCS; SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (adalimumab)	2	PA; M; SL (2 pens per month.); SMCS; SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)	2	PA; M; SL (6 pens (1 kit) per year.); SMCS; SP
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (adalimumab)	2	PA; M; SL (3 pens per year.); SMCS; SP
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (adalimumab)	2	PA; M; SL (3 pens per year.); SMCS; SP
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)	2	PA; M; SL (4 pens (1 kit) per year.); SMCS; SP
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (adalimumab)	2	PA; M; SL (3 pens per year.); SMCS; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (adalimumab)	2	PA; M; SL (2 syringes per month.); SMCS
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 50000000 UNIT (interferon alfa-2b)	3	PA; M; SMCS; SP
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (ofatumumab)	2	PA; M; SL (0.02 ml per day.); SMCS; SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (anakinra)	3	PA; ST; M; SL (0.67 ml (1 syringe) per day.); SMCS; SP
leflunomide oral tablet 10 mg, 20 mg	1	
lenalidomide oral capsule 10 mg, 5 mg	2	PA; SL (28 capsules per prescription.); SMCS; SP; CM
lenalidomide oral capsule 15 mg, 25 mg	2	PA; SL (21 capsules per prescription.); SMCS; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lenalidomide oral capsule 2.5 mg	1	PA; SL (28 capsules per prescription.); SMCS; SP; CM
lenalidomide oral capsule 20 mg	1	PA; SL (21 capsules per prescription.); SMCS; SP; CM
MAYZENT ORAL TABLET 0.25 MG (siponimod fumarate)	3	PA; SL (4 tablets per day.); SMCS
MAYZENT ORAL TABLET 1 MG (siponimod fumarate)	3	PA; SL (1 tablet per day.); SMCS
MAYZENT ORAL TABLET 2 MG (siponimod fumarate)	3	PA; SL (1 tablet per day.); SMCS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG (siponimod fumarate)	3	PA; SL (7 tablets per 365 days.); SMCS
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (siponimod fumarate)	3	PA; SL (12 tablets per 365 days.); SMCS
methotrexate oral tablet 2.5 mg	1	CM
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	M
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	M
methotrexate sodium injection solution reconstituted 1 gm	1	M
methotrexate sodium oral tablet 2.5 mg	1	CM
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (abatacept)	3	PA; ST; M; SL (4 auto-injectors per month.); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (abatacept)	3	PA; ST; SL (4 syringes per month); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (abatacept)	3	PA; ST; M; SL (0.06 ml per day.); SMCS; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (abatacept)	3	PA; ST; M; SL (0.1 ml per day.); SMCS; SP
OTEZLA ORAL TABLET 30 MG (apremilast)	2	PA; SL (2 tablets per day.); SMCS; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (apremilast)	2	PA; SL (55 tablets (one starter pack) per year.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (peginterferon beta-1a)	3	PA; SL (1 ml per month.); SMCS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (peginterferon beta-1a)	3	PA; M; SL (1 ml per year.); SMCS; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (peginterferon beta-1a)	3	PA; M; SL (1 ml per year.); SMCS; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (peginterferon beta-1a)	3	PA; M; SL (1 ml per month.); SMCS; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (peginterferon beta-1a)	3	PA; M; SL (1 ml per month.); SMCS; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	3	PA; SL (21 capsules per prescription.); SMCS; SP; CM
REVLIMID ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (lenalidomide)	2	PA; SL (28 capsules per prescription.); SMCS; SP; CM
REVLIMID ORAL CAPSULE 15 MG, 20 MG, 25 MG (lenalidomide)	2	PA; SL (21 capsules per prescription.); SMCS; SP; CM
RIDAURA ORAL CAPSULE 3 MG (auranofin)	3	SMCS; SP
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	3	SMCS
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (golimumab)	2	PA; M; SL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (golimumab)	2	PA; M; SL (0.5 ml (1 syringe) per month); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (golimumab)	2	PA; M; SL (1 syringe per 21 days.); SMCS; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (golimumab)	2	PA; M; SL (0.5 ml (1 syringe) per month); SMCS; SP
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
THALOMID ORAL CAPSULE 100 MG, 50 MG (thalidomide)	2	PA; SL (28 capsules per prescription.); SMCS; SP; CM
THALOMID ORAL CAPSULE 150 MG, 200 MG (thalidomide)	2	PA; SL (56 capsules per prescription.); SMCS; SP; CM

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TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	3	PA; SL (4 ml per day.); CM
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (ozanimod hcl)	3	PA; ST; SL (7 capsules per year.); SMCS
ZEPOSIA ORAL CAPSULE 0.92 MG (ozanimod hcl)	3	PA; ST; SL (1 capsule per day.); SMCS
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG (ozanimod hcl)	3	PA; ST; SL (37 capsules per year.); SMCS
IMMUNOSUPPRESSIVE AGENTS - Drugs for Transplant		
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	3	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (belimumab)	2	PA; M; SL (4 ml per month.); SMCS; SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (belimumab)	2	PA; M; SL (4 ml per month.); SMCS; SP
cyclophosphamide oral capsule 25 mg, 50 mg	2	CM
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	2	CM
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	SMCS
cyclosporine modified oral solution 100 mg/ml	1	SMCS
cyclosporine oral capsule 100 mg, 25 mg	1	SMCS
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	SMCS
gengraf oral capsule 100 mg, 25 mg	1	SMCS
gengraf oral solution 100 mg/ml	1	SMCS
leflunomide oral tablet 10 mg, 20 mg	1	
LUPKYNIS ORAL CAPSULE 7.9 MG (voclosporin)	3	PA; SL (6 capsules per day.); SMCS
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (cladribine)	3	PA; ST; SL (40 tablets per 720 days.); SMCS
mercaptopurine oral tablet 50 mg	1	CM
methotrexate oral tablet 2.5 mg	1	CM
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	M

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	M
methotrexate sodium injection solution reconstituted 1 gm	1	M
methotrexate sodium oral tablet 2.5 mg	1	CM
mycophenolate mofetil oral capsule 250 mg	1	SMCS
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	1	SMCS
mycophenolate mofetil oral tablet 500 mg	1	SMCS
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	2	SMCS
pimecrolimus external cream 1 %	3	ST; SL (30 grams per prescription.)
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)	3	SMCS
PROGRAF ORAL PACKET 0.2 MG, 1 MG (tacrolimus)	3	PA; SMCS
PURIXAN ORAL SUSPENSION 2000 MG/100ML (mercaptopurine)	3	PA; SMCS; SP; CM
RAPAMUNE ORAL SOLUTION 1 MG/ML (sirolimus)	3	SMCS
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	3	SMCS
sirolimus oral solution 1 mg/ml	2	SMCS
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	SMCS
tacrolimus external ointment 0.03 %, 0.1 %	2	ST; SL (30 grams per prescription.)
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	SMCS
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	3	PA; SL (4 ml per day.); CM
KALLIKREIN INHIBITORS		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (lanadelumab-flyo)	2	PA; M; SL (0.075 ml per day.); SMCS; SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (lanadelumab-flyo)	2	PA; SL (0.075 ml per day.); SMCS; SP
KALLIKREIN-KININ SYSTEM INHIBITORS		
BERINERT INTRAVENOUS KIT 500 UNIT (c1 esterase inhibitor (human))	3	PA; ST; M; SL (0.34 boxes per day.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (pegcetacoplan)	2	PA; M; SL (5.8 ml per day. 2,100 ml per 360 days.); SMCS; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (c1 esterase inhibitor (human))	2	PA; M; SL (11 vials per month.); SMCS; SP
icatibant acetate subcutaneous solution 30 mg/3ml	2	PA; M; SL (0.6 ml per day.); SMCS; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (c1 esterase inhibitor (recomb))	3	PA; M; SL (0.27 vials per day.); SMCS; SP
sajazir subcutaneous solution 30 mg/3ml	3	PA; M; SL (0.6 ml per day.); SMCS; SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (lanadelumab-flyo)	2	PA; M; SL (0.075 ml per day.); SMCS; SP
TAVNEOS ORAL CAPSULE 10 MG (avacopan)	3	PA; SL (6 capsules per day.); SMCS; SP
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (rilonacept)	2	PA; M; SL (4 vials per 23 days.); SMCS; SP
betaine oral powder	2	SMCS; SP
CARNITOR ORAL SOLUTION 1 GM/10ML (levocarnitine)	3	
CARNITOR ORAL TABLET 330 MG (levocarnitine)	3	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (levocarnitine)	3	
CERDELGA ORAL CAPSULE 84 MG (eliglustat tartrate)	2	PA; SMCS; SP
CYSTADANE ORAL POWDER (betaine)	3	SMCS; SP
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (cysteamine bitartrate)	2	SMCS; SP
dalfampridine er oral tablet extended release 12 hour 10 mg	2	PA; SL (2 tablets per day); SMCS
DEMSEER ORAL CAPSULE 250 MG (metyrosine)	3	
EC-RX DHEA EXTERNAL CREAM 10 %, 4 % (prasterone (dhea))	3	
ELMIRON ORAL CAPSULE 100 MG (pentosan polysulfate sodium)	3	ST
ENBRACE HR ORAL CAPSULE (prenat vit-fe gly cys-fa-omega)	3	
ENDARI ORAL PACKET 5 GM (glutamine (sickle cell))	3	PA; SL (6 packets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EVOTAZ ORAL TABLET 300-150 MG (atazanavir-cobicistat)	2	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (risdiplam)	2	PA; SL (6.7 ml per day, 1280 ml per 180 days.); SMCS; SP
FIRDAPSE ORAL TABLET 10 MG (amifampridine phosphate)	2	PA; SL (8 tablets per day.); SMCS; SP
GALAFOLD ORAL CAPSULE 123 MG (migalastat hcl)	3	PA; SL (14 capsules per 21 days.); SMCS; SP
ISTURISA ORAL TABLET 1 MG (osilodrostat phosphate)	3	PA; SL (8 tablets per day.); SMCS; SP
ISTURISA ORAL TABLET 10 MG (osilodrostat phosphate)	3	PA; SL (6 tablets per day.); SMCS; SP
ISTURISA ORAL TABLET 5 MG (osilodrostat phosphate)	3	PA; SL (2 tablets per day.); SMCS; SP
levocarnitine oral solution 1 gm/10ml	1	
levocarnitine oral tablet 330 mg	1	
levocarnitine sf oral solution 1 gm/10ml	1	
me/naphos/mb/hyo1 oral tablet 81.6 mg	1	
metyrosine oral capsule 250 mg	3	
miglustat oral capsule 100 mg	3	SMCS
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
NUTRIDOX ORAL KIT 75 MG (doxycycline monohyd-omega 3-e)	3	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	2	PA; SMCS; SP
PHOSPHASAL ORAL TABLET 81.6 MG (meth-hyo-m bl-na phos-ph sal)	2	
PREMESISRX ORAL TABLET 1 MG (prenatal ca-b6-b12-fa-ginger)	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (prenat-fecbn-feasp-meth-fa-dha)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PREZCOBIX ORAL TABLET 800-150 MG (darunavir-cobicistat)	2	
PRIMACARE ORAL CAPSULE 30-1-470 MG (pren-fe-meth-fa-omeg w/o a)	3	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (cysteamine bitartrate)	3	PA; ST; SMCS; SP
PROCYSBI ORAL PACKET 300 MG, 75 MG (cysteamine bitartrate)	3	SMCS; SP
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
REZUROCK ORAL TABLET 200 MG (belumosudil mesylate)	3	PA; SL (1 tablet per day.); SMCS; SP
sapropterin dihydrochloride oral packet 100 mg	2	PA; SL (16 packets per day.); SMCS; SP
sapropterin dihydrochloride oral packet 500 mg	2	PA; SL (4 packets per day.); SMCS; SP
sapropterin dihydrochloride oral tablet 100 mg	2	PA; SL (16 tablets per day); SMCS; SP
SODIUM SULFACETAMIDE-BAKUCHIOL EXTERNAL LIQUID 10 %	3	
STRIBILD ORAL TABLET 150-150-200-300 MG (elviteg-cobic-emtricit-tenofdf)	2	SL (1 tablet per day.)
SYMTUZA ORAL TABLET 800-150-200-10 MG (darun-cobic-emtricit-tenofaf)	2	SL (1 tablet per day.)
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (tiopronin)	3	SMCS; SP
THIOLA ORAL TABLET 100 MG (tiopronin)	3	SMCS; SP
tiopronin oral tablet 100 mg	3	SMCS; SP
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRISTART FREE ORAL CAPSULE 33-1 MG (prenat w/o a-fecbn-meth-fa-dha)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRISTART ONE ORAL CAPSULE 35-1-215 MG (prenat w/o a-fecbn-meth-fa-dha)	3	
TYBOST ORAL TABLET 150 MG (cobicistat)	2	
URELLE ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	3	
URIMAR-T ORAL TABLET 120 MG (meth-hyo-m bl-na phos-ph sal)	2	
urin ds oral tablet 81.6 mg	1	
URO-458 ORAL TABLET 81 MG	3	
UROGESIC-BLUE ORAL TABLET 81.6 MG (methen-hyosc-meth blue-na phos)	2	
USTELL ORAL CAPSULE 120 MG (meth-hyo-m bl-na phos-ph sal)	3	
UTIRA-C ORAL TABLET 81.6 MG (meth-hyo-m bl-na phos-ph sal)	2	
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG (alpelisib)	3	PA; SL (84 tablets per 72 days.); SMCS; SP
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG (alpelisib)	3	PA; SL (168 tablets per 72 days.); SMCS; SP
VILEVEV MB ORAL TABLET 81 MG (meth-hyo-m bl-na phos-ph sal)	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (prenatal mv-min-fe fum-fa-dha)	3	
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (vosoritide)	3	PA; M; SL (1 vial per day.); SMCS; SP
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	2	PA; SL (1 capsule per day.); SMCS; SP
VYNDAQEL ORAL CAPSULE 20 MG (tafamidis meglumine (cardiac))	2	PA; SL (4 capsules per day.); SMCS; SP
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
XURIDEN ORAL PACKET 2 GM (uridine triacetate)	2	PA; SL (30 packets per prescription.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZOKINVY ORAL CAPSULE 50 MG (lonafarnib)	2	PA; SL (5 capsules per day.); SMCS; SP
ZOKINVY ORAL CAPSULE 75 MG (lonafarnib)	2	PA; SL (1 tablet per day.); SMCS; SP
PROTECTIVE AGENTS		
MESNEX ORAL TABLET 400 MG (mesna)	3	SMCS; SP; CM
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
CAYA VAGINAL DIAPHRAGM (diaphragm arc-spring)	3	H
CONDOMS	3	H
ENCARE VAGINAL SUPPOSITORY 100 MG (nonoxynol-9)	E	H
FC2 FEMALE CONDOM (condoms - female)	E	H
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (cervical caps)	3	H
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (nonoxynol-9)	E	H
PHEXXI VAGINAL GEL 1.8-1-0.4 % (lactic ac-citric ac-pot bitart)	3	H
PREMIUM CONDOMS LUBRICATED	3	H
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (nonoxynol-9)	E	H
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % (nonoxynol-9)	E	H
vcf vaginal contraceptive vaginal gel 4 %	E	H
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	2	H
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	2	H
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	2	H
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	2	H
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	2	H
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	2	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	2	H
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	2	H
OXYTOCICS - Drugs for Women		
OXYTOCICS - Drugs for Women		
CERVIDIL VAGINAL INSERT 10 MG (dinoprostone)	3	
methergine oral tablet 0.2 mg	1	SL (28 tablets per year.)
methylergonovine maleate oral tablet 0.2 mg	1	SL (28 tablets per year.)
MIFEPREX ORAL TABLET 200 MG (mifepristone)	3	
mifepristone oral tablet 200 mg	1	
PREPIDIL VAGINAL GEL 0.5 MG/3GM (dinoprostone)	3	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
RESPIRATORY TRACT AGENTS - Drugs for the Lungs		
ALPHA AND BETA ADRENERGIC AGONIST(RESPR) - Drugs for Asthma/COPD		
ADRENALIN NASAL SOLUTION 0.1 % (epinephrine hcl (nasal))	2	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML (epinephrine)	2	SL (2 pens per prescription.)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML (epinephrine)	2	SL (2 injections per prescription.)
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml	1	SL (2 injections per prescription.)
epinephrine injection solution auto-injector 0.15 mg/0.3ml	1	SL (4 injections per prescription.)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (epinephrine)	2	SL (2 pens per prescription.)
ANTICHOLINERGIC AGENTS (RESPIR. TRACT) - Drugs for Asthma/COPD		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (ipratropium bromide hfa)	3	SL (0.87 grams per day.)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (ipratropium-albuterol)	3	SL (0.28 grams per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ipratropium bromide inhalation solution 0.02 %	1	
ipratropium bromide nasal solution 0.03 %, 0.06 %	1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	2	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (tiotropium bromide monohydrate)	2	SL (1 capsule per day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (tiotropium bromide monohydrate)	2	SL (0.15 grams per day.)
ANTIFIBROTIC AGENTS - Drugs for the Lungs		
ESBRIET ORAL CAPSULE 267 MG (pirfenidone)	2	PA; SL (9 capsules per day.); SMCS; SP
ESBRIET ORAL TABLET 267 MG (pirfenidone)	3	PA; SL (9 tablets per day.); SMCS; SP
ESBRIET ORAL TABLET 801 MG (pirfenidone)	3	PA; SL (3 tablets per day.); SMCS; SP
OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib esylate)	3	PA; SL (2 capsules per day.); SMCS; SP
pirfenidone oral tablet 267 mg	2	PA; SL (9 tablets per day.); SMCS; SP
pirfenidone oral tablet 801 mg	2	PA; SL (3 tablets per day.); SMCS; SP
ANTI-INFLAMMATORY AGENTS (RESPIRATORY) - Drugs for Inflammation		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (mepolizumab)	3	PA; M; SL (0.04 mL per day.); SMCS; SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (mepolizumab)	3	PA; M; SL (0.04 mL per day.); SMCS; SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (mepolizumab)	3	PA; M; SMCS
ANTITUSSIVES - Drugs for Cough and Cold		
benzonatate oral capsule 100 mg, 200 mg	1	
codeine sulfate oral tablet 30 mg, 60 mg	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA
DICOPANOL RAPIDPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
guaiaatussin ac oral syrup 100-10 mg/5ml	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine oral solution 100-10 mg/5ml	1	
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	1	PA; SL (120 mL per prescription and 360 ml per month.)
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	1	PA
hydrocodone polst-chlorphen polst er susp oral suspension extended release 10-8 mg/5ml	3	PA; SL (360 ml per month.)
hydromet oral solution 5-1.5 mg/5ml	1	PA; SL (120 mL per prescription and 360 ml per month.)
maxi-tuss ac oral solution 100-10 mg/5ml	1	
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	1	PA; SL (360 ml per month.)
promethazine-codeine oral solution 6.25-10 mg/5ml	1	PA; SL (360 ml per month.)
promethazine-codeine oral syrup 6.25-10 mg/5ml	1	PA; SL (360 ml per month.)
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml	1	PA; SL (360 ml per month.)
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
CYSTIC FIBROSIS (CFTR) CORRECTORS - Drugs for the Lungs		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (lumacaftor-ivacaftor)	2	PA; SL (728 packets per 356 days.); SMCS; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (lumacaftor-ivacaftor)	2	PA; SL (1456 tablets per 356 days.); SMCS; SP
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG (tezacaftor-ivacaftor)	2	PA; SL (728 tablets per 356 days.); SMCS; SP
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG (tezacaftor-ivacaftor)	2	PA; SL (728 tablets per 356 days.); SMCS
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG (elexacaftor-tezacaftor-ivacaft)	2	PA; SL (1092 tablets per 356 days.); SMCS; SP
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG (elexacaftor-tezacaftor-ivacaft)	2	PA; SL (3 tablets per day. 1092 tablets per 364 days.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYSTIC FIBROSIS (CFTR) POTENTIATORS - Drugs for the Lungs		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (ivacaftor)	2	PA; SL (728 packets per 356 days.); SMCS; SP
KALYDECO ORAL TABLET 150 MG (ivacaftor)	2	PA; SL (780 tablets per 356 days.); SMCS; SP
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (lumacaftor-ivacaftor)	2	PA; SL (728 packets per 356 days.); SMCS; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (lumacaftor-ivacaftor)	2	PA; SL (1456 tablets per 356 days.); SMCS; SP
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG (tezacaftor-ivacaftor)	2	PA; SL (728 tablets per 356 days.); SMCS; SP
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG (tezacaftor-ivacaftor)	2	PA; SL (728 tablets per 356 days.); SMCS
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG (elexacaftor-tezacaftor-ivacaft)	2	PA; SL (1092 tablets per 356 days.); SMCS; SP
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG (elexacaftor-tezacaftor-ivacaft)	2	PA; SL (3 tablets per day. 1092 tablets per 364 days.); SMCS; SP
EXPECTORANTS - Drugs for the Lungs		
GILPHEX TR ORAL TABLET 10-388 MG (phenylephrine-guaifenesin)	3	
guaiaatussin ac oral syrup 100-10 mg/5ml	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
guaifenesin-codeine oral solution 100-10 mg/5ml	1	
iodine strong oral solution 5 %	1	
maxi-tuss ac oral solution 100-10 mg/5ml	1	
potassium iodide oral solution 1 gm/ml	1	
SSKI ORAL SOLUTION 1 GM/ML (potassium iodide (expectorant))	3	
FIRST GENERATION ANTIHIST.(RESPIR TRACT) - Drugs for Allergy		
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral syrup 2 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cyproheptadine hcl oral tablet 4 mg	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA
DICOPANOL RAPIDPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	PA
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral syrup 6.25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
INTERLEUKIN ANTAGONISTS - Drugs for Inflammation		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (dupilumab)	2	PA; M; SL (0.05 ml per day.); SMCS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (dupilumab)	2	PA; M; SL (0.09 ml per day.); SMCS; SP
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (benralizumab)	3	PA; M; SL (1 pen per 56 days.); SMCS
LEUKOTRIENE MODIFIERS - Drugs for Inflammation		
ACCOLATE ORAL TABLET 10 MG, 20 MG (zafirlukast)	3	
montelukast sodium oral packet 4 mg	2	
montelukast sodium oral tablet 10 mg	1	
montelukast sodium oral tablet chewable 4 mg, 5 mg	1	
SINGULAIR ORAL PACKET 4 MG (montelukast sodium)	3	
zafirlukast oral tablet 10 mg, 20 mg	1	
zileuton er oral tablet extended release 12 hour 600 mg	3	ST
ZYFLO ORAL TABLET 600 MG (zileuton)	3	ST
MAST-CELL STABILIZERS - Drugs for Inflammation		
ALOCRILOPHthalmic SOLUTION 2 % (nedocromil sodium)	3	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	1	
cromolyn sodium ophthalmic solution 4 %	1	
cromolyn sodium oral concentrate 100 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MUCOLYTIC AGENTS - Drugs for the Lungs		
acetylcysteine inhalation solution 10 %, 20 %	1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %, 7 % (sodium chloride)	2	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % (sodium chloride)	3	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (dornase alfa)	2	PA; SL (5 ml per day.); SMCS; SP
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1	
NASAL PREPARATIONS (STEROIDS) - Drugs for Inflammation		
flunisolide nasal solution 25 mcg/act (0.025%)	3	
fluticasone propionate nasal suspension 50 mcg/act	2	SL (16 grams (1 bottle) per prescription)
ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (fluticasone furoate)	1	SL (1 blister per day.)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (fluticasone furoate)	1	SL (1 packet per day.)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	2	SL (120 ml (2 boxes) per 30 days.)
budesonide inhalation suspension 1 mg/2ml	2	SL (60 ml (1 box) per 30 days.)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST (fluticasone propionate (inhal))	1	SL (2 packages per day)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST (fluticasone propionate (inhal))	1	SL (4 packages per day)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 44 MCG/ACT (fluticasone propionate hfa)	1	SL (1 inhaler per month)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT (fluticasone propionate hfa)	1	SL (2 inhalers per month)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (budesonide)	1	SL (2 inhalers per month)
PHOSPHODIESTERASE TYPE 4 INHIBITORS - Drugs for the Lungs		
DALIRESP ORAL TABLET 250 MCG (roflumilast)	3	PA; SL (31 tablets per year.)
DALIRESP ORAL TABLET 500 MCG (roflumilast)	3	PA; SL (1 tablet per day)
RESPIRATORY TRACT AGENTS, MISCELLANEOUS - Drugs for the Lungs		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (omalizumab)	2	PA; M; SL (0.15 ml per day.); SMCS; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (omalizumab)	2	PA; M; SL (0.04 ml per day.); SMCS; SP
SECOND GENERATION ANTIHIST(RESPIR TRACT) - Drugs for Allergy		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl ophthalmic solution 0.05 %	1	
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - Drugs for Asthma/COPD		
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation 108 (90 base) mcg/act	2	SL (1 inhaler per prescription.)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation 108 (90 base) mcg/act	2	SL (6.7 grams per prescription.)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation 108 (90 base) mcg/act	2	SL (8.5 grams per prescription.)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	1	
albuterol sulfate oral syrup 2 mg/5ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	3	PA
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	3	SL (2 vials per day)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	3	SL (90 ml per prescription.)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	3	SL (30 vials per prescription)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	SL (15 grams per prescription.)
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (formoterol fumarate)	3	SL (2 vials per day)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE (salmeterol xinafoate)	2	SL (2 blisters per day.)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (olodaterol hcl)	2	SL (0.14 grams per day.)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	1	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (levalbuterol tartrate)	3	SL (15 grams per prescription.)
VASODILATING AGENTS (RESPIRATORY TRACT) - Drugs for the Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (riociguat)	2	PA; SL (3 tablets per day.); SMCS; SP
alyq oral tablet 20 mg	3	PA; SL (2 tablets per day); SMCS; SP
ambrisentan oral tablet 10 mg, 5 mg	2	PA; SL (1 tablet per day.); SMCS; SP
bosentan oral tablet 125 mg, 62.5 mg	2	PA; SL (2 tablets per day.); SMCS; SP
OPSUMIT ORAL TABLET 10 MG (macitentan)	2	PA; SL (1 tablet per day.); SMCS; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (treprostinil diolamine)	3	PA; SL (6 tablets per day.); SMCS; SP
sildenafil citrate oral suspension reconstituted 10 mg/ml	3	PA; SL (186 ml per month.); SMCS; SP
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	SL (6 tablets per month.)
sildenafil citrate oral tablet 20 mg	1	SL (0.5 tablet per day.); SMCS
tadalafil (pah) oral tablet 20 mg	3	PA; SL (2 tablets per day); SMCS; SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	2	PA; SL (2 tablets per day.); SMCS; SP
TRACLEER ORAL TABLET SOLUBLE 32 MG (bosentan)	2	PA; SL (4 tablets per day.); SMCS; SP
TYVASO INHALATION SOLUTION 0.6 MG/ML (treprostinil)	2	PA; SMCS

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (treprostinil)	2	PA; SMCS
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (treprostinil)	2	PA; SMCS
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (selexipag)	3	PA; SL (2 tablets per day.); SMCS; SP
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG (selexipag)	3	PA; SL (200 tablets per year.); SMCS; SP
UPTRAVI TABLET 200 MCG ORAL 200 MCG (selexipag)	3	PA; SL (140 tablets per 365 days.); SMCS; SP
UPTRAVI TABLET 200 MCG ORAL 200 MCG (selexipag)	3	PA; SL (2 tablets per day.); SMCS; SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (iloprost)	2	PA; SMCS; SP
XANTHINE DERIVATIVES - Drugs for Asthma/COPD		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML (theophylline)	3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (theophylline)	3	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline oral solution 80 mg/15ml	1	
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin		
ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ALTABAX EXTERNAL OINTMENT 1 % (retapamulin)	3	SL (15 grams per prescription)
AMZEEQ EXTERNAL FOAM 4 % (minocycline hcl micronized)	3	PA; SL (30 grams per prescription.)
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (sulfacetamide sodium-sulfur)	3	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 % (sulfacetamide sodium-sulfur)	3	
AVAR-E GREEN EXTERNAL CREAM 10-5 % (sulfacetamide sodium-sulfur)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AVAR-E LS EXTERNAL CREAM 10-2 % (sulfacetamide sodium-sulfur)	3	
BENZAMYCIN EXTERNAL GEL 5-3 % (benzoyl peroxide-erythromycin)	2	SL (23.3 grams per prescription.)
benzoyl peroxide-erythromycin external gel 5-3 %	1	SL (23.3 grams per prescription.)
bp 10-1 external emulsion 10-1 %	1	
bp cleansing wash external emulsion 10-4 %	1	
CENTANY EXTERNAL OINTMENT 2 % (mupirocin)	3	SL (22 grams per prescription.)
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 swab 1 %	1	
clindacin-p external swab 1 %	1	
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	SL (1 bottle (45 grams) per month.)
clindamycin phosphate external foam 1 %	3	
clindamycin phosphate external gel 1 %	3	SL (30 grams (1 tube) per prescription.)
clindamycin phosphate external lotion 1 %	3	
clindamycin phosphate external solution 1 %	1	
clindamycin phosphate external swab 1 %	1	
clindamycin phosphate vaginal cream 2 %	2	
CLINDESSE VAGINAL CREAM 2 % (clindamycin phosphate (1 dose))	2	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (clindamycin-tretinoin-cholesty)	3	PA
dapsone external gel 5 %, 7.5 %	3	SL (60 grams per prescription.)
ery external pad 2 %	1	
ERYGEL EXTERNAL GEL 2 % (erythromycin)	3	
erythromycin external gel 2 %	1	
erythromycin external solution 2 %	1	

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EVOCLIN EXTERNAL FOAM 1 % (clindamycin phosphate)	3	
gentamicin sulfate external cream 0.1 %	1	SL (30 grams per prescription.)
gentamicin sulfate external ointment 0.1 %	1	SL (30 grams per prescription.)
KLARON EXTERNAL LOTION 10 % (sulfacetamide sodium (acne))	3	
METROCREAM EXTERNAL CREAM 0.75 % (metronidazole)	3	
METROLOTION EXTERNAL LOTION 0.75 % (metronidazole)	3	
metronidazole external cream 0.75 %	1	
metronidazole external gel 0.75 %	1	
metronidazole external lotion 0.75 %	1	
metronidazole vaginal gel 0.75 %	2	
mupirocin calcium external cream 2 %	3	SL (15 grams per prescription)
mupirocin external ointment 2 %	1	SL (22 grams per prescription.)
neuac external gel 1.2-5 %	3	SL (1 bottle (45 grams) per month.)
OVACE PLUS EXTERNAL CREAM 10 % (sulfacetamide sodium)	3	
OVACE PLUS EXTERNAL SHAMPOO 10 % (sulfacetamide sodium)	3	
OVACE PLUS WASH EXTERNAL GEL 10 % (sulfacetamide sodium)	3	
OVACE PLUS WASH EXTERNAL LIQUID 10 % (sulfacetamide sodium)	3	
OVACE WASH EXTERNAL LIQUID 10 % (sulfacetamide sodium)	3	
rosadan external cream 0.75 %	1	
rosadan external gel 0.75 %	1	
sodium sulfacetamide external shampoo 10 %	1	
sodium sulfacetamide wash external liquid 10 %	1	
SODIUM SULFACETAMIDE-BAKUCHIOL EXTERNAL LIQUID 10 %	3	
sss 10-5 external cream 10-5 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sss 10-5 external foam 10-5 %	1	
sulfacetamide sodium (acne) external lotion 10 %	1	
sulfacetamide sodium (cleans) external gel 10 %	1	
sulfacetamide sodium external liquid 10 %	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %, 9-4.5 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external pad 10-4 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %, 9-4.5 %	1	
sulfacetamide-sulfur in urea external emulsion 10-5 %	1	
sulfamez wash external emulsion 10-1 %	1	
SUMAXIN EXTERNAL PAD 10-4 % (sulfacetamide sodium-sulfur)	3	
vandazole vaginal gel 0.75 %	3	
XEPI EXTERNAL CREAM 1 % (ozenoxacin)	3	SL (30 g per prescription.)
ZILXI EXTERNAL FOAM 1.5 % (minocycline hcl micronized)	3	PA; ST; SL (30 grams per prescription.)
ANTI-INFLAMMATORY AGENTS, MISC (SKIN) - Drugs for the Skin		
EUCRISA EXTERNAL OINTMENT 2 % (crisaborole)	3	ST; SL (60 grams per prescription.)
ANTIPRURITICS AND LOCAL ANESTHETICS - Drugs for the Skin		
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (hydrocortisone ace-pramoxine)	3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 % (hydrocortisone ace-pramoxine)	3	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (hydrocortisone ace-pramoxine)	3	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (hydrocortisone ace-pramoxine)	3	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (hc-pramoxine-chloroxylonol)	3	

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doxepin hcl external cream 5 %	3	PA; SL (45 grams per prescription.)
ENOVARX-LIDOCAINE HCL EXTERNAL CREAM 10 %, 5 %	3	PA
EPIFOAM EXTERNAL FOAM 1-1 % (pramoxine-hc)	2	
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (dph-lido-alhydr-mghydr-simeth)	3	PA
glydo external prefilled syringe 2 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (ketoprofen-baclofen-gabap-lido)	3	PA
lidocaine external ointment 5 %	2	SL (1.19 grams per day.)
lidocaine external patch 5 %	3	PA; SL (3 patches per day)
lidocaine hcl external solution 4 %	1	
lidocaine hcl urethral/mucosal external gel 2 %	1	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	1	
lidocaine-prilocaine external cream 2.5-2.5 %	1	
LIDOPIN EXTERNAL CREAM 3.25 %	3	
LIDTOPIC MAX EXTERNAL CREAM 10 % (lidocaine hcl)	3	PA
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PRAMOSONE EXTERNAL CREAM 1-1 % (pramoxine-hc)	2	
PRAMOSONE EXTERNAL CREAM 1-2.5 % (pramoxine-hc)	3	
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	
pramox external gel 1 %	1	
premium lidocaine external ointment 5 %	2	SL (1.19 grams per day.)
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (hydrocortisone ace-pramoxine)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 ointment 5 %	3	PA; ST; SL (15 grams per prescription.)
ASTRINGENTS - Drugs for the Skin		
DRYSOL EXTERNAL SOLUTION 20 % (aluminum chloride)	3	
AZOLES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
clotrimazole mouth/throat troche 10 mg	1	
clotrimazole-betamethasone external cream 1-0.05 %	1	SL (15 grams per prescription.)
clotrimazole-betamethasone external lotion 1-0.05 %	1	
econazole nitrate external cream 1 %	2	
EXELDERM EXTERNAL CREAM 1 % (sulconazole nitrate)	3	
EXELDERM EXTERNAL SOLUTION 1 % (sulconazole nitrate)	3	
EXTINA EXTERNAL FOAM 2 % (ketoconazole)	3	ST
GYNAZOLE-1 VAGINAL CREAM 2 % (butoconazole nitrate (1 dose))	3	
JUBLIA EXTERNAL SOLUTION 10 % (efinaconazole)	3	PA; ST; SL (4 ml per month.)
ketoconazole external cream 2 %	1	SL (30 grams per prescription.)
ketoconazole external foam 2 %	3	ST
ketoconazole external shampoo 2 %	1	
ketodan external foam 2 %	3	ST
miconazole 3 vaginal suppository 200 mg	1	
ORAVIG BUCCAL TABLET 50 MG (miconazole)	3	
oxiconazole nitrate external cream 1 %	3	PA; SL (30 grams per prescription.)
OXISTAT EXTERNAL CREAM 1 % (oxiconazole nitrate)	3	PA; SL (30 grams per prescription.)

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SULCONAZOLE NITRATE EXTERNAL CREAM 1 %	3	
SULCONAZOLE NITRATE EXTERNAL SOLUTION 1 %	3	
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 % (ketoconazole-hydrocortisone)	3	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 % (ketoconazole & pyrithione zinc)	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 % (ketoconazole & pyrithione zinc)	3	
XOLEGEL EXTERNAL GEL 2 % (ketoconazole)	3	
BASIC LOTIONS AND LINIMENTS - Drugs for the Skin		
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (salicylic acid-lactic acid)	2	
methyl salicylate external liquid	1	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 % (salicylic acid-urea in lactac)	3	
turpentine external spirit	1	
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 % (benzoyl peroxide-hyaluronate)	3	
BASIC POWDERS AND DEMULCENTS - Drugs for the Skin		
benzoin compound external tincture	1	
benzoin external tincture	1	
BENZYLAMINES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
MENTAX EXTERNAL CREAM 1 % (butenafine hcl)	3	
CELL STIMULANTS AND PROLIFERANTS - Drugs for the Skin		
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (clindamycin-tretinoin-cholesty)	3	PA
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	3	SL (20 grams per prescription.)
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ALA SCALP EXTERNAL LOTION 2 % (hydrocortisone)	3	
ala-cort external cream 2.5 %	1	

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alclometasone dipropionate external cream 0.05 %	1	
alclometasone dipropionate external ointment 0.05 %	1	
amcinonide external cream 0.1 %	3	
amcinonide external lotion 0.1 %	3	
amcinonide external ointment 0.1 %	1	
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (hydrocortisone ace-pramoxine)	3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 % (hydrocortisone ace-pramoxine)	3	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (hydrocortisone ace-pramoxine)	3	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (hydrocortisone ace-pramoxine)	3	
anucort-hc rectal suppository 25 mg	2	
ANUSOL-HC EXTERNAL CREAM 2.5 % (hydrocortisone)	3	
APEXICON E EXTERNAL CREAM 0.05 % (diflorasone diacet emoll base)	2	SL (30 grams per prescription.)
betamethasone dipropionate aug external cream 0.05 %	1	
betamethasone dipropionate aug external gel 0.05 %	1	
betamethasone dipropionate aug external lotion 0.05 %	3	
betamethasone dipropionate aug external ointment 0.05 %	3	
betamethasone dipropionate external cream 0.05 %	2	
betamethasone dipropionate external lotion 0.05 %	1	
betamethasone dipropionate external ointment 0.05 %	2	
betamethasone valerate external cream 0.1 %	1	
betamethasone valerate external lotion 0.1 %	1	
betamethasone valerate external ointment 0.1 %	1	
CAPEX EXTERNAL SHAMPOO 0.01 % (fluocinolone acetonide)	2	
clobetasol prop emollient base external cream 0.05 %	2	SL (15 grams per prescription.)
clobetasol propionate e external cream 0.05 %	2	SL (15 grams per prescription.)
clobetasol propionate external cream 0.05 %	2	SL (15 grams per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
clobetasol propionate external gel 0.05 %	2	SL (15 grams per prescription.)
clobetasol propionate external liquid 0.05 %	1	SL (59 ml per prescription)
clobetasol propionate external ointment 0.05 %	2	SL (15 grams per prescription.)
clobetasol propionate external solution 0.05 %	1	SL (25 ml per prescription.)
CLOBETAVIX EXTERNAL KIT 0.05 %	3	
clocortolone pivalate external cream 0.1 %	3	ST; SL (75 grams per prescription.)
clotrimazole-betamethasone external cream 1-0.05 %	1	SL (15 grams per prescription.)
clotrimazole-betamethasone external lotion 1-0.05 %	1	
CORDRAN EXTERNAL CREAM 0.05 % (flurandrenolide)	3	ST; SL (120 ml per prescription.)
CORDRAN EXTERNAL OINTMENT 0.05 % (flurandrenolide)	3	ST
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (flurandrenolide)	3	SL (1 packet per prescription.)
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	SL (118.28 ml per prescription.)
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (fluocinolone acetonide)	3	
desonide external cream 0.05 %	3	SL (15 grams per prescription.)
desonide external gel 0.05 %	3	ST; SL (60 grams per prescription)
desonide external lotion 0.05 %	3	SL (60 ml per prescription.)
desonide external ointment 0.05 %	3	SL (15 grams per prescription.)
DESOWEN EXTERNAL CREAM 0.05 % (desonide)	3	SL (15 grams per prescription.)

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desoximetasone external cream 0.05 %, 0.25 %	1	SL (15 grams per prescription.)
desoximetasone external gel 0.05 %	3	SL (15 grams per prescription.)
desoximetasone external ointment 0.05 %	3	SL (60 grams per prescription.)
desoximetasone external ointment 0.25 %	3	SL (15 grams per prescription.)
desrx external gel 0.05 %	3	ST; SL (60 grams per prescription)
diflorasone diacetate external cream 0.05 %	3	SL (30 grams per prescription.)
DIPROLENE EXTERNAL OINTMENT 0.05 % (betamethasone dipropionate aug)	3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (calcipotriene-betameth diprop)	3	SL (60 grams per prescription.)
EPIFOAM EXTERNAL FOAM 1-1 % (pramoxine-hc)	2	
fluocinolone acetonide body external oil 0.01 %	3	SL (118.28 ml per prescription.)
fluocinolone acetonide external cream 0.01 %, 0.025 %	3	SL (15 grams per prescription.)
fluocinolone acetonide external ointment 0.025 %	2	SL (15 grams per prescription.)
fluocinolone acetonide external solution 0.01 %	3	SL (60 ml per prescription.)
fluocinolone acetonide scalp external oil 0.01 %	3	
fluocinonide emulsified base external cream 0.05 %	1	
fluocinonide external cream 0.05 %	1	
fluocinonide external gel 0.05 %	1	
fluocinonide external ointment 0.05 %	1	
fluocinonide external solution 0.05 %	1	
flurandrenolide external cream 0.05 %	3	ST; SL (120 ml per prescription.)
flurandrenolide external lotion 0.05 %	3	ST; SL (120 ml per prescription.)
fluticasone propionate external cream 0.05 %	1	

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fluticasone propionate external lotion 0.05 %	3	ST; SL (60 ml per prescription.)
fluticasone propionate external ointment 0.005 %	1	
halcinonide external cream 0.1 %	3	ST; SL (30 grams per prescription.)
halobetasol propionate external cream 0.05 %	2	SL (15 grams per prescription.)
halobetasol propionate external ointment 0.05 %	2	SL (15 grams per prescription.)
HALOG EXTERNAL OINTMENT 0.1 % (halcinonide)	3	ST; SL (30 grams per prescription.)
hydrocortisone (perianal) external cream 1 %, 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %	1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	2	
hydrocortisone butyrate external cream 0.1 %	1	
hydrocortisone butyrate external ointment 0.1 %	1	
hydrocortisone butyrate external solution 0.1 %	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone rectal enema 100 mg/60ml	1	
hydrocortisone valerate external cream 0.2 %	3	SL (15 grams per prescription.)
hydrocortisone valerate external ointment 0.2 %	3	SL (15 grams per prescription.)
hydrocortisone-iodoquinol external cream 1-1 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
NUCORT EXTERNAL LOTION 2 % (hydrocortisone acetate)	3	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	2	

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nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	2	
oralone mouth/throat paste 0.1 %	1	
PANDEL EXTERNAL CREAM 0.1 % (hydrocortisone probutate)	3	
PRAMOSONE EXTERNAL CREAM 1-1 % (pramoxine-hc)	2	
PRAMOSONE EXTERNAL CREAM 1-2.5 % (pramoxine-hc)	3	
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	
prednicarbate external ointment 0.1 %	1	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (hydrocortisone ace-pramoxine)	2	
procto-med hc external cream 2.5 %	1	
procto-pak external cream 1 %	1	
proctosol hc external cream 2.5 %	1	
proctozone-hc external cream 2.5 %	1	
SCALACORT DK EXTERNAL KIT 2 & 2-2 % (hc & sal acid-sulfur & shampoo)	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (calcipotriene-betameth diprop)	3	SL (60 grams per prescription)
TEXACORT EXTERNAL SOLUTION 2.5 % (hydrocortisone)	2	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (desoximetasone)	3	SL (15 grams per prescription.)
TOPICORT EXTERNAL GEL 0.05 % (desoximetasone)	3	SL (15 grams per prescription.)
TOPICORT EXTERNAL OINTMENT 0.05 % (desoximetasone)	3	SL (60 grams per prescription.)
TOPICORT EXTERNAL OINTMENT 0.25 % (desoximetasone)	3	SL (15 grams per prescription.)
triamcinolone acetonide external aerosol solution 0.147 mg/gm	2	SL (63 grams per prescription.)
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
triamcinolone acetonide external cream 0.5 %	1	SL (15 grams per prescription.)
triamcinolone acetonide external lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide mouth/throat paste 0.1 %	1	
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	SL (15 grams per prescription.)
TRIDESILON EXTERNAL CREAM 0.05 % (desonide)	3	SL (15 grams per prescription.)
UCERIS RECTAL FOAM 2 MG/ACT (budesonide)	2	
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 % (ketoconazole-hydrocortisone)	3	
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS - Drugs for the Skin		
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (benzoyl perox-salicyl ac-vit e)	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (benzoyl perox-salicyl ac-vit e)	3	
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 % (benzoyl peroxide-vitamin e)	3	
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ciclodan external solution 8 %	1	
ciclopirox external gel 0.77 %	1	
ciclopirox external shampoo 1 %	2	
ciclopirox external solution 8 %	1	
ciclopirox olamine external cream 0.77 %	1	
ciclopirox olamine external suspension 0.77 %	1	
KERATOLYTIC AGENTS - Drugs for the Skin		
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (sulfacetamide sodium-sulfur)	3	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 % (sulfacetamide sodium-sulfur)	3	

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AVAR-E GREEN EXTERNAL CREAM 10-5 % (sulfacetamide sodium-sulfur)	3	
AVAR-E LS EXTERNAL CREAM 10-2 % (sulfacetamide sodium-sulfur)	3	
AVIDOXY DK COMBINATION KIT 100 MG (doxycycline-sunscreen-sal acid)	3	
bp 10-1 external emulsion 10-1 %	1	
bp cleansing wash external emulsion 10-4 %	1	
cerovel external lotion 40 %	1	
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (salicylic acid-lactic acid)	2	
HYDRO 40 EXTERNAL FOAM 40 % (urea)	3	
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (benzoyl perox-salicyl ac-vit e)	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (benzoyl perox-salicyl ac-vit e)	3	
PROMISEB EXTERNAL CREAM (antiseborrheic products, misc.)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
salicylic acid external solution 26 %	1	
salimez external cream 6 %	1	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 % (salicylic acid-urea in lactac)	3	
SCALACORT DK EXTERNAL KIT 2 & 2-2 % (hc & sal acid-sulfur & shampoo)	3	
sss 10-5 external cream 10-5 %	1	
sss 10-5 external foam 10-5 %	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %, 9-4.5 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external pad 10-4 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %, 9-4.5 %	1	
sulfacetamide-sulfur in urea external emulsion 10-5 %	1	

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sulfamez wash external emulsion 10-1 %	1	
SUMAXIN EXTERNAL PAD 10-4 % (sulfacetamide sodium-sulfur)	3	
urea external cream 40 %, 45 %	1	
urea external lotion 40 %	1	
urea nail external gel 45 %	1	
UREMEZ-40 EXTERNAL CREAM 40 %	3	
KERATOPLASTIC AGENTS - Drugs for the Skin		
coal tar external solution 20 %	1	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS - Drugs for the Skin		
benzalkonium chloride external solution	2	
benzalkonium chloride external solution 50 %	1	
BENZAMYCIN EXTERNAL GEL 5-3 % (benzoyl peroxide-erythromycin)	2	SL (23.3 grams per prescription.)
benzoyl peroxide-erythromycin external gel 5-3 %	1	SL (23.3 grams per prescription.)
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	SL (1 bottle (45 grams) per month.)
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (hc-pramoxine-chloroxyleneol)	3	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (sulfuric acid-sulf phenolics)	2	
FEM PH VAGINAL GEL 0.9-0.025 % (acetic acid-oxyquinoline)	3	
hydrocortisone-iodoquinol external cream 1-1 %	1	
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (benzoyl perox-salicyl ac-vit e)	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (benzoyl perox-salicyl ac-vit e)	3	
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 % (benzoyl peroxide-vitamin e)	3	
iodine tincture external tincture 2 %	1	
LUGOLS STRONG IODINE EXTERNAL SOLUTION 5-10 %	3	
mafenide acetate external packet 5 %	3	

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neuac external gel 1.2-5 %	3	SL (1 bottle (45 grams) per month.)
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (chlorhexidine gluconate)	3	
perio gard mouth/throat solution 0.12 %	1	
selenium sulfide external lotion 2.5 %	1	
SILVADENE EXTERNAL CREAM 1 % (silver sulfadiazine)	3	
silver sulfadiazine external cream 1 %	1	
ssd external cream 1 %	1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (mafenide acetate)	3	
SULFAMYLON EXTERNAL PACKET 5 % (mafenide acetate)	3	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 % (ketoconazole & pyrithione zinc)	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 % (ketoconazole & pyrithione zinc)	3	
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 % (benzoyl peroxide-hyaluronate)	3	
zaclir cleansing external lotion 8 %	1	
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin		
diclofenac sodium external gel 3 %	2	PA; SL (100 grams per prescription.)
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	PA
ENOVARX-IBUPROFEN EXTERNAL CREAM 10 %	3	PA
ENOVARX-NAPROXEN EXTERNAL CREAM 10 %	3	PA
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA
FROTEK EXTERNAL CREAM 10 % (ketoprofen)	3	PA
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (ketoprofen-baclofen-gabap-lido)	3	PA
KETOPHENE RAPIDPAQ EXTERNAL CREAM 20 % (ketoprofen)	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

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OXABOROLES - Drugs for the Skin		
tavaborole external solution 5 %	3	PA; ST; SL (4 ml per month.)
PIGMENTING AGENTS - Drugs for the Skin		
methoxsalen rapid oral capsule 10 mg	1	
POLYENES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
nyamyc external powder 100000 unit/gm	1	SL (120 grams per prescription.)
nystatin external cream 100000 unit/gm	1	SL (90 grams per prescription.)
nystatin external ointment 100000 unit/gm	1	SL (90 grams per prescription.)
nystatin external powder 100000 unit/gm	1	SL (120 grams per prescription.)
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	2	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	2	
nystop external powder 100000 unit/gm	1	SL (120 grams per prescription.)
SCABICIDES AND PEDICULICIDES - Drugs for the Skin		
croton external lotion 10 %	2	
ivermectin external lotion 0.5 %	3	SL (117 grams (1 bottle) per prescription.)
lindane external shampoo 1 %	1	SL (60 ml per prescription)
malathion external lotion 0.5 %	1	
OVIDE EXTERNAL LOTION 0.5 % (malathion)	3	
permethrin external cream 5 %	1	
SOOLANTRA EXTERNAL CREAM 1 % (ivermectin)	3	SL (45 grams per prescription.)
spinosad external suspension 0.9 %	3	
sulfurated lime external solution	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC. - Drugs for the Skin		
A.A.G.C. KIT IN TERODERM EXTERNAL CREAM 8-4-10-4 % (amantad-amitrip-gabap-cycloben)	3	PA

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accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (tralokinumab-ldrm)	2	PA; M; SMCS; SP
ALEVAMAX EXTERNAL CREAM	3	
AMELUZ EXTERNAL GEL 10 % (aminolevulinic acid hcl)	3	
amnesteem oral capsule 10 mg, 20 mg, 40 mg	2	
ARTISS EXTERNAL SOLUTION (fibrin sealant component)	3	
azelaic acid external gel 15 %	3	
AZELEX EXTERNAL CREAM 20 % (azelaic acid)	3	SL (30 grams per prescription.)
B & C EXTERNAL OINTMENT	3	
balsam peru-castor oil external ointment	1	
calcipotriene external cream 0.005 %	2	SL (60 grams per prescription)
calcipotriene external ointment 0.005 %	2	
calcipotriene external solution 0.005 %	1	SL (60 mL per prescription)
CALCITRENE EXTERNAL OINTMENT 0.005 % (calcipotriene)	3	
calcitriol external ointment 3 mcg/gm	1	SL (100 grams per prescription)
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (clindamycin-tretinoin-cholesty)	3	PA
CONDYLOX EXTERNAL GEL 0.5 % (podofilox)	3	
COPASIL EXTERNAL GEL (scar treatment products)	3	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.067 mL per day.); SMCS; SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.034 mL per day.); SMCS; SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (secukinumab)	3	PA; ST; M; SL (0.018 ml per day.); SMCS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.067 mL per day.); SMCS; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	3	PA; ST; M; SL (0.034 mL per day.); SMCS; SP

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dapsone external gel 5 %, 7.5 %	3	SL (60 grams per prescription.)
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML (dupilumab)	2	PA; M; SL (0.09 ml per day.); SMCS; SP
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML (dupilumab)	2	PA; M; SL (0.15 ml per day.); SMCS; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (dupilumab)	2	PA; M; SL (0.15 ml per day.); SMCS; SP
EFUDEX EXTERNAL CREAM 5 % (fluorouracil)	3	
ENOVARX-TRAMADOL EXTERNAL CREAM 5 %	3	PA
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (calcipotriene-betameth diprop)	3	SL (60 grams per prescription.)
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA
FEM PH VAGINAL GEL 0.9-0.025 % (acetic acid-oxyquinoline)	3	
FINACEA EXTERNAL FOAM 15 % (azelaic acid)	3	
FINACEA EXTERNAL GEL 15 % (azelaic acid)	3	
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
HALUCORT EXTERNAL GEL (dermatological products, misc.)	3	PA
imiquimod external cream 5 %	1	
isotretinoin capsule 10 mg oral 10 mg	2	
isotretinoin capsule 20 mg oral 20 mg	2	
isotretinoin capsule 30 mg oral 30 mg	2	
isotretinoin capsule 40 mg oral 40 mg	2	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (ketoprofen-baclofen-gabap-lido)	3	PA
KLISYRI EXTERNAL OINTMENT 1 % (tirbanibulin)	3	ST; SL (5 units per prescription)
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (aminolevulinic acid hcl)	3	
MEDERMA SPF 30 EXTERNAL CREAM (scar treatment products)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MIRVASO EXTERNAL GEL 0.33 % (brimonidine tartrate)	3	PA; SL (30 grams per prescription.)
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
OPZELURA EXTERNAL CREAM 1.5 % (ruxolitinib phosphate)	3	PA; SL (540 grams per 365 days.); SMCS; SP
OTEZLA ORAL TABLET 30 MG (apremilast)	2	PA; SL (2 tablets per day.); SMCS; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (apremilast)	2	PA; SL (55 tablets (one starter pack) per year.); SMCS; SP
PANRETIN EXTERNAL GEL 0.1 % (alitretinoin)	3	
pimecrolimus external cream 1 %	3	ST; SL (30 grams per prescription.)
podocon-25 external solution 25 %	1	
podofilox external solution 0.5 %	1	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
RECTIV RECTAL OINTMENT 0.4 % (nitroglycerin)	3	SL (30 grams per month.)
REGRANEX EXTERNAL GEL 0.01 % (becaplermin)	2	PA; SL (30 grams per prescription.)
REMIGEN EXTERNAL CREAM	3	
RHOFADE EXTERNAL CREAM 1 % (oxymetazoline hcl)	3	PA; SL (30 grams per prescription.)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (collagenase)	3	SL (90 grams per prescription.)
SCARCIN EXTERNAL CREAM	3	PA
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (risankizumab-rzaa)	2	PA; M; SL (1 box per 3 months); SMCS; SP
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (risankizumab-rzaa)	2	PA; M; SL (1 ml per 63 days.); SMCS; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (risankizumab-rzaa)	2	PA; M; SL (1 ml per 63 days.); SMCS; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (ustekinumab)	2	PA; M; SL (0.006 ml per day. 2 ml per 336 days.); SMCS; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (ustekinumab)	2	PA; M; SL (0.5 ml (1 prefilled syringe) per 3 months.); SMCS; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (ustekinumab)	2	PA; M; SL (1 ml (1 prefilled syringe) per 3 months.); SMCS; SP
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (calcipotriene-betameth diprop)	3	SL (60 grams per prescription)
tacrolimus external ointment 0.03 %, 0.1 %	2	ST; SL (30 grams per prescription.)
TARGRETIN EXTERNAL GEL 1 % (bexarotene)	3	SL (60 grams per prescription.); SMCS; SP
tazarotene external cream 0.1 %	3	PA; SL (30 grams per prescription.)
tazarotene external gel 0.05 %, 0.1 %	1	PA; SL (30 grams per prescription.)
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (tazarotene)	3	PA; SL (30 grams per prescription.)
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (tazarotene)	3	PA; SL (30 grams per prescription.)
TETRIX EXTERNAL CREAM (dermatological products, misc.)	3	
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML (fibrin sealant component)	3	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (guselkumab)	2	PA; M; SL (1 ml per 42 days.); SMCS; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (guselkumab)	2	PA; M; SL (2 ml per 2 months.); SMCS; SP
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	
VALCHLOR EXTERNAL GEL 0.016 % (mechlorethamine hcl (topical))	2	PA; SL (120 grams per prescription.); SMCS; SP
VEELEX EXTERNAL OINTMENT (balsam peru-castor oil)	3	
VEREGEN EXTERNAL OINTMENT 15 % (sinecatechins)	3	ST; SL (30 grams per prescription.)
VP FC KIT EXTERNAL CREAM	3	PA
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	PA
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUNSCREEN AGENTS - Drugs for the Skin		
AVIDOXY DK COMBINATION KIT 100 MG (doxycycline-sunscreen-sal acid)	3	
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles		
ANTIMUSCARINICS - Drugs for the Urinary System		
flavoxate hcl oral tablet 100 mg	1	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	2	
oxybutynin chloride oral syrup 5 mg/5ml	1	
oxybutynin chloride oral tablet 5 mg	1	
solifenacin succinate oral tablet 10 mg, 5 mg	3	
tolterodine tartrate oral tablet 1 mg, 2 mg	3	
tropium chloride oral tablet 20 mg	3	
RESPIRATORY SMOOTH MUSCLE RELAXANTS - Drugs for Lungs		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML (theophylline)	3	
sildenafil citrate oral suspension reconstituted 10 mg/ml	3	PA; SL (186 ml per month.); SMCS; SP
sildenafil citrate oral tablet 20 mg	1	SL (0.5 tablet per day.); SMCS
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (theophylline)	3	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline oral solution 80 mg/15ml	1	
VITAMINS		
MULTIVITAMIN PREPARATIONS		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	
ATABEX OB ORAL TABLET 29-1 MG (prenatal vit w/ fe bisg-fa)	3	
ELITE-OB ORAL TABLET 50-1.25 MG (prenatal vit-iron carbonyl-fa)	3	
ENBRACE HR ORAL CAPSULE (prenat vit-fe gly cys-fa-omega)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (pediatric multivitamins-fl)	3	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx) 0.25 mg	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX) 0.25 MG	3	
multivitamin/fluoride tablet chewable 0.5 mg oral 0.5 mg	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL 0.5 MG	3	
multivitamin/fluoride tablet chewable 1 mg oral 1 mg	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL 1 MG	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	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
NEONATAL 19 ORAL TABLET 1 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 MG, 29-1 MG	3	
NEONATAL FE ORAL TABLET 90-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG (prenatal vit-fe fumarate-fa)	3	
NESTABS ORAL TABLET 32-1 MG (prenat-fe bisgly-fa-w/o vit a)	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (pediatric multivitamins-fl)	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (pediatric multivitamins-fl)	3	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (ped multivitamins-fl-iron)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (ped multivitamins-fl-iron)	3	
PREMESISRX ORAL TABLET 1 MG (prenatal ca-b6-b12-fa-ginger)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
prenatal vitamin plus low iron oral tablet 27-1 mg	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (prenatal-feaspgly-methylfol-fa)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (prenat-fecfn-feasp-meth-fa-dha)	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (prenat mv-min-methylfolate-fa)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	
PRIMACARE ORAL CAPSULE 30-1-470 MG (pren-fe-meth-fa-omeg w/o a)	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (pediatric multivitamins-fl)	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (pediatric multivitamins-fl)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (prenatal vit-fe psac cmplx-fa)	3	
TRINATE ORAL TABLET (prenatal vit-fe fumarate-fa)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRISTART FREE ORAL CAPSULE 33-1 MG (prenat w/o a-fecfn-meth-fa-dha)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRISTART ONE ORAL CAPSULE 35-1-215 MG (prenat w/o a-fecbn-meth-fa-dha)	3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML (ped vit a-c-d-methylfolate-fl)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
VINATE ONE ORAL TABLET 60-1 MG (prenatal vit-fe fumarate-fa)	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	3	
VITAFOL STRIPS ORAL FILM 1 MG (prenatal-b6-b12-d3-folic acid)	3	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (prenatal-fe fum-methf-fa w/o a)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (prenatal mv-min-fe fum-fa-dha)	3	
vitamins acd-fluoride oral solution 0.25 mg/ml	1	
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	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
VITAMIN A		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML (ped vit a-c-d-methylfolate-fl)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
vitamins acd-fluoride oral solution 0.25 mg/ml	1	
VITAMIN B COMPLEX		
ATABEX OB ORAL TABLET 29-1 MG (prenatal vit w/ fe bisg-fa)	3	
CALCIFOL ORAL WAFER 1342-1.6 MG (ca carb-fa-d-b6-b12-boron-mg)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CITRANATAL BLOOM ORAL TABLET 90-1 MG (prenatal-dss-fecb-fegl-fa)	3	
cyanocobalamin injection solution 1000 mcg/ml	1	M
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	M
DODEX INJECTION SOLUTION 1000 MCG/ML (cyanocobalamin)	3	M
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	3	H
ELITE-OB ORAL TABLET 50-1.25 MG (prenatal vit-iron carbonyl-fa)	3	
ENBRACE HR ORAL CAPSULE (prenat vit-fe gly cys-fa-omega)	3	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	E	H
hematinic/folic acid oral tablet 324-1 mg	1	
hemocyte-f oral tablet 324-1 mg	1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx) 0.25 mg	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX) 0.25 MG	3	
multivitamin/fluoride tablet chewable 0.5 mg oral 0.5 mg	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL 0.5 MG	3	
multivitamin/fluoride tablet chewable 1 mg oral 1 mg	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL 1 MG	3	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (cyanocobalamin)	3	M
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 MG, 29-1 MG	3	
NEONATAL FE ORAL TABLET 90-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG (prenatal vit-fe fumarate-fa)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NESTABS ORAL TABLET 32-1 MG (prenat-fe bisgly-fa-w/o vit a)	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
POTABA ORAL CAPSULE 500 MG (potassium aminobenzoate)	3	
PREMESISRX ORAL TABLET 1 MG (prenatal ca-b6-b12-fa-ginger)	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
prenatal oral tablet 27-1 mg	1	
prenatal plus vitamin/mineral oral tablet 27-1 mg	1	
prenatal vitamin plus low iron oral tablet 27-1 mg	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (prenatal-feaspgly-methylfol-fa)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (prenat-fecbn-feasp-meth-fa-dha)	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (prenat mv-min-methylfolate-fa)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	
PRIMACARE ORAL CAPSULE 30-1-470 MG (pren-fe-meth-fa-omeg w/o a)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (prenatal vit-fe psac cmplx-fa)	3	
TRINATE ORAL TABLET (prenatal vit-fe fumarate-fa)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRISTART FREE ORAL CAPSULE 33-1 MG (prenat w/o a-fecbn-meth-fa-dha)	3	
TRISTART ONE ORAL CAPSULE 35-1-215 MG (prenat w/o a-fecbn-meth-fa-dha)	3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML (ped vit a-c-d-methylfolate-fl)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tydemy oral tablet 3-0.03-0.451 mg	3	H
VINATE ONE ORAL TABLET 60-1 MG (prenatal vit-fe fumarate-fa)	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	3	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (prenatal-fe fum-methf-fa w/o a)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (prenatal mv-min-fe fum-fa-dha)	3	
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	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
VITAMIN C		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	
CITRANATAL BLOOM ORAL TABLET 90-1 MG (prenatal-dss-fecb-fegl-fa)	3	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (peg-kcl-nacl-nasulf-na asc-c)	3	SL (1 kit per prescription.)
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	3	SL (1 kit per prescription.)
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	3	SL (1 kit per prescription.)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (peg-kcl-nacl-nasulf-na asc-c)	3	SL (3 cartons per prescription.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML (ped vit a-c-d-methylfolate-fl)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
vitamins acd-fluoride oral solution 0.25 mg/ml	1	
VITAMIN D		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	
CALCIFOL ORAL WAFER 1342-1.6 MG (ca carb-fa-d-b6-b12-boron-mg)	3	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	
calcitriol oral solution 1 mcg/ml	1	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (ergocalciferol)	3	
ERGOCAL ORAL CAPSULE 62.5 MCG (2500 UT)	3	
ergocalciferol oral capsule 1.25 mg (50000 ut)	1	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (sodium fluoride-vitamin d)	3	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (alendronate-cholecalciferol)	3	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (calcitriol)	3	
ROCALTROL ORAL SOLUTION 1 MCG/ML (calcitriol)	3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML (ped vit a-c-d-methylfolate-fl)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
vitamins acd-fluoride oral solution 0.25 mg/ml	1	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (paricalcitol)	3	
VITAMIN E		
NUTRIDOX ORAL KIT 75 MG (doxycycline monohyd-omega 3-e)	3	

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; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
wheat germ oil oral oil	1	
VITAMIN K ACTIVITY		
phytonadione oral tablet 5 mg	3	SL (5 tablets per prescription.)

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; M: May be covered under the medical benefit with prior authorization for HMO plans; SMCS: Specialty medication cost share may apply (for HMO plans, does not apply to injectables covered under the medical benefit); E: Excluded from coverage unless covered as part of health care reform preventive.

Index of Drugs

A.A.G.C. KIT IN TERODERM	252	ADASUVE	107	alose tron hcl	159
abacavir sulfate	27	ADBRY	253	ALPHAGAN P	148
abacavir sulfate-lamivudine	27	adc/f (0.5mg/ml)	209, 257, 260, 263, 264	ALPHANATE	65
abiraterone acetate	36	ADDERALL XR	94	ALPHANINE SD	65
acamprosate calcium	114	ADDYI	114	alprazolam	112
acarbose	169	adefovir dipivoxil	31	alprazolam er	111
ACCOLATE	232	ADEMPAS	235	alprazolam intensol	111
ACCU-CHEK AVIVA	133	ADIPEX-P	93	alprazolam xr	112
ACCU-CHEK FASTCLIX		ADLYXIN	189	ALPROLIX	65
LANCET KIT	133	ADLYXIN STARTER PACK	189	ALREX	152
ACCU-CHEK FASTCLIX		ADRENALIN	51, 157, 228	ALTABAX	236
LANCETS	133	adult aspirin regimen	71, 72, 105, 127	ALTACAINE	156
ACCU-CHEK GUIDE	138	ADVAIR DISKUS	59, 166	altafrin	156, 157
ACCU-CHEK GUIDE		ADVAIR HFA	59, 166	altavera	172, 180, 192
CONTROL	133	ADVATE	65	ALUNBRIG	36
ACCU-CHEK SAFE-T PRO		ADYNOVATE	65	alvimopan	162
LANCETS	133	AEMCOLO	33	alyacen 1/35	172, 180, 192
ACCU-CHEK SMARTVIEW		AEROCHAMBER PLUS FLO-VU	133	alyacen 7/7/7	172, 180, 192
CONTROL	133	AFINITOR DISPERZ	36	alyq	90, 235
ACCU-CHEK SOFTCLIX		afirmelle	172, 180, 192	amabelz	180, 192
LANCET DEVICE KIT	133	AFLURIA QUADRIVALENT	48	amantadine hcl	16, 93
ACCU-CHEK SOFTCLIX		AFSTYLA	65	ambrisentan	235
LANCETS	133	aftera	172, 192	amcinonide	243
ACCURETIC	75, 145	AIMOVI G	113	AMELUZ	253
accutane	253	ak-poly-bac	148	amethia	172, 180, 192
ACD-A NOCLOT-50	62	AKTEN	156	amethyst	172, 180, 192
acebutolol hcl	60, 77, 78, 84	AKYNZEO	158, 164	amiloride hcl	91, 142
acetaminophen-codeine	94, 95, 118	ALA SCALP	242	amiloride-hydrochlorothiazide	142, 145
acetaminophen-codeine #2	94, 118	ala-cort	242	aminoamrms	140
acetaminophen-codeine #3	94, 118	albendazole	17	aminocaproic acid	65
acetaminophen-codeine #4	94, 118	albuterol sulfate	59, 234	aminoreliefrms	140
acetazolamide	82, 97, 140, 152	albuterol sulfate hfa	59, 234	amiodarone hcl	85
acetazolamide er	82, 97, 140, 152	ALCAINE	156	amitriptyline hcl	131
acetic acid	155	alclometasone dipropionate	243	AMLODIPINE	
acetylcysteine	205, 233	ALCOHOL PREP PADS	133	BES+SYRSPEND SF	86, 87, 91
acitretin	253	ALDACTAZIDE	89, 145	amlodipine besylate	86, 87, 92
ACTEMRA	212, 216	ALECENSA	36	amlodipine besylate-benazepril hcl	75, 86
ACTEMRA ACTPEN	212, 216	alendronate sodium	207	amlodipine besylate-valsartan	74, 86
ACTHAR	137, 191	ALEVAMAX	253	amnesteam	253
ACTHIB	48	ALFERON N	30, 36, 216	amoxapine	131
ACTIMMUNE	216	alfuzosin hcl er	58	amoxicillin	17, 159, 160
ACTIVELLA	180, 192	ALINIA	19	amoxicillin-potassium clavulanate	17
ACTOPLUS MET	171, 204	aliskiren fumarate	91	amphetamine-dextroamphetamine	94
ACULAR	156	ALKERAN	36	ampicillin	17
ACULAR LS	156	allopurinol	206	AMZEEQ	236
acyclovir	31, 241	almotriptan malate	129	anagrelide hcl	72
ADACEL	47, 48	ALOCRI L	148, 232	ANALPRAM HC	239, 243

ANALPRAM HC SINGLES	239, 243	aspirin ec low strength	72, 73, 105, 127	AZULFIDINE EN-TABS	34, 159, 212, 216
ANALPRAM-HC	239, 243	aspirin low dose	72, 73, 105, 127	azurette	172, 181, 193
ANASPAZ	52	aspirin-dipyridamole er	72, 127	B & C	253
anastrozole	36, 170	ASTRINGYN	65	bac	95, 110, 125
ANCOBON	33	ATABEX OB	69, 257, 260	bacitracin	148
ANDRODERM	169	atazanavir sulfate	29	bacitracin-polymyxin b	149
ANGELIQ	180, 192	atenolol	60, 77, 78, 84	bacitra-neomycin-	
ANNOVERA	172, 180, 192	ATENOLOL+SYRSPEND SF	60, 77, 78, 84	polymyxin-hc	149, 152
ANORO ELLIPTA	52, 59	atenolol-chlorthalidone	77, 146	BACLOFEN	56
ANTICOAGULANT SODIUM		atomoxetine hcl	114	baclofen	56
CITRATE	62	atorvastatin calcium	88	BACTRIM	19, 34, 35
anucort-hc	243	atovaquone	19	BACTRIM DS	19, 34, 35
ANUSOL-HC	243	atovaquone-proguanil hcl	18	BAFIERTAM	216
ANZEMET	158	atropine sulfate	156	BALCOLTRA	172, 181, 193
apap-caff-dihydrocodeine	95, 118, 125	ATROVENT HFA	52, 228	balsalazide disodium	159
APEXICON E	243	AUBAGIO	216	balsam peru-castor oil	253
APOKYN	118	aubra	172, 180, 193	BALVERSA	36, 37
apomorphine hcl	118	aubra eq	172, 180, 193	balziva	172, 181, 193
apraclonidine hcl	155	AUM MINI INSULIN PEN		BANZEL	97
aprepitant	164	NEEDLE	133	BAQSIMI ONE PACK	188, 205
apri	172, 180, 192	AUM READYGARD DUO PEN		BAQSIMI TWO PACK	189, 205
APRISO	159	NEEDLE	133	BARACLUDGE	31
APTIOM	97	AUM SAFETY PEN NEEDLE	133	BAXDELA	33
APTIVUS	29	aurovela 1.5/30	172, 181, 193	BAYER ASPIRIN 72, 73, 105, 128	
ARAKODA	18	aurovela 1/20	172, 181, 193	BAYER ASPIRIN EC LOW	
aranelle	172, 180, 192	aurovela 24 fe	172, 181, 193	DOSE	72, 73, 105, 128
ARANESP (ALBUMIN FREE)	61, 64	aurovela fe 1.5/30	172, 181, 193	BELBUCA	122, 123
ARCALYST	223	aurovela fe 1/20	172, 181, 193	belladonna alkaloids-opium	52, 118
arformoterol tartrate	59	AUSTEDO	132	BELSOMRA	107, 123
ARIKAYCE	16	AUTOLET LANCING DEVICE	133	benazepril hcl	75
aripiprazole	102, 108	AUVI-Q	51, 228	benazepril-	
armodafinil	132	AVAR CLEANSER	236, 248	hydrochlorothiazide	76, 145
ARMOUR THYROID	204	AVAR-E EMOLLIENT	236, 248	BENEFIX	66
ARNUITY ELLIPTA	166, 233	AVAR-E GREEN	236, 249	BENLYSTA	221
ARTISS	253	AVAR-E LS	237, 249	benzalkonium chloride	250
ARZOL SILVER NIT		aviane	172, 181, 193	BENZAMYCIN	237, 250
APPLICATORS	154	avidoxy	18, 34	BENZHYDROCODONE-	
ascomp-codeine	110, 118, 125, 127	AVIDOXY DK	34, 249, 257	ACETAMINOPHEN	95, 118
ashlyna	172, 180, 193	AVONEX PEN	216	BENZNIDAZOLE	19
aspirin	72, 73, 105, 127	AVONEX PREFILLED	216	benzoin	242
aspirin adult low dose	71, 72, 105, 127	AYGESTIN	193	benzoin compound	242
aspirin adult low strength	71, 72, 105, 127	ayuna	172, 181, 193	benzonatate	229
aspirin childrens	72, 105, 127	AYVAKIT	36	benzoyl peroxide-	
aspirin ec	72, 73, 105, 127	AZASAN	212, 216, 221	erythromycin	237, 250
aspirin ec low dose	72, 73, 105, 127	AZASITE	148	benzphetamine hcl	94
		azathioprine	212, 216, 221	benztropine mesylate	55, 97
		azelaic acid	253	BERINERT	211, 222
		azelastine hcl	148, 234	BESIVANCE	149
		AZELEX	253	BESREMI	30, 37, 216
		azithromycin	32	BETADINE OPHTHALMIC	
		AZULFIDINE	34, 159, 212, 216	PREP	155

betaine	223	bumetanide	89, 141	CAPEX.....	243
betamethasone dipropionate	243	BUMEX.....	89, 141	CAPLYTA.....	108
betamethasone dipropionate aug	243	BUPHENYL.....	140	CAPRELSA.....	37
betamethasone valerate	243	buprenorphine	123	captopril	75, 76
BETAPACE AF. 56, 77, 78, 84, 85		buprenorphine hcl	123	carbamazepine	97, 102
BETASERON.....	216	buprenorphine hcl-naloxone hcl	121, 122, 123	carbamazepine er	97, 102
betaxolol hcl .. 61, 77, 78, 84, 151		bupropion hcl	102	CARBATROL.....	98, 102
bethanechol chloride	58	bupropion hcl er (smoking det)	101	carbidopa	115
BETIMOL.....	151	bupropion hcl er (sr)	101	carbidopa-levodopa	115
BETOPTIC-S.....	151	bupropion hcl er (xl)	101	carbidopa-levodopa er	115
BEVESPI AEROSPHERE...52, 59		bupirone hcl	107	carbidopa-levodopa- entacapone	113, 115
BEXSERO.....	48	butalbital-acetaminophen	95, 110	carbinoxamine maleate ..	13, 231
bicalutamide	37	butalbital-apap-caff-cod	95, 110, 118, 125	CARDURA.....	57, 73
BIDIL.....	87, 89	butalbital-apap-caffeine	95, 110, 125	CARDURA XL.....	57, 73, 74
BIJUVA.....	181, 193	butalbital-asa-caff-codeine	110, 118, 125, 128	CARESTART COVID-19	
BIKTARVY.....	26, 27	butalbital-aspirin-caffeine	110, 126, 128	HOME TEST.....	138
BILTRICIDE.....	17	butorphanol tartrate	105, 123	CARETOUCH CONTROL SOL	
BINAXNOW COVID-19 AG		BYDUREON BCISE		LEVEL 2.....	133
HOME TEST.....	138	AUTOINJECTOR.....	189	CARETOUCH HYPODERMIC	
bisacodyl ec	160	BYETTA 10 MCG PEN.....	189	NEEDLE.....	133
bisoprolol fumarate	61, 77, 78, 84	BYETTA 5 MCG PEN.....	189	CARETOUCH	
bisoprolol- hydrochlorothiazide	77, 145	BYLVAY.....	162	LANCING/EJECTOR.....	134
BLEPHAMIDE S.O.P.....	149, 152	BYLVAY (PELLETS).....	162	carglumic acid	140
blisovi 24 fe	173, 181, 193	cabergoline	116	carisoprodol	55
blisovi fe 1.5/30	173, 181, 193	CABLIVI.....	62	CARNITOR.....	223
blisovi fe 1/20	173, 181, 193	CABOMETYX.....	37	CARNITOR SF.....	223
BOOSTRIX.....	47, 48	CAFERGOT.....	57, 105, 126	CAROSPIR.....	89, 91, 142
bosentan	235	caffeine citrate	105, 126	carteolol hcl	151
BOSULIF.....	37	CALAN SR.....	80, 81, 85, 92	cartia xt	80, 81, 85, 92
bp 10-1	237, 249	CALCIFOL.....	142, 260, 264	carvedilol	57, 58, 73, 74, 77, 78, 84
bp cleansing wash	237, 249	calcipotriene	253	CASODEX.....	37
BRAFTOVI.....	37	calcitonin (salmon) 170, 171, 207		cavarest	209
BREATHE COMFORT		CALCITRENE.....	253	CAVERJECT.....	92
CHAMBER/ADULT.....	133	calcitriol	253, 264	CAVERJECT IMPULSE.....	92
BREATHE COMFORT		calcium acetate	141, 142	CAYA.....	227
CHAMBER/CHILD.....	133	calcium acetate (phos binder)	141, 142	CAYSTON.....	30
BREO ELLIPTA.....	59, 166	CALQUENCE.....	37	cefaclor	15
BREXAFEMME.....	18	camila	173, 193	cefaclor er	15
BREZTRI AEROSPHERE	52, 59, 166	camrese	173, 181, 193	cefadroxil	15
briellyn	173, 181, 193	camrese lo	173, 181, 193	cefdinir	15
BRILINTA.....	72	CAMZYOS.....	82	cefixime	15
brimonidine tartrate	148	candesartan cilexetil	74	cefpodoxime proxetil	16
brinzolamide	152	candesartan cilexetil-hctz	74, 145	cefprozil	15
BRIVIACT.....	97	capecitabine	37	cefuroxime axetil	15
bromocriptine mesylate	116			celecoxib	115
BROVANA.....	59			CELONTIN.....	131
BRUKINSA.....	37			CENTANY.....	237
budesonide	167, 233			cephalexin	15

CERVIDIL.....	228	clemastine fumarate	13, 231	COMETRIQ.....	37
CETRAXAL.....	149	CLENPIQ.....	160	COMIRNATY.....	48
cevimeline hcl	58	CLEOCIN.....	30, 237	COMPLERA.....	26, 27
charlotte 24 fe	173, 181, 193	CLEOCIN-T.....	237	compro	125, 159
chateal	173, 181, 193	CLIMARA PRO.....	181, 193	COMTAN.....	113
chateal eq	173, 181, 193	clindacin etz	237	CONCERTA.....	126
CHEMET.....	166, 205	clindacin-p	237	CONDOMS.....	227
CHEMSTRIP BG LOG BOOK.....	134	clindamycin hcl	30	CONDYLOX.....	253
CHEMSTRIP K.....	139	clindamycin palmitate hcl	30	constulose	140
CHEMSTRIP UGK.....	139	clindamycin phos-benzoyl		CONTOUR CONTROL.....	134
CHENODAL.....	161	perox	237, 250	CONTOUR NEXT CONTROL.....	134
chlordiazepoxide hcl	112	clindamycin phosphate	237	CONTOUR NEXT LINK.....	134
chlordiazepoxide-		CLINDESSE.....	237	CONTOUR NEXT MONITOR.....	134
amitriptyline	112, 131	CLINITEST RAPID COVID-19		CONTOUR NEXT ONE.....	134
chlordiazepoxide-clidinium		TEST.....	138	CONTOUR NEXT TEST.....	138
.....	52, 112	CLINOIN.....	79, 237, 242, 253	CONTRAVE.....	97
chlorhexidine gluconate		CLINPRO 5000.....	209	COPASIL.....	253
.....	155, 250	clobazam	111, 112	COPIKTRA.....	37
chloroquine phosphate	18	clobetasol prop emollient		CORDRAN.....	244
chlorpromazine hcl	125	base	243	CORGARD.....	57, 77, 78
chlorthalidone	91, 146	clobetasol propionate	243, 244	CORIFACT.....	66
chlorzoxazone	55	clobetasol propionate e	243	CORLANOR.....	82, 92
CHOLBAM.....	162	CLOBETAVIX.....	244	CORTANE-B.....	239, 244, 250
cholestyramine	79	clocortolone pivalate	244	CORTEF.....	167
cholestyramine light	79	clomipramine hcl	131	CORTENEMA.....	244
CIBINQO.....	212	clonazepam	111, 112	cortic-nd	152, 155, 156
ciclodan	248	clonidine	52, 83	CORTIFOAM.....	244
ciclopirox	248	clonidine hcl	52, 83	CORTISPORIN-TC.....	149, 152
ciclopirox olamine	248	clonidine hcl er	52, 83	CORTROPHIN.....	137, 191
cilostazol	72, 90	clopidogrel bisulfate	72	CORTROSYN.....	137
CILOXAN.....	149	clorazepate dipotassium		COSENTYX (300 MG DOSE)	
CIMDUO.....	27	.....	111, 112	.....	212, 253
cimetidine	14, 164	clotrimazole	241	COSENTYX 150 MG/ML.....	212, 253
cimetidine hcl	14, 164	clotrimazole-betamethasone		COSENTYX SENSOREADY	
CIMZIA PREFILLED KIT		.....	241, 244	(300 MG).....	212, 253
.....	162, 212, 216	clozapine	108	COSENTYX SENSOREADY	
CIMZIA STARTER KIT		CLOZARIL.....	108	PEN.....	212, 253
.....	162, 212, 216	COAGADEX.....	66	COSOPT.....	151, 152
cinacalcet hcl	171	coal tar	250	cosyntropin	138
CIPRO.....	20, 33	COARTEM.....	18	COVARYX.....	169, 181
CIPRO HC.....	149, 152	codeine sulfate	118, 229	COVARYX HS.....	169, 181
CIPRODEX.....	149, 152	colchicine-probenecid	146, 206	COVID-19 AT-HOME TEST....	138
ciprofloxacin hcl	20, 33, 149	colesevelam hcl	79, 170	COVID-19 RAPID SELF TEST	
citalopram hydrobromide	130	COLESTID.....	79	KIT.....	138
CITRANATAL BLOOM		COLESTID FLAVORED.....	79	CREON.....	147, 162
.....	69, 160, 261, 263	colestipol hcl	79	CRESEMBA.....	21
citroma	160	colistimethate sodium (cba) ..	33	CRINONE.....	193
claravis	253	COLY-MYCIN M.....	33	cromolyn sodium ..	148, 155, 232
clarithromycin	20, 32, 160	COMBIGAN.....	148, 151	crotan	252
clarithromycin er	20, 32, 160	COMBIPATCH.....	181, 193	cryselle-28	173, 181, 193
CLEARDETECT COVID-19		COMBIVENT RESPIMAT		CUVPOSA.....	52
AG HOME.....	138	.....	52, 59, 228	CVS KETONE CARE.....	139
clearlax	160	COMBIVIR.....	27	cyanocobalamin	71, 261

CYANOCOBALAMIN.....	71, 261	DEPAKOTE SPRINKLES	98, 102, 105	diclofenac sodium	124, 132, 156, 251
cyclobenzaprine hcl	55	DEPEN TITRATABS	166, 212	diclofenac sodium er	124
CYCLOGYL.....	157	DEPO-ESTRADIOL.....	182, 207	diclofenac-misoprostol	124, 165
CYCLOMYDRIL.....	157	DEPO-PROVERA.....	173, 194	dicloxacin sodium	32
cyclopentolate hcl	157	DEPO-SUBQ PROVERA	104	DICOPANOL FUSEPAQ	13, 55, 97, 107, 229, 232
CYCLOPHENE RAPIDPAQ.....	56	.....	173, 194	DICOPANOL RAPIDPAQ	13, 55, 97, 107, 229, 232
cyclophosphamide	38, 221	DEPO-TESTOSTERONE	169	dicyclomine hcl	52, 53
CYCLOPHOSPHAMIDE ...	38, 221	DERMA-SMOOTH/FS BODY	244	diethylpropion hcl	94
cycloserine	20	.....	244	diethylpropion hcl er	94
CYCLOSET.....	170	DERMA-SMOOTH/FS	244	DIFICID.....	32
cyclosporine	212, 217, 221	SCALP.....	244	diflorasone diacetate	245
cyclosporine modified	212, 216, 221	DERMOTIC.....	152	diflunisal	124
.....	212, 216, 221	DESCOVY.....	27, 28	difluprednate	153
cyproheptadine hcl .	13, 231, 232	desipramine hcl	131	digitek	76, 82
cyred	173, 181, 194	desmopressin ace spray	66, 191	digoxin	76, 82
cyred eq	173, 181, 193	refrig	66, 191	dihydroergotamine mesylate	57, 105
CYSTADANE.....	223	desmopressin acetate ...	66, 191	.....	83, 116
CYSTADROPS.....	155	DESMOPRESSIN ACETATE	66, 191	DILANTIN.....	83, 116
CYSTAGON.....	223	.....	66, 191	DILANTIN INFATABS	83, 116
CYSTARAN.....	155	desmopressin acetate pf	66, 191	diltiazem hcl	80, 81, 85, 92
CYTOTEC.....	165	desmopressin acetate spray	66, 191	diltiazem hcl er	80, 81, 85, 92
cytra k crystals	139	.....	66, 191	diltiazem hcl er beads	80, 81, 85, 92
dabigatran etexilate	63	desogestrel-ethinyl estradiol	173, 182, 194	diltiazem hcl er coated	80, 81, 85, 92
mesylate	63	.....	173, 182, 194	beads	80, 81, 85, 92
dalfampridine er	223	desonide	244	dilt-xr	80, 81, 85, 92
DALIRESP.....	234	DESOWEN.....	244	dimethyl fumarate	217
danazol	169	desoximetasone	245	dimethyl fumarate starter	217
DANTRIUM.....	56	desrx	245	pack	217
dantrolene sodium	56	desvenlafaxine succinate er	128	DIPENTUM.....	159
dapsone	19, 237, 254	dexamethasone	167	diphenhydramine hcl	13, 55, 97, 107, 229, 232
DAPTACEL.....	47, 48	dexamethasone intensol	167	.....	13, 55, 97, 107, 229, 232
DARAPRIM.....	18	dexamethasone sodium	153	diphenoxylate-atropine ..	53, 158
dasetta 1/35	173, 181, 194	phosphate	153	DIPROLENE.....	245
dasetta 7/7/7	173, 182, 194	DEXCOM G6 RECEIVER.....	134	dipyridamole	72, 92
DAURISMO.....	38	DEXCOM G6 SENSOR.....	134	disopyramide phosphate	83
DAYPRO.....	123	DEXCOM G6 TRANSMITTER	134	disulfiram	205
daysee	173, 182, 194	dexmethylphenidate hcl	126	DIURIL.....	91, 145
DAYVIGO.....	107, 123	dexmethylphenidate hcl er ...	126	divalproex sodium ..	98, 102, 106
DEBACTEROL.....	155, 250	dextroamphetamine sulfate ...	94	divalproex sodium er	98, 102, 105
deblitane	173, 194	dextroamphetamine sulfate	94	.....	98, 102, 105
deferasirox	166	er	94	DIVIGEL.....	182, 207
deferasirox granules	166	DIACOMIT.....	98	DODEx.....	71, 261
deferiprone	166	DIASTAT ACUDIAL.....	111, 112	dofetilide	85
DELESTROGEN.....	182, 207	DIASTAT PEDIATRIC.....	111, 112	DOJOLVI.....	140
DELSTRIGO.....	26, 27	DIATRUST COVID-19 HOME	138	dolishale	173, 182, 194
delyla	173, 182, 194	TEST	138	donepezil hcl	58
demeclocycline hcl	34	diazepam	111, 112	DOPTLET.....	64
DEMSEr.....	223	diazepam intensol	111, 112	DORZOLAMIDE HCL.....	152
DENGVAXIA.....	48	diazoxide	170	dorzolamide hcl	152
DENTA 5000 PLUS.....	209	diclofenac potassium	124		
DENTAGEL.....	209				
DEPAKOTE.....	98, 102, 105				
DEPAKOTE ER.....	98, 102, 105				

dorzolamide hcl-timolol mal		efavirenz	26	ENOVARX-IBUPROFEN	251
.....	151, 152	efavirenz-emtricitab-		ENOVARX-LIDOCAINE HCL ..	240
dotti	182, 207	tenofovir	27, 28	ENOVARX-NAPROXEN	251
DOUBLE PM	149, 153	efavirenz-lamivudine-		ENOVARX-TRAMADOL	254
DOVATO	26, 28	tenofovir	27, 28	enoxaparin sodium	68, 69
doxazosin mesylate	57, 73, 74	EFFER-K	142	enpresse-28	174, 182, 194
doxepin hcl	131, 240	effe-r-k	142	enskyce	174, 182, 194
doxercalciferol	264	EFUDEX	254	ENSPRYNG	217
doxycycline hyclate	18, 34	EGATEN	17	ENSTILAR	245, 254
doxycycline monohydrate	18, 34	EGRIFTA SV	202	entacapone	113
DRISDOL	264	ELESTRIN	182, 207	entecavir	31
DRIZALMA SPRINKLE	128	eletriptan hydrobromide	129	ENTEREG	162
dronabinol	158	ELIGARD	38, 189	ENTRESTO	74, 91
drospiren-eth estrad-		elinest	174, 182, 194	enulose	140
levomefol	173, 182, 194, 261	ELIQUIS	63	EPANED	75, 76
drospirenone-ethinyl		ELIQUIS DVT/PE STARTER		EPCLUSA	23, 24, 25
estradiol	173, 182, 194	PACK	63	EPIDIOLEX	98
DROXIA	38	ELITE-OB	69, 257, 261	EPIFOAM	240, 245
DRYSOL	241	ELIXOPHYLLIN		epinephrine	51, 228
DUAKLIR PRESSAIR	53, 60	.....	88, 126, 141, 236, 257	epitol	98, 102
DUAL COMPLEX FORMULA 1		ELLA	174, 194	EPIVIR	28
KIT	56, 251, 254	ELLUME COVID-19 HOME		EPIVIR HBV	28
DUAVEE	180, 182	TEST	138	epiphenone	89, 91, 142
DUETACT	203, 204	ELMIRON	223	EQUETRO	98, 103
duloxetine hcl	116, 128	ELOCTATE	66	ERGOCAL	264
DUOPA	115	eluryng	174, 182, 194	ergocalciferol	264
DUPIXENT	232, 254	EMCYT	38	ergoloid mesylates	57
DUREZOL	153	EMEND	164	ERGOMAR	57, 106
dutasteride	205	EMGALITY	113	ergotamine-caffeine	58, 106, 126
E.E.S. GRANULES	22	emoquette	174, 182, 194	ERIVEDGE	38
EASIVENT	134	EMPAVELI	211, 223	ERLEADA	38
easygel	209	EMSAM	117	erlotinib hcl	38
EASYMAX 15 LEVEL 2-3		emtricitabine	28	errin	174, 194
CONTROL	134	emtricitabine-tenofovir df	28	ery	237
EASYMAX CONTROL	134	EMTRIVA	28	ERYGEL	237
EASYMAX CONTROL		EMVERM	17	ERYPED 200	22
NORMAL/HIGH	134	enalapril maleate	75, 76	ERYPED 400	22
EC-NAPROSYN	106, 124, 206	enalapril-		ERY-TAB	22
ec-naproxen	106, 124, 206	hydrochlorothiazide	76, 145	ERYTHROCIN STEARATE	22
econazole nitrate	241	ENBRACE HR ..	69, 223, 257, 261	erythromycin	23, 149, 237
econtra ez	173, 194	ENBREL	213, 217	erythromycin base	22, 23
econtra one-step	174, 194	ENBREL MINI	212, 217	erythromycin ethylsuccinate	23
EC-RX DHEA	223	ENBREL SURECLICK	213, 217	ESBRIET	229
EC-RX ESTRADIOL	182, 207	ENCARE	227	escitalopram oxalate	130
EC-RX PROGESTERONE	194	ENDARI	223	ESGIC	95, 110, 126
EC-RX TESTOSTERONE	169	endocet	95, 119	esomeprazole magnesium ...	165
EDARBI	74	ENDOMETRIN	194	est estrogens-methyltest	
EDARBYCLOR	74, 145	ENGERIX-B	48	.....	169, 183
EDEX	92	ENLITE GLUCOSE SENSOR	134	est estrogens-methyltest ds	
ED-SPAZ	53	ENOVARX-AMITRIPTYLINE ..	131	.....	169, 182
EDURANT	26	ENOVARX-BACLOFEN	56	est estrogens-methyltest hs	
EEMT	169, 182	ENOVARX-		.....	169, 182
EEMT HS	169, 182	CYCLOBENZAPRINE HCL	56	estarylla	174, 183, 194

estazolam	112	FELDENE	124	FLUARIX QUADRIVALENT	48
estradiol	183, 207, 208	felodipine er	86, 87	FLUBLOK QUADRIVALENT	48
estradiol valerate	183, 208	FEM PH	250, 254	FLUCELVAX	
estradiol-norethindrone acet		FEMCAP	227	QUADRIVALENT	48
.....	183, 195	FEMRING	183, 208	fluconazole	21
ESTRING	183, 208	femynor	174, 183, 195	flucytosine	33
ESTROGEL	183, 208	fenofibrate	88	fludrocortisone acetate	167
eszopiclone	107	fenofibrate micronized	88	FLULAVAL QUADRIVALENT	49
ethacrynic acid	89, 141	fentanyl	119	FLUMIST QUADRIVALENT	49
ethambutol hcl	20	fentanyl citrate	119	flunisolide	153, 167, 233
ethosuximide	131	FERRIPROX	166	fluocinolone acetonide	153, 245
ethynodiol diac-eth estradiol		FETZIMA	128	fluocinolone acetonide body	245
.....	174, 183, 195	FETZIMA TITRATION	128	fluocinolone acetonide scalp	
etodolac	124	FINACEA	254	.....	245
etodolac er	124	finasteride	205	fluocinonide	245
etonogestrel-ethinyl		 fingolimod hcl	217	fluocinonide emulsified base	
estradiol	174, 183, 195	FINTEPLA	98	.....	245
etoposide	38	finzala	174, 183, 195	FLUORIDEX	209
etravirine	27	FIORICET	95, 110, 126	fluoridex daily renewal	209
EUCRISA	239	FIRDAPSE	224	FLUORIDEX ENHANCED	
euthyrox	204	FIRMAGON	38, 170	WHITENING	209
EVAMIST	183, 208	FIRMAGON (240 MG DOSE)		FLUORIDEX SENSITIVITY	
everolimus	38, 221	.....	38, 170	RELIEF	132, 209
EVERSENSE		FIRST-LANSOPRAZOLE	165	FLUORIMAX 5000	209
SENSOR/HOLDER	134	FIRST-METRONIDAZOLE		FLUORIMAX 5000 SENSITIVE	
EVERSENSE SMART		.....	16, 19, 160	.....	132, 209
TRANSMITTER	134	FIRST-MOUTHWASH BLM		fluoritab	209
EVOCLIN	238	.....	13, 156, 157, 159, 160, 240	fluorometholone	153
EVOTAZ	29, 224	FIRST-OMEPRAZOLE	165	fluorouracil	254
EVRYSDI	224	FIRST-PROGESTERONE		fluoxetine hcl	130
EXELDERM	241	VGS	195	fluphenazine hcl	125
exemestane	38, 170	FIRVANQ	23	flurandrenolide	245
EXKIVITY	38	flac	153	flurazepam hcl	112
EXTINA	241	FLAGYL	16, 19, 160	flurbiprofen	124
EYSUVIS	153	FLAREX	153	flurbiprofen sodium	156
EZALLOR SPRINKLE	88	flavoxate hcl	257	flutamide	38
ezetimibe	83	flecainide acetate	84	fluticasone propionate	
ezetimibe-simvastatin	83, 88	FLEQSUVY	56	.....	153, 167, 233, 245, 246
falmina	174, 183, 195	FLEXICHAMBER	135	FLUTICASONE-	
famciclovir	31	FLEXICHAMBER ADULT		SALMETEROL	60, 167
famotidine	14, 164	MASK/SMALL	135	fluvastatin sodium	88
FANAPT	108	FLEXICHAMBER CHILD		fluvastatin sodium er	88
FANAPT TITRATION PACK	108	MASK/LARGE	135	fluvoxamine maleate	130
FANATREX FUSEPAQ	95, 98	FLEXICHAMBER CHILD		fluvoxamine maleate er	130
FASENRA PEN	232	MASK/SMALL	135	FLUZONE HIGH-DOSE	
FAVIPIRAVIR	21	FLOLIPID	88	QUADRIVALENT	49
fayosim	174, 183, 195	FLORIVA	209, 264	FLUZONE QUADRIVALENT	49
FBL KIT	56, 240, 251, 254	FLORIVA PLUS	209, 258	FML	153
FC2 FEMALE CONDOM	227	FLOVENT DISKUS	167, 233	FML FORTE	153
febuxostat	206	FLOVENT HFA	167, 233	FML LIQUIFILM	153
FEIBA	66	FLOWFLEX COVID-19 AG		FOCALIN	126
felbamate	98	HOME TEST	138	folic acid	261
FELBATOL	98	FLUAD QUADRIVALENT	48	fondaparinux sodium	62

FORANE	117	GENVOYA.....	26, 28	hailey 24 fe.....	174, 183, 195
formaldehyde	139	GILENYA.....	217	hailey fe 1.5/30	174, 183, 195
formoterol fumarate	60, 234	GILOTRIF.....	39	hailey fe 1/20	174, 183, 195
FORTISCARE CONTROL.....	135	GILPHEX TR.....	52, 231	halcinonide	246
FOSAMAX.....	208	glatiramer acetate	217	HALCION.....	112
FOSAMAX PLUS D.....	208, 264	glatopa	217	halobetasol propionate	246
fosamprenavir calcium	29	GLEOSTINE	39	HALOG	246
fosfomycin tromethamine	35	glimepiride	203	haloperidol	113
fosinopril sodium	75, 76	glipizide	203	haloperidol lactate	113
fosinopril sodium-hctz ...	76, 145	glipizide er	203	HALUCORT.....	254
FOSRENOL.....	141, 205	glipizide xl	203	HARVONI.....	23, 24, 25
FOTIVDA.....	39	glipizide-metformin hcl .	171, 203	HAVRIX.....	49
FRAGMIN.....	69	glucagon emergency kit		heather	174, 195
FREESTYLE LIBRE 14 DAY		.....	189, 205	hematinic/folic acid	69, 261
READER.....	135	GLUCAGON EMERGENCY		HEMLIBRA.....	66
FREESTYLE LIBRE 14 DAY		KIT.....	189, 205	hemocyte-f	69, 261
SENSOR.....	135	GLUCOTROL XL.....	203	HEMOPIL M.....	66
FREESTYLE LIBRE 2		glutaraldehyde	139	heparin sod (pork) lock flush .	69
READER.....	135	glyburide	203	heparin sodium (porcine)	69
FREESTYLE LIBRE 2		glyburide micronized	203	heparin sodium (porcine) pf ..	69
SENSOR.....	135	glyburide-metformin	171, 203	HEPLISAV-B.....	49
FREESTYLE LIBRE 3		glycolax	160	HETLIOZ.....	107
SENSOR.....	135	glycopyrrolate	53	HETLIOZ LQ.....	107
FREESTYLE LIBRE READER	135	glydo	240	HIBERIX.....	49
FROTEK.....	251	GLYNASE	204	HIPREX.....	35
frovatriptan succinate	129	GLYXAMBI.....	179, 202	homatropaire	157
furosemide	89, 141	GOLYTELY	161	HUMALOG.....	201
FUZEON.....	25	goodsense aspirin adults		HUMALOG KWIKPEN.....	201
fyavolv	183, 195	.....	72, 73, 106, 128	HUMALOG MIX 50/50	
FYCOMPA.....	98	goodsense aspirin low dose		KWIKPEN.....	201
gabapentin	95, 98	.....	72, 73, 106, 128	HUMALOG MIX 50/50 VIAL....	201
GABITRIL.....	98	goodsense nicotine	55	HUMALOG MIX 75/25	
GALAFOLD.....	224	GORDOFILM.....	242, 249	KWIKPEN.....	201
galantamine hydrobromide	58	GRALISE.....	95, 99	HUMALOG MIX 75/25 VIAL....	201
galantamine hydrobromide		granisetron hcl	158	HUMALOG U-100 JUNIOR	
er	58	GRASTEK.....	46	KWIKPEN.....	201
GALZIN.....	142	griseofulvin microsize	18	HUMATE-P.....	66
GARDASIL 9.....	49	griseofulvin ultramicrosize	18	HUMIRA.....	163, 213, 218
gatifloxacin	149	guaiaatussin ac	230, 231	HUMIRA PEDIATRIC	
GATTEX.....	162	guaifenesin ac	230, 231	CROHNS START	
gavilax	160	guaifenesin-codeine	230, 231	.....	162, 163, 213, 217, 218
gavilyte-c	160	guanfacine hcl	83, 114	HUMIRA PEN.....	163, 213, 218
gavilyte-g	160	guanfacine hcl er	114	HUMIRA PEN-CD/UC/HS	
GAVRETO.....	39	GUARDIAN CONNECT		STARTER	163, 213, 218
GELFILM.....	66	TRANSMITTER	135	HUMIRA PEN-PEDIATRIC UC	
gemfibrozil	88	GUARDIAN LINK 3		START	163, 213, 218
gemmily	174, 183, 195	TRANSMITTER	135	HUMIRA PEN-PS/UV/ADOL	
generlac	140	GUARDIAN SENSOR (3).....	135	HS START	163, 213, 218
gengraf	213, 217, 221	GUARDIAN SENSOR 3.....	135	HUMIRA PEN-PSOR/UEVIT	
gentak	149	GYNAZOLE-1	241	STARTER	163, 213, 218
gentamicin sulfate	149, 238	habitrol	55	HUMULIN 70/30 KWIKPEN	
gentle laxative	160	HAEGARDA.....	211, 223	.....	190, 201
gentlelax	160	hailey 1.5/30	174, 183, 195	HUMULIN 70/30 VIAL.....	190, 201

HUMULIN N KWIKPEN.....	190	IHEALTH COVID-19 RAPID TEST	138	isibloom	174, 184, 195
HUMULIN N VIAL.....	190	imatinib mesylate	39	isoflurane	117
HUMULIN R U-500 KWIKPEN	201	IMBRUVICA.....	39	isoniazid	20
HUMULIN R U-500 VIAL.....	201	IMCIVREE.....	97	ISOPTO ATROPINE.....	157
HUMULIN R VIAL.....	201	imipramine hcl	131	isosorb dinitrate-hydralazine	87, 89
HYCANTIN	39	imipramine pamoate	131	isosorbide dinitrate	90
hydralazine hcl	87	imiquimod	254	isosorbide mononitrate	90
HYDREA	39	IMITREX.....	129	isosorbide mononitrate er	90
HYDRO 40	249	IMPAVIDO.....	19	isotretinoin	254
hydrochlorothiazide	91, 145	IMVEXXY MAINTENANCE		isradipine	86, 87
hydrocodone bitartrate er	119	PACK.....	184	ISTALOL.....	151
hydrocodone bit-homatrop		IMVEXXY STARTER PACK...	184	ISTURISA.....	224
mbr	53, 230	INBRIJA.....	115	itraconazole	22
hydrocodone polst-		incassia	174, 195	ivermectin	17, 252
chlorphen polst er susp .	14, 230	INCRELEX.....	202	jaimiess	174, 184, 195
hydrocodone-		indapamide	91, 146	JAKAFI.....	40
acetaminophen	95, 119	INDICAID COVID-19 RAPID		JANSSEN COVID-19	
hydrocodone-ibuprofen	119, 124	TEST	138	VACCINE.....	49
hydrocortisone	167, 246	INDOCIN.....	124, 206	jantoven	63
hydrocortisone (perianal)	246	indomethacin	124, 206	JARDIANCE	202
hydrocortisone ace-		indomethacin er	124, 206	jasmiel	174, 184, 195
pramoxine	240, 246	INFANRIX.....	47, 49	jencycla	174, 195
hydrocortisone acetate	246	INLYTA	39, 40	JENTADUETO	171, 179
hydrocortisone butyrate	246	INOVA.....	248, 250	JENTADUETO XR	171, 179
hydrocortisone valerate	246	INOVA 4/1 ACNE CONTROL		jinteli	184, 195
hydrocortisone-acetic acid		THERAPY	248, 249, 250	JIVI.....	66
.....	153, 155	INOVA 8/2 ACNE CONTROL		jolessa	174, 184, 195
hydrocortisone-iodoquinol		THERAPY	248, 249, 250	JUBLIA.....	241
.....	246, 250	INQOVI.....	40	juleber	174, 184, 195
hydrocort-pramoxine		INREBIC.....	40	JULUCA.....	26, 27
(perianal)	240, 246	INSPIREASE RESERVOIR		junel 1.5/30	174, 184, 195
hydromet	53, 230	BAGS.....	135	junel 1/20	175, 184, 195
hydromorphone hcl	119	INSULIN PEN NEEDLES	135	junel fe 1.5/30	175, 184, 195
hydromorphone hcl er	119	INSULIN SYRINGES.....	136	junel fe 1/20	175, 184, 195
hydroxychloroquine sulfate		INTELENCE	27	junel fe 24	175, 184, 195
.....	18, 213, 218	INTELISWAB COVID-19		JUST RIGHT 5000.....	209
hydroxyurea	39	RAPID TEST	138	JUXTAPID.....	77
hydroxyzine hcl	13, 14, 107	INTRAROSA	167	JYNARQUE	146
hydroxyzine pamoate	13, 14, 107	INTRON A	30, 40, 218	K.B.G.L IN TERODERM	
HYOPHEN.....	35, 53, 95	introvale	174, 184, 195	.....	56, 124, 240, 251, 254
hyoscyamine sulfate	53	INVELTYS	153	kaitlib fe	175, 184, 195
hyoscyamine sulfate er	53	iodine strong	231	KALETRA	29
hyoscyamine sulfate sl	53	iodine tincture	250	kalliga	175, 184, 196
hyosyne	53	IPOL.....	49	KALYDECO.....	231
HYPERSAL.....	233	ipratropium bromide	53, 229	KAPSPARGO SPRINKLE	
ibandronate sodium	208	ipratropium-albuterol	53, 60, 229	.....	61, 77, 78, 84
IBRANCE	39	irbesartan	74	kariva	175, 184, 196
ibuprofen	106, 124	irbesartan-		KATERZIA.....	86, 87, 92
icatibant acetate	208, 223	hydrochlorothiazide	74, 145	KAZANO	171, 179
iclevia	174, 183, 195	IRESSA.....	40	kelnor 1/35	175, 184, 196
ICLUSIG.....	39	ISENTRESS.....	26	kelnor 1/50	175, 184, 196
IDELVION.....	66	ISENTRESS HD.....	26	KEPPRA.....	99
IDHIFA.....	39				

KEPPRA XR.....	99	LAMICTAL STARTER	99, 103	levocetirizine	
KERENDIA.....	89	LAMICTAL XR	99, 103	dihydrochloride	15
KESIMPTA.....	218	lamivudine	28	levofloxacin	20, 21, 33, 149
ketoconazole	22, 241	lamivudine-zidovudine	28	levonest	175, 184, 196
ketodan	241	lamotrigine	99, 103	levonorgest-eth est & eth est	
KETO-DIASTIX.....	139	lamotrigine er	99, 103	.....	175, 184, 196
KETONE TEST	139	lamotrigine starter kit-blue		levonorgest-eth estrad 91-	
KETOPHENE RAPIDPAQ.....	251	.....	99, 103	day	175, 185, 196
KETOROLAC		lamotrigine starter kit-green		levonorgestrel	175, 196
TROMETHAMINE	124	.....	99, 103	levonorgestrel-ethinyl estrad	
ketorolac tromethamine	124, 156	lamotrigine starter kit-		.....	175, 185, 196
KETOSTIX.....	139	orange	99, 103	levonorg-eth estrad triphasic	
KEVEYIS.....	209	LAMPIT	19	.....	175, 185, 196
KEVZARA.....	213	LANCETS	136	levora 0.15/30 (28)	175, 185, 196
KINERET	214, 218	LANOXIN.....	76, 82	levorphanol tartrate	119
KISQALI.....	40	lansoprazole	165	levo-t	204
KISQALI FEMARA.....	40, 170	lanthanum carbonate	141, 205	levothyroxine sodium	204
KLARON.....	238	LANTUS SOLOSTAR	190	levoxyl	204
KLISYRI.....	254	LANTUS U-100 VIAL.....	191	LEVSIN.....	54
klor-con	143	lapatinib ditosylate	40	LEVSIN/SL.....	54
klor-con 10	142	larin 1.5/30	175, 184, 196	LEVULAN KERASTICK.....	254
klor-con m10	142	larin 1/20	175, 184, 196	LEXIVA.....	29
klor-con m15	142	larin 24 fe	175, 184, 196	LIALDA.....	159
klor-con m20	143	larin fe 1.5/30	175, 184, 196	lidocaine	240
klor-con/ef	143	larin fe 1/20	175, 184, 196	lidocaine hcl	156, 240
KLOXXADO.....	122	LASIX.....	89, 141	lidocaine hcl	
KOATE.....	66	latanoprost	157	urethral/mucosal	240
KOATE-DVI.....	67	LATUDA.....	108	lidocaine viscous hcl	156
KOGENATE FS.....	67	layolis fe	175, 184, 196	lidocaine-prilocaine	240
KOMBIGLYZE XR.....	171, 179	LAZANDA.....	119	LIDOPIN.....	240
KORLYM.....	170	L-CYSTINE.....	140	LIDTOPIC MAX.....	240
KOSELUGO.....	40	LEDIPASVIR-SOFOSBUVIR		lindane	252
KOVALTRY	67	.....	24, 25	linezolid	32
K-PHOS.....	143	leena	175, 184, 196	LINZESS.....	163
K-PHOS NO 2.....	139	leflunomide	214, 218, 221	liothyronine sodium	204
K-PHOS-NEUTRAL.....	143	lenalidomide	40, 41, 218, 219	lisinopril	75, 76
k-prime	143	LENVIMA.....	41	lisinopril-	
KRINTAFEL.....	18	lessina	175, 184, 196	hydrochlorothiazide	76, 145
KRISTALOSE.....	140	letrozole	41, 170	L-ISOLEUCINE.....	140
K-TAB.....	143	LETS	51, 205	lithium carbonate	103
kurvelo	175, 184, 196	leucovorin calcium	205, 261	lithium carbonate er	103
KYNMOBI.....	118	LEUKERAN.....	41	LITHOBID.....	103
KYNMOBI TITRATION KIT	118	LEUKINE.....	64	LITHOSTAT	140
KYZATREX.....	169	leuprolide acetate	41, 189	LIVMARLI.....	163
labetalol hcl		levabuterol hcl	60, 234	LIVTENCITY.....	21
.....	57, 58, 73, 74, 77, 78, 84	LEVALBUTEROL HFA.....	60, 235	LO LOESTRIN FE ...	175, 185, 196
lacosamide	99	LEVBID.....	53	lojaimiess	175, 185, 196
LACRISERT.....	155	levetiracetam	100	LOKELMA.....	142
lactulose	140	levetiracetam er	100	LOMAIRA.....	94
lactulose encephalopathy	140	levobunolol hcl	151	LOMOTIL.....	54, 158
LAGEVRIO.....	31	levocarnitine	224	LONSURF.....	41
LAMICTAL.....	99, 103	levocarnitine sf	224	LOPID.....	88
LAMICTAL ODT.....	99, 103			lopinavir-ritonavir	29

LOPRESSOR.....	61, 77, 78, 84	MAYZENT	219	methscopolamine bromide	54
lorazepam	111, 112	MAYZENT STARTER PACK ..	219	methyl salicylate	242
lorazepam intensol	111, 112	me/naphos/mb/hyo1 .	35, 54, 224	methylergonovine maleate ...	228
LORBRENA	41	meclofenamate sodium	124	METHYLIN	126
LORTAB	95, 119	MEDERMA SPF 30	254	methylphenidate hcl	127
loryna	175, 185, 196	MEDROL	167, 168	methylphenidate hcl er	126
losartan potassium	74	medroxyprogesterone		methylphenidate hcl er (cd) .	126
losartan potassium-hctz .	75, 145	acetate	176, 197	methylphenidate hcl er (la) ..	126
LOSEASONIQUE... .	176, 185, 196	mefenamic acid	124	methylprednisolone	168
LOTEMAX	153	mefloquine hcl	18	methyltestosterone	169
LOTEMAX SM	153	megestrol acetate	41, 197	metoclopramide hcl	164, 165
LOTENSIN	75, 76	MEKINIST	41	metolazone	91, 146
LOTENSIN HCT	76, 146	MEKTOVI	41	metoprolol succinate er	
loteprednol etabonate	153	MELOXICAM	124	.....	61, 77, 78, 79, 84
lovastatin	88	meloxicam	124	metoprolol tartrate .	61, 78, 79, 84
low-ogestrel	176, 185, 196	melphalan	41	metoprolol-	
loxapine succinate	107	memantine hcl	114	hydrochlorothiazide	78, 146
lo-zumandimine	176, 185, 196	memantine hcl er	114	METROCREAM	238
LUBIPROSTONE	163	MENACTRA	49	METROLOTION	238
LUCEMYRA	52	MENEST	185, 208	metronidazole	16, 20, 160, 238
LUGOLS STRONG IODINE	250	MENOSTAR	185, 208	METRONIDAZOLE	
LUMAKRAS	41	MENQUADFI	49	BENZO+SYRSPEND ..	16, 20, 160
LUMIGAN	157	MENTAX	242	metirosine	224
LUPKYNIS	221	MENVEO	49	mexiletine hcl	83
lutura	176, 185, 196	meperidine hcl	119	MIACALCIN	171, 208
lyleq	176, 197	meprobamate	107	miconazole 3	241
lyllana	185, 208	mercaptapurine	41, 221	microgestin 1.5/30 .	176, 185, 197
LYNPARZA	41	merzee	176, 185, 197	microgestin 1/20	176, 185, 197
LYRICA	100, 116	mesalamine	159	microgestin 24 fe ..	176, 185, 197
LYSODREN	41	mesalamine-cleanser	159	microgestin fe 1.5/30	
LYSTEDA	67	MESNEX	227	.....	176, 185, 197
LYUMJEV KWIKPEN	201	MESTINON	58	microgestin fe 1/20 .	176, 185, 197
LYUMJEV VIAL	201	metaxalone	56	MICROLET NEXT LANCING	
lyza	176, 197	metformin hcl	171	DEVICE	136
MACROBID	35	metformin hcl er	171	midazolam hcl	112
MACRODANTIN	35	methadone hcl	120	MIDAZOLAM+SYRSPEND SF	
mafenide acetate	250	methadone hcl intensol	120	.....	112
magnesium citrate	161	methadose	120	midodrine hcl	52
MALARONE	18	methadose sugar-free	120	MIFEPREX	228
malathion	252	methamphetamine hcl	94	mifepristone	228
maraviroc	25	methazolamide	82, 152	MIGERGOT	58, 106, 127
MARINOL	158	methenamine hippurate	35	miglitol	169
marlissa	176, 185, 197	methenamine mandelate	35	miglustat	224
MARPLAN	117	methergine	228	mili	176, 185, 197
MATULANE	41	methimazole	171	MILLIPRED	168
matzim la	80, 81, 85, 92	METHITEST	169	mimvey	185, 197
MAVENCLAD	221	methocarbamol	27, 56	mineral oil heavy	161
MAVYRET	24, 25	methotrexate ...	41, 214, 219, 221	MINIPRESS	57, 73, 74
MAXIDEX	153	methotrexate sodium		minocycline hcl	18, 34
MAXITROL	149, 153	.....	42, 214, 219, 222	minoxidil	87
maxi-tuss ac	230, 231	methotrexate sodium (pf)		mirtazapine	102
MAXZIDE	142, 146	.....	42, 214, 219, 221	MIRVASO	255
MAXZIDE-25	142, 146	methoxsalen rapid	252	misoprostol	165

MITIGARE.....	206	MYFEMBREE.....	170, 186, 197	NEULASTA.....	64
MITOSOL.....	149	MYLERAN.....	42	NEUPRO.....	118
mm clearlax	161	myorisan	255	NEURAPTINE.....	95
M-M-R II.....	50	MYSOLINE.....	110	NEURONTIN.....	96, 100
M-NATAL PLUS.....	69, 258, 261	MYTESI.....	158	NEVANAC.....	156
modafinil	132	na sulfate-k sulfate-mg sulf ..	161	nevirapine	27
MODERNA COVID-19 VAC		nabumetone	124	nevirapine er	27
(BOOSTER).....	50	nadolol	57, 78, 79	new day	176, 197
MODERNA COVID-19 VACC		nafrinse	210	NEXIUM.....	165
6M-5Y.....	50	NAFRINSE DAILY		NEXLETOL.....	77
MODERNA COVID-19		ACIDULATED.....	132, 210	NEXLIZET.....	77, 83
VACCINE.....	50	NAFRINSE DAILY/NEUTRAL.....	210	NEXTSTELLIS.....	176, 186, 197
moexipril hcl	75, 76	nafrinse drops	210	niacin er	
molindone hcl	107	NAFRINSE WEEKLY.....	210	(antihyperlipidemic).....	77
mometasone furoate	246	naloxone hcl	122, 205	nicardipine hcl	86, 87, 92
mondoxyne nl	18, 34	naltrexone hcl	122, 205, 206	NICORETTE.....	55
mono-linyah	176, 185, 197	naproxen	106, 124, 125, 206	nicotine	55
MONSELS FERRIC		naproxen sodium ..	106, 125, 206	nicotine polacrilex	55
SUBSULFATE.....	67	naratriptan hcl	129	nicotine polacrilex mini	55
montelukast sodium	232	NARCAN.....	122	nicotine step 1	55
MONUROL.....	35	NARDIL.....	117	nicotine step 2	55
morphine sulfate	120	NASCOBAL.....	71, 261	nicotine step 3	55
morphine sulfate		NATACYN.....	151	NICOTROL.....	55
(concentrate).....	120	NATAZIA.....	176, 186, 197	NICOTROL NS.....	55
morphine sulfate er	120	nateglinide	191	nifedipine	86, 87, 93
morphine sulfate er beads ...	120	NATPARA.....	191, 207	nifedipine er	86, 87, 92
MOTEGRITY.....	163	NAYZILAM.....	111	nifedipine er osmotic release	
MOUNJARO.....	189	NEBUPENT.....	20	.....	86, 87, 93
MOVIPREP.....	161, 263	NEBUSAL.....	233	nikki	176, 186, 197
moxifloxacin hcl	21, 33, 149	necon 0.5/35 (28) ...	176, 186, 197	nimodipine	86, 87, 93
moxifloxacin hcl (2x day)	149	nefazodone hcl	130	NINLARO.....	42
MOZOBIL.....	64	neomycin sulfate	16	nisoldipine er	87
MUCOSITISRX.....	155	neomycin-bacitracin zn-		nitazoxanide	20
MULPLETA.....	64	polymyx	149	NITRO-BID.....	90
MULTAQ.....	85	neomycin-polymyxin-		NITRO-DUR.....	90
multivitamin/fluoride		dexameth	149, 150, 154	nitrofurantoin	35
.....	209, 258, 261	neomycin-polymyxin-		nitrofurantoin macrocrystal ...	35
MULTIVITAMIN/FLUORIDE		gramicidin	150	nitrofurantoin monohydrate	
.....	209, 210, 258, 261	neomycin-polymyxin-hc		macrocrystals	35
multi-vitamin/fluoride ...	209, 258	.....	150, 154	nitroglycerin	90
multi-vitamin/fluoride/iron		NEONATAL + DHA		NITROMIST.....	90
.....	70, 210, 258	.....	70, 143, 224, 258, 261	NITROSTAT.....	90
MULTI-VIT-FLOR.....	210, 258	NEONATAL 19.....	258	NITRO-TIME.....	90
mupirocin	238	NEONATAL COMPLETE		NOCDURNA.....	67, 191
mupirocin calcium	238	.....	70, 258, 261	nora-be	176, 197
MUSE.....	92	NEONATAL FE.....	70, 258, 261	NORDIPEN 5 INJECTION	
my choice	176, 197	NEONATAL PLUS....	70, 258, 261	DEVICE.....	136
my way	176, 197	neo-polycin	150	NORDITROPIN FLEXPRO	
MYALEPT.....	190	neo-polycin hc	150, 154	.....	191, 192, 202, 203
MYAMBUTOL.....	21	NERLYNX.....	42	norethin ace-eth estrad-fe	
MYCOBUTIN.....	21, 33	NESINA.....	179	.....	176, 186, 197, 198
mycophenolate mofetil	222	NESTABS.....	70, 258, 262	norethindrone	177, 198
mycophenolate sodium	222	neuac	238, 251	norethindrone acetate	198

norethindrone acet-ethinyl est	177, 186, 198	nyamyc	252	ONETOUCH DELICA PLUS LANCET33G	136
norethindrone-eth estradiol	186, 198	nylia 1/35	177, 186, 198	ONETOUCH DELICA PLUS LANCING	136
norethindron-ethinyl estradfe	177, 186, 198	nylia 7/7/7	177, 186, 198	ONETOUCH FINEPOINT LANCETS	136
norethin-eth estradiol-fe	177, 186, 198	NYMALIZE	87, 93	ONETOUCH ULTRA	138
norgestimate-eth estradiol	177, 186, 198	nymyo	177, 186, 198	ONETOUCH ULTRA 2	136
norgestimate-ethinyl estradiol triphasic .	177, 186, 198	nystatin	32, 33, 252	ONETOUCH ULTRA MINI	136
norlyroc	177, 198	nystatin-triamcinolone	246, 247, 252	ONETOUCH ULTRASOFT LANCETS	136
NORPACE	83	nystop	252	ONETOUCH VERIO	137, 138
NORPACE CR	83	OCALIVA	163	ONETOUCH VERIO FLEX SYSTEM	136, 137
NORPRAMIN	131	ocella	177, 186, 198	ONETOUCH VERIO IQ SYSTEM	137
nortrel 0.5/35 (28) ..	177, 186, 198	octreotide acetate	163, 202	ONETOUCH VERIO REFLECT	137
nortrel 1/35 (21)	177, 186, 198	OCUFLOX	150	ONFI	111, 112, 113
nortrel 1/35 (28)	177, 186, 198	ODACTRA	46	ONGLYZA	179
nortrel 7/7/7	177, 186, 198	ODEFSEY	27, 28	ONUREG	42
nortriptyline hcl	131	ODOMZO	42	opcicon one-step	177, 198
NORVIR	29	OFEV	229	opium	158
NOURIANZ	114	ofloxacin	33, 150	OPSUMIT	235
NOVAVAX COVID-19 VACCINE	50	olanzapine	103, 104, 108, 109	option 2	177, 198
NOVOEIGHT	67	olanzapine-fluoxetine hcl	109, 130	OPTIONS GYNOL II CONTRACEPTIVE	227
NOVOFINE AUTOCOVER PEN NEEDLE	136	olmesartan medoxomil	74, 75	OPZELURA	255
NOVOFINE PEN NEEDLE	136	olmesartan medoxomil-hctz	75, 146	ORACIT	139
NOVOFINE PLUS PEN NEEDLE	136	olopatadine hcl	14, 148	ORALAIR	46
NOVOSEVEN RT	67	OLUMIANT	214	ORALAIR ADULT STARTER PACK	46
NOXFIL	22	OMECLAMOX-PAK	17, 32, 165	ORALAIR CHILDRENS STARTER PACK	46
np thyroid	204	omega-3-acid ethyl esters	77	oralone	247
NUBEQA	42	omeprazole	165	ORAPRED ODT	168
NUCALA	229	OMEPRAZOLE+SYRSPEND SF ALKA	165	ORAVIG	241
NUCORT	246	OMNIPOD 5 G6 INTRO (GEN 5)	136	ORENCIA	214, 219
NUCYNTA	121	OMNIPOD 5 G6 POD (GEN 5)	136	ORENCIA CLICKJECT ... 214, 219	
NUCYNTA ER	120, 121	ON/GO COVID-19 ANTIGEN TEST	139	ORENITRAM	235
NUEDEXTA	114	ON/GO ONE COVID-19 HOME TEST	139	ORFADIN	224
NULEV	54	ondansetron hcl	158	ORGOVYX	42, 170
NUPLAZID	108	ondansetron odt	158	ORIAHNN	170, 186, 198
NURTEC	113	ONE VITE WOMENS PLUS	70, 258, 262	ORILISSA	170
NUTRIDOX	34, 224, 264	ONETOUCH CLUB LANCETS FINE PT	136	ORKAMBI	230, 231
NUTROPIN AQ NUSPIN 10	192, 203	ONETOUCH DELICA LANCETS 30G	136	ORLISTAT	163
NUTROPIN AQ NUSPIN 20	192, 203	ONETOUCH DELICA LANCETS 33G	136	orphenadrine citrate er	61, 97
NUTROPIN AQ NUSPIN 5	192, 203	ONETOUCH DELICA LANCING DEV	136	OSCIMIN	54
NUWIQ	67	ONETOUCH DELICA PLUS LANCET30G	136	oseltamivir phosphate	31
NUZYRA	17			OSENI	179, 204
				OSMOLEX ER	16, 93
				OSPHENA	180
				OTEZLA	214, 219, 255

OVACE PLUS.....	238	PENTACEL.....	47, 50	pimecrolimus	222, 255
OVACE PLUS WASH.....	238	pentamidine isethionate	20	pimozide	107
OVACE WASH.....	238	pentazocine-naloxone hcl		pimtrea	177, 187, 198
OVIDE.....	252	.....	122, 123	pindolol	57, 78, 79, 84
oxandrolone	169	pentoxifylline er	65	pioglitazone hcl	204
oxaprozin	125	PERFOROMIST.....	60, 235	pioglitazone hcl-glimepiride	204
oxazepam	113	PERIDEX.....	155, 251	pioglitazone hcl-metformin	
OXBRYTA.....	62	perindopril erbumine	75, 76	hcl	171, 204
oxcarbazepine	100	periogard	155, 251	PIQRAY.....	42
OXERVATE.....	155	permethrin	252	pirfenidone	229
oxiconazole nitrate	241	perphenazine	125	pirmella 1/35	177, 187, 198
OXISTAT.....	241	perphenazine-amitriptyline		pirmella 7/7/7	177, 187, 199
oxybutynin chloride	257	.....	125, 132	piroxicam	125
oxybutynin chloride er	257	PERTZYE.....	147, 162	PLAN B ONE-STEP.....	177, 199
oxycodone hcl	121	PFIZER COVID-19 VAC		PLEGRIDY.....	220
oxycodone-acetaminophen		BIVALENT.....	50	PLEGRIDY STARTER PACK.....	220
.....	96, 121	PFIZER COVID-19 VAC-TRIS		PLENVU.....	161, 263
oxymorphone hcl	121	5-11Y.....	50	PNEUMOVAX 23.....	50
oxymorphone hcl er	121	PFIZER COVID-19 VAC-TRIS		podocin-25	255
OZEMPIC.....	189, 190	6M-4Y.....	50	podofilox	255
OZOBAX.....	56	PFIZER-BIONT COVID-19		polycin	150
PACERONE.....	85	VAC-TRIS.....	50	polyethylene glycol 3350	161
PALFORZIA.....	46, 47	PFIZER-BIONTECH COVID-		polymyxin b-trimethoprim	150
paliperidone er	109	19 VACC.....	50	POLYTRIM.....	150
PALYNZIQ.....	147	phenazo	240	POLY-VI-FLOR.....	210, 258
PANCREAZE.....	147, 162	phenazopyridine hcl	240	POLY-VI-FLOR/IRON	
PANDEL.....	247	phendimetrazine tartrate	94	.....	70, 210, 258
PANRETIN.....	255	phendimetrazine tartrate er	94	POMALYST.....	42, 220
pantoprazole sodium	165	phenelzine sulfate	117	portia-28	177, 187, 199
paricalcitol	264	phenobarbital	110	posaconazole	22
PARNATE.....	117	phenoxybenzamine hcl	58, 89	pot & sod cit-cit ac	139
paromomycin sulfate	16	phentermine hcl	94	POTABA.....	262
paroxetine hcl	130	phenylephrine hcl	157	potassium chloride	143
paroxetine hcl er	130	PHENYTEK.....	83, 117	potassium chloride crys er ..	143
PASER.....	21	phenytoin	83, 117	potassium chloride er	143
PAXIL.....	130	phenytoin infatabs	83, 117	potassium citrate er	139
PAXLOVID (150/100).....	21	phenytoin sodium extended		potassium citrate-citric acid	139
PAXLOVID (300/100).....	21	.....	83, 117	potassium iodide	231
PEDIAPRED.....	168	PHEXXI.....	227	PRADAXA.....	63, 64
PEDIARIX.....	47, 50	philith	177, 187, 198	pramipexole dihydrochloride	
PEDVAX HIB.....	50	PHOSLYRA.....	141, 143	.....	118
peg 3350-kcl-na bicarb-nacl	161	PHOSPHA 250 NEUTRAL.....	143	PRAMOSONE.....	240, 247
peg-3350/electrolytes	161	PHOSPHASAL.....	35, 54, 96, 224	PRAMOTIC.....	155, 156
peg-		PHOSPHOLINE IODIDE.....	156	pramox	240
3350/electrolytes/ascorbat		phosphorous	143	prasugrel hcl	72
.....	161, 263	phospho-trin 250 neutral	143	pravastatin sodium	88
PEGASYS.....	30	PHOXILLUM B22K4/0.....	143	praziquantel	17
peg-kcl-nacl-nasulf-na asc-c		PHOXILLUM BK4/2.5.....	143	prazosin hcl	57, 73, 74
.....	161, 263	phytonadione	206, 265	PRECOSE.....	169
peg-prep	161	PIFELTRO.....	27	PRED MILD.....	154
PEMAZYRE.....	42	pilocarpine hcl	58, 156	PRED-G.....	150, 154
penicillamine	166, 214	PILOT COVID-19 AT-HOME		PRED-G S.O.P.....	150, 154
penicillin v potassium	31	TEST.....	139	prednicarbate	247

prednisolone	168	PREVIDENT 5000 ORTHO		proparacaine hcl	156
prednisolone acetate	154	DEFENSE	210	propranolol hcl	
prednisolone sodium		PREVIDENT 5000 PLUS	210	.....	57, 78, 79, 84, 106
phosphate	154, 168	PREVIDENT 5000 SENSITIVE		propranolol hcl er	
prednisone	168	.....	132, 210	.....	57, 78, 79, 84, 106
prednisone intensol	168	PREVNAR 13	50	propylthiouracil	171
PREFEST	187, 199	PREVNAR 20	50	PROQUAD	50
pregabalin	100, 116	PREVYMIS	21	protriptyline hcl	132
PREHEVBRIO	50	PREZCOBIX	30, 225	PROVERA	199
PREMARIN	187, 208	PREZISTA	30	pseudoephedrine-	
PREMESISRX 143, 224, 258, 262		PRIFTIN	21, 33	bromphen-dm	15, 51, 230
PREMIUM CONDOMS		PRIMACARE	70, 225, 259, 262	PULMICORT FLEXHALER	
LUBRICATED	227	primaquine phosphate	19	.....	168, 234
premium lidocaine	240	primidone	110	PULMOZYME	147, 233
PREMPHASE	187, 199	PRISMASOL B22GK 4/0	144	PURIXAN	42, 222
PREMPRO	187, 199	PRISMASOL BGK 0/2.5	144	PYLERA	18, 20, 34, 158, 159
PRENAISSANCE		PRISMASOL BGK 2/0	144	pyrazinamide	21
.....	70, 161, 224, 259, 262	PRISMASOL BGK 2/3.5	144	PYRIDIDIUM	241
prenatal	70, 259, 262	PRISMASOL BGK 4/0/1.2	144	pyridostigmine bromide	58
prenatal plus vitamin/mineral		PRISMASOL BGK 4/2.5	144	pyridostigmine bromide er	58
.....	70, 259, 262	PRISMASOL BK 0/0/1.2	144	pyrimethamine	19
prenatal vitamin plus low		probenecid	146, 206	PYROGALLIC ACID 228, 249, 255	
iron	70, 259, 262	PROCENTRA	94	PYRUKYND	62
PRENATE	144, 259, 262	prochlorperazine	125, 159	PYRUKYND TAPER PACK	63
PRENATE DHA		prochlorperazine maleate		QBRELIS	76
.....	70, 144, 224, 259, 262	.....	125, 159	qc magnesium citrate	161
PRENATE ELITE	70, 259, 262	PROCTOFOAM HC	240, 247	QINLOCK	42
PRENATE ENHANCE		procto-med hc	247	QSYMIA	96
.....	70, 144, 224, 259, 262	procto-pak	247	QUADRACEL	47, 50
PRENATE ESSENTIAL		proctosol hc	247	QUALAQUIN	19
.....	70, 144, 224, 259, 262	proctozone-hc	247	QUESTRAN	80
PRENATE MINI		PROCYSBI	225	QUESTRAN LIGHT	80
.....	70, 144, 225, 259, 262	PROFILNINE	67	quetiapine fumarate	104, 109
PRENATE PIXIE		progesterone	199	quetiapine fumarate er	104, 109
.....	70, 144, 225, 259, 262	PROGESTERONE		QUFLORA PEDIATRIC	211, 259
PRENATE RESTORE		MICRONIZED	199	QUICKVUE AT-HOME	
.....	70, 144, 225, 259, 262	PROGRAF	222	COVID-19 TEST	139
PRENATVITE COMPLETE		PROMACTA	64	quinapril hcl	75, 76
.....	70, 144, 259, 262	promethazine hcl		quinapril-	
PRENATVITE PLUS		.....	13, 14, 107, 158, 232	hydrochlorothiazide	76, 146
.....	70, 144, 259, 262	promethazine vc	14, 52	quinidine gluconate er	19, 83
PRENATVITE RX		promethazine vc/codeine		quinidine sulfate	19, 83
.....	70, 144, 259, 262	.....	14, 52, 230	quinine sulfate	19
PREPIDIL	228	promethazine-codeine	14, 230	rabeprazole sodium	165
PRETOMANID	21	promethazine-dm	14, 230	RADICAVA ORS	114
prevalite	80	promethazine-phenyleph-		RADICAVA ORS STARTER	
PREVIDENT	210	codeine	14, 52, 230	KIT	114
PREVIDENT 5000 BOOSTER		promethazine-phenylephrine		RADIOGARDASE	141, 206
PLUS	210	.....	14, 52	RAGWITEK	47
PREVIDENT 5000 DRY		promethegan ...	14, 107, 158, 232	raloxifene hcl	180, 208
MOUTH	210	PROMISEB	249	ramelteon	107
PREVIDENT 5000 ENAMEL		propafenone hcl	84	ramipril	75, 76
PROTECT	132, 210	propafenone hcl er	84	ranolazine er	82

RAPAMUNE.....	222	ropinirole hcl	118	silodosin	59
rasagiline mesylate	117	rosadan	238	SILVADENE.....	251
RASUVO.....	214, 215	rosuvastatin calcium	88	silver nitrate	155
RAVICTI.....	140	ROWASA.....	159	silver sulfadiazine	251
RAZADYNE ER.....	58	roweepra	100	simliya	178, 187, 199
react	177, 199	ROZLYTREK.....	43	simpesse	178, 187, 199
reclipsen	177, 187, 199	RUBRACA.....	43	SIMPONI.....	164, 215, 220
RECOMBINATE.....	67	RUCONEST.....	211, 223	simvastatin	88
RECOMBIVAX HB.....	51	rufinamide	100	SINEMET.....	115
RECOTHROM.....	67	RUKOBIA.....	25	SINGULAIR.....	232
RECOTHROM SPRAY KIT.....	68	RYBELSUS.....	190	sirolimus	222
RECTIV.....	255	RYDAPT.....	43	SIRTURO.....	21
REGLAN.....	165	SABRIL.....	100	SIVEXTRO.....	32
REGRANEX.....	255	SAFETY PEN NEEDLES.....	137	SKYRIZI.....	255
RELENZA DISKHALER.....	31	sajazir	208, 223	SKYRIZI (150 MG DOSE).....	255
RELISTOR.....	122, 164	SALAGEN.....	58	SKYRIZI PEN.....	255
RELNATE DHA.....	71, 225, 259, 262	salicylic acid	249	SLYND.....	178, 199
REMIGEN.....	255	salimez	249	sod citrate-citric acid	140
repaglinide	191	salsalate	128	sodium bicarbonate	157, 160
REPATHA.....	90	SALVAX DUO PLUS.....	242, 249	sodium chloride	233
REPATHA PUSHTRONEX		SAMSCA.....	147	sodium fluoride	211
SYSTEM.....	90	SANDIMMUNE.....	215, 220, 222	sodium fluoride 5000 enamel	
REPATHA SURECLICK.....	90	SANTYL.....	147, 255	.....	132, 211
RESTASIS.....	155	SAPHRIS.....	104, 109	sodium fluoride 5000 plus	211
RESTORIL.....	113	sapropterin dihydrochloride	225	sodium fluoride 5000 ppm	211
RETACRIT.....	62, 64, 65	SAVAYSA.....	63	sodium fluoride 5000	
RETEVMO.....	42	SAVELLA.....	116, 128	sensitive	132, 211
RETROVIR.....	28	SAVELLA TITRATION PACK		sodium phenylbutyrate	140
REVLIMID.....	43, 220	.....	116, 128	sodium polystyrene	
REXULTI.....	109	SAXENDA.....	190	sulfonate	142, 206
REYATAZ.....	30	SCALACORT DK.....	247, 249	sodium sulfacetamide	238
REYVOW.....	129	SCARCIN.....	255	sodium sulfacetamide wash	238
REZUROCK.....	225	SCEMBLIX.....	43	SODIUM SULFACETAMIDE-	
RHOFADE.....	255	scopolamine	54, 158	BAKUCHIOL.....	225, 238
RHOPRESSA.....	157	SELECT-OB.....	71, 259, 262	SOFOSBUVIR-VELPATASVIR	
ribavirin	31	selegiline hcl	117	.....	24, 25
RIDAURA.....	166, 215, 220	selenium sulfide	251	solifenacin succinate	257
rifabutin	21, 33	SELZENTRY.....	25	SOLIQUA.....	190, 191
rifampin	21, 33	SEREVENT DISKUS.....	60, 235	SOLOSEC.....	20
RIFAMPIN+SYRSPEND SF21, 33		SEROSTIM.....	192, 203	SOMATULINE DEPOT.....	202
riluzole	114	sertraline hcl	130	SOMAVERT.....	203
rimantadine hcl	16	setlakin	177, 187, 199	SOOLANTRA.....	252
RINVOQ.....	215	sevelamer carbonate	141, 206	sorafenib tosylate	43
risedronate sodium	208	sevelamer hcl	141, 206	sotalol hcl	57, 78, 79, 84, 85
risperidone	104, 109	sevoflurane	117	sotalol hcl (af)	57, 78, 79, 84, 85
ritonavir	30	sf	211	SOTYLIZE.....	57, 78, 79, 84, 85
rivastigmine	58	sf 5000 plus	211	SOVALDI.....	24
rivastigmine tartrate	58	SFROWASA.....	159	SPIKEVAX COVID-19	
rivalsa	177, 187, 199	sharobel	177, 199	VACCINE.....	51
RIXUBIS.....	68	SHARPS CONTAINER.....	137	spinosad	252
rizatriptan benzoate	129	SHINGRIX.....	51	SPIRIVA HANDIHALER.....	54, 229
ROCALTROL.....	264	SIGNIFOR.....	202	SPIRIVA RESPIMAT.....	54, 229
ROCKLATAN.....	157	sildenafil citrate	90, 235, 257	spironolactone	89, 91, 142

spironolactone-hctz	89, 146	sulfacetamide-prednisolone	TACLONEX	247, 256
SPORANOX	22	.....	150, 154	tacrolimus
SPORANOX PULSEPAK	22	sulfacetamide-sulfur in urea	.....	222, 256
SPRAVATO (56 MG DOSE) ...	102	.....	239, 249	tadalafil
SPRAVATO (84 MG DOSE) ...	102	sulfadiazine	34	91
sprintec 28	178, 187, 199	sulfamethoxazole-	tadalafil (pah)	91, 235
SPRIX	125	trimethoprim	TAFINLAR	43
SPRYCEL	43	.....	TAGRISSE	44
sps	142, 206	sulfamez wash	take action	178, 199
sronyx	178, 187, 199	SULFAMYLON	TAKHZYRO	222, 223
ssd	251	.....	TALZENNA	44
SSKI	231	sulfasalazine ...	tamoxifen citrate	44, 180
sss 10-5	238, 239, 249	.....	59	tamsulosin hcl
ST JOSEPH LOW DOSE		sulfatrim pediatric	TAPERDEX 12-DAY	168
.....	72, 73, 106, 128	.....	TAPERDEX 6-DAY	168
STALEVO 100	113, 115	sulfurated lime	TAPERDEX 7-DAY	168
STALEVO 125	114, 115	.....	TARGRETIN	44, 256
STALEVO 150	114, 115	sulindac	tarina 24 fe	178, 187, 199
STALEVO 200	114, 116	.....	tarina fe 1/20	178, 187, 199
STALEVO 50	114, 116	sumatriptan	tarina fe 1/20 eq	178, 187, 199
STALEVO 75	114, 116	.....	TARPEYO	168
stavudine	28	sumatriptan succinate	TASIGNA	44
STELARA	255, 256	.....	tavaborole	252
STENDRA	90	sumatriptan succinate refill	TAVALISSE	63
STIMATE	68, 192	subcutaneous solution	TAVNEOS	212, 223
STIOLTO RESPIMAT	54, 60	cartridge	taysofy	178, 187, 199
STIVARGA	43	.....	tazarotene	256
STRENSIQ	147	SUMAXIN	TAZORAC	256
STRIBILD	26, 28, 225	.....	tazia xt	80, 81, 85, 93
STRIVERDI RESPIMAT ...	60, 235	sunitinib malate	TAZVERIK	44
STROMECTOL	17	SUNOSI	TEGRETOL	100, 104
SUBOXONE	122, 123	SUPRAX	TEGRETOL-XR	100, 104
subvenite	100, 104	SUPREP BOWEL PREP KIT ..	TEGSEDI	207
subvenite starter kit-blue		SURESTEP PRO HIGH	TEKTURNA	91
.....	100, 104	GLUCOSE	TEKTURNA HCT	91, 146
subvenite starter kit-green		SURESTEP PRO LOW	telmisartan	74, 75
.....	100, 104	GLUCOSE	telmisartan-hctz	75, 146
subvenite starter kit-orange		SURESTEP PRO NORMAL	temazepam	113
.....	100, 104	GLUCOSE	temozolomide	44
SUCRAID	148	SUSTIVA	TENCON	96, 110
sucrafate	165	SUTAB	TENIVAC	47
SULAR	87	SUTENT	tenofovir disoproxil fumarate	29
SULCONAZOLE NITRATE	242	syeda	TEPMETKO	44
sulfacetamide sodium ..	150, 239	.....	terazosin hcl	57, 73, 74
sulfacetamide sodium (acne)		SYMBICORT	terbinafine hcl	16
.....	239	.....	terbutaline sulfate	60, 235
sulfacetamide sodium		SYMBYAX	terconazole	242
(cleans)	239	.....	TERIPARATIDE	
sulfacetamide sodium-sulfur		SYMDEKO	(RECOMBINANT)	191, 207
.....	239, 249	SYMFI	terrell	117
sulfacetamide sod-sulfur		SYMFI LO	TESTIM	170
wash	239, 249	.....	testosterone cypionate	170
		SYMJEPI	testosterone enanthate	170
		SYMLINPEN 120	tetrabenazine	132
		SYMLINPEN 60	tetracaine hcl	156
		SYMPROIC		
		SYMTUZA		
		SYNAPRYN FUSEPAQ		
		SYNAREL		
		SYNDROS		
		SYNJARDY		
		SYNJARDY XR		
		SYNRIBO		
		TABLOID		
		TABRADOL FUSEPAQ		
		TABRADOL RAPIDPAQ		
		TABRECTA		

tetracycline hcl	19, 35, 160	TOUJEO MAX SOLOSTAR	191	tri-nymyo	178, 188, 200
TETRIX	256	TOUJEO SOLOSTAR	191	TRIPLE COMPLEX FORMULA	
TEXACORT	247	TPOXX	21	3 KIT	241, 251, 256
THALOMID	220	TRACLEER	235	TRIPLE PMB	150, 154, 156
THEO-24 ... 88, 127, 141, 236, 257		TRADJENTA	179	TRIPLE PMK	151, 154, 156
theophylline		tramadol hcl	121	tri-sprintec	178, 188, 200
.....	88, 127, 141, 236, 257	tramadol hcl er	121	TRISTART DHA	
theophylline er		tramadol hcl er (biphasic)	121	.....	71, 144, 225, 259, 263
.....	88, 127, 141, 236, 257	tramadol-acetaminophen	96, 121	TRISTART FREE	
THIOLA	225	trandolapril	75, 76	.....	71, 144, 225, 259, 263
THIOLA EC	225	trandolapril-verapamil hcl er		TRISTART ONE	
thioridazine hcl	125	.....	76, 82	.....	71, 144, 226, 260, 263
thiothixene	131	tranexamic acid	68	TRIUMEQ	26, 29
THROMBIN-JMI	68	TRANXENE-T	111, 113	TRIUMEQ PD	26, 29
THROMBIN-JMI EPISTAXIS	68	tranylcypramine sulfate	117	TRI-VI-FLOR ... 211, 260, 263, 264	
THROMBOGEN	68	trazodone hcl	130	TRI-VI-FLORO 211, 260, 263, 264	
tiadylt er	80, 81, 86, 93	TRECTOR	21	tri-vite/fluoride	211, 260, 264
tiagabine hcl	101	TRELEGY ELLIPTA ... 54, 60, 168		trivora (28)	178, 188, 200
TIAZAC	80, 81, 86, 93	TREMFYA	256	tri-vylibra	178, 188, 200
TIBSOVO	44	tretinoin	44, 242	tri-vylibra lo	178, 188, 200
TIGLUTIK	114	TRETTEN	68	TRIZIVIR	29
TIKOSYN	85	TREXALL	44, 215, 221, 222	trospium chloride	257
tilia fe	178, 187, 199	TREZIX	96, 121, 127	TRUE METRIX LEVEL 1	137
timolol maleate		tri femynor	178, 187, 199	TRUE METRIX LEVEL 2	137
.....	57, 78, 79, 85, 106, 151	triamcinolone acetoneide		TRUE METRIX LEVEL 3	137
timolol maleate (once-daily)	151	.....	247, 248	TRULICITY	190
timolol maleate ocudose	151	triamterene	91, 142	TRUMENBA	51
timolol maleate pf	151	triamterene-hctz	142, 146	TRUSELTIQ (100MG DAILY	
TIMOPTIC	152	triazolam	113	DOSE)	44
TIMOPTIC OCUDOSE	152	TRICITRASOL	62	TRUSELTIQ (125MG DAILY	
TIMOPTIC-XE	152	tricitrates	140	DOSE)	44
tinidazole	20	triderm	248	TRUSELTIQ (50MG DAILY	
tiopronin	225	TRIDESILON	248	DOSE)	44
TIROSINT-SOL	204	trientine hcl	166	TRUSELTIQ (75MG DAILY	
TISSEEL	256	tri-estarylla	178, 187, 199	DOSE)	44
TIVICAY	26	trifluoperazine hcl	125	TRUSOPT	152
TIVICAY PD	26	trifluridine	151	TRUVADA	29
tizanidine hcl	56	trihexyphenidyl hcl	55, 97	TUKYSA	44
TOBI PODHALER	16	TRIJARDY XR	172, 180, 202	TURALIO	45
TOBRADEX	150, 154	TRIKAFTA	230, 231	turpentine	242
tobramycin	17, 150	tri-legest fe	178, 187, 200	TWINRIX	51
tobramycin-dexamethasone		TRILEPTAL	101	TWIRLA	178, 188, 200
.....	150, 154	tri-linyah	178, 187, 200	tyblume	178, 188, 200
TOBRESX	150	tri-lo-estarylla	178, 187, 200	TYBOST	226
tolcapone	114	tri-lo-marzia	178, 187, 200	tydemy	178, 188, 200, 263
tolterodine tartrate	257	tri-lo-mili	178, 188, 200	TYMLOS	191, 207
tolvaptan	147	tri-lo-sprintec	178, 188, 200	TYRVAYA	155
TOPAMAX	101, 106	trimethobenzamide hcl	159	TYVASO	235
TOPAMAX SPRINKLE	101, 106	trimethoprim	35	TYVASO REFILL	236
TOPICORT	247	tri-mili	178, 188, 200	TYVASO STARTER	236
topiramate	101, 106	trimipramine maleate	132	UBRELVY	113
toremifene citrate	44, 180	TRINATE	71, 259, 262	UCERIS	169, 248
torseמידe	89, 141	TRINTELLIX	131	ULTANE	117

ULTRACET.....	96, 121	verapamil hcl er	80, 81, 82, 86, 93	VP GKL KIT.....	241, 251, 256
UNISTRIP CONTROL.....	137	VEREGEN.....	256	VRAYLAR.....	109
unithroid	205	VERELAN.....	81, 82, 86, 93	VTOL LQ.....	96, 110, 127
UPNEEQ.....	157	VERELAN PM.....	81, 82, 86, 93	vyfemla	179, 188, 200
UPTRAVI.....	236	VERQUVO.....	93	VYLEESI.....	115
urea	250	VERZENIO.....	45	vylibra	179, 188, 200
urea nail	250	vestura	178, 188, 200	VYNDAMAX.....	82, 115, 226
URELLE.....	36, 54, 96, 226	VFEND.....	22	VYNDAQEL.....	82, 226
UREMEZ-40.....	250	VIBERZI.....	164	VYVANSE.....	94
URIMAR-T.....	36, 54, 96, 226	VIBRAMYCIN.....	19, 35	WAKIX.....	132
urin ds	36, 54, 96, 226	VICTOZA.....	190	warfarin sodium	63
URO-458.....	36, 54, 96, 226	VIEKIRA PAK.....	24, 25	WEGOVY.....	190
UROCID-K 10.....	140	vienva	178, 188, 200	WELIREG.....	45
UROCID-K 15.....	140	vigabatrin	101	wera	179, 188, 200
UROCID-K 5.....	140	vigadrone	101	WESCAP-C DHA	
UROGESIC-BLUE.....	36, 54, 226	VIBRYD STARTER PACK.....	131	.....	71, 226, 260, 263
ursodiol	161	VIJOICE.....	226	WESCAP-PN DHA	
URSODIOL+SYRSPEND SF..	161	vilazodone hcl	131	.....	71, 145, 226, 260, 263
USTELL.....	36, 54, 96, 226	VILEVEV MB.....	36, 54, 96, 226	WESNATE DHA	71, 226, 260, 263
UTIRA-C.....	36, 54, 96, 226	VIMPAT.....	101	WESTGEL DHA	
valacyclovir hcl	31	VINATE ONE.....	71, 260, 263	.....	71, 145, 226, 260, 263
VALCHLOR.....	256	VIOKACE.....	148, 162	wheat germ oil	265
valganciclovir hcl	31	viorele	179, 188, 200	WIDE-SEAL DIAPHRAGM 60	227
valproic acid	101, 104, 106	VIRACEPT.....	30	WIDE-SEAL DIAPHRAGM 65	227
valsartan	74, 75	VIRAZOLE.....	31	WIDE-SEAL DIAPHRAGM 70	227
valsartan-		VIREAD.....	29	WIDE-SEAL DIAPHRAGM 75	227
hydrochlorothiazide	75, 146	VISTARIL.....	14, 107	WIDE-SEAL DIAPHRAGM 80	227
VALTOCO.....	111	VISTOGARD.....	206	WIDE-SEAL DIAPHRAGM 85	227
VANCOICIN.....	23	VITAFOL FE+		WIDE-SEAL DIAPHRAGM 90	228
vancomycin hcl	23	.....	71, 145, 226, 260, 263	WIDE-SEAL DIAPHRAGM 95	228
VANCOMYCIN+SYRSPEND		VITAFOL STRIPS.....	260	WILATE.....	68
SF.....	23	VITAFOL-NANO.....	71, 260, 263	WILZIN.....	145
vandazole	16, 239	VITAFOL-OB+DHA		wymzya fe	179, 188, 200
VAQTA.....	51	.....	71, 145, 226, 260, 263	XARELTO.....	63
vardefafil hcl	91	vitamin d (ergocalciferol)	264	XARELTO STARTER PACK.....	63
varenicline tartrate	55	vitamins acd-fluoride		XATMEP.....	45, 215, 221, 222
VARIVAX.....	51	.....	211, 260, 264	XCOPRI.....	101
VAXNEUVANCE.....	51	VITATHELY WITH GINGER		XELJANZ.....	215
VCF VAGINAL		.....	71, 260, 263	XELJANZ XR.....	215, 216
CONTRACEPTIVE.....	227	VITRAKVI.....	45	XELPROS.....	157
vcf vaginal contraceptive	227	VIZIMPRO.....	45	XENICAL.....	164
VECAMYL.....	89	VOCABRIA.....	26	XENLETA.....	32
velivet	178, 188, 200	volnea	179, 188, 200	XEPI.....	239
VELPHORO.....	141	VONJO.....	45	XERMELO.....	158
VELTASSA.....	142	VONVENDI.....	68	XIFAXAN.....	33
VENCLEXTA.....	45	voriconazole	22	XIIDRA.....	155
VENCLEXTA STARTING		VORTEX VALVED HOLDING		XOFLUZA (40 MG DOSE).....	21
PACK.....	45	CHAMBER.....	137	XOFLUZA (80 MG DOSE).....	21
VENELEX.....	256	VOSEVI.....	24, 25	XOLAIR.....	234
venlafaxine hcl	129	VOTRIENT.....	45	XOLEGEL.....	242
venlafaxine hcl er	128	VOXZOGO.....	226	XOLEGEL COREPAK.....	242, 248
VENTAVIS.....	236	VP FC KIT.....	56, 251, 256	XOLEGEL DUO/HEAD &	
verapamil hcl	81, 82, 86, 93			SHOULDERS.....	242, 251

XOLEGEL DUO/XOLEX	242, 251	zidovudine	29
XOPENEX HFA	60, 235	ZIEXTENZO	65
XOSPATA	45	zileuton er	232
XPOVIO (100 MG ONCE WEEKLY)	45	ZILXI	239
XPOVIO (40 MG ONCE WEEKLY)	45	ZIMHI	122, 206
XPOVIO (40 MG TWICE WEEKLY)	45	ZIOPTAN	157
XPOVIO (60 MG ONCE WEEKLY)	45	ziprasidone hcl	105, 110
XPOVIO (60 MG TWICE WEEKLY)	45	ZIRGAN	151
XPOVIO (80 MG ONCE WEEKLY)	46	ZITHROMAX	32
XPOVIO (80 MG TWICE WEEKLY)	46	ZITHROMAX TRI-PAK	32
XTAMPZA ER	121	ZITHROMAX Z-PAK	32
XTANDI	46	ZOKINVY	227
xulane	179, 188, 200	ZOLINZA	46
XURIDEN	226	zolmitriptan	129
XYNTHA	68	zolpidem tartrate	108
XYNTHA SOLOFUSE	68	zolpidem tartrate er	108
XYREM	115	ZOLPIMIST	108
XYWAV	115	ZOMIG	130
YASMIN 28	179, 188, 200	ZONEGRAN	101
YAZ	179, 188, 200	zonisamide	101
YUPELRI	55	ZONTIVITY	72
yuvafem	188, 208	ZORBTIVE	192, 203
ZACARE	242, 251	zovia 1/35 (28)	179, 188, 200
zaclir cleansing	251	ZOVIRAX	31
zafemy	179, 188, 200	ZTLIDO	205
zafirlukast	232	ZUBSOLV	122, 123
zaleplon	108	zumandimine	179, 188, 200
ZANAFLEX	56	ZYDELIG	46
ZARONTIN	131	ZYFLO	232
ZARXIO	65	ZYLET	151, 154
ZEBUTAL	96, 110, 127	ZYLOPRIM	206
ZEGALOGUE	189, 206	ZYMAXID	151
ZEJULA	46	ZYVOX	32
ZELAPAR	117, 118		
ZELBORAF	46		
ZEMPLAR	264		
zenatane	256		
ZENPEP	148, 162		
ZEPATIER	24, 25		
ZEPOSIA	221		
ZEPOSIA 7-DAY STARTER PACK	221		
ZEPOSIA STARTER KIT	221		
ZETONNA	154		
ZIAC	78, 146		
ZIAGEN	29		