

Your 2024 Western Health Advantage 4-Tier Preferred Drug List (PDL)

Effective Dec. 1, 2024



For the most current list of covered medications or if you have questions:



Call Member Services:

- **1-916-563-2250** or **1-888-563-2250**, toll free
- TDD/TTY, **1-888-877-5378**



Visit **optumrx.com** to:

- Find a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.
- Find an electronic copy of the formulary.
- Get plan coverage information.

This PDL includes a list of medications covered by Western Health Advantage (WHA). This list is updated at least monthly and is subject to change. All previous versions are no longer in effect.

Health plan products:

- | | | |
|--------------------------------------|-----------------------------------|----------------------------------|
| • Advantage WHA Bronze 6900 HDHP HMO | • Gateway 2000 Gold 80 HDHP HMO | • Sierra 50 Silver 70 HMO |
| • Advantage WHA Silver 4100 HDHP HMO | • Gateway 30 Platinum 90 HMO | • Sierra 6500 Bronze 60 HDHP HMO |
| • Capital 15 Platinum 90 HMO | • Gateway 4010 Gold 80 HMO | • Sierra 6900 Bronze 60 HDHP HMO |
| • Capital 2000 Silver 70 HMO | • Gateway 4020 Gold 80 HMO | • WHA \$0 Cost Share HMO AI-AN |
| • Capital 2250 Silver 70 HMO | • Gateway 5020 Silver 70 HMO | • WHA Bronze 60 HDHP HMO |
| • Capital 250 Gold 80 HMO | • Gateway 5200 Bronze 60 HDHP HMO | • WHA Bronze 60 HMO |
| • Capital 2500 Silver 70 HDHP HMO | • Gateway 6500 Bronze 60 HDHP HMO | • WHA Gold 80 HMO |
| • Capital 30 Gold 80 HMO | • Gateway 6900 Bronze 60 HDHP HMO | • WHA Minimum Coverage HMO |
| • Capital 6000 Bronze 60 HDHP HMO | • Gateway 70 Platinum 90 HMO | • WHA Off Exchange Silver 70 HMO |
| • Capital 6300 Bronze 60 HMO | • Sierra 2000 Gold 80 HDHP HMO | • WHA Platinum 90 HMO |
| • Gateway 1500 Silver 70 HDHP HMO | • Sierra 25 Platinum 90 HMO | • WHA Silver 70 HMO |
| • Gateway 20 Platinum 90 HMO | • Sierra 40 Gold 80 HMO | • WHA Silver 73 HMO |
| | • Sierra 4010 Gold 80 HMO | • WHA Silver 87 HMO |
| | | • WHA Silver 94 HMO |

Western Health Advantage

Table of Contents

INFORMATIONAL SECTION.....	3
ANTIDOTE THERAPEUTICS.....	10
ANTIHISTAMINE DRUGS - Drugs for Allergy.....	15
ANTI-INFECTIVE AGENTS - Drugs for Infections.....	19
ANTINEOPLASTIC AGENTS - Drugs for Cancer.....	62
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES - DRUGS FOR THE IMMUNE SYSTEM.....	88
AUTONOMIC DRUGS.....	103
AUTONOMIC DRUGS - Drugs for the Nervous System.....	105
BLOOD DERIVATIVES - Drugs for the Blood.....	131
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood.....	132
CARDIOVASCULAR DRUGS.....	152
CARDIOVASCULAR DRUGS - Drugs for the Heart.....	154
CELLULAR AND GENE THERAPY - Drugs for Cancer.....	209
CENTRAL NERVOUS SYSTEM AGENTS.....	211
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System.....	212
DENTAL AGENTS.....	296
DENTAL AGENTS - Oral Care.....	297
DEVICES - Medical Supplies and Durable Medical Equipment.....	299
DIAGNOSTIC AGENTS.....	310
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants.....	322
ELECTROLYTIC, CALORIC, AND WATER BALANCE.....	322
ENZYMES.....	352
EYE, EAR, NOSE AND THROAT (EENT) PREPS.....	356
GASTROINTESTINAL DRUGS.....	385
GASTROINTESTINAL DRUGS - Drugs for the Stomach.....	386
GOLD COMPOUNDS.....	407
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron.....	407
HORMONES AND SYNTHETIC SUBSTITUTES.....	409
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones.....	409
IMMUNOMODULATORY AGENTS (90:00).....	479
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing.....	496
MISCELLANEOUS THERAPEUTIC AGENTS.....	501
NONHORMONAL CONTRACEPTIVES - Drugs for Women.....	548
OXYTOCICS - Drugs for Women.....	550
PHARMACEUTICAL AIDS.....	550
RADIOACTIVE AGENTS.....	551
RESPIRATORY TRACT AGENTS.....	551
RESPIRATORY TRACT AGENTS - Drugs for the Lungs.....	551
SKIN AND MUCOUS MEMBRANE AGENTS.....	572
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin.....	573
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles.....	618
VITAMINS.....	620

Understanding your PDL

What if I have questions about my prescription drug benefit?

You can contact Member Services at the phone number listed on your Western Health Advantage (WHA) ID card or located on the cover of this booklet. Member Services can help you with these and other questions:

- Submitting prior authorization and step therapy exception requests
- Providing your cost share amount under your pharmacy benefit for drugs subject to a copayment or coinsurance
- Answering questions about medications that may be a part of your medical benefit, or you can also contact your doctor for more information.

What is a PDL?

A PDL is a list of prescribed medications chosen by your plan for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications approved by the U.S. Food and Drug Administration (FDA). The drug list in this PDL is organized by the American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification system.

Western Health Advantage is guided by the Pharmacy and Therapeutics Committee (a group of doctors, nurses, and pharmacists) who reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

How do I use my PDL?

You and your doctor can use the PDL to help you choose the most cost-effective prescription medications. This PDL booklet tells you if a medication is generic or brand, and if special rules apply. Bring this PDL with you when you see your doctor or use the website link located on the cover page. If your medication is not listed here, please visit the plan website or call the number on your member ID card.



About this PDL

Where differences between this PDL and your benefit plan exist, the benefit plan documents rule. This may not be a complete list of medications that are covered by your plan. Please review your benefit plan for full details. The presence of a prescription medication on the PDL does not guarantee an enrollee will be prescribed that drug by a provider for a particular medical condition.

You can find out if your medication is listed in the PDL and if it is covered by the plan by using the alphabetical index by its brand or generic name, or by using the Category list.

The index at the end of the PDL lists the names of drugs by both generic and brand name, in alphabetical order. Once you find the drug name, go to the page number listed to locate the coverage information.

Category List: Drugs are grouped into AHFS therapeutic categories, which are listed under the Table of Contents in the PDL. If you know what category your medication is in, refer to the Table of Contents to find the page.

If a generic equivalent for a brand name is not available on the market, the generic drug will not be listed separately. The presence of a drug on the PDL does not guarantee that your doctor will prescribe the drug for a particular medical condition.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or plan sponsor. This is how much you will pay when you fill a prescription.

Understanding your PDL continued

When does the PDL change?

- WHA will update the printed PDL formulary with changes on a monthly basis. All previous versions are no longer in effect.
- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equal becomes available.
- Medications may move to a higher tier or be excluded from coverage immediately if new information about drug safety or effectiveness is released or if the drug is removed from the market.

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

- We add prior authorization, quantity limits and/or step therapy requirements.
- The medication moves to a higher tier.

Please note: We will notify you 60 days before the negative change becomes effective if you currently take the medication or at the time you request a refill (you will receive a 30-day supply). This notice will include (A) change in drug or dosage form; (B) changes in tier placement of a drug that results in an increase in cost sharing; and (C) any changes of utilization management restrictions, including any additions of these restrictions.

Why are some medications excluded from coverage?

A medication may be excluded from coverage under your pharmacy benefit when it works the same as or similar to another prescription or over-the-counter (OTC) medication.

What if I don't agree with a decision about an excluded medication?

You or your authorized representative and your doctor can ask for a coverage request by calling the number on your member ID card. WHA member services representatives can help guide you further.

What is the copay amount for oral anti-cancer drugs?

Oral anti-cancer drugs are subject to a maximum copayment for each 1-month supply, after any deductible has been met.

Medication tips

What is the difference between brand-name and generic medications?

You can contact Member Services at the phone number listed on your WHA ID card or located on the cover of this booklet. Member Services can help you with these and other questions:

What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a generic or lower-cost option could be right for you. Generic medications are usually your lowest-cost option.

What are my pharmacy options for filling a prescription?

WHA uses the Optum Rx pharmacy network, which allows you to fill your prescription at one of the participating retail pharmacies. This includes most U.S. chain pharmacies and many independent pharmacies. To find a participating pharmacy near you, visit mywha.org and select pharmacy, or call WHA at the number on your member ID card or listed on the front cover of this booklet.

Can I use a mail order pharmacy?

For certain types of medications, you can save time and money by receiving a 90-day supply through Optum® Home Delivery or by using the Select90 program at Walgreens or CVS Pharmacy. The medications available through home delivery or Select90 are drugs that you may be taking on a regular basis for a chronic or long-term medical condition.



Over-the-counter medications

An over-the-counter (OTC) medication may be the right treatment for some conditions. Talk to your doctor about OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

What if I am taking a specialty medication?

Specialty medications are for rare or complex medical conditions. They are oral or injectable medications that can cost more than \$600 for a 30-day supply. Please note, not all specialty medications are listed in this PDL. Most specialty medications require PA for coverage and all are limited to up to a 30-day supply through WHA's exclusive specialty pharmacy network.

Optum® Specialty Pharmacy can provide most of your specialty medications along with helpful programs and services. Call Optum Specialty Pharmacy at **1-855-427-4682** and have your prescriptions delivered right to your home. You may also contact NorthBay healthcare, UC Davis onsite pharmacies, or St. Joseph's McAuley pharmacy of Dignity Health. WHA will allow up to 2 initial fills at local retail pharmacies to make sure you get started on your medications in a timely manner. All other fills will be limited to WHA's exclusive specialty network, unless otherwise restricted by the manufacturer or FDA. Please refer to your Copayment Summary for specific copayment amounts.

Definitions

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

Coinsurance is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

Copayment is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

Deductible is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

Drug Tier is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's 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 is a request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.

Exigent circumstances are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function, or when an enrollee is undergoing a current course of treatment using a nonformulary drug.

Formulary is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.

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

Nonformulary drug is a prescription drug that is not listed on the health plan's formulary.

Out-of-pocket cost are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

Prescribing provider is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

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

Prescription drug is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.

Prior Authorization is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

Step therapy is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

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.

Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this PDL, a drug is listed alphabetically by its brand and generic name in its therapeutic category and class to which it belongs.

The generic drug name for a brand name drug is included after the brand name in parenthesis. If a generic equal for a brand name is both available and covered, the generic drug will be listed separately from the brand name in all **bold** and ***italicized lowercase*** letters.

Brand example:

sovaldi oral tablet 400 mg (<i>sofosbuvir</i>)	3	PA; SP; QL (30 day supply per 1 fill)
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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 in all CAPITAL letters.

Generic drug example:

<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
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Generic drug marketed under a proprietary brand name example:

<i>levothyroxine sodium</i> (LEVOXYL) TABS	1	
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Tier information

Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high-deductible plan, the tier cost levels will apply once you meet your deductible.

Drug tier	Includes	Helpful tips
Tier 1	Preferred generic and certain preferred brand-name medications	Use tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	Preferred brand name and certain non-preferred generic medications	Use tier 2 drugs instead of tier 3 to help reduce your out-of-pocket costs.
Tier 3	Non-preferred (generic or brand) medications	Many tier 3 drugs have lower-cost options in tier 1 or 2. Ask your doctor if they could work for you.
Tier 4	Specialty Medications, drugs that require special training or clinical monitoring, and drugs that cost more than \$600 per month	
INF	Infertility medications	
OA	Office administered medications	May be considered under the medical benefit of the enrollee's contract. Contact your doctor for more information and refer to your Evidence of Coverage (EOC) for coverage information and exceptions.

Reading your formulary continued

Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan decides how these medications may be covered.

AL	Age limit – These medications may require prior authorization if your age does not fall within the drug manufacturer, Food and Drug Administration (FDA) or treatment guideline recommendations.
AC	Anti-cancer – These oral anti-cancer drugs are subject to a maximum copayment for up to each 30-day supply, after any deductible has been met (per California State Law). This amount is listed in your WHA Copayment Summary.
PA	Prior authorization – Your doctor is required to give Western Health Advantage more information to determine coverage.
QL	Quantity limit – Medication may be limited to a certain number of doses or other limit on the amount that will be covered. Your doctor must request PA approval from WHA for a higher quantity of the drug.
ST	Step therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered.
PV	Preventive health benefit – Due to Health Care Reform this product may be available at zero copay through your pharmacy benefit.
SP	Specialty medication – May require PA, limited to 30-day supply. Up to 2 initial fills allowed at local retail pharmacies. Exceptions may be allowed when manufacturer or FDA limits supply to select specialty pharmacies only.
*	Copayments waived for this medication; any plan deductible still applies.
^	Copayments waived for this medication; skip deductible .

How do I request a prior authorization?

If your medication requires prior authorization (PA), your doctor can fax a completed PA form (available at westernhealth.com/provider) to Western Health Advantage at **1-916-568-5280**. Should you or your doctor need additional information on how to request PA, please call the number on your member ID card. Once your doctor's request is received, we will notify your doctor of our decision within 72 hours. If WHA fails to respond to a completed PA or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved, and the health insurer may not deny the request thereafter.

If your doctor believes that waiting 72 hours for a standard decision could be harmful to your health, your doctor can ask for a fast decision. This applies only to requests for medications that you have not already received. We must make expedited decisions within 24 hours after we get your doctor's supporting statement.

In some cases, our plan requires you to first try certain medications to treat your medical condition before we will cover another drug for that condition. This is called step therapy. The required first step medication or preferred drug is a proven, cost-effective medication. Unless an exception is made, one or more preferred medications must be tried before progressing to a drug that is subject to step therapy.

A request for an exception to a step therapy requirement may be submitted by your doctor in the same manner as a request for PA. If a request for step therapy exception is denied, you or your doctor may appeal the denial. The denial documents provide more information on the appeal rights and procedures.

Reading your formulary continued

If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you are enrolled in your WHA plan, step therapy won't be required. Also, the medication will be approved for coverage when guidelines are met for being medically necessary.

If we approve your medication PA or step exception, the approval continues for the date range noted on the exception, which may be for a specified number of prescription fills and for a period up to a maximum of 1 year. To keep the exception in place, you must remain enrolled in our plan, your doctor must continue to prescribe your medication at the same dosage and frequency of use, and your drug must be safe for treating your condition.

Are all contraceptives covered?

Contraceptive benefits include coverage for all FDA-approved prescription and OTC contraceptive methods at \$0 cost-share. If a therapeutic equivalent of a particular brand name drug or device exists, members must use the generic product to be eligible for \$0 cost share. Contraceptive devices (including IUDs) and implantable contraceptives are not covered under the pharmacy benefit. They are covered under the medical benefit as described in your Evidence of Coverage (EOC). Refer to your EOC and Copay Summary for coverage information and limitations.

What blood glucose supplies are covered?

Specific brands of blood glucose testing strips, lancets, and insulin syringes are covered by your pharmacy plan. You will need a prescription to use the pharmacy benefit for covered items.

Other diabetes supplies, equipment, and services may be covered under your medical benefit. These include:

- blood glucose monitors
- insulin pumps and supplies
- ketone urine testing strips and
- insulin pen delivery systems

Please refer to your EOC and Copay Summary for coverage information specifics and exceptions.

Are HIV medications covered?

All HIV medications are covered under your pharmacy benefit if filled at a retail or specialty pharmacy. If administered by a health care professional, medications are covered under the medical benefit.

WHA covers antiretroviral drugs that are medically necessary for the prevention of HIV at \$0 cost share if delivered by a network health care provider and filled through a network pharmacy. These items include pre- or postexposure prophylaxis (PrEP or PEP). If there is a therapeutic equivalent of a brand-name drug, only the generic product will be eligible for \$0 cost share. WHA also covers services for initial HIV PrEP and follow-up care as recommended by the USPSTF and the CDC. HIV testing is covered, even if it is unrelated to a primary diagnosis.

Are COVID-19 Products Covered?

WHA members are covered for COVID-19 vaccines and prescription therapeutics at \$0 cost-share when obtained at a network pharmacy or at their primary care provider (PCP). WHA will reimburse the cost of up to eight (8) FDA-approved at-home COVID-19 test kits per month at a maximum reimbursement of \$12 per kit (including tax and shipping if applicable) when obtained at a network pharmacy. Standard cost-shares apply when filled at a pharmacy outside of Optum Rx's standard network. Claim reimbursement can be submitted through WHA Pharmacy partner Optum Rx at <https://optumrx.akamaized.net/content/dam/rxmember/pdfs/dmr-forms/Claim-Form-Commercial-PPO-And-Union.pdf>. All receipts dated on or after January 15, 2022 will be accepted. A printed claims form may also be submitted. WHA will also cover the cost of general COVID-19 testing. If you believe you have been exposed and want to get tested, contact your doctor.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIDOTE THERAPEUTICS		
ACETAMINOPHEN ANTIDOTE		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	
ALCOHOL DETERRENTS (91:02)		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	OA	
ANTIDOTE THERAPEUTICS		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED (<i>centruroides (scorpion) im fab</i>)	OA	
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG (<i>hyoscyamine sulfate</i>)	3	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	OA	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	OA	
<i>atropine sulfate ophthalmic ointment 1 %</i>	1	
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	3	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	3	
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	3	
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	3	
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	OA	
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	3	

Tier 1: Preferred generic and certain preferred brand-name medications; Tier 2: Preferred brand name and certain non-preferred generic medications; Tier 3: Non-preferred (generic or brand) medications; Tier 4: Specialty medications; INF: Infertility medications; OA: Office administered medications; AL: Age Limit – These medications may require prior authorization if your age does not fall within the drug manufacturer, Food and Drug Administration (FDA) or treatment guideline recommendations; AC: Anti-Cancer – These oral anti-cancer drugs are subject to a maximum copayment for up to each 30-day supply, after any deductible has been met (per California State Law). This amount is listed in your WHA Copayment Summary; PA: Prior Authorization – Your doctor is required to give Western Health Advantage more information to determine coverage; QL: Quantity Limit – Medication may be limited to a certain quantity; ST: Step Therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered; PV: Due to Health Care Reform this product may be available at zero copay through your pharmacy benefit; SP: Specialty Medication – May require PA, limited to 30-day supply. Up to 2 initial fills allowed at local retail pharmacies. Exceptions may be allowed when manufacturer or FDA limits supply to select specialty pharmacies only; *: Copayments waived for this medication; any plan deductible still applies; ^: Copayments waived for this medication; skip deductible

Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	OA	
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (<i>digoxin immune fab</i>)	OA	
DIMERCAPTOPROPANE-SULFONATE INJECTION SOLUTION 250 MG/5ML	OA	
EDETATE CALCIUM DISODIUM INJECTION SOLUTION 1 GM/5ML	OA	
glucagon emergency kit injection kit 1 mg	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	3	
GLUCAGON HCL (DIAGNOSTIC) INJECTION SOLUTION RECONSTITUTED 1 MG	OA	
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	3	
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	3	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (<i>glucagon</i>)	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (<i>glucagon</i>)	3	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	1	
hyosyne oral elixir 0.125 mg/5ml	1	
hyosyne oral solution 0.125 mg/ml	1	
iodine strong oral solution 5 %	1	
LEVSIN ORAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	3	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG (<i>hyoscyamine sulfate</i>)	3	
OSCIMIN ORAL TABLET 0.125 MG	3	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	3	
<i>penicillamine oral capsule 250 mg</i>	1	
<i>penicillamine oral tablet 250 mg</i>	1	
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	OA	
<i>phytonadione oral tablet 5 mg</i>	1	
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	OA	
ANTIDOTES (91:04)		
ACETADOTE INTRAVENOUS SOLUTION 200 MG/ML (<i>acetylcysteine</i>)	OA	
<i>acetylcysteine intravenous solution 200 mg/ml</i>	OA	
<i>atropine sulfate injection solution 8 mg/20ml</i>	OA	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml</i>	OA	
<i>atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml</i>	OA	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	OA	
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM (<i>hydroxocobalamin</i>)	OA	
EDETATE DISODIUM INTRAVENOUS SOLUTION 150 MG/ML	OA	
<i>flumazenil intravenous solution 0.5 mg/5ml, 1 mg/10ml</i>	OA	
KIONEX COMBINATION SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	3	
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	OA	
<i>magnesium sulfate injection solution 50 %</i>	OA	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	OA	
MAGNESIUM SULFATE-NACL INTRAVENOUS SOLUTION 2-0.9 GM/50ML-%	OA	
methylene blue intravenous solution 50 mg/10ml	OA	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	QL (30 day supply per 1 fill)
naloxone hcl injection solution cartridge 0.4 mg/ml	1	QL (30 day supply per 1 fill)
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml	1	QL (30 day supply per 1 fill)
naltrexone hcl oral tablet 50 mg	1	
PRAXBIND INTRAVENOUS SOLUTION 2.5 GM/50ML (idarucizumab)	OA	
protamine sulfate intravenous solution 10 mg/ml	OA	
PROVAYBLUE INTRAVENOUS SOLUTION 50 MG/10ML (methylene blue (antidote))	OA	
RADIOGARDASE ORAL CAPSULE 0.5 GM (prussian blue insoluble)	3	PA
REVELA ORAL PACKET 0.8 GM, 2.4 GM (sevelamer carbonate)	3	
REVELA ORAL TABLET 800 MG (sevelamer carbonate)	3	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	1	
sevelamer carbonate oral tablet 800 mg	1	
sevelamer hcl oral tablet 400 mg, 800 mg	1	
sodium polystyrene sulfonate oral powder	1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML (sodium polystyrene sulfonate)	3	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (sodium polystyrene sulfonate)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	OA	
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>glucarpidase</i>)	OA	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	3	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (<i>naloxone hcl</i>)	3	QL (30 day supply per 1 fill)
CHEMOTHERAPY ANTIDOTES/PROTECTANTS		
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML (<i>sugammadex sodium</i>)	OA	
COSELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>trilaciclib dihydrochloride</i>)	OA	PA
<i>dexrazoxane hcl intravenous solution reconstituted 250 mg, 500 mg</i>	OA	
<i>dexrazoxane intravenous solution reconstituted 250 mg</i>	OA	
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG (<i>levoleucovorin</i>)	OA	
<i>leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml</i>	OA	
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	OA	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	AC
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	OA	
<i>levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PEDMARK INTRAVENOUS SOLUTION 12.5 % (<i>sodium thiosulfate</i>)	OA	PA
CYANIDE ANTIDOTES		
EXODERM EXTERNAL LOTION 25-1 % (<i>sod thiosulfate-salicylic acid</i>)	3	
<i>sodium nitrite intravenous solution 30 mg/ml</i>	OA	
<i>sodium thiosulfate intravenous solution 250 mg/ml</i>	OA	
FLUOROPYRIMIDINE ANTIDOTE		
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	OA	PA
GABA-MEDIATED BENZODIAZEPINE ANTIDOTES		
<i>flumazenil intravenous solution 0.5 mg/5ml, 1 mg/10ml</i>	OA	
METHANOL OR ETHYLENE GLYCOL POISONING		
<i>fomepizole intravenous solution 1.5 gm/1.5ml</i>	OA	
ORGANOPHOSPHATE ANTIDOTE		
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM (<i>pralidoxime chloride</i>)	OA	
ANTIHISTAMINE DRUGS - Drugs for Allergy		
ANTIHISTAMINE DRUGS - Drugs for Allergy		
<i>promethazine hcl oral tablet 25 mg</i>	1	
ETHANOLAMINE DERIVATIVES - Drugs for Allergy		
CARBINOXAMINE MALEATE ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	3	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg, 6 mg</i>	1	
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	3	
<i>ryvent oral tablet 6 mg</i>	1	
FIRST GEN. ANTIHIST. DERIVATIVES, MISC. - Drugs for Allergy		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
FIRST GENERATION ANTIHISTAMINES - Drugs for Allergy		
ANTIVERT ORAL TABLET 50 MG (<i>meclizine hcl</i>)	3	
ANTIVERT ORAL TABLET CHEWABLE 25 MG (<i>meclizine hcl</i>)	3	
CARBINOXAMINE MALEATE ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	3	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg, 6 mg</i>	1	
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
<i>dimenhydrinate injection solution 50 mg/ml</i>	OA	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	1	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	OA	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	3	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (<i>promethazine hcl</i>)	OA	PA
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	OA	PA
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
RYCLORA ORAL SOLUTION 2 MG/5ML (<i>dexchlorpheniramine maleate</i>)	3	PA
<i>ryvent oral tablet 6 mg</i>	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	3	
OTHER ANTIHISTAMINES - Drugs for Allergy		
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	1	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (<i>bepotastine besilate</i>)	3	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine (pf) intravenous solution 20 mg/2ml</i>	OA	
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	OA	

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<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>	OA	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	OA	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
<i>olopatadine hcl nasal solution 0.6 %</i>	1	
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	1	
PEPCID ORAL TABLET 20 MG, 40 MG (<i>famotidine</i>)	3	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	3	ST
PHENOTHIAZINE DERIVATIVES - Drugs for Allergy		
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (<i>promethazine hcl</i>)	OA	PA
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	OA	PA
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROPYLAMINE DERIVATIVES - Drugs for Allergy		
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	1	
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
RYCLORA ORAL SOLUTION 2 MG/5ML (<i>dexchlorpheniramine maleate</i>)	3	PA
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	3	
SECOND GENERATION ANTIHISTAMINES - Drugs for Allergy		
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (<i>Iodoxamide tromethamine</i>)	2	
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	1	
CLARINEX ORAL TABLET 5 MG (<i>desloratadine</i>)	3	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (<i>desloratadine-pseudoephedrine</i>)	3	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	1	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	1	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	1	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	
QUZYTIR INTRAVENOUS SOLUTION 10 MG/ML (<i>cetirizine hcl</i>)	OA	
ZERVATE OPHTHALMIC SOLUTION 0.24 % (<i>cetirizine hcl</i>)	3	PA; QL (2 EA per 1 day); AL (Max 2 Years)
ANTI-INFECTIVE AGENTS - Drugs for Infections		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefadroxil oral capsule 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	1	
cefadroxil oral tablet 1 gm	1	
CEFAZOLIN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 2-0.9 GM/100ML-%, 3-0.9 GM/100ML-%	OA	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 100 gm, 2 gm, 3 gm, 300 gm, 500 mg	OA	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 GM/10ML, 2 GM/20ML	OA	
cefazolin sodium intravenous solution reconstituted 1 gm, 2 gm, 3 gm	OA	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%	OA	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 2-5 GM/100ML-%	OA	
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)	OA	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cephalexin oral tablet 250 mg, 500 mg	1	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefaclor er oral tablet extended release 12 hour 500 mg	1	
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension reconstituted 250 mg/5ml	1	
CEFOTAN INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM (cefotetan disodium)	OA	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	OA	

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<i>cefotixin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	OA	
CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-2.2 GM-%(50ML)	OA	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	OA	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	OA	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED 2.5 (2-0.5) GM (<i>ceftazidime-avibactam</i>)	OA	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
CEFOTAXIME SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	OA	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	OA	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	OA	
<i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 100 gm, 2 gm, 250 mg, 500 mg</i>	OA	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	OA	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i>	OA	
<i>tazicef injection solution reconstituted 1 gm</i>	OA	
TAZICEF INTRAVENOUS SOLUTION 1 GM/50ML (<i>ceftazidime sodium in dextrose</i>)	OA	
<i>tazicef intravenous solution reconstituted 1 gm, 2 gm, 6 gm</i>	OA	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM (<i>ceftolozane-tazobactam</i>)	OA	
4TH GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefepime hcl injection solution reconstituted 1 gm</i>	OA	
<i>cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml</i>	OA	
<i>cefepime hcl intravenous solution reconstituted 100 gm, 2 gm</i>	OA	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	OA	
5TH GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG (<i>ceftaroline fosamil</i>)	OA	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM (<i>ceftolozane-tazobactam</i>)	OA	
ADAMANTANE ANTIVIRALS - Drugs for Viral Infections		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (<i>amantadine hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG (<i>amantadine hcl</i>)	3	PA
<i>rimantadine hcl oral tablet 100 mg</i>	1	
ALLYLAMINE ANTIFUNGALS - Drugs for Fungus		
<i>terbinafine hcl oral tablet 250 mg</i>	1	
AMEBICIDES - Drugs for the Mouth and Throat		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	3	
DAZINIA EXTERNAL CREAM 1-2.5-2 %	3	
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	3	
HUMATIN ORAL CAPSULE 250 MG (<i>paromomycin sulfate</i>)	3	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	1	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	3	
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	3	
METROGEL EXTERNAL GEL 1 % (<i>metronidazole</i>)	3	
METROLOTION EXTERNAL LOTION 0.75 % (<i>metronidazole</i>)	3	
<i>metronidazole external cream 0.75 %</i>	1	
<i>metronidazole external gel 0.75 %, 1 %</i>	1	
<i>metronidazole external lotion 0.75 %</i>	1	
<i>metronidazole intravenous solution 500 mg/100ml</i>	OA	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
NORITATE EXTERNAL CREAM 1 % (<i>metronidazole</i>)	2	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	2	

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PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	3	
<i>periogard mouth/throat solution 0.12 %</i>	1	
PHEODOYO EXTERNAL CREAM 1-2.5-2 %	3	
VANDAZOLE VAGINAL GEL 0.75 % (<i>metronidazole</i>)	3	
AMINOGLYCOSIDE ANTIBIOTICS - Antibiotics		
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	OA	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (<i>amikacin sulfate liposome</i>)	4	PA; SP; QL (30 day supply per 1 fill)
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (<i>tobramycin</i>)	4	ST; SP; QL (56 day supply per 1 fill)
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	OA	
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	OA	
HUMATIN ORAL CAPSULE 250 MG (<i>paromomycin sulfate</i>)	3	
<i>neomycin sulfate oral tablet 500 mg</i>	1	
SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION 4-320 %-MCG/ML	OA	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	OA	
TOBI NEBULIZER INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	4	ST; SP; QL (56 day supply per 1 fill)
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	4	SP; QL (56 day supply per 1 fill)
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	4	SP; QL (56 day supply per 1 fill)
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	4	SP; QL (56 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	4	PA; SP; QL (56 day supply per 1 fill)
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	OA	
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>	OA	
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML (<i>plazomicin sulfate</i>)	OA	
AMINOMETHYLCYCLINES - Antibiotics		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>omadacycline tosylate</i>)	OA	PA
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	3	PA
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (<i>sarecycline hcl</i>)	3	PA
AMINOPENICILLIN ANTIBIOTICS - Antibiotics		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-potassium clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	1	
<i>amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-potassium clavulanate oral tablet chewable 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i>	OA	
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	OA	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	OA	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	OA	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED 600-42.9 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	2	
AUGMENTIN ORAL TABLET 500-125 MG (<i>amoxicillin-pot clavulanate</i>)	3	
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicill-clarithro-omeprazole</i>)	3	
UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM (<i>ampicillin-sulbactam sodium</i>)	OA	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM (<i>ampicillin-sulbactam sodium</i>)	OA	
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (<i>amoxicillin-vonoprazan</i>)	3	PA
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicill-clarithro-vonoprazan</i>)	3	PA
ANTHELMINTICS - Drugs for Parasites		
<i>albendazole oral tablet 200 mg</i>	1	
BILTRICIDE ORAL TABLET 600 MG (<i>praziquantel</i>)	3	
EGATEN ORAL TABLET 250 MG (<i>triclabendazole</i>)	3	
EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ivermectin oral tablet 3 mg</i>	1	PA
<i>praziquantel oral tablet 600 mg</i>	1	
STROMECTOL ORAL TABLET 3 MG (<i>ivermectin</i>)	3	PA
ANTIBACTERIALS, MISCELLANEOUS - Antibiotics		
DEFENCATH IN VITRO SOLUTION 1000-13.5 UNIT-MG/ML (<i>heparin (porcine)-taurididine</i>)	OA	
ANTIFUNGALS, MISCELLANEOUS - Drugs for Fungus		
BREXAFEMME ORAL TABLET 150 MG (<i>ibrexafungerp citrate</i>)	3	ST
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>iodine strong oral solution 5 %</i>	1	
ANTI-INFECTIVES (SYSTEMIC), MISC. - Drugs for Infections		
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	
DEFENCATH IN VITRO SOLUTION 1000-13.5 UNIT-MG/ML (<i>heparin (porcine)-taurididine</i>)	OA	
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	3	PA
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3	
ANTILEPROSY AGENTS - Antibiotics		
ACZONE EXTERNAL GEL 5 %, 7.5 % (<i>dapsone</i>)	3	PA
<i>dapsone external gel 5 %, 7.5 %</i>	1	PA
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIMALARIALS - Drugs for the Mouth and Throat		
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	3	PA
ARTESUNATE INTRAVENOUS SOLUTION RECONSTITUTED 110 MG	OA	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	1	
<i>avidoxy oral tablet 100 mg</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
COARTEM ORAL TABLET 20-120 MG (<i>artemether-lumefantrine</i>)	3	
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	4	SP; QL (30 day supply per 1 fill)
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (<i>doxycycline hyclate</i>)	2	PA
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	OA	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	OA	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	PA
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	PA
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	1	PA
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
doxycycline oral capsule delayed release 40 mg	1	PA
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
KRINTAFEL ORAL TABLET 150 MG (tafenoquine succinate)	3	PA
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (atovaquone-proguanil hcl)	3	
mefloquine hcl oral tablet 250 mg	1	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (minocycline hcl)	OA	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	1	PA
monodoxine nl oral capsule 100 mg	1	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (doxycycline)	3	PA
PLAQUENIL ORAL TABLET 200 MG (hydroxychloroquine sulfate)	3	
primaquine phosphate oral tablet 26.3 (15 base) mg	1	
pyrimethamine oral tablet 25 mg	4	SP; QL (30 day supply per 1 fill)
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	
SOVUNA ORAL TABLET 200 MG, 300 MG (hydroxychloroquine sulfate)	3	PA
TARGADOX ORAL TABLET 50 MG (doxycycline hyclate)	3	
tetracycline hcl oral capsule 250 mg, 500 mg	1	
TETRACYCLINE HCL ORAL TABLET 250 MG, 500 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIMYCOBACTERIALS, MISCELLANEOUS - Antibiotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
ANTIPROTOZOALS, CRYPTOSPORIDIOSIS - Drugs for the Mouth and Throat		
<i>nitazoxanide oral tablet 500 mg</i>	1	
ANTIPROTOZOALS, MISCELLANEOUS - Drugs for the Mouth and Throat		
ACZONE EXTERNAL GEL 5 %, 7.5 % (<i>dapsone</i>)	3	PA
<i>atovaquone oral suspension 750 mg/5ml</i>	1	
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	2	QL (60 EA per 365 days)
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	
<i>dapsone external gel 5 %, 7.5 %</i>	1	PA
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	3	
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	3	PA
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	2	
LAMPIT ORAL TABLET 120 MG, 30 MG (<i>nifurtimox</i>)	3	PA; QL (30 EA per 1 fill); AL (Min 18 Years)
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	3	
MEPRON ORAL SUSPENSION 750 MG/5ML (<i>atovaquone</i>)	3	
<i>metronidazole intravenous solution 500 mg/100ml</i>	OA	
<i>metronidazole oral capsule 375 mg</i>	1	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
metronidazole oral tablet 250 mg, 500 mg	1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (pentamidine isethionate)	3	PA
nitazoxanide oral tablet 500 mg	1	
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG (pentamidine isethionate)	OA	PA
pentamidine isethionate inhalation solution reconstituted 300 mg	1	PA
pentamidine isethionate injection solution reconstituted 300 mg	OA	PA
PYLERA ORAL CAPSULE 140-125-125 MG (bis subcit-metronid-tetracyc)	3	
SOLOSEC ORAL PACKET 2 GM (secnidazole)	2	PA
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml	OA	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	
tinidazole oral tablet 250 mg, 500 mg	1	
ANTIPROTOZOALS, NITROIMIDAZOLE-DERIVATIVE - Drugs for the Mouth and Throat		
tinidazole oral tablet 250 mg, 500 mg	1	
ANTIRETROVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG (lenacapavir sodium)	3	PA
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (lenacapavir sodium)	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTITUBERCULOSIS AGENTS - Antibiotics		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (<i>ciprofloxacin</i>)	3	
CIPRO ORAL TABLET 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	OA	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>cycloserine oral capsule 250 mg</i>	1	
DEXAMETHASONE-MOXIFLOXACIN INTRAOCULAR SOLUTION 1-5 MG/ML	OA	
DEXAMETH-MOXIFLOX-KETOROLAC INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML	OA	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid injection solution 100 mg/ml</i>	OA	
<i>isoniazid oral syrup 50 mg/5ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	OA	
<i>levofloxacin intravenous solution 25 mg/ml</i>	OA	
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	OA	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION 1 MG/ML, 5 MG/ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION 400 MG/250ML	OA	
moxifloxacin hcl oral tablet 400 mg	1	
PRETOMANID ORAL TABLET 200 MG	3	PA; QL (182 EA per 365 days); AL (Min 18 Years)
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	3	
pyrazinamide oral tablet 500 mg	1	
rifabutin oral capsule 150 mg	1	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED 600 MG (<i>rifampin</i>)	OA	
rifampin intravenous solution reconstituted 600 mg	OA	
rifampin oral capsule 150 mg, 300 mg	1	
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	2	PA
streptomycin sulfate intramuscular solution reconstituted 1 gm	OA	
TRECTOR ORAL TABLET 250 MG (<i>ethionamide</i>)	3	
TRIAMCINOLONE-MOXIFLOXACIN INTRAOCULAR SUSPENSION 15-1 MG/ML	OA	
ANTIVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
foscarnet sodium intravenous solution 6000 mg/250ml	OA	
FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML (foscarnet sodium)	OA	
LIVTENCITY ORAL TABLET 200 MG (<i>maribavir</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (nirmatrelvir-ritonavir)	2	^; QL (4 EA per 1 day); AL (Min 12 Years)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (nirmatrelvir-ritonavir)	2	^; QL (6 EA per 1 day); AL (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML, 480 MG/24ML (<i>letermovir</i>)	OA	
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	3	PA
TPOXX INTRAVENOUS SOLUTION 200 MG/20ML (<i>tecovirimat</i>)	OA	PA
TPOXX ORAL CAPSULE 200 MG (<i>tecovirimat</i>)	3	PA
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (<i>baloxavir marboxil</i>)	2	QL (1 fill per 180 days); AL (Min 5 Years)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	2	QL (1 fill per 180 days); AL (Min 5 Years)
AZOLE ANTIFUNGALS - Drugs for Fungus		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG (<i>isavuconazonium sulfate</i>)	OA	PA
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (<i>isavuconazonium sulfate</i>)	3	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fluconazole</i>)	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG (<i>fluconazole</i>)	3	
FERVINA EXTERNAL LOTION 3-5-20 %	3	
<i>fluconazole in sodium chloride intravenous solution 100-0.9 mg/50ml-%, 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	OA	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	
<i>itraconazole oral solution 10 mg/ml</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	1	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7ML (<i>posaconazole</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NOXAFIL ORAL PACKET 300 MG (<i>posaconazole</i>)	3	PA
NOXAFIL ORAL SUSPENSION 40 MG/ML (<i>posaconazole</i>)	3	
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (<i>posaconazole</i>)	3	
<i>posaconazole intravenous solution 300 mg/16.7ml</i>	OA	
<i>posaconazole oral suspension 40 mg/ml</i>	1	
<i>posaconazole oral tablet delayed release 100 mg</i>	1	
SPORANOX ORAL CAPSULE 100 MG (<i>itraconazole</i>)	3	
SPORANOX ORAL SOLUTION 10 MG/ML (<i>itraconazole</i>)	3	
TOLSURA ORAL CAPSULE 65 MG	3	
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (<i>voriconazole</i>)	OA	PA
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>voriconazole</i>)	3	PA
VFEND ORAL TABLET 50 MG (<i>voriconazole</i>)	3	PA
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (<i>oteseconazole</i>)	3	PA
<i>voriconazole intravenous solution reconstituted 200 mg</i>	OA	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	1	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	PA
CARBAPENEM ANTIBIOTICS - Antibiotics		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	OA	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	OA	
<i>meropenem intravenous solution reconstituted 1 gm, 2 gm, 500 mg</i>	OA	
MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM/50ML, 500 MG/50ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG (<i>imipenem-cilastatin</i>)	OA	
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM (<i>imipenem-cilastatin-relebactam</i>)	OA	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED 2 (1-1) GM (<i>meropenem-vaborbactam</i>)	OA	
CEPHAMYCIN ANTIBIOTICS - Antibiotics		
CEFOTAN INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM (<i>cefotetan disodium</i>)	OA	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	OA	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	OA	
CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-2.2 GM-%(50ML)	OA	
CHLORAMPHENICOL ANTIBIOTICS - Antibiotics		
<i>chloramphenicol sod succinate intravenous solution reconstituted 1 gm</i>	OA	
CYCLIC LIPOPEPTIDE ANTIBIOTICS - Antibiotics		
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	OA	
DAPTOMYCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 1000-0.9 MG/100ML-%, 350-0.9 MG/50ML-%, 500-0.9 MG/50ML-%, 700-0.9 MG/100ML-%	OA	
ECHINOCANDIN ANTIFUNGALS - Drugs for Fungus		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG, 70 MG (<i>caspofungin acetate</i>)	OA	
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (<i>anidulafungin</i>)	OA	
<i>miconazole sodium intravenous solution reconstituted 100 mg, 50 mg</i>	OA	
MICAFUNGIN SODIUM-NACL INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%, 50-0.9 MG/50ML-%	OA	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (<i>miconazole sodium</i>)	OA	
REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (<i>rezafungin acetate</i>)	OA	PA
ENDONUCLEASE INHIBITORS - Drugs for Viral Infections		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (<i>baloxavir marboxil</i>)	2	QL (1 fill per 180 days); AL (Min 5 Years)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	2	QL (1 fill per 180 days); AL (Min 5 Years)
ERYTHROMYCIN ANTIBIOTICS - Antibiotics		
E.E.S. 400 ORAL TABLET 400 MG (<i>erythromycin ethylsuccinate</i>)	3	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	3	
<i>ery external pad 2 %</i>	1	
ERYGEL EXTERNAL GEL 2 % (<i>erythromycin</i>)	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (<i>erythromycin ethylsuccinate</i>)	2	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG (<i>erythromycin base</i>)	3	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>erythromycin lactobionate</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	1	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin external gel 2 %</i>	1	
<i>erythromycin external solution 2 %</i>	1	
<i>erythromycin lactobionate intravenous solution reconstituted 500 mg</i>	OA	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	1	
EXTENDED-SPECTRUM PENICILLINS - Antibiotics		
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	OA	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML, 4-0.5 GM/100ML (<i>piperacillin-tazobactam in dex</i>)	OA	
FLUOROCYCLINES - Antibiotics		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (<i>eravacycline dihydrochloride</i>)	OA	
GLYCOPEPTIDE ANTIBIOTICS - Antibiotics		
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>dalbavancin hcl</i>)	OA	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (<i>vancomycin hcl</i>)	3	
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED 1200 MG (<i>oritavancin diphosphate</i>)	OA	

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ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED 400 MG (<i>oritavancin diphosphate</i>)	OA	
VANCOGIN ORAL CAPSULE 125 MG, 250 MG (<i>vancomycin hcl</i>)	3	
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/250ML-%	OA	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	OA	
<i>vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous</i>	OA	
VANCOMYCIN HCL IN DEXTROSE SOLUTION 1.25-5 GM/250ML-% INTRAVENOUS	OA	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%</i>	OA	
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1-0.9 GM/250ML-%, 1.25-0.9 GM/250ML-%, 1.5-0.9 GM/250ML-%, 1.5-0.9 GM/500ML-%, 1.75-0.9 GM/250ML-%, 1.75-0.9 GM/500ML-%, 2-0.9 GM/500ML-%	OA	
VANCOMYCIN HCL IN NACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS	OA	
<i>vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous</i>	OA	
<i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i>	OA	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 1.75 gm, 10 gm, 100 gm, 2 gm, 5 gm, 500 mg, 750 mg</i>	OA	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml	1	
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG (telavancin hcl)	OA	
GLYCYLCYCLINE ANTIBIOTICS - Antibiotics		
tigecycline intravenous solution reconstituted 50 mg	OA	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (tigecycline)	OA	
HCV POLYMERASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (sofosbuvir-velpatasvir)	2	PA; SP; QL (30 day supply per 1 fill)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (sofosbuvir-velpatasvir)	2	PA; SP; QL (30 day supply per 1 fill)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (ledipasvir-sofosbuvir)	2	PA; SP; QL (30 day supply per 1 fill)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (ledipasvir-sofosbuvir)	2	PA; SP; QL (30 day supply per 1 fill)
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	4	PA; SP; QL (30 day supply per 1 fill)
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	4	PA; SP; QL (30 day supply per 1 fill)
SOVALDI ORAL PACKET 150 MG, 200 MG (sofosbuvir)	4	PA; SP; QL (30 day supply per 1 fill)
SOVALDI ORAL TABLET 200 MG, 400 MG (sofosbuvir)	4	PA; SP; QL (30 day supply per 1 fill)
VOSEVI ORAL TABLET 400-100-100 MG (sofosbuv-velpatasv-voxilaprev)	2	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HCV PROTEASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
MAVYRET ORAL PACKET 50-20 MG (<i>glecaprevir-pibrentasvir</i>)	2	PA; SP; QL (30 day supply per 1 fill)
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	2	PA; SP; QL (30 day supply per 1 fill)
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	2	PA; SP; QL (30 day supply per 1 fill)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HCV REPLICATION COMPLEX INHIBITORS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; SP; QL (30 day supply per 1 fill)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; SP; QL (30 day supply per 1 fill)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; SP; QL (30 day supply per 1 fill)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; SP; QL (30 day supply per 1 fill)
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	4	PA; SP; QL (30 day supply per 1 fill)
MAVYRET ORAL PACKET 50-20 MG (<i>glecaprevir-pibrentasvir</i>)	2	PA; SP; QL (30 day supply per 1 fill)
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	2	PA; SP; QL (30 day supply per 1 fill)
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	4	PA; SP; QL (30 day supply per 1 fill)
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	2	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HIV CAPSID INHIBITORS - Drugs for Viral Infections		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG (<i>lenacapavir sodium</i>)	3	PA
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (<i>lenacapavir sodium</i>)	OA	PA
HIV ENTRY AND FUSION INHIBITORS - Drugs for Viral Infections		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (<i>enfuvirtide</i>)	3	PA; QL (30 day supply per 1 fill)
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>fostemsavir tromethamine</i>)	3	PA
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	3	
SELZENTRY ORAL TABLET 150 MG, 300 MG (<i>maraviroc</i>)	3	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML (<i>ibalizumab-uiyk</i>)	OA	
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML (<i>cabotegravir</i>)	OA	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir-emtricitab-tenofovir</i>)	2	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML (<i>cabotegravir & rilpivirine</i>)	OA	
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	2	AL (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	2	
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	2	PV
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	3	PV
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	2	PV
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	3	PV
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	3	PA
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	3	
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	2	PV
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	2	
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	2	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	2	
VOCABRIA ORAL TABLET 30 MG (<i>cabotegravir sodium</i>)	3	
HIV NONNUCLEOSIDE REV.TRANScrip. INHIB. - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir-emtricitab-tenofov</i>)	2	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML (<i>cabotegravir & rilpivirine</i>)	OA	
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofov</i>)	2	
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofov df</i>)	3	PA
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	2	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudine-tenofovir df</i>)	3	PA
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (<i>emtricitabine-tenofovir af</i>)	2	PV
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	2	AL (Min 18 Years)
<i>efavirenz-emtricitabine-tenofovir df oral tablet 600-200-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	
<i>emtricitabine oral capsule 200 mg</i>	1	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	1	PV
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	3	
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	2	
EPIVIR ORAL SOLUTION 10 MG/ML (<i>lamivudine</i>)	3	
EPIVIR ORAL TABLET 150 MG, 300 MG (<i>lamivudine</i>)	3	
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricitabine-tenofovir af</i>)	2	
<i>lamivudine oral solution 10 mg/ml</i>	1	PV
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	PV
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	PV
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitabine-rilpivirine-tenofovir af</i>)	2	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (<i>zidovudine</i>)	OA	
RETROVIR ORAL CAPSULE 100 MG (<i>zidovudine</i>)	3	
RETROVIR ORAL SYRUP 50 MG/5ML (<i>zidovudine</i>)	3	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	3	PA
<i>fosamprenavir calcium oral tablet 700 mg</i>	1	
KALETRA ORAL SOLUTION 400-100 MG/5ML (<i>lopinavir-ritonavir</i>)	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (<i>lopinavir-ritonavir</i>)	3	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	1	PV
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	PV
NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>)	3	
NORVIR ORAL TABLET 100 MG (<i>ritonavir</i>)	3	
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	2	
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	3	
PREZISTA ORAL TABLET 150 MG, 75 MG (<i>darunavir</i>)	2	
PREZISTA ORAL TABLET 600 MG, 800 MG (<i>darunavir</i>)	3	
REYATAZ ORAL CAPSULE 200 MG, 300 MG (<i>atazanavir sulfate</i>)	3	
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	3	
<i>ritonavir oral tablet 100 mg</i>	1	
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	2	ST
VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nelfinavir mesylate</i>)	2	
INTERFERON ANTIVIRALS - Drugs for Viral Infections		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	4	PA; SP; QL (30 day supply per 1 fill)
LINCOMYCIN ANTIBIOTICS - Antibiotics		
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phos-benzoyl perox</i>)	3	
AVIDORA EXTERNAL CREAM 1-4-0.025 %	3	
AVIDORA EXTERNAL SOLUTION 1-4-0.025 %	3	
AVIDORA HP EXTERNAL CREAM 1-4-0.05 %	3	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG (<i>clindamycin hcl</i>)	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (<i>clindamycin palmitate hcl</i>)	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION 300 MG/2ML, 600 MG/4ML, 9 GM/60ML, 900 MG/6ML (<i>clindamycin phosphate</i>)	OA	
CLEOCIN VAGINAL CREAM 2 % (<i>clindamycin phosphate</i>)	3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (<i>clindamycin phosphate</i>)	2	
CLEOCIN-T EXTERNAL LOTION 1 % (<i>clindamycin phosphate</i>)	3	
<i>clindacin etz external swab 1 %</i>	1	
<i>clindacin external foam 1 %</i>	1	
<i>clindacin-p external swab 1 %</i>	1	
CLINDAGEL EXTERNAL GEL 1 % (<i>clindamycin phosphate</i>)	3	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>clindamycin phosphate external foam 1 %</i>	1	
<i>clindamycin phosphate external gel 1 %</i>	1	
<i>clindamycin phosphate external lotion 1 %</i>	1	
<i>clindamycin phosphate external solution 1 %</i>	1	
<i>clindamycin phosphate external swab 1 %</i>	1	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	OA	
CLINDAMYCIN PHOSPHATE IN NA CL INTRAVENOUS SOLUTION 300-0.9 MG/50ML-%, 600-0.9 MG/50ML-%, 900-0.9 MG/50ML-%	OA	
<i>clindamycin phosphate injection solution 900 mg/6ml</i>	OA	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	1	AL (Max 29 Years)
CLINDESSE VAGINAL CREAM 2 % (<i>clindamycin phosphate (1 dose)</i>)	2	
DEOXIA EXTERNAL LOTION 1-4 %	3	
LINCOCIN INJECTION SOLUTION 300 MG/ML (<i>lincomycin hcl</i>)	OA	
<i>lincomycin hcl injection solution 300 mg/ml</i>	OA	
<i>neuac external gel 1.2-5 %</i>	1	
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phosphobenzoyl perox</i>)	3	
TARDEOXIA EXTERNAL CREAM 1-4-0.025 %	3	
XACIATO VAGINAL GEL 2 % (<i>clindamycin phosphate</i>)	3	ST
ZIANA EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	3	AL (Max 29 Years)
MONOBACTAM ANTIBIOTICS - Antibiotics		
AZACTAM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM (<i>aztreonam</i>)	OA	
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (<i>aztreonam lysine</i>)	4	PA; SP; QL (56 day supply per 1 fill)
MONOCLONAL ANTIBODIES (08:18) - Drugs for Viral Infections		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>nirsevimab-alip</i>)	OA	
GOHIBIC INTRAVENOUS SOLUTION 200 MG/20ML	OA	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (<i>palivizumab</i>)	OA	
NATURAL PENICILLIN ANTIBIOTICS - Antibiotics		
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML (<i>penicillin g benzathine & proc</i>)	OA	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML (<i>penicillin g benzathine & proc</i>)	OA	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML (<i>penicillin g benzathine</i>)	OA	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML	OA	
<i>penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit</i>	OA	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	OA	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT (<i>penicillin g potassium</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEURAMINIDASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
<i>oseltamivir phosphate oral capsule 30 mg</i>	1	QL (20 EA per 180 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1	QL (10 EA per 180 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	1	QL (180 ML per 180 days)
RAPIVAB INTRAVENOUS SOLUTION 200 MG/20ML (<i>peramivir</i>)	OA	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (<i>zanamivir</i>)	3	QL (20 EA per 180 days)
TAMIFLU ORAL CAPSULE 30 MG (<i>oseltamivir phosphate</i>)	3	QL (20 EA per 180 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	3	QL (10 EA per 180 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (<i>oseltamivir phosphate</i>)	3	QL (180 ML per 180 days)
NITROIMIDAZOLE DERIVATIVE, ANTI-LEISHMAL - Drugs for the Mouth and Throat		
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	2	
NITROIMIDAZOLE DERIVATIVE, TRYPANOCIDAL - Drugs for the Mouth and Throat		
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	2	QL (60 EA per 365 days)
NITROIMIDAZOLE DERIVATIVES, MISC - Drugs for the Mouth and Throat		
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	3	
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	3	PA
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	3	
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	3	
METROGEL EXTERNAL GEL 1 % (<i>metronidazole</i>)	3	
METROLOTION EXTERNAL LOTION 0.75 % (<i>metronidazole</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>metronidazole external cream 0.75 %</i>	1	
<i>metronidazole external gel 0.75 %, 1 %</i>	1	
<i>metronidazole external lotion 0.75 %</i>	1	
<i>metronidazole intravenous solution 500 mg/100ml</i>	OA	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
NORITATE EXTERNAL CREAM 1 % (<i>metronidazole</i>)	2	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	2	
VANDAZOLE VAGINAL GEL 0.75 % (<i>metronidazole</i>)	3	
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - Drugs for Viral Infections		
<i>acyclovir external cream 5 %</i>	1	
<i>acyclovir external ointment 5 %</i>	1	
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	OA	
<i>adefovir dipivoxil oral tablet 10 mg</i>	1	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	2	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (<i>entecavir</i>)	3	
<i>cidofovir intravenous solution 75 mg/ml</i>	OA	
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitabine-rilpivir-tenofovir</i>)	2	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (<i>emtricitabine-tenofovir af</i>)	2	PV
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
entecavir oral tablet 0.5 mg, 1 mg	1	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	
GANCICLOVIR INTRAVENOUS SOLUTION 500 MG/250ML	OA	
ganciclovir sodium intravenous solution 500 mg/10ml	OA	
ganciclovir sodium intravenous solution reconstituted 500 mg	OA	
LAGEVRIO ORAL CAPSULE 200 MG (molnupiravir)	3	^; QL (8 EA per 1 day); AL (Min 18 Years)
ODEFSEY ORAL TABLET 200-25-25 MG (emtricitab-rilpivir-tenofof af)	2	
ribavirin inhalation solution reconstituted 6 gm	1	PA; SP; QL (30 day supply per 1 fill)
ribavirin oral capsule 200 mg	1	PA; SP; QL (30 day supply per 1 fill)
ribavirin oral tablet 200 mg	1	PA; SP; QL (30 day supply per 1 fill)
SITAVIG BUCCAL TABLET 50 MG (acyclovir)	3	
TEMBEXA ORAL SUSPENSION 10 MG/ML (brincidofovir)	3	
TEMBEXA ORAL TABLET 100 MG (brincidofovir)	3	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (emtricitabine-tenofovir df)	3	
valacyclovir hcl oral tablet 1 gm, 500 mg	1	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (valganciclovir hcl)	3	
VALCYTE ORAL TABLET 450 MG (valganciclovir hcl)	3	
valganciclovir hcl oral solution reconstituted 50 mg/ml	1	
valganciclovir hcl oral tablet 450 mg	1	
VALTREX ORAL TABLET 1 GM, 500 MG (valacyclovir hcl)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>remdesivir</i>)	OA	
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>)	2	PA
VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM (<i>ribavirin</i>)	3	PA; SP; QL (30 day supply per 1 fill)
XERESE EXTERNAL CREAM 5-1 % (<i>acyclovir-hydrocortisone</i>)	3	
ZOVIRAX EXTERNAL CREAM 5 % (<i>acyclovir</i>)	3	
ZOVIRAX EXTERNAL OINTMENT 5 % (<i>acyclovir</i>)	3	
OTHER MACROLIDE ANTIBIOTICS - Antibiotics		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	OA	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fidaxomicin</i>)	3	PA
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	2	
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicill-clarithro-omeprazole</i>)	3	
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicill-clarithro-vonoprazan</i>)	3	PA
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>azithromycin</i>)	OA	
ZITHROMAX ORAL PACKET 1 GM (<i>azithromycin</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (<i>azithromycin</i>)	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (<i>azithromycin</i>)	3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (<i>azithromycin</i>)	3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (<i>azithromycin</i>)	3	
OTHER MACROLIDES (8:12.12.92) - Antibiotics		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	OA	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fidaxomicin</i>)	3	PA
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	2	
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicill-clarithro-omeprazole</i>)	3	
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicill-clarithro-vonoprazan</i>)	3	PA
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>azithromycin</i>)	OA	
ZITHROMAX ORAL PACKET 1 GM (<i>azithromycin</i>)	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (<i>azithromycin</i>)	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (<i>azithromycin</i>)	3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (<i>azithromycin</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZITHROMAX Z-PAK ORAL TABLET 250 MG (<i>azithromycin</i>)	3	
OTHER MISC. ANTIBACTERIAL AGENTS - Antibiotics		
XACDURO INTRAVENOUS SOLUTION RECONSTITUTED 1-1 GM (<i>sulbactam sod-durlobactam sod</i>)	OA	
OXAZOLIDINONE ANTIBIOTICS - Antibiotics		
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	OA	
<i>linezolid intravenous solution 600 mg/300ml</i>	OA	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	1	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (<i>tedizolid phosphate</i>)	OA	
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	3	
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML, 600 MG/300ML (<i>linezolid</i>)	OA	
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>linezolid</i>)	3	
ZYVOX ORAL TABLET 600 MG (<i>linezolid</i>)	3	
PENICILLINASE-RESISTANT PENICILLINS - Antibiotics		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 2 GM/100ML	OA	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	OA	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	OA	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 2 GM/50ML	OA	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	OA	
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	OA	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
POLYENE ANTIFUNGALS - Drugs for Fungus		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML (<i>amphotericin b lipid</i>)	OA	
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG (<i>amphotericin b liposome</i>)	OA	
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	OA	
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	OA	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	
POLYMYXIN ANTIBIOTICS - Antibiotics		
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	OA	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED 150 MG (<i>colistimethate sodium</i>)	OA	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	OA	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
PYRIMIDINE ANTIFUNGALS - Drugs for Fungus		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (<i>flucytosine</i>)	3	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
QUINOLONE ANTIBIOTICS - Antibiotics		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>delafloxacin meglumine</i>)	OA	PA
BAXDELA ORAL TABLET 450 MG (<i>delafloxacin meglumine</i>)	3	PA
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (<i>ciprofloxacin</i>)	3	
CIPRO ORAL TABLET 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	OA	
DEXAMETHASONE-MOXIFLOXACIN INTRAOCULAR SOLUTION 1-5 MG/ML	OA	
DEXAMETH-MOXIFLOX-KETOROLAC INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML	OA	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	OA	
<i>levofloxacin intravenous solution 25 mg/ml</i>	OA	
<i>levofloxacin ophthalmic solution 1.5 %</i>	1	
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	OA	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION 1 MG/ML, 5 MG/ML	OA	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.16 %	OA	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION 400 MG/250ML	OA	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
MOXIFLOXACIN HCL-BSS INTRAVITREAL SOLUTION 1 MG/ML	OA	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (<i>ofloxacin</i>)	3	
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<i>ofloxacin otic solution 0.3 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIAMCINOLONE-MOXIFLOXACIN INTRAOCULAR SUSPENSION 15-1 MG/ML	OA	
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (<i>moxifloxacin hcl</i>)	3	
RIFAMYCIN ANTIBIOTICS - Antibiotics		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG (<i>rifamycin sodium</i>)	3	PA
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	3	
<i>rifabutin oral capsule 150 mg</i>	1	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED 600 MG (<i>rifampin</i>)	OA	
<i>rifampin intravenous solution reconstituted 600 mg</i>	OA	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
XIFAXAN ORAL TABLET 200 MG, 550 MG (<i>rifaximin</i>)	3	PA
SIDEROPHORE CEPHALOSPORINS - Antibiotics		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED 1 GM (<i>cefiderocol sulfate tosylate</i>)	OA	
SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - Antibiotics		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	3	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3	
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml	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 oral tablet 100 mg	1	
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	
demeclocycline hcl oral tablet 150 mg, 300 mg	1	
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (doxycycline hyclate)	2	PA
doxy 100 intravenous solution reconstituted 100 mg	OA	
doxycycline hyclate intravenous solution reconstituted 100 mg	OA	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	PA
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	PA
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	1	PA
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline oral capsule delayed release 40 mg	1	PA
HELIDAC THERAPY ORAL (metronid-tetracyc-bis subsal)	3	PA
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (minocycline hcl)	OA	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1	PA
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	1	PA
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (minocycline hcl)	3	PA
mondoxylene nl oral capsule 100 mg	1	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (doxycycline)	3	PA
PYLERA ORAL CAPSULE 140-125-125 MG (bis subcit-metronid-tetracyc)	3	
TARGADOX ORAL TABLET 50 MG (doxycycline hyclate)	3	
tetracycline hcl oral capsule 250 mg, 500 mg	1	
TETRACYCLINE HCL ORAL TABLET 250 MG, 500 MG	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	1	
HIPREX ORAL TABLET 1 GM (methenamine hippurate)	3	
MACROBID ORAL CAPSULE 100 MG (nitrofurantoin monohyd macro)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	3	
<i>melnaphos/mb/lyo1 oral tablet 81.6 mg</i>	1	
<i>methenamine hippurate oral tablet 1 gm</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystals oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml</i>	1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	3	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	OA	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
UROGESIC-BLUE ORAL TABLET 81.6 MG (<i>methen-hyosc-meth blue-na phos</i>)	3	
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ABECMA INTRAVENOUS SUSPENSION 4600000000 CELLS (<i>idecabtagene vicleucel</i>)	OA	
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	4	PA; SP; AC; QL (30 day supply per 1 fill)
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG (<i>paclitaxel protein-bound part</i>)	OA	
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>brentuximab vedotin</i>)	OA	

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adriamycin intravenous solution reconstituted 50 mg	OA	
ADSTILADRIN INTRAVESICAL SUSPENSION 3000000000000 VP/ML (nadofaragene firadenovec-vncg)	OA	PA
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (everolimus)	4	PA; SP; AC; QL (30 day supply per 1 fill)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (everolimus)	4	PA; SP; AC; QL (30 day supply per 1 fill)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (niraparib-abiraterone acetate)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ALECENSA ORAL CAPSULE 150 MG (allectinib hcl)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG (pemetrexed disodium)	OA	
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED 60 MG (copanlisib hcl)	OA	
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (brigatinib)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (brigatinib)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (bevacizumab-maly)	OA	PA
anastrozole oral tablet 1 mg	1	AC
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4ML (nogapendekin alfa inbakic-pmln)	OA	PA
ARIMIDEX ORAL TABLET 1 MG (anastrozole)	3	AC
AROMASIN ORAL TABLET 25 MG (exemestane)	3	AC
ARRANON INTRAVENOUS SOLUTION 5 MG/ML (nelarabine)	OA	
arsenic trioxide intravenous solution 10 mg/10ml, 12 mg/6ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ARZERRA INTRAVENOUS CONCENTRATE 100 MG/5ML, 1000 MG/50ML (<i>ofatumumab</i>)	OA	
ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML (<i>calaspargase pegol-mknl</i>)	OA	
AUGTYRO ORAL CAPSULE 160 MG (<i>repotrectinib</i>)	3	AC
AUGTYRO ORAL CAPSULE 40 MG (<i>repotrectinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab</i>)	OA	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (<i>avapritinib</i>)	4	PA; SP; AC; QL (1 EA per 1 day); AL (Min 18 Years)
<i>azacitidine injection suspension reconstituted 100 mg</i>	OA	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (<i>erdafitinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML (<i>avelumab</i>)	OA	
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>belinostat</i>)	OA	
BELRAPZO INTRAVENOUS SOLUTION 100 MG/4ML (<i>bendamustine hcl</i>)	OA	
BENDAMUSTINE HCL INTRAVENOUS SOLUTION 100 MG/4ML	OA	
<i>bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg</i>	OA	
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML (<i>bendamustine hcl</i>)	OA	
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED 0.9 MG (<i>inotuzumab ozogamicin</i>)	OA	
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 1.25 MG/0.05ML, 2 MG/0.08ML, 2.5 MG/0.1ML, 2.75 MG/0.11ML, 3.25 MG/0.13ML	OA	
bexarotene external gel 1 %	4	PA; SP; QL (30 day supply per 1 fill)
bexarotene oral capsule 75 mg	4	PA; SP; AC; QL (30 day supply per 1 fill)
bicalutamide oral tablet 50 mg	1	AC
bleomycin sulfate injection solution reconstituted 15 unit, 30 unit	OA	
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED 35 MCG (blinatumomab)	OA	
bortezomib injection solution reconstituted 1 mg, 2.5 mg, 3.5 mg	OA	PA
BOSULIF ORAL CAPSULE 100 MG, 50 MG (bosutinib)	4	PA; SP; AC; QL (30 day supply per 1 fill)
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (bosutinib)	4	PA; SP; AC; QL (30 day supply per 1 fill)
BRAFTOVI ORAL CAPSULE 75 MG (encorafenib)	4	PA; SP; AC; QL (30 day supply per 1 fill)
BREYANZI INTRAVENOUS SUSPENSION 70000000 CELLS/ML (lisocabtagene maraleucel)	OA	
BRUKINSA ORAL CAPSULE 80 MG (zanubrutinib)	3	PA; AC; QL (4 EA per 1 day); AL (Min 18 Years)
busulfan intravenous solution 6 mg/ml	OA	
BUSULFEX INTRAVENOUS SOLUTION 6 MG/ML (busulfan)	OA	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (cabozantinib s-malate)	4	PA; SP; AC; QL (30 day supply per 1 fill)
CALQUENCE ORAL TABLET 100 MG (acalabrutinib maleate)	4	PA; SP; AC; QL (30 day supply per 1 fill)

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG (<i>leuprolide mesylate (6 month)</i>)	OA	PA
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5ML, 300 MG/15ML, 40 MG/2ML (<i>irinotecan hcl</i>)	OA	
<i>capecitabine oral tablet 150 mg, 500 mg</i>	4	PA; SP; AC; QL (30 day supply per 1 fill)
CAPRELSA ORAL TABLET 100 MG, 300 MG (<i>vandetanib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
CARAC EXTERNAL CREAM 0.5 % (<i>fluorouracil</i>)	2	
<i>carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml</i>	OA	
<i>carmustine intravenous solution reconstituted 100 mg</i>	OA	
CARVYKTI INTRAVENOUS SUSPENSION 100000000 CELLS (<i>ciltacabtagene autoleucl</i>)	OA	PA
CASODEX ORAL TABLET 50 MG (<i>bicalutamide</i>)	3	AC
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	OA	
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	OA	
<i>cladribine intravenous solution 10 mg/10ml</i>	OA	
<i>clofarabine intravenous solution 1 mg/ml</i>	OA	
COLUMVI INTRAVENOUS SOLUTION 10 MG/10ML, 2.5 MG/2.5ML (<i>glofitamab-gxbm</i>)	OA	PA
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG (<i>cabozantinib s-malate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	OA	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/2ML, 2 GM/4ML	OA	PA
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 1000 MG/10ML, 2 GM/10ML, 2000 MG/20ML, 500 MG/2.5ML, 500 MG/5ML, 500 MG/ML	OA	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	AC
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	3	AC
CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>ramucirumab</i>)	OA	
<i>cytarabine (pf) injection solution 100 mg/ml, 20 mg/ml</i>	OA	
<i>cytarabine injection solution 20 mg/ml</i>	OA	
<i>dacarbazine intravenous solution reconstituted 100 mg, 200 mg</i>	OA	
<i>dactinomycin intravenous solution reconstituted 0.5 mg</i>	OA	
DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML (<i>naxitamab-gqqk</i>)	OA	
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1800-30000 MG-UT/15ML (<i>daratumumab-hyaluronidase-fihj</i>)	OA	
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML (<i>daratumumab</i>)	OA	
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	4	PA; SP; AC; QL (30 day supply per 1 fill)
<i>daunorubicin hcl intravenous solution 20 mg/4ml, 50 mg/10ml</i>	OA	
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
<i>decitabine intravenous solution reconstituted 50 mg</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml, 80 mg/4ml	OA	
docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml	OA	
DOCIVYX INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML, 80 MG/8ML (docetaxel)	OA	
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML (doxorubicin hcl liposomal)	OA	
doxorubicin hcl intravenous solution 2 mg/ml	OA	
doxorubicin hcl intravenous solution reconstituted 10 mg, 50 mg	OA	
doxorubicin hcl liposomal intravenous suspension 2 mg/ml	OA	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (hydroxyurea)	2	
EFUDEX EXTERNAL CREAM 5 % (fluorouracil)	3	
ELAHERE INTRAVENOUS SOLUTION 100 MG/20ML (mirvetuximab soravtansine-gynx)	OA	PA
ELIGARD SUBCUTANEOUS KIT 22.5 MG (leuprolide acetate (3 month))	OA	
ELIGARD SUBCUTANEOUS KIT 30 MG (leuprolide acetate (4 month))	OA	
ELIGARD SUBCUTANEOUS KIT 45 MG (leuprolide acetate (6 month))	OA	
ELIGARD SUBCUTANEOUS KIT 7.5 MG (leuprolide acetate)	OA	PA
ELLENCES INTRAVENOUS SOLUTION 200 MG/100ML, 50 MG/25ML (epirubicin hcl)	OA	
ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML, 76 MG/1.9ML (elranatamab-bcmm)	OA	PA
ELZONRIS INTRAVENOUS SOLUTION 1000 MCG/ML (tagraxofusp-erzs)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 400 MG (<i>elotuzumab</i>)	OA	
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>fam-trastuzumab deruxtec-nxki</i>)	OA	
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML (<i>epcoritamab-bysp</i>)	OA	PA
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML (<i>cetuximab</i>)	OA	
<i>eribulin mesylate intravenous solution 1 mg/2ml</i>	OA	
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ERLEADA ORAL TABLET 240 MG, 60 MG (<i>apalutamide</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	4	PA; SP; AC; QL (30 day supply per 1 fill)
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>etoposide phosphate</i>)	OA	
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	OA	
<i>etoposide oral capsule 50 mg</i>	1	AC
EULEXIN ORAL CAPSULE 125 MG (<i>flutamide</i>)	3	AC
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; SP; AC; QL (30 day supply per 1 fill)
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	4	PA; SP; AC; QL (30 day supply per 1 fill)
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>melphalan hcl</i>)	OA	
<i>exemestane oral tablet 25 mg</i>	1	AC
FARESTON ORAL TABLET 60 MG (<i>toremifene citrate</i>)	3	AC

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML (<i>fulvestrant</i>)	OA	
FEMARA ORAL TABLET 2.5 MG (<i>letrozole</i>)	3	AC
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (<i>degarelix acetate</i>)	OA	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (<i>degarelix acetate</i>)	OA	
<i>floxuridine injection solution reconstituted 0.5 gm</i>	OA	
<i>fludarabine phosphate intravenous solution 50 mg/2ml</i>	OA	
<i>fludarabine phosphate intravenous solution reconstituted 50 mg</i>	OA	
<i>fluorouracil external cream 5 %</i>	1	
<i>fluorouracil external solution 2 %, 5 %</i>	1	
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	OA	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML, 40 MG/2ML (<i>pralatrexate</i>)	OA	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (<i>tivozanib hcl</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (<i>fruquintinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	OA	
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG (<i>sirolimus protein-bound part</i>)	OA	PA
GAVRETO ORAL CAPSULE 100 MG (<i>pralsetinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 day)
GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML (<i>obinutuzumab</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
gefitinib oral tablet 250 mg	4	PA; SP; AC; QL (30 day supply per 1 fill)
gemcitabine hcl intravenous solution 1 gm/10ml, 1 gm/26.3ml, 1.5 gm/15ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml, 200 mg/5.26ml	OA	
gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg	OA	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (afatinib dimaleate)	4	PA; SP; AC; QL (30 day supply per 1 fill)
GLEEVEC ORAL TABLET 100 MG, 400 MG (imatinib mesylate)	4	PA; SP; AC; QL (30 day supply per 1 fill)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	2	AC
GLIADEL WAFER IMPLANT WAFER 7.7 MG (carmustine in polifeprosan)	OA	
HALAVEN INTRAVENOUS SOLUTION 1 MG/2ML (eribulin mesylate)	OA	
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML (trastuzumab-hyaluronidase-oysk)	OA	
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (trastuzumab)	OA	
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (trastuzumab-pkrb)	OA	
HYCAMPIN INTRAVENOUS SOLUTION RECONSTITUTED 4 MG (topotecan hcl)	OA	
HYCAMPIN ORAL CAPSULE 0.25 MG, 1 MG (topotecan hcl)	4	SP; AC; QL (30 day supply per 1 fill)
HYDREA ORAL CAPSULE 500 MG (hydroxyurea)	3	AC
hydroxyurea oral capsule 500 mg	1	AC
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (palbociclib)	4	PA; SP; AC; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (<i>ponatinib hcl</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
IDAMYCIN PFS INTRAVENOUS SOLUTION 10 MG/10ML, 20 MG/20ML, 5 MG/5ML (<i>idarubicin hcl</i>)	OA	
<i>idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml, 5 mg/5ml</i>	OA	
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
IFEX INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 3 GM (<i>ifosfamide</i>)	OA	
<i>ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml</i>	OA	
<i>ifosfamide intravenous solution reconstituted 1 gm, 3 gm</i>	OA	
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	1	PA; SP; AC; QL (30 day supply per 1 fill)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (<i>ibrutinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
IMBRUVICA ORAL SUSPENSION 70 MG/ML (<i>ibrutinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (<i>ibrutinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 10 MG (<i>tarlatamab-dlle</i>)	OA	PA
IMFINZI INTRAVENOUS SOLUTION 120 MG/2.4ML, 500 MG/10ML (<i>durvalumab</i>)	OA	
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML (<i>tremelimumab-actl</i>)	OA	PA
IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML, 100000000 UNIT/ML (<i>talimogene laherparepvec</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INLYTA ORAL TABLET 1 MG, 5 MG (<i>axitinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
INQOVI ORAL TABLET 35-100 MG (<i>decitabine-cedazuridine</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
INREBIC ORAL CAPSULE 100 MG (<i>fedratinib hcl</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
<i>irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml</i>	OA	
ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (<i>romidepsin</i>)	OA	
ITOVEBI ORAL TABLET 3 MG, 9 MG (<i>inavolisib</i>)	3	PA; AC
IWILFIN ORAL TABLET 192 MG (<i>eflornithine hcl</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG, 45 MG (<i>ixabepilone</i>)	OA	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
JAYPIRCA ORAL TABLET 100 MG, 50 MG (<i>pirtobrutinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
JELMYTO SOLUTION RECONSTITUTED 80 (2 X 40) MG (<i>mitomycin</i>)	OA	
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML (<i>dostarlimab-gxly</i>)	OA	PA
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5ML (<i>cabazitaxel</i>)	OA	
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3	PA; AC
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG (<i>ado-trastuzumab emtansine</i>)	OA	

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KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (<i>trastuzumab-anns</i>)	OA	
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML (<i>pembrolizumab</i>)	OA	
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5ML (<i>tebentafusp-tebn</i>)	OA	
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (<i>selumetinib sulfate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
KRAZATI ORAL TABLET 200 MG (<i>adagrasib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 30 MG, 60 MG (<i>carfilzomib</i>)	OA	
<i>lapatinib ditosylate oral tablet 250 mg</i>	4	PA; SP; AC; QL (30 day supply per 1 fill)
LAZCLUZE ORAL TABLET 240 MG, 80 MG (<i>lazertinib mesylate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	4	PA; SP; AC; QL (30 day supply per 1 fill)
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG (<i>lenvatinib mesylate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
<i>letrozole oral tablet 2.5 mg</i>	1	AC
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	2	AC
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
leuprolide acetate injection kit 1 mg/0.2ml	OA	PA
LIBTAYO INTRAVENOUS SOLUTION 350 MG/7ML (cemiplimab-rwlc)	OA	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (trifluridine-tipiracil)	4	PA; SP; AC; QL (30 day supply per 1 fill)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML (toripalimab-tpzi)	OA	PA
LORBRENA ORAL TABLET 100 MG, 25 MG (lorlatinib)	4	PA; SP; AC; QL (30 day supply per 1 fill)
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG (sotorasib)	4	PA; SP; AC; QL (30 day supply per 1 fill)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML (mosunetuzumab-axgb)	OA	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (leuprolide acetate)	OA	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (leuprolide acetate (3 month))	OA	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT 30 MG (leuprolide acetate (4 month))	OA	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT 45 MG (leuprolide acetate (6 month))	OA	
LUTATHERA INTRAVENOUS SOLUTION 370 MBQ/ML (lutetium lu 177 dotatate)	OA	
LYNPARZA ORAL TABLET 100 MG, 150 MG (olaparib)	4	PA; SP; AC; QL (30 day supply per 1 fill)
LYSODREN ORAL TABLET 500 MG (mitotane)	2	AC
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (futibatinib)	4	PA; SP; AC; QL (30 day supply per 1 fill)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (futibatinib)	4	PA; SP; AC; QL (30 day supply per 1 fill)

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LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (futibatinib)	4	PA; SP; AC; QL (30 day supply per 1 fill)
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML (margetuximab-cmkb)	OA	PA
MATULANE ORAL CAPSULE 50 MG (procarbazine hcl)	4	SP; AC; QL (30 day supply per 1 fill)
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (cladribine)	4	PA; SP; QL (30 day supply per 1 fill)
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1	AC
megestrol acetate oral suspension 625 mg/5ml	1	
megestrol acetate oral tablet 20 mg, 40 mg	1	AC
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (trametinib dimethyl sulfoxide)	4	PA; SP; AC; QL (30 day supply per 1 fill)
MEKINIST ORAL TABLET 0.5 MG, 2 MG (trametinib dimethyl sulfoxide)	4	PA; SP; AC; QL (30 day supply per 1 fill)
MEKTOVI ORAL TABLET 15 MG (binimetinib)	4	PA; SP; AC; QL (30 day supply per 1 fill)
melphalan hcl intravenous solution reconstituted 50 mg	OA	
mercaptopurine oral tablet 50 mg	1	AC
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	QL (30 day supply per 1 fill)
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	QL (30 day supply per 1 fill)
methotrexate sodium injection solution reconstituted 1 gm	OA	
methotrexate sodium oral tablet 2.5 mg	1	AC
mitomycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg	OA	
mitoxantrone hcl intravenous concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml	OA	

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MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (<i>tafasitamab-cxix</i>)	OA	PA
<i>mutamycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg</i>	OA	
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-awwb</i>)	OA	PA
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	2	AC
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG (<i>gemtuzumab ozogamicin</i>)	OA	
<i>nelarabine intravenous solution 5 mg/ml</i>	OA	
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
NEXAVAR ORAL TABLET 200 MG (<i>sorafenib tosylate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
NILANDRON ORAL TABLET 150 MG (<i>nilutamide</i>)	3	AC
<i>nilutamide oral tablet 150 mg</i>	1	AC
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (<i>pentostatin</i>)	OA	
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (<i>trastuzumab-dkst</i>)	OA	
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG (<i>nirogacestat hydrobromide</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML (<i>tovorafenib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)

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OJEMDA ORAL TABLET 100 MG (tovorafenib)	4	PA; SP; AC; QL (30 day supply per 1 fill)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (momelotinib dihydrochloride)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ONCASPAR INJECTION SOLUTION 750 UNIT/ML (pegaspargase)	OA	
ONIVYDE INTRAVENOUS INJECTABLE 43 MG/10ML (irinotecan hcl liposome)	OA	
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (trastuzumab-dttb)	OA	
ONUREG ORAL TABLET 200 MG, 300 MG (azacitidine)	4	PA; SP; AC; QL (30 day supply per 1 fill)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML (nivolumab)	OA	
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML (nivolumab-relatlimab-rmbw)	OA	PA
OPZELURA EXTERNAL CREAM 1.5 % (ruxolitinib phosphate)	3	ST; QL (6.67 GM per 1 day)
ORGOVYX ORAL TABLET 120 MG (relugolix)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ORSERDU ORAL TABLET 345 MG, 86 MG (elacestrant hydrochloride)	4	PA; SP; AC; QL (30 day supply per 1 fill)
oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml	OA	
oxaliplatin intravenous solution reconstituted 100 mg, 50 mg	OA	
paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	OA	PA
paclitaxel protein-bound part intravenous suspension reconstituted 100 mg	OA	

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PADCEV INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 30 MG (<i>enfortumab vedotin-ejfv</i>)	OA	
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML (<i>carboplatin</i>)	OA	
<i>pazopanib hcl oral tablet 200 mg</i>	4	PA; SP; AC; QL (30 day supply per 1 fill)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (<i>pemigatinib</i>)	4	PA; SP; AC; QL (0.667 EA per 1 day)
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML, 850 MG/34ML	OA	PA
<i>pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg</i>	OA	
PEMETREXED DITROMETHAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	OA	PA
PEMETREXED INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML	OA	PA
PEMFEXY INTRAVENOUS SOLUTION 500 MG/20ML (<i>pemetrexed</i>)	OA	PA
PEMRYDI RTU INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>pemetrexed disodium</i>)	OA	PA
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML (<i>pertuzumab</i>)	OA	
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML (<i>pertuz-trastuz-hyaluron-zzxf</i>)	OA	PA
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED 75 MG (<i>porfimer sodium</i>)	OA	

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PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG, 200 MG (<i>alpelisib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
PLUVICTO INTRAVENOUS SOLUTION 1000 MBQ/ML (<i>lutetium lu 177 vipivotide tetrakis</i>)	OA	
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 140 MG, 30 MG (<i>polatuzumab vedotin-piiq</i>)	OA	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50ML (<i>necitumumab</i>)	OA	
POTELIGEO INTRAVENOUS SOLUTION 20 MG/5ML (<i>mogamulizumab-kpkc</i>)	OA	
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT (<i>aldesleukin</i>)	OA	
PROVENGE INTRAVENOUS SUSPENSION 50000000 CELLS (<i>sipuleucel-t</i>)	OA	
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	4	SP; AC; QL (30 day supply per 1 fill)
QINLOCK ORAL TABLET 50 MG (<i>ripretinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG (<i>selpercatinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
REZLIDHIA ORAL CAPSULE 150 MG (<i>olutasidenib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>rituximab-arrx</i>)	OA	
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML (<i>rituximab-hyaluronidase human</i>)	OA	PA

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RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>rituximab</i>)	OA	
romidepsin intravenous solution reconstituted 10 mg	OA	
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (<i>entrectinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ROZLYTREK ORAL PACKET 50 MG (<i>entrectinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>rituximab-pvvr</i>)	OA	
RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML (<i>amivantamab-vmjw</i>)	OA	PA
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML (<i>asparaginase erwinia chry-rywn</i>)	OA	PA
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED 188 MG, 47 MG (<i>imetelstat sodium</i>)	OA	PA
SARCLISA INTRAVENOUS SOLUTION 100 MG/5ML, 500 MG/25ML (<i>isatuximab-irfc</i>)	OA	
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG (<i>asciminib hcl</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
SIKLOS ORAL TABLET 100 MG, 1000 MG (<i>hydroxyurea</i>)	3	
SOLTAMOX ORAL SOLUTION 10 MG/5ML (<i>tamoxifen citrate</i>)	3	PV; AC
sorafenib tosylate oral tablet 200 mg	4	PA; SP; AC; QL (30 day supply per 1 fill)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)

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STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
STRONTIUM CHLORIDE SR-89 INTRAVENOUS SOLUTION 1 MCI/ML	OA	
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	4	PA; SP; AC; QL (42 day supply per 1 fill)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	4	PA; SP; AC; QL (42 day supply per 1 fill)
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 400 MG (<i>siltuximab</i>)	OA	
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	2	AC
TABRECTA ORAL TABLET 150 MG, 200 MG (<i>capmatinib hcl</i>)	4	PA; SP; AC; QL (4 EA per 1 day)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
TAFINLAR ORAL TABLET SOLUBLE 10 MG (<i>dabrafenib mesylate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
TAGRISSE ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
TALVEY SUBCUTANEOUS SOLUTION 3 MG/1.5ML, 40 MG/ML (<i>talquetamab-tgvs</i>)	OA	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (<i>talazoparib tosylate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	PV; AC
TARCEVA ORAL TABLET 100 MG, 150 MG (<i>erlotinib hcl</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
TARGRETIN EXTERNAL GEL 1 % (<i>bexarotene</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TARGRETIN ORAL CAPSULE 75 MG (<i>bexarotene</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (<i>nilotinib hcl</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
TAZVERIK ORAL TABLET 200 MG (<i>tazemetostat hbr</i>)	4	PA; SP; AC; QL (8 EA per 1 day)
TECARTUS INTRAVENOUS SUSPENSION 100000000 CELLS, 200000000 CELLS (<i>brexucabtagene autoleucel</i>)	OA	PA
TECELRA INTRAVENOUS SUSPENSION 10000000000 CELLS (<i>afamitresgene autoleucel</i>)	OA	PA
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1875-30000 MG-UT/15ML (<i>atezolizumab-hyaluronidas-tqjs</i>)	OA	PA
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML (<i>atezolizumab</i>)	OA	
TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML (<i>teclistamab-cqyv</i>)	OA	PA
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>temozolomide</i>)	OA	PA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	4	PA; SP; AC; QL (30 day supply per 1 fill)
<i>temsirolimus intravenous solution 25 mg/ml</i>	OA	
TEPADINA INJECTION SOLUTION RECONSTITUTED 100 MG, 15 MG (<i>thiotepa</i>)	OA	
TEPMETKO ORAL TABLET 225 MG (<i>tepotinib hcl</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
TEVIMBRA INTRAVENOUS SOLUTION 100 MG/10ML (<i>tislelizumab-jsgr</i>)	OA	PA
<i>thiotepa injection solution reconstituted 100 mg, 15 mg</i>	OA	
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (<i>bcg live</i>)	OA	

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TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (<i>tisotumab vedotin-tftv</i>)	OA	PA
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	2	
<i>topotecan hcl intravenous solution 4 mg/4ml</i>	OA	
<i>topotecan hcl intravenous solution reconstituted 4 mg</i>	OA	
<i>toremifene citrate oral tablet 60 mg</i>	1	AC
TORISEL INTRAVENOUS SOLUTION 25 MG/ML (<i>temsirolimus</i>)	OA	
<i>torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; SP; AC; QL (30 day supply per 1 fill)
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (<i>trastuzumab-qyyp</i>)	OA	PA
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 420 MG (<i>trastuzumab-qyyp</i>)	OA	
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 25 MG (<i>bendamustine hcl</i>)	OA	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	OA	
<i>tretinoin oral capsule 10 mg</i>	1	AC
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	2	AC
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML (<i>arsenic trioxide</i>)	OA	
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED 180 MG (<i>sacituzumab govitecan-hziy</i>)	OA	PA
TRUQAP ORAL TABLET 160 MG, 200 MG (<i>capivasertib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG (<i>capivasertib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)

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TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>rituximab-abbs</i>)	OA	
TUKYSA ORAL TABLET 150 MG (<i>tucatinib</i>)	4	PA; SP; AC; QL (4 EA per 1 day)
TUKYSA ORAL TABLET 50 MG (<i>tucatinib</i>)	4	PA; SP; AC; QL (8 EA per 1 day)
TURALIO ORAL CAPSULE 125 MG (<i>pexidartinib hcl</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
TYKERB ORAL TABLET 250 MG (<i>lapatinib ditosylate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
UNITUXIN INTRAVENOUS SOLUTION 17.5 MG/5ML (<i>dinutuximab</i>)	OA	
<i>valrubicin intravesical solution 40 mg/ml</i>	OA	
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML (<i>valrubicin</i>)	OA	
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (<i>quizartinib dihydrochloride</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML (<i>panitumumab</i>)	OA	
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-adcd</i>)	OA	PA
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG (<i>bortezomib</i>)	OA	PA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (<i>venetoclax</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
VIDAZA INJECTION SUSPENSION RECONSTITUTED 100 MG (<i>azacitidine</i>)	OA	

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<i>vinblastine sulfate intravenous solution 1 mg/ml</i>	OA	
<i>vincristine sulfate intravenous solution 1 mg/ml, 2 mg/2ml</i>	OA	
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	OA	
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (<i>larotrectinib sulfate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
VONJO ORAL CAPSULE 100 MG (<i>pacritinib citrate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
VORANIGO ORAL TABLET 10 MG, 40 MG (<i>vorasidenib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
VYLOY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>zolbetuximab-clzb</i>)	OA	PA
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG (<i>daunorubicin-cytarabine lipo</i>)	OA	
WELIREG ORAL TABLET 40 MG (<i>belzutifan</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XALKORI ORAL CAPSULE SPRINKLE 150 MG (<i>crizotinib</i>)	3	PA; AC
XALKORI ORAL CAPSULE SPRINKLE 20 MG, 50 MG (<i>crizotinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3	AC
XELODA ORAL TABLET 150 MG, 500 MG (<i>capecitabine</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)

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XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	4	PA; SP; AC; QL (56 day supply per 1 fill)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (<i>selinexor</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (<i>selinexor</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XTANDI ORAL TABLET 40 MG, 80 MG (<i>enzalutamide</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML (<i>ipilimumab</i>)	OA	
YESCARTA INTRAVENOUS SUSPENSION 200000000 CELLS (<i>axicabtagene ciloleucel</i>)	OA	
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED 1 MG (<i>trabectedin</i>)	OA	
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate micronized</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML, 200 MG/8ML (<i>ziv-aflibercept</i>)	OA	

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ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM (streptozocin)	OA	
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (niraparib tosylate)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ZELBORAF ORAL TABLET 240 MG (vemurafenib)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED 4 MG (lurbinectedin)	OA	PA
ZEVALIN Y-90 INTRAVENOUS KIT 3.2 MG/2ML (ibritumomab tiuxetan for y-90)	OA	
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (bevacizumab-bvzr)	OA	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (goserelin acetate)	OA	
ZOLINZA ORAL CAPSULE 100 MG (vorinostat)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ZYDELIG ORAL TABLET 100 MG, 150 MG (idelalisib)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ZYKADIA ORAL TABLET 150 MG (ceritinib)	3	PA; SP; AC; QL (30 day supply per 1 fill)
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (loncastuximab tesirine-lpyl)	OA	PA
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML (retifanlimab-dlwr)	OA	PA
ZYTIGA ORAL TABLET 250 MG, 500 MG (abiraterone acetate)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES - DRUGS FOR THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS (THERAPEUTIC) - DRUGS FOR THE IMMUNE SYSTEM		
ALDER SUBCUTANEOUS SOLUTION 1:20	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMERICAN BEECH POLLEN SUBCUTANEOUS SOLUTION 1:20	OA	
AMERICAN BEECH SUBCUTANEOUS SOLUTION 1:20	OA	
AMERICAN COCKROACH SUBCUTANEOUS SOLUTION 1:20	OA	
AMERICAN ELM SUBCUTANEOUS SOLUTION 1:20	OA	
ARIZONA CYPRESS SUBCUTANEOUS SOLUTION 1:20	OA	
BAHIA SUBCUTANEOUS SOLUTION 1:20	OA	
BALD CYPRESS SUBCUTANEOUS SOLUTION 1:20	OA	
BERMUDA GRASS INJECTION SOLUTION 10000 BAU/ML	OA	
BERMUDA GRASS SUBCUTANEOUS SOLUTION 10000 BAU/ML	OA	
BROME SUBCUTANEOUS SOLUTION 1:20	OA	
CALIFORNIA PEPPER TREE SUBCUTANEOUS SOLUTION 1:20	OA	
CAT HAIR EXTRACT INJECTION SOLUTION 10000 BAU/ML, 5000 BAU/ML	OA	
CAT HAIR EXTRACT SUBCUTANEOUS SOLUTION 10000 BAU/ML	OA	
CATTLE EPITHELIUM SUBCUTANEOUS SOLUTION 1:20	OA	
CEDAR ELM SUBCUTANEOUS SOLUTION 1:20	OA	
CLADOSPORIUM CLADOSPORIODES INTRADERMAL SOLUTION 1:20	OA	
COCKLEBUR SUBCUTANEOUS SOLUTION 1:20	OA	
CORN POLLEN SUBCUTANEOUS SOLUTION 1:20	OA	
DOG EPITHELIUM SUBCUTANEOUS SOLUTION 1:10	OA	
DOG FENNEL SUBCUTANEOUS SOLUTION 1:20	OA	
DUST MITE MIXED ALLERGEN EXT INJECTION SOLUTION 10000 AU/ML, 30000 AU/ML	OA	PA

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DUST MITE MIXED ALLERGEN EXT SUBCUTANEOUS SOLUTION 10000 AU/ML	OA	PA
EASTERN COTTONWOOD SUBCUTANEOUS SOLUTION 1:20	OA	
FIRE ANT SUBCUTANEOUS SOLUTION 1:10 , 1:20	OA	
GERMAN COCKROACH SUBCUTANEOUS SOLUTION 1:20	OA	
GOLDENROD SUBCUTANEOUS SOLUTION 1:20	OA	
GRASS POLLEN MIXTURE OF 6 INJECTION SOLUTION 100000 BAU/ML	OA	
GRASS POLLEN(K-O-R-T-SWT VERN) INJECTION SOLUTION 100000 BAU/ML	OA	
GRASSTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (<i>timothy grass pollen allergen</i>)	3	PA; QL (1 EA per 1 day)
HACKBERRY SUBCUTANEOUS SOLUTION 1:20	OA	
HONEY BEE VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG (<i>honey bee venom</i>)	OA	
HORSE EPITHELIUM SUBCUTANEOUS SOLUTION 1:10	OA	
JOHNSON GRASS SUBCUTANEOUS SOLUTION 1:20	OA	
JUNE GRASS POLLEN STANDARDIZED SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
KOCHIA SUBCUTANEOUS SOLUTION 1:20	OA	
MEADOW FESCUE GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
MELALEUCA SUBCUTANEOUS SOLUTION 1:20	OA	
MESQUITE SUBCUTANEOUS SOLUTION 1:20	OA	
MITE (D. FARINAE) SUBCUTANEOUS SOLUTION 10000 AU/ML	OA	
MITE (D. PTERONYSSINUS) SUBCUTANEOUS SOLUTION 10000 AU/ML	OA	

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MIXED FEATHERS SUBCUTANEOUS SOLUTION 1:20	OA	
MIXED RAGWEED SUBCUTANEOUS SOLUTION 1:20	OA	
MIXED VESPID VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550-550-550 MCG	OA	
MUCOR INTRADERMAL SOLUTION 1:20	OA	
MUGWORT SUBCUTANEOUS SOLUTION 1:20	OA	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (dust mite mixed allergen ext)	3	PA; QL (1 EA per 1 day)
OLIVE TREE SUBCUTANEOUS SOLUTION 1:20	OA	
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR (grass mix pollens allergen ext)	3	PA; QL (1 EA per 1 day)
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 100 IR (grass mix pollens allergen ext)	3	PA; 2 packs per year; QL (6 EA per 365 days)
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (grass mix pollens allergen ext)	3	PA; QL (1 EA per 1 day)
ORCHARD GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (peanut powder-dnfp)	OA	PA
PALFORZIA ORAL 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG (peanut powder-dnfp)	3	PA
PALFORZIA ORAL PACKET 300 MG (peanut powder-dnfp)	3	PA
PERENNIAL RYE GRASS POLLEN INJECTION SOLUTION 100000 BAU/ML	OA	
PRIVET SUBCUTANEOUS SOLUTION 1:20	OA	
QUEEN PALM SUBCUTANEOUS SOLUTION 1:20	OA	

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RABBIT EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	OA	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (short ragweed pollen ext)	3	PA; QL (1 EA per 1 day)
RED MAPLE SUBCUTANEOUS SOLUTION 1:20	OA	
RED MULBERRY SUBCUTANEOUS SOLUTION 1:20	OA	
RED TOP GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
ROUGH MARSH ELDER SUBCUTANEOUS SOLUTION 1:20	OA	
RUSSIAN THISTLE SUBCUTANEOUS SOLUTION 1:20	OA	
SHAGBARK HICKORY SUBCUTANEOUS SOLUTION 1:20	OA	
SHEEP SORREL SUBCUTANEOUS SOLUTION 1:20	OA	
SHORT RAGWEED POLLEN EXT SUBCUTANEOUS SOLUTION 1:20	OA	
SHORT-GIANT RAGWEED (DIAGNOST) INJECTION SOLUTION 1:20	3	
SPINY PIGWEED SUBCUTANEOUS SOLUTION 1:20	OA	
SWEET GUM SUBCUTANEOUS SOLUTION 1:20	OA	
SWEET VERNAL GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
TALL RAGWEED SUBCUTANEOUS SOLUTION 1:20	OA	
TIMOTHY GRASS POLLEN ALLERGEN INJECTION SOLUTION 10000 BAU/ML, 100000 BAU/ML	OA	
TIMOTHY GRASS POLLEN ALLERGEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
VENOMIL MIXED VESPID VENOM INJECTION SOLUTION RECONSTITUTED 550-550-550 MCG (mixed vespid venom)	OA	
WASP VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG	OA	

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WESTERN JUNIPER SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE BIRCH SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE MULBERRY SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE OAK SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE PINE SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE-FACED HORNET VENOM INJECTION SOLUTION RECONSTITUTED 550 MCG (white faced hornet venom)	OA	
YELLOW DOCK SUBCUTANEOUS SOLUTION 1:20	OA	
YELLOW HORNET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG	OA	
YELLOW JACKET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG	OA	
ANTITOXINS AND IMMUNE GLOBULINS - Organ Transplant		
ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (immune globulin (human)-stwk)	OA	PA
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED (centruroides (scorpion) im fab)	OA	
ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED (crotalidae immune fab (equine))	OA	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	OA	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	OA	
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (immune globulin (human)-slra)	OA	
BABYBIG INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (botulism immune globulin human)	OA	
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML (immune globulin (human))	OA	
CNJ-016 INTRAVENOUS SOLUTION 50000 UNIT/VIAL (vaccinia immune globulin human)	OA	

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CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (<i>crotalidae polyval immune fab</i>)	OA	
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (<i>immune globulin (human)-hipp</i>)	3	
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML (<i>cytomegalovirus immune glob</i>)	OA	
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (<i>digoxin immune fab</i>)	OA	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML (<i>immune globulin (human)</i>)	OA	
GAMASTAN INTRAMUSCULAR INJECTABLE (<i>immune globulin (human)</i>)	3	PA; QL (30 day supply per 1 fill)
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)</i>)	OA	
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (<i>immune globulin (human)</i>)	OA	
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	OA	
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	OA	
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	OA	
HEPAGAM B INJECTION SOLUTION 312 UNIT/ML (<i>hepatitis b immune globulin</i>)	OA	

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HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML (<i>hepatitis b immune globulin</i>)	OA	
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML (<i>hepatitis b immune globulin</i>)	OA	
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML (<i>rabies immune globulin</i>)	OA	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT (<i>rho d immune globulin</i>)	OA	
HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT/ML (<i>tetanus immune globulin</i>)	OA	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin-hyaluronidase</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML (<i>rabies immune globulin</i>)	OA	
KEDRAB INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML	OA	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT (<i>rho d immune globulin</i>)	OA	
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML (<i>hepatitis b immune globulin</i>)	OA	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	OA	

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PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)-ifas</i>)	OA	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	OA	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (<i>rho d immune globulin</i>)	OA	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (<i>rho d immune globulin</i>)	OA	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML (<i>varicella-zoster immune glob</i>)	OA	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML (<i>rho d immune globulin</i>)	OA	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)-klhw</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZINPLAVA INTRAVENOUS SOLUTION 1000 MG/40ML (<i>bezlotoxumab</i>)	OA	
TOXOIDS - Vaccines		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	1	PV; AL (Min 9 Years)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	1	PV; AL (Min 9 Years)
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (<i>diphth-acell pertussis-tetanus</i>)	1	PV; AL (Min 9 Years)
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 (<i>diphth-acell pertussis-tetanus</i>)	1	PV; AL (Min 9 Years)

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KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>dtap-ipv vaccine</i>)	1	PV; AL (Min 9 Years)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-hepatitis b recomb-ipv</i>)	1	PV; AL (Min 9 Years)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>dtap-ipv-hib vaccine</i>)	1	PV; AL (Min 9 Years)
QUADRACEL INTRAMUSCULAR SUSPENSION (<i>dtap-ipv vaccine</i>)	1	PV; AL (Min 9 Years)
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>dtap-ipv vaccine</i>)	1	PV; AL (Min 9 Years)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML (<i>tetanus-diphtheria toxoids td</i>)	1	PV; AL (Min 9 Years)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (<i>tetanus-diphtheria toxoids td</i>)	1	PV; AL (Min 9 Years)
TETANUS-DIPHThERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	PV; AL (Min 9 Years)
VAXELIS INTRAMUSCULAR SUSPENSION (<i>dtap-ipv-hib-hepatitis b recmb</i>)	OA	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv-hib-hepatitis b recmb</i>)	OA	
VACCINES - Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML (<i>rsv pre-fusion f a&b vac rcmb</i>)	1	PV; AL (Min 60 Years)
ACAM2000 INJECTION SOLUTION RECONSTITUTED (<i>smallpox vaccine</i>)	OA	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	OA	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	1	PV; AL (Min 9 Years)
AFLURIA INTRAMUSCULAR SUSPENSION (<i>influenza virus vaccine split</i>)	1	PV; AL (Min 3 Years)

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AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza virus vacc split pf</i>)	1	PV; AL (Min 3 Years)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML (<i>rsvpref3 vac recomb adjuvanted</i>)	1	PV; AL (Min 60 Years)
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	OA	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b recomb omv adj</i>)	1	PV; AL (Min 9 Years)
BIOTHRAX INTRAMUSCULAR SUSPENSION (<i>anthrax vaccine adsorbed</i>)	OA	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	1	PV; AL (Min 9 Years)
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (<i>pneumococcal 21-valent conjuga</i>)	1	PV; AL (Min 19 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML (<i>covid-19 mrna virus vaccine</i>)	1	PV; AL (Min 3 Years)
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (<i>diphth-acell pertussis-tetanus</i>)	1	PV; AL (Min 9 Years)
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>dengue virus vaccine live tetr</i>)	1	PA; PV; AL (Min 9 Years and Max 16 Years)
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML (<i>hepatitis b vac recombinant</i>)	1	PV; AL (Min 9 Years)
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (<i>hepatitis b vac recombinant</i>)	1	PV; AL (Min 9 Years)
ERVEBO INTRAMUSCULAR SUSPENSION (<i>ebola zaire virus vaccine live</i>)	OA	
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac a&b surf ant adj</i>)	1	PV; AL (Min 65 Years)

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FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza virus vacc split pf</i>)	1	PV; AL (Min 3 Years)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (<i>influenza vac recombinant ha</i>)	1	PV; AL (Min 3 Years)
FLUCELVAX INTRAMUSCULAR SUSPENSION (<i>influenza vac tiss-cult subunt</i>)	1	PV; AL (Min 3 Years)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac tiss-cult subunt</i>)	1	PV; AL (Min 3 Years)
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza virus vacc split pf</i>)	1	PV; AL (Min 3 Years)
FLUMIST NASAL LIQUID (<i>influenza virus vaccine live</i>)	1	PV; AL (Min 3 Years and Max 49 Years)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split high-dose</i>)	1	PV; AL (Min 65 Years)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza virus vacc split pf</i>)	1	PV; AL (Min 3 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION (<i>hvp 9-valent recomb vaccine</i>)	1	PV; AL (Min 9 Years and Max 45 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hvp 9-valent recomb vaccine</i>)	1	PV; AL (Min 9 Years and Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML (<i>hepatitis a vaccine</i>)	1	PV; AL (Min 9 Years)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (<i>hepatitis b vac recomb adj</i>)	1	PV; AL (Min 18 Years)
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG (<i>haemophilus b polysac conj vac</i>)	OA	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML (<i>rabies virus vaccine, hdc</i>)	OA	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 (<i>diphth-acell pertussis-tetanus</i>)	1	PV; AL (Min 9 Years)

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IPOL INJECTION INJECTABLE (<i>poliovirus vaccine inactivated</i>)	1	PV; AL (Max 17 Years)
IXIARO INTRAMUSCULAR SUSPENSION (<i>japanese encephalitis vac inac</i>)	OA	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML (<i>smallpox & monkeypox vac, live</i>)	1	PV; AL (Min 18 Years)
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>dtap-ipv vaccine</i>)	1	PV; AL (Min 9 Years)
MENQUADFI INTRAMUSCULAR SOLUTION (<i>mening acy&w-135 tetanus conj</i>)	1	PV; AL (Min 9 Years)
MENVEO INTRAMUSCULAR SOLUTION (<i>meningococcal a c y&w-135 olig</i>)	1	PV; AL (Min 9 Years)
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>meningococcal a c y&w-135 olig</i>)	1	PV; AL (Min 9 Years)
M-M-R II INJECTION SOLUTION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	1	PV; AL (Min 9 Years)
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML (<i>covid-19 mrna virus vaccine</i>)	1	PV; AL (Min 3 Years)
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (<i>rsv mrna pre-f virus vaccine</i>)	1	PV; AL (Min 60 Years)
NOVAVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5 MCG/0.5ML	1	PV; AL (Min 3 Years)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-hepatitis b recomb-ipv</i>)	1	PV; AL (Min 9 Years)
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML (<i>haemophilus b polysac conj vac</i>)	OA	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>mening acyw(tet conj)-b(rcmb)</i>)	1	PV; AL (Min 9 Years)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>dtap-ipv-hib vaccine</i>)	1	PV; AL (Min 9 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML (covid-19 mrna virus vaccine)	1	PV; AL (Min 3 Years)
PFIZER COVID-19 VAC-TRIS 6M-4Y INTRAMUSCULAR SUSPENSION 3 MCG/0.3ML	1	PV; AL (Min 3 Years)
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (pneumococcal vac polyvalent)	1	PV
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML (hepatitis b vac 3-antigen rcmb)	1	PV; AL (Min 18 Years)
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (pneumococcal 20-val conj vacc)	1	PV; AL (Min 9 Years)
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (measles, mumps & rubella vac)	1	PV; AL (Min 9 Years)
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (measles-mumps-rubella-varicell)	1	PV; AL (Min 9 Years)
QUADRACEL INTRAMUSCULAR SUSPENSION (dtap-ipv vaccine)	1	PV; AL (Min 9 Years)
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (dtap-ipv vaccine)	1	PV; AL (Min 9 Years)
RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (rabies vaccine, pcec)	OA	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML (hepatitis b vac recombinant)	1	PV; AL (Min 9 Years)
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML (hepatitis b vac recombinant)	1	PV; AL (Min 9 Years)
ROTARIX ORAL SUSPENSION (rotavirus vaccine live oral)	OA	
ROTATEQ ORAL SOLUTION (rotavirus vac live pentavalent)	OA	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML (zoster vac recomb adjuvanted)	1	PV; AL (Min 19 Years)

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SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (covid-19 mrna virus vaccine)	1	PV; AL (Min 3 Years)
STAMARIL INJECTION SUSPENSION RECONSTITUTED	OA	
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (bcg live)	OA	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML (tick-borne encephalitis vacc)	OA	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (meningococcal b vac (recomb))	1	PV; AL (Min 9 Years)
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (hepatitis a-hep b recomb vac)	1	PV; AL (Min 9 Years)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML (typhoid vi polysaccharide vacc)	OA	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (typhoid vi polysaccharide vacc)	OA	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (hepatitis a vaccine)	1	PV; AL (Min 9 Years)
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML (varicella virus vaccine live)	1	PV; AL (Min 9 Years)
VAXELIS INTRAMUSCULAR SUSPENSION (dtap-ipv-hib-hepatitis b recmb)	OA	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (dtap-ipv-hib-hepatitis b recmb)	OA	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (pneumococcal 15-val conj vacc)	1	PV; AL (Min 9 Years)
VIVOTIF ORAL CAPSULE DELAYED RELEASE (typhoid vaccine)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
YF-VAX SUBCUTANEOUS INJECTABLE (<i>yellow fever vaccine</i>)	OA	
AUTONOMIC DRUGS		
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	PV; QL (2 EA per 1 day)
<i>ft nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	1	PV; QL (180 EA per 365 days)
<i>ft nicotine mouth/throat gum 2 mg, 4 mg</i>	1	PV; QL (180 day supply per 365 days)
<i>ft nicotine mouth/throat lozenge 2 mg, 4 mg</i>	1	PV; QL (180 EA per 365 days)
<i>ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	1	PV; QL (180 day supply per 365 days)
<i>goodsense nicotine mouth/throat gum 2 mg</i>	1	PV; QL (180 day supply per 365 days)
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	1	PV; QL (180 EA per 365 days)
<i>habitrol transdermal patch 24 hour 21 mg/24hr</i>	1	PV; QL (180 day supply per 365 days)
<i>naltrexone hcl oral tablet 50 mg</i>	1	
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	3	PV; QL (180 EA per 365 days)
NICORETTE MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	3	PV; QL (180 day supply per 365 days)
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	3	PV; QL (180 EA per 365 days)
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	1	PV; QL (180 EA per 365 days)

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<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	1	PV; QL (180 EA per 365 days)
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	1	PV; QL (180 day supply per 365 days)
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	1	PV; QL (180 EA per 365 days)
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	1	PV; QL (180 day supply per 365 days)
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	1	PV; QL (180 day supply per 365 days)
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	1	PV; QL (180 day supply per 365 days)
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	1	PV; QL (180 day supply per 365 days)
<i>nicotine transdermal patch 24 hour 21 mg/24hr</i>	1	PV; QL (180 day supply per 365 days)
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	3	PV; QL (180 day supply per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	3	PV; QL (180 day supply per 365 days)
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	1	PV; QL (180 day supply per 365 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	1	PV; QL (180 day supply per 365 days)
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	1	PV; QL (180 day supply per 365 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AUTONOMIC DRUGS - Drugs for the Nervous System		
ALPHA- AND BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADRENALIN INJECTION SOLUTION 1 MG/ML, 30 MG/30ML (<i>epinephrine</i>)	OA	
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML (<i>ephedrine sulfate (pressors)</i>)	OA	
AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML (<i>ephedrine sulfate (pressors)</i>)	OA	
ARTICADENT DENTAL INJECTION SOLUTION CARTRIDGE 4 %-1:100000 (<i>articaine-epinephrine</i>)	OA	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	3	PA; QL (30 day supply per 1 fill)
<i>bupivacaine-epinephrine (pf) injection solution 0.25% - 1:200000, 0.5% -1:200000</i>	OA	
<i>bupivacaine-epinephrine injection solution 0.25% - 1:200000, 0.5% -1:200000</i>	OA	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (<i>desloratadine-pseudoephedrine</i>)	3	
DEXAMETH SOD PHOS-BUPIV-EPIN INJECTION SOLUTION PREFILLED SYRINGE 0.01-0.375 %-1:200000	3	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
EMERPHED INTRAVENOUS SOLUTION 5 MG/ML (<i>ephedrine sulfate (pressors)</i>)	OA	
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML, 50 MG/10ML (<i>ephedrine sulfate (pressors)</i>)	OA	
EPHEDRINE SULFATE (PRESSORS) INJECTION SOLUTION PREFILLED SYRINGE 25 MG/5ML, 50 MG/10ML, 50 MG/5ML	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ephedrine sulfate (pressors) intravenous solution 5 mg/ml, 50 mg/ml</i>	OA	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML	OA	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 25-0.9 MG/5ML-%, 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	OA	
<i>epinephrine (anaphylaxis) injection solution 1 mg/ml, 30 mg/30ml</i>	OA	
<i>epinephrine hcl (nasal) nasal solution 0.1 %</i>	1	
EPINEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%	OA	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	OA	
<i>epinephrine injection solution 1 mg/ml, 10 mg/10ml</i>	OA	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	QL (30 day supply per 1 fill)
EPINEPHRINE INTRAVENOUS SOLUTION 1 MG/10ML	OA	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.1 MG/10ML	OA	
<i>epinephrine intravenous solution prefilled syringe 1 mg/10ml</i>	OA	
<i>epinephrine pf injection solution 1 mg/ml</i>	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-5 MCG/10ML-%	OA	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION 4-0.9 MG/250ML-%, 5-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>)	3	QL (30 day supply per 1 fill)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (<i>epinephrine</i>)	3	QL (30 day supply per 1 fill)
LEVOPHED INTRAVENOUS SOLUTION 1 MG/ML (<i>norepinephrine bitartrate</i>)	OA	
LIDOCAINE-EPINEPHRINE (PF) INJECTION SOLUTION 1 %-1:100000	OA	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200000</i>	OA	
<i>lidocaine-epinephrine (pf) solution 2 %-1:200000 injection</i>	OA	
LIDOCAINE-EPINEPHRINE (PF) SOLUTION 2 %-1:200000 INJECTION	OA	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200000, 1 %-1:100000, 2 %-1:100000</i>	OA	
MARCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.25-1:200000 %, 0.5% -1:200000 (<i>bupivacaine-epinephrine</i>)	OA	
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION 0.25% -1:200000, 0.25-1:200000 %, 0.5% -1:200000 (<i>bupivacaine-epinephrine</i>)	OA	
NEFFY NASAL SOLUTION 2 MG/0.1ML (<i>epinephrine</i>)	3	PA
<i>norepinephrine bitartrate intravenous solution 1 mg/ml</i>	OA	
NOREPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 16-5 MG/250ML-%, 4-5 MG/250ML-%, 8-5 MG/250ML-%, 8-5 MG/500ML-%	OA	
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 16-0.9 MG/250ML-%, 8-0.9 MG/250ML-%, 8-0.9 MG/500ML-%	OA	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NOREPINEPHRINE-SODIUM CHLORIDE SOLUTION 4-0.9 MG/250ML-% INTRAVENOUS	OA	
NOREPINEPHRINE-SODIUM CHLORIDE SOLUTION 4-0.9 MG/250ML-% INTRAVENOUS	OA	PA
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (droxidopa)	4	PA; SP; QL (30 day supply per 1 fill)
ORABLOC INJECTION SOLUTION CARTRIDGE 4 %-1:100000, 4 %-1:200000 (articaine-epinephrine)	OA	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
REZIPRES INTRAVENOUS SOLUTION 47 MG/10ML (ephedrine hcl)	OA	
SENSORCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000 (bupivacaine-epinephrine)	OA	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000 (bupivacaine-epinephrine)	OA	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 % (bupivacaine-epinephrine)	3	
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION 0.5 %-1:200000, 1 %-1:100000, 2 %-1:100000 (lidocaine-epinephrine)	OA	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200000, 1.5 %-1:200000, 2 %-1:200000 (lidocaine-epinephrine)	OA	
ALPHA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
BIORPHEN INTRAVENOUS SOLUTION 0.5 MG/5ML (phenylephrine hcl (pressors))	OA	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (clonidine)	3	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (clonidine)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (<i>clonidine</i>)	3	
CLONIDINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG	3	
<i>clonidine hcl (analgesia) epidural solution 100 mcg/ml, 500 mcg/ml</i>	OA	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	
<i>dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml</i>	OA	
DEXMEDETOMIDINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20-0.9 MCG/5ML-%	OA	
<i>dexmedetomidine hcl intravenous solution 1000 mcg/10ml, 200 mcg/2ml, 400 mcg/4ml</i>	OA	
DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION 200MCG/50ML -5%, 400MCG/100ML -5%	OA	
DURACLON EPIDURAL SOLUTION 100 MCG/ML (<i>clonidine hcl (analgesia)</i>)	OA	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (<i>dexmedetomidine hcl</i>)	OA	PA
IMMPHENTIV INTRAVENOUS SOLUTION 0.5 MG/5ML, 1 MG/10ML (<i>phenylephrine hcl (pressors)</i>)	OA	
<i>lofexidine hcl oral tablet 0.18 mg</i>	1	PA
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	3	PA
METHYLDOPA ORAL TABLET 250 MG, 500 MG	3	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (clonidine)	3	
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML (clonidine hcl)	3	PA
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION 0.4 MG/10ML, 0.8 MG/10ML	OA	
phenylephrine hcl (pressors) intravenous solution 10 mg/ml	OA	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4 MG/10ML, 0.5 MG/5ML, 1 MG/10ML	OA	
PHENYLEPHRINE HCL INTRACAVERNOSAL SOLUTION 2 MG/2ML	3	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION 1 MG/10ML	OA	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/10ML, 1 MG/10ML	OA	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 100-0.9 MG/250ML-%, 20-0.9 MG/250ML-%, 25-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-%	OA	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4-0.9 MG/10ML-%, 0.4-0.9 MG/5ML-%, 0.5-0.9 MG/5ML-%, 0.8-0.9 MG/10ML-%, 1-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	OA	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML (dexmedetomidine hcl in nacl)	OA	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML (dexmedetomidine hcl)	OA	
promethazine vc oral syrup 6.25-5 mg/5ml	1	

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<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	1	
VAZCULEP INTRAVENOUS SOLUTION 10 MG/ML <i>(phenylephrine hcl (pressors))</i>	OA	
ANTIMUSCARINICS/ANTISPASMODICS - Drugs for Parkinson		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG <i>(hyoscyamine sulfate)</i>	3	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT <i>(umeclidinium-vilanterol)</i>	2	
<i>atropine sulfate injection solution 8 mg/20ml</i>	OA	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml</i>	OA	
<i>atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml</i>	OA	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	OA	
<i>atropine sulfate ophthalmic ointment 1 %</i>	1	
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT <i>(ipratropium bromide hfa)</i>	2	
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML <i>(dicyclomine hcl)</i>	OA	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT <i>(glycopyrrolate-formoterol)</i>	3	ST
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT <i>(budeson-glycopyrrol-formoterol)</i>	2	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT <i>(ipratropium-albuterol)</i>	3	
CUVPOSA ORAL SOLUTION 1 MG/5ML <i>(glycopyrrolate)</i>	3	

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<i>dicyclomine hcl intramuscular solution 10 mg/ml</i>	OA	
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (<i>aclidinium bromoterol fumarate</i>)	3	ST
GLYCATATE ORAL TABLET 1.5 MG (<i>glycopyrrolate</i>)	1	
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml, 1 mg/5ml, 4 mg/20ml</i>	OA	
GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML	OA	
GLYCOPYRROLATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML	OA	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	1	
<i>glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml</i>	OA	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	OA	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML, 0.4 MG/2ML (<i>glycopyrrolate</i>)	OA	
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML (<i>glycopyrrolate</i>)	OA	
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML (<i>hydrocodone bitartrate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYCODAN ORAL TABLET 5-1.5 MG (<i>hydrocodone bit-homatrop mbr</i>)	3	
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	1	
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	1	
<i>hydromet oral solution 5-1.5 mg/5ml</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	1	
<i>hyosyne oral elixir 0.125 mg/5ml</i>	1	
<i>hyosyne oral solution 0.125 mg/ml</i>	1	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (<i>umeclidinium bromide</i>)	3	ST
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	1	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	
LEVSIN ORAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	3	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG (<i>hyoscyamine sulfate</i>)	3	
LIBRAX ORAL CAPSULE 5-2.5 MG (<i>chlordiazepoxide-clidinium</i>)	3	
LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate-atropine</i>)	3	
<i>melnaphos/mb/hyo1 oral tablet 81.6 mg</i>	1	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	1	
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin-atropine</i>)	3	
OSCIMIN ORAL TABLET 0.125 MG	3	

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OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	3	
PREVDUO INTRAVENOUS SOLUTION PREFILLED SYRINGE 3-0.6 MG/3ML (<i>neostigmine-glycopyrrolate</i>)	OA	
QBREXZA EXTERNAL PAD 2.4 % (<i>glycopyrronium tosylate</i>)	3	PA
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-0.1-1 MG	3	
ROBINUL ORAL TABLET 1 MG (<i>glycopyrrolate</i>)	3	
ROBINUL-FORTE ORAL TABLET 2 MG (<i>glycopyrrolate</i>)	3	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	2	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	2	
SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-20-0.2-2 MG	3	
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	1	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (<i>scopolamine base</i>)	3	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	2	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (<i>aclidinium bromide</i>)	3	ST
UROGESIC-BLUE ORAL TABLET 81.6 MG (<i>methen-hyosc-meth blue-na phos</i>)	3	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIPARKINSONIAN AGENTS - Drugs for Parkinson		
<i>benztropine mesylate injection solution 1 mg/ml</i>	OA	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (<i>amantadine hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG (<i>amantadine hcl</i>)	3	PA
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
AUTONOMIC DRUGS, MISCELLANEOUS - Drugs for the Nervous System		
<i>ft nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	1	PV; QL (180 EA per 365 days)
<i>ft nicotine mouth/throat gum 2 mg, 4 mg</i>	1	PV; QL (180 day supply per 365 days)
<i>ft nicotine mouth/throat lozenge 2 mg, 4 mg</i>	1	PV; QL (180 EA per 365 days)
<i>ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	1	PV; QL (180 day supply per 365 days)
<i>goodsense nicotine mouth/throat gum 2 mg</i>	1	PV; QL (180 day supply per 365 days)
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	1	PV; QL (180 EA per 365 days)
<i>habitrol transdermal patch 24 hour 21 mg/24hr</i>	1	PV; QL (180 day supply per 365 days)
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	3	PV; QL (180 EA per 365 days)

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NICORETTE MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	3	PV; QL (180 day supply per 365 days)
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	3	PV; QL (180 EA per 365 days)
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	1	PV; QL (180 EA per 365 days)
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	1	PV; QL (180 EA per 365 days)
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	1	PV; QL (180 day supply per 365 days)
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	1	PV; QL (180 EA per 365 days)
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	1	PV; QL (180 day supply per 365 days)
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	1	PV; QL (180 day supply per 365 days)
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	1	PV; QL (180 day supply per 365 days)
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	1	PV; QL (180 day supply per 365 days)
<i>nicotine transdermal patch 24 hour 21 mg/24hr</i>	1	PV; QL (180 day supply per 365 days)
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	3	PV; QL (180 day supply per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	3	PV; QL (180 day supply per 365 days)
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	1	PV; QL (180 day supply per 365 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	1	PV; QL (180 day supply per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
varenicline tartrate(continue) oral tablet 1 mg	1	PV; QL (180 day supply per 365 days)
BOTULINUM TOXINS - Drugs for Relaxing Muscles		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT (onabotulinumtoxin (cosmetic))	OA	PA
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (onabotulinumtoxin)	OA	PA
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (daxibotulinumtoxin-lanm)	OA	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (abobotulinumtoxin)	OA	PA
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (rimabotulinumtoxinb)	OA	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (incobotulinumtoxin)	OA	PA
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT - Drugs for Relaxing Muscles		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (cyclobenzaprine hcl)	3	
carisoprodol oral tablet 250 mg, 350 mg	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg	1	
cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg	1	
FEXMID ORAL TABLET 7.5 MG (cyclobenzaprine hcl)	3	
metaxalone oral tablet 400 mg, 800 mg	1	
methocarbamol injection solution 1000 mg/10ml	OA	
methocarbamol oral tablet 1000 mg, 500 mg, 750 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ROBAXIN INJECTION SOLUTION 1000 MG/10ML (<i>methocarbamol</i>)	OA	
SOMA ORAL TABLET 250 MG, 350 MG (<i>carisoprodol</i>)	3	
TANLOR ORAL TABLET 1000 MG (<i>methocarbamol</i>)	3	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (<i>tizanidine hcl</i>)	3	
ZANAFLEX ORAL TABLET 4 MG (<i>tizanidine hcl</i>)	3	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS - Drugs for Relaxing Muscles		
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED 20 MG (<i>dantrolene sodium</i>)	OA	
DANTRIUM ORAL CAPSULE 25 MG (<i>dantrolene sodium</i>)	3	
<i>dantrolene sodium intravenous solution reconstituted 20 mg</i>	OA	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>revonto intravenous solution reconstituted 20 mg</i>	OA	
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED 250 MG (<i>dantrolene sodium</i>)	OA	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
<i>baclofen intrathecal solution 10 mg/20ml, 20000 mcg/20ml, 40 mg/20ml, 40000 mcg/20ml</i>	OA	
<i>baclofen intrathecal solution prefilled syringe 50 mcg/ml</i>	OA	
BACLOFEN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML	3	PA; QL (80 ML per 1 day)
<i>baclofen oral suspension 25 mg/5ml</i>	1	PA; QL (16 ML per 1 day)
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (<i>baclofen</i>)	3	PA; QL (16 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML (baclofen)	OA	
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML, 50 MCG/ML (baclofen)	OA	
LIORESAL INTRATHECAL SOLUTION 0.05 MG/ML, 10 MG/20ML, 10 MG/5ML, 40 MG/20ML (baclofen)	OA	
LYVISPAH ORAL PACKET 10 MG (baclofen)	3	PA; QL (3 EA per 1 day)
LYVISPAH ORAL PACKET 20 MG (baclofen)	3	PA; QL (4 EA per 1 day)
LYVISPAH ORAL PACKET 5 MG (baclofen)	3	PA; QL (9 EA per 1 day)
OZOBAX DS ORAL SOLUTION 10 MG/5ML (baclofen)	3	PA; QL (80 ML per 1 day)
INDIRECT-ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	PA
NORGESIC ORAL TABLET 25-385-30 MG (orphenadrine-aspirin-caffeine)	3	PA
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	
orphenadrine citrate injection solution 30 mg/ml	OA	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	1	PA
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (orphenadrine-aspirin-caffeine)	3	PA
NEUROMUSCULAR BLOCKING AGENTS - Drugs for Relaxing Muscles		
atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml	OA	
cisatracurium besylate (pf) intravenous solution 10 mg/5ml, 200 mg/20ml	OA	
cisatracurium besylate intravenous solution 20 mg/10ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
rocuronium bromide intravenous solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	OA	
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML, 50 MG/5ML, 75 MG/7.5ML	OA	
SUCCINYLCHOLINE CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 100 MG/5ML	3	
SUCCINYLCHOLINE CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/5ML, 140 MG/7ML, 200 MG/10ML	OA	
VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/10ML	OA	
vecuronium bromide intravenous solution reconstituted 10 mg, 20 mg	OA	
NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl af)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl)	3	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (nebivolol hcl)	3	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (carvedilol phosphate)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (carvedilol)	3	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	4	SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	3	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	3	PA
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	OA	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>labetalol hcl solution 5 mg/ml intravenous</i>	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl intravenous solution 1 mg/ml</i>	OA	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
SOTALOL HCL INTRAVENOUS SOLUTION 150 MG/10ML	OA	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	3	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS - Drugs for the Heart		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	2	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-5 MG	3	PA
DIBENZYLINE ORAL CAPSULE 10 MG (<i>phenoxybenzamine hcl</i>)	3	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	1	PA; QL (30 day supply per 1 fill)
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	QL (0.27 ML per 1 day)
<i>ergoloid mesylates oral tablet 1 mg</i>	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (<i>ergotamine tartrate</i>)	2	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	3	
MIGRANAL NASAL SOLUTION 4 MG/ML (<i>dihydroergotamine mesylate</i>)	3	QL (0.27 ML per 1 day)
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	1	
<i>phentolamine mesylate injection solution reconstituted 5 mg</i>	OA	
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-0.1-1 MG	3	
SUPER BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10 MG	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-20-0.2-2 MG	3	
SUPER TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-100 MG-MG-MCG	3	PA
TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-5-50 MG-MG-MCG	3	PA
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT (<i>dihydroergotamine mesylate hfa</i>)	3	PA; QL (0.43 ML per 1 day)
NON-SELECTIVE BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
<i>isoproterenol hcl injection solution 0.2 mg/ml</i>	OA	
ISOPROTERENOL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 200-0.9 MCG/50ML-%	OA	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - Drugs for Bladder Incontinence		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY (<i>donepezil hcl</i>)	3	PA; QL (0.15 EA per 1 day)
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (<i>donepezil hcl</i>)	3	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
BLOXIVERZ INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML (<i>neostigmine methylsulfate</i>)	OA	
BLOXIVERZ INTRAVENOUS SOLUTION PREFILLED SYRINGE 5 MG/5ML (<i>neostigmine methylsulfate</i>)	OA	
<i>cevimeline hcl oral capsule 30 mg</i>	1	
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	1	
EVOXAC ORAL CAPSULE 30 MG (<i>cevimeline hcl</i>)	3	
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	1	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	
MESTINON ORAL SOLUTION 60 MG/5ML (<i>pyridostigmine bromide</i>)	3	
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	3	
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG (<i>pyridostigmine bromide</i>)	3	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (<i>memantine hcl-donepezil hcl</i>)	3	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	3	PA
<i>neostigmine methylsulfate intravenous solution 10 mg/10ml, 5 mg/10ml</i>	OA	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 3 MG/3ML, 5 MG/5ML	OA	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2 MG/2ML, 4 MG/4ML, 5 MG/5ML	OA	
<i>neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous</i>	OA	
NEOSTIGMINE METHYLSULFATE SOLUTION PREFILLED SYRINGE 3 MG/3ML INTRAVENOUS	OA	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREVDUO INTRAVENOUS SOLUTION PREFILLED SYRINGE 3-0.6 MG/3ML (<i>neostigmine-glycopyrrolate</i>)	OA	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	1	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	1	
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	1	
REGONOL INTRAVENOUS SOLUTION 10 MG/2ML (<i>pyridostigmine bromide</i>)	OA	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	1	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (<i>pilocarpine hcl</i>)	3	
VUITY OPHTHALMIC SOLUTION 1.25 % (<i>pilocarpine hcl</i>)	3	PA; QL (0.3 ML per 1 day)
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT - Drugs for the Heart		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	3	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	1	
FLOMAX ORAL CAPSULE 0.4 MG (<i>tamsulosin hcl</i>)	3	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	OA	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>labetalol hcl solution 5 mg/ml intravenous</i>	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (<i>silodosin</i>)	3	PA
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	PA
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>alfuzosin hcl</i>)	3	
SELECTIVE BETA-1-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
<i>dobutamine hcl intravenous solution 12.5 mg/ml, 250 mg/20ml</i>	OA	
<i>dobutamine-dextrose intravenous solution 1-5 mg/ml-%, 2-5 mg/ml-%, 4-5 mg/ml-%</i>	OA	
<i>dopamine hcl intravenous solution 40 mg/ml</i>	OA	
<i>dopamine-dextrose intravenous solution 0.8-5 mg/ml-%, 1.6-5 mg/ml-%, 3.2-5 mg/ml-%</i>	OA	
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 (<i>fluticasone-salmeterol</i>)	3	QL (2 EA per 1 day)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	2	QL (0.4 GM per 1 day)
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	3	QL (2 EA per 1 day)
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	3	QL (2 EA per 1 day)

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AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	3	QL (2 EA per 1 day)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	ST; QL (1.07 GM per 1 day)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/lact inhalation</i>	1	
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/lact inhalation</i>	1	QL (1.2 GM per 1 day)
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	2	QL (1.2 GM per 1 day)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium-vilanterol</i>)	2	
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	1	QL (4 ML per 1 day)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	3	ST
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	2	
<i>breyna inhalation aerosol 160-4.5 mcg/lact, 80-4.5 mcg/lact</i>	1	QL (0.35 GM per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	2	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (<i>arformoterol tartrate</i>)	3	QL (4 ML per 1 day)

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budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	1	QL (0.35 GM per 1 day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (ipratropium-albuterol)	3	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (aclidinium br-formoterol fum)	3	ST
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (mometasone furo-formoterol fum)	3	QL (0.44 GM per 1 day)
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	2	QL (0.4 GM per 1 day)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL (2 EA per 1 day)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL (2 EA per 1 day)
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	1	QL (4 ML per 1 day)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (formoterol fumarate)	3	QL (4 ML per 1 day)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (albuterol sulfate)	2	QL (2 EA per 25 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>salmeterol xinafoate</i>)	2	QL (2 EA per 1 day)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	2	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	3	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	3	QL (0.35 GM per 1 day)
<i>terbutaline sulfate injection solution 1 mg/ml</i>	OA	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	2	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	2	QL (1.2 GM per 1 day)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/lact, 250-50 mcg/lact, 500-50 mcg/lact</i>	1	QL (2 EA per 1 day)
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (<i>levalbuterol tartrate</i>)	3	
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT - Drugs for the Heart		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
BREVIBLOC IN NAACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	OA	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML (<i>esmolol hcl</i>)	OA	

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BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML (<i>esmolol hcl-sodium chloride</i>)	OA	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	OA	
<i>esmolol hcl intravenous solution 100 mg/10ml</i>	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	OA	
<i>esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml</i>	OA	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	3	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	3	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	OA	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (<i>atenolol</i>)	3	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	3	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - Drugs for Relaxing Muscles		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT (<i>onabotulinumtoxinA (cosmetic)</i>)	OA	PA

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BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxina</i>)	OA	PA
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (<i>daxibotulinumtoxina-lanm</i>)	OA	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxina</i>)	OA	PA
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (<i>rimabotulinumtoxinb</i>)	OA	PA
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	PA
NORGESIC ORAL TABLET 25-385-30 MG (<i>orphenadrine-aspirin-cafeine</i>)	3	PA
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	OA	
<i>orphenadrine-aspirin-cafeine oral tablet 25-385-30 mg</i>	1	PA
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (<i>orphenadrine-aspirin-cafeine</i>)	3	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxina</i>)	OA	PA
BLOOD DERIVATIVES - Drugs for the Blood		
BLOOD DERIVATIVES - Drugs for the Blood		
ALBUKED 25 INTRAVENOUS SOLUTION 25 % (<i>albumin human</i>)	OA	
ALBUKED 5 INTRAVENOUS SOLUTION 5 % (<i>albumin human</i>)	OA	
ALBUMIN HUMAN INTRAVENOUS SOLUTION 25 %, 5 %	OA	
ALBUMINEX INTRAVENOUS SOLUTION 25 %, 5 % (<i>albumin human-kjda</i>)	OA	
ALBUMIN-ZLB INTRAVENOUS SOLUTION 25 %, 5 %	OA	
ALBURX INTRAVENOUS SOLUTION 5 %	OA	

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ALBUTEIN INTRAVENOUS SOLUTION 25 %, 5 % (<i>albumin human</i>)	OA	
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (<i>alpha1-proteinase inhibitor</i>)	OA	
FLEXBUMIN INTRAVENOUS SOLUTION 25 %, 5 % (<i>albumin human</i>)	OA	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (<i>alpha1-proteinase inhibitor</i>)	OA	
KEDBUMIN INTRAVENOUS SOLUTION 25 %	OA	
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION (<i>plasma human</i>)	OA	
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION (<i>plasma human</i>)	OA	
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION (<i>plasma human</i>)	OA	
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION (<i>plasma human</i>)	OA	
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG (<i>hemin</i>)	OA	
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>)	OA	
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED 68.8 MG (<i>plasminogen human-tvmh</i>)	OA	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG (<i>alpha1-proteinase inhibitor</i>)	OA	
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood		
ANTIANEMIA DRUGS - Vitamins and Minerals		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (darbepoetin alfa)	4	PA; SP; QL (30 day supply per 1 fill)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (epoetin alfa)	4	PA; SP; QL (30 day supply per 1 fill)
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG (daprodustat)	4	PA; SP; QL (1 EA per 1 day)
PROCRT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (epoetin alfa)	4	PA; SP; QL (30 day supply per 1 fill)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (epoetin alfa-epbx)	4	PA; SP; QL (30 day supply per 1 fill)
ANTICOAGULANTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
ACD FORMULA A IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML	3	
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	
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (fondaparinux sodium)	3	QL (35 ML per 180 days)
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (protein c concentrate (human))	OA	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	1	QL (35 ML per 180 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SODIUM CITRATE IN VITRO SOLUTION PREFILLED SYRINGE 4 %	3	
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE 120 MG/3ML	OA	
SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION 4-320 %-MCG/ML	OA	
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>antithrombin iii (human)</i>)	OA	
TRICITRASOL IN VITRO CONCENTRATE 46.7 % (<i>anticoagulant sodium citrate</i>)	3	
ANTHEMORRHAGIC AGENTS, MISCELLANEOUS - Drugs to Prevent Bleeding		
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (<i>coag fact xa inactivated-zhzo</i>)	OA	
PRAXBIND INTRAVENOUS SOLUTION 2.5 GM/50ML (<i>idarucizumab</i>)	OA	
ANTIHEPARIN AGENTS - Drugs to Prevent Bleeding		
<i>protamine sulfate intravenous solution 10 mg/ml</i>	OA	
ANTITHROMBIN REPLACEMENTS - Drugs to Prevent Blood Clots		
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>antithrombin iii (human)</i>)	OA	
ANTITHROMBOTIC AGENTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	4	PA; SP; QL (30 day supply per 1 fill)
DEFITELIO INTRAVENOUS SOLUTION 200 MG/2.5ML (<i>defibrotide sodium</i>)	OA	
LODOCO ORAL TABLET 0.5 MG (<i>colchicine</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC. - Drugs to Prevent Bleeding		
ADAKVEO INTRAVENOUS SOLUTION 100 MG/10ML (<i>crizanlizumab-tmca</i>)	OA	
ENJAYMO INTRAVENOUS SOLUTION 1100 MG/22ML (<i>sutimlimab-jome</i>)	OA	PA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (<i>mitapivat sulfate</i>)	4	PA; SP; QL (2 EA per 1 day)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG (<i>mitapivat sulfate</i>)	4	PA; SP; QL (1 EA per 1 day)
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	4	PA; SP; QL (30 day supply per 1 fill)
COUMARIN DERIVATIVES - Drugs to Prevent Blood Clots		
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
DIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (<i>apixaban</i>)	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	2	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	3	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (<i>rivaroxaban</i>)	2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (<i>rivaroxaban</i>)	2	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIRECT THROMBIN INHIBITORS - Drugs to Prevent Blood Clots		
ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>bivalirudin trifluoroacetate</i>)	OA	
<i>argatroban in sodium chloride intravenous solution 50-0.9 mg/50ml-%</i>	OA	
<i>argatroban intravenous solution 250 mg/2.5ml, 50 mg/50ml</i>	OA	
BIVALIRUDIN TRIFLUOROACETATE INTRAVENOUS SOLUTION 250 MG/50ML	OA	
<i>bivalirudin trifluoroacetate intravenous solution reconstituted 250 mg</i>	OA	
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	2	
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>dabigatran etexilate mesylate</i>)	3	PA
HEMATOPOIETIC AGENTS - Drugs for Anemia		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (<i>eltrombopag choline</i>)	4	PA; SP; QL (30 day supply per 1 fill)
APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED 62 MG (<i>motixafortide acetate</i>)	OA	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DOPTLET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa</i>)	4	PA; SP; QL (30 day supply per 1 fill)
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
FYLNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-pbbk</i>)	4	PA; SP; QL (30 day supply per 1 fill)
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>tbo-filgrastim</i>)	4	PA; SP; QL (30 day supply per 1 fill)
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>tbo-filgrastim</i>)	4	PA; SP; QL (30 day supply per 1 fill)
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>daprodustat</i>)	4	PA; SP; QL (1 EA per 1 day)
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (<i>sargramostim</i>)	4	PA; SP; QL (30 day supply per 1 fill)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (<i>methoxy peg-epoetin beta</i>)	4	PA; SP; QL (30 day supply per 1 fill)
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML (<i>plerixafor</i>)	4	PA; SP; QL (30 day supply per 1 fill)
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	4	PA; SP; QL (30 day supply per 1 fill)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (<i>pegfilgrastim</i>)	OA	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	4	PA; SP; QL (30 day supply per 1 fill)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim</i>)	4	PA; SP; QL (30 day supply per 1 fill)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	4	PA; SP; QL (30 day supply per 1 fill)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	4	PA; SP; QL (30 day supply per 1 fill)
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG (<i>romiplostim</i>)	OA	
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-apgf</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>plerixafor subcutaneous solution 24 mg/1.2ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
PROCRT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PROMACTA ORAL PACKET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG (<i>luspatercept-aamt</i>)	OA	
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML (<i>eflapegrastim-xnst</i>)	OA	PA
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-fpgk</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	4	PA; SP; QL (30 day supply per 1 fill)
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	4	PA; SP; QL (30 day supply per 1 fill)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	4	PA; SP; QL (30 day supply per 1 fill)
VAFSEO ORAL TABLET 150 MG, 300 MG (<i>vadadustat</i>)	4	PA; SP; QL (30 day supply per 1 fill)
XOLREMDI ORAL CAPSULE 100 MG (<i>mavorixafor</i>)	4	PA; SP; QL (4 EA per 1 day)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-bmez</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HEMORRHEOLOGIC AGENTS - Drugs for Blood Flow		
LMD IN D5W INTRAVENOUS SOLUTION 10-5 % (<i>dextran 40 in d5w</i>)	OA	
LMD IN NACL INTRAVENOUS SOLUTION 10-0.9 % (<i>dextran 40 in saline</i>)	OA	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	
HEMOSTATICS - Drugs to Prevent Bleeding		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	OA	
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	OA	
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>)	OA	

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ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor-vwf</i>)	OA	
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>coagulation factor ix</i>)	OA	
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>coagulation factor ix (rfixfc)</i>)	OA	
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact fc-vwf-xten-ehfl</i>)	OA	
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	OA	
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	1	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	1	
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (<i>coag fact xa inactivated-zhzo</i>)	OA	
ASTRINGYN EXTERNAL SOLUTION 259 MG/GM (<i>ferric subsulfate</i>)	3	
BALFAXAR INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (<i>prothrombin complex human-lans</i>)	OA	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	OA	
BEQVEZ INTRAVENOUS SUSPENSION THERAPY PACK 4 X 1 ML, 5 X 1 ML, 6 X 1 ML, 7 X 1 ML (<i>fidanacogene elaparovovec-dzkt</i>)	OA	PA
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (<i>coagulation factor x (human)</i>)	OA	
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (<i>factor xiii concentrate human</i>)	OA	

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CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML (<i>tranexamic acid</i>)	OA	
DDAVP INJECTION SOLUTION 4 MCG/ML (<i>desmopressin acetate</i>)	OA	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	3	
DDAVP PF INJECTION SOLUTION 4 MCG/ML (<i>desmopressin acetate</i>)	OA	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	OA	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	4	SP; QL (30 day supply per 1 fill)
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	OA	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	1	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (<i>antihem fact (bdd-rfviiifc)</i>)	OA	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>antihemoph fact rcmb gpeg-exei</i>)	OA	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (<i>antiinhibitor coagulant cmplx</i>)	OA	
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	OA	
GELFILM OPHTHALMIC FILM (<i>gelatin adsorbable</i>)	3	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HEMGENIX INTRAVENOUS SUSPENSION THERAPY PACK 10 X 10 ML, 11 X 10 ML, 12 X 10 ML, 13 X 10 ML, 14 X 10 ML, 15 X 10 ML, 16 X 10 ML, 17 X 10 ML, 18 X 10 ML, 19 X 10 ML, 20 X 10 ML, 21 X 10 ML, 22 X 10 ML, 23 X 10 ML, 24 X 10 ML, 25 X 10 ML, 26 X 10 ML, 27 X 10 ML, 28 X 10 ML, 29 X 10 ML, 30 X 10 ML, 31 X 10 ML, 32 X 10 ML, 33 X 10 ML, 34 X 10 ML, 35 X 10 ML, 36 X 10 ML, 37 X 10 ML, 38 X 10 ML, 39 X 10 ML, 40 X 10 ML, 41 X 10 ML, 42 X 10 ML, 43 X 10 ML, 44 X 10 ML, 45 X 10 ML, 46 X 10 ML, 47 X 10 ML, 48 X 10 ML (etranacogene dezaparovvec-drlb)	OA	PA
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML (emicizumab-kxwh)	OA	PA
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (antihemophilic factor)	OA	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (antihemophilic factor-vwf)	OA	
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (marstacimab-hncq)	3	PA
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (coagulation factor ix (rix-fp))	OA	
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (coagulation factor ix (recomb))	OA	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (ahf (bdd-rfviii peg- auctl))	OA	
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT (prothrombin complex conc human)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	OA	
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	OA	
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem factor recomb (rfviii)</i>)	OA	
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	OA	
MONSELS FERRIC SUBSULFATE EXTERNAL SOLUTION	3	
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (<i>desmopressin acetate</i>)	3	PA
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact bd truncated</i>)	OA	
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (<i>coagulation factor viia recomb</i>)	OA	
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	OA	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	OA	
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	OA	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>factor ix complex</i>)	OA	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix glycopeg</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (antihem factor recomb (rfviii))	OA	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT (thrombin (recombinant))	OA	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT (thrombin (recombinant))	OA	
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (fibrinogen concentrate (human))	OA	
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	OA	
ROCTAVIAN INTRAVENOUS SUSPENSION 2000000000000000 VG/ML (valoctocogene roxaparvov-rvox)	OA	PA
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (coagulation factor viia-jncw)	OA	PA
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT (thrombin)	3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED 1000 UNIT, 10000 UNIT (thrombin)	3	
tranexamic acid intravenous solution 1000 mg/10ml	OA	
tranexamic acid oral tablet 650 mg	1	
tranexamic acid-nacl intravenous solution 1000-0.7 mg/100ml-%	OA	
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT (coagulation factor xiii a-sub)	OA	
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (von willebrand factor (recomb))	OA	
VYJUVEK EXTERNAL GEL 50000000000 PFU/2.5ML (beremagene geperpavec-svdf)	OA	PA

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WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (<i>antihemophilic factor-vwf</i>)	OA	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	OA	
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	OA	
HEPARINS - Drugs to Prevent Blood Clots		
<i>bd heparin posiflush intravenous solution 10 unit/ml, 100 unit/ml</i>	OA	
DEFENCATH IN VITRO SOLUTION 1000-13.5 UNIT-MG/ML (<i>heparin (porcine)-taulolidine</i>)	OA	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	4	SP; QL (35 ML per 180 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	1	QL (35 ML per 180 days)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	4	SP; QL (35 ML per 180 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (<i>dalteparin sodium</i>)	3	QL (35 ML per 180 days)
<i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 12500-0.45 ut/250ml-%, 2000-0.9 unit/l-%, 25000-0.45 ut/500ml-%</i>	OA	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 4000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	OA	
<i>heparin (porcine) in nacl intravenous solution 25000-0.45 ut/250ml-%</i>	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20-0.9 UNT/20ML-%, 50-0.9 UNT/50ML-%	OA	
<i>heparin na (pork) lock flsh pf intravenous solution 1 unit/ml, 10 unit/ml, 100 unit/ml</i>	OA	
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	OA	
<i>heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml</i>	OA	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	PA; QL (30 day supply per 1 fill)
<i>heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml</i>	1	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml</i>	1	PA; QL (30 day supply per 1 fill)
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	1	PA
LOVENOX INJECTION SOLUTION 300 MG/3ML (<i>enoxaparin sodium</i>)	4	SP; QL (35 ML per 180 days)
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML (<i>enoxaparin sodium</i>)	3	QL (35 ML per 180 days)
INDIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (<i>fondaparinux sodium</i>)	3	QL (35 ML per 180 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	1	QL (35 ML per 180 days)
IRON PREPARATIONS - Vitamins and Minerals		
ACCRUFER ORAL CAPSULE 30 MG (<i>ferric maltol</i>)	3	PA

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FERAHEME INTRAVENOUS SOLUTION 510 MG/17ML (<i>ferumoxytol</i>)	OA	
FERRLECIT INTRAVENOUS SOLUTION 12.5 MG/ML (<i>na ferric gluc cplx in sucrose</i>)	OA	
<i>ferumoxytol intravenous solution 510 mg/17ml</i>	OA	
<i>hematinic/folic acid oral tablet 324-1 mg</i>	1	
INFED INJECTION SOLUTION 50 MG/ML (<i>iron dextran</i>)	OA	
INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML, 750 MG/15ML (<i>ferric carboxymaltose</i>)	OA	
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE 1 MG	3	PV
MASONATAL ORAL TABLET 28-0.8 MG	3	PV
MONOFERRIC INTRAVENOUS SOLUTION 1000 MG/10ML (<i>ferric derisomaltose</i>)	OA	
<i>multi-vitamin/fluorideliron oral solution 0.25-10 mg/ml</i>	1	
<i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>	OA	
NEONATAL PRENATAL ORAL TABLET 27-0.8 MG	3	PV
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-w/o vit a</i>)	3	PV
ONE VITE WOMENS ORAL TABLET 27-0.8 MG	3	PV
ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE 28-0.8-235 MG (<i>prenat-fe carbonyl-fa-omega 3</i>)	3	PV
<i>prenatal multi +dha oral capsule 27-0.8-200 mg, 27-0.8-228 mg, 27-0.8-250 mg</i>	1	PV
<i>prenatal oral tablet 27-0.8 mg</i>	1	PV
<i>prenatal vitamins oral tablet 27-0.8 mg</i>	1	PV
<i>prenatal/folic acid+dha oral capsule 27-0.8-200 mg</i>	1	PV
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (<i>multi vit-min-fluoride-fe-fa</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	PV
VENOFER INTRAVENOUS SOLUTION 20 MG/ML (<i>iron sucrose</i>)	OA	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	3	PV
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	3	PV
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	PV
LIVER AND STOMACH PREPARATIONS - Vitamins and Minerals		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	QL (30 day supply per 1 fill)
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
<i>cyanocobalamin nasal solution 500 mcg/0.1ml</i>	1	
DODEX INJECTION SOLUTION 1000 MCG/ML (<i>cyanocobalamin</i>)	3	QL (30 day supply per 1 fill)
<i>hydroxocobalamin acetate intramuscular solution 1000 mcg/ml</i>	OA	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED 10000 MCG, 50000 MCG	3	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	3	
PLATELET-AGGREGATION INHIBITORS - Drugs to Prevent Blood Clots		
AGGRASTAT INTRAVENOUS CONCENTRATE 3.75 MG/15ML (<i>tirofiban hcl</i>)	OA	
AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-% (<i>tirofiban hcl in nacl</i>)	OA	
<i>aspirin 81 oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin childrens oral tablet chewable 81 mg</i>	1	PV

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<i>aspirin ec adult low dose oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin low dose oral tablet chewable 81 mg</i>	1	PV
<i>aspirin low dose oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin oral tablet 325 mg</i>	1	
<i>aspirin oral tablet chewable 81 mg</i>	1	PV
<i>aspirin oral tablet delayed release 325 mg</i>	1	
<i>aspirin oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin regimen oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (<i>aspirin</i>)	3	
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	1	
<i>dipyridamole intravenous solution 5 mg/ml</i>	OA	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
EFFIENT ORAL TABLET 10 MG, 5 MG (<i>prasugrel hcl</i>)	3	
<i>eptifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml</i>	OA	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	1	PV
<i>ft aspirin oral tablet 325 mg</i>	1	
<i>ft aspirin oral tablet chewable 81 mg</i>	1	PV
<i>ft enteric coated aspirin oral tablet delayed release 325 mg</i>	1	
<i>genuine aspirin oral tablet 325 mg</i>	1	
<i>goodsense aspirin adults oral tablet 325 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
goodsense aspirin low dose oral tablet delayed release 81 mg	1	PV
goodsense aspirin oral tablet 325 mg	1	
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (cangrelor tetrasodium)	OA	
mm aspirin oral tablet delayed release 81 mg	1	PV
PLAVIX ORAL TABLET 75 MG (clopidogrel bisulfate)	3	
prasugrel hcl oral tablet 10 mg, 5 mg	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (aspirin)	3	PV
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (aspirin)	3	PV
tirofiban hcl in nacl intravenous solution 12.5-0.9 mg/250ml-%, 5-0.9 mg/100ml-%	OA	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (aspirin-omeprazole)	3	PA
ZONTIVITY ORAL TABLET 2.08 MG (vorapaxar sulfate)	3	
PLATELET-REDUCING AGENTS - Drugs to Prevent Blood Clots		
AGRYLIN ORAL CAPSULE 0.5 MG (anagrelide hcl)	3	
anagrelide hcl oral capsule 0.5 mg, 1 mg	1	
THROMBOLYTIC AGENTS - Drugs to Prevent Blood Clots		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (alteplase)	OA	
aspirin 81 oral tablet delayed release 81 mg	1	PV
aspirin adult low dose oral tablet delayed release 81 mg	1	PV
aspirin adult low strength oral tablet delayed release 81 mg	1	PV
aspirin childrens oral tablet chewable 81 mg	1	PV
aspirin ec adult low dose oral tablet delayed release 81 mg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin low dose oral tablet chewable 81 mg</i>	1	PV
<i>aspirin low dose oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin oral tablet 325 mg</i>	1	
<i>aspirin oral tablet chewable 81 mg</i>	1	PV
<i>aspirin oral tablet delayed release 325 mg</i>	1	
<i>aspirin oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin regimen oral tablet delayed release 81 mg</i>	1	PV
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (<i>aspirin</i>)	3	
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED 2 MG (<i>alteplase</i>)	OA	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	1	PV
<i>ft aspirin oral tablet 325 mg</i>	1	
<i>ft aspirin oral tablet chewable 81 mg</i>	1	PV
<i>ft enteric coated aspirin oral tablet delayed release 325 mg</i>	1	
<i>genuine aspirin oral tablet 325 mg</i>	1	
<i>goodsense aspirin adults oral tablet 325 mg</i>	1	
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	1	PV
<i>goodsense aspirin oral tablet 325 mg</i>	1	
<i>mm aspirin oral tablet delayed release 81 mg</i>	1	PV
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	3	PV
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	3	PV
TNKASE INTRAVENOUS KIT 50 MG (<i>tenecteplase</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VON WILLEBRAND FACTOR-RELATED ANTITHROMB - Drugs to Prevent Blood Clots		
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	4	PA; SP; QL (30 day supply per 1 fill)
DEFITELIO INTRAVENOUS SOLUTION 200 MG/2.5ML (<i>defibrotide sodium</i>)	OA	
CARDIOVASCULAR DRUGS		
BRADYKININ RECEPTORS ANTAGONISTS		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (<i>icatibant acetate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>sajazir subcutaneous solution prefilled syringe 30 mg/3ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
CARBONIC ANHYDRASE INHIBITORS (24:36)		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>	OA	
<i>dichlorphenamide oral tablet 50 mg</i>	4	SP; QL (30 day supply per 1 fill)
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	4	SP; QL (30 day supply per 1 fill)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
ORMALVI ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	4	SP; QL (30 day supply per 1 fill)
KALLIKREIN		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (<i>lanadelumab-flyo</i>)	4	PA; SP; QL (30 day supply per 1 fill)
LOOP DIURETICS (24:36)		
<i>bumetanide injection solution 0.25 mg/ml</i>	OA	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BUMEX ORAL TABLET 0.5 MG (<i>bumetanide</i>)	3	
EDECRIN ORAL TABLET 25 MG (<i>ethacrynic acid</i>)	3	
<i>ethacrynate sodium intravenous solution reconstituted 50 mg</i>	OA	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (<i>furosemide</i>)	3	PA; QL (30 day supply per 1 fill)
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%	OA	
<i>furosemide injection solution 10 mg/ml</i>	OA	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (<i>furosemide</i>)	3	
SOAANZ ORAL TABLET 20 MG, 40 MG, 60 MG (<i>torsemide</i>)	3	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
OSMOTIC DIURETICS (24:36)		
<i>mannitol intravenous solution 20 %, 25 %</i>	OA	
OSMITROL INTRAVENOUS SOLUTION 10 %, 20 % (<i>mannitol</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
POTASSIUM-SPARING DIURETIC		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	3	
<i>amiloride hcl oral tablet 5 mg</i>	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	3	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	3	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
INSPRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	3	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
SODIUM-GLUC (SGLT) COTRANSPORTER INHIB		
INPEFA ORAL TABLET 200 MG, 400 MG (<i>sotagliflozin</i>)	3	ST
THIAZIDE DIURETICS (24:36)		
<i>chlorothiazide sodium intravenous solution reconstituted 500 mg</i>	OA	
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
THIAZIDE-LIKE DIURETICS (24:36)		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
THALITONE ORAL TABLET 15 MG (<i>chlorthalidone</i>)	3	
CARDIOVASCULAR DRUGS - Drugs for the Heart		
ACL INHIBITORS - Drugs for Cholesterol		
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	2	PA; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	2	PA; QL (1 EA per 1 day)
ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for Varicose Veins		
ABLYSINOL INTRA-ARTERIAL SOLUTION (<i>dehydrated alcohol</i>)	OA	
ASCLERA INTRAVENOUS SOLUTION 0.5 %, 1 % (<i>polidocanol</i>)	OA	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
ETHAMOLIN INTRAVENOUS SOLUTION 5 % (<i>ethanolamine oleate</i>)	OA	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
POLIDOCANOL INTRAVENOUS SOLUTION 5 %	OA	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GM (<i>talc</i>)	3	
<i>sodium tetradecyl sulfate intravenous solution 3 %</i>	OA	
SOTRADECOL INTRAVENOUS SOLUTION 1 %, 3 % (<i>sodium tetradecyl sulfate</i>)	OA	
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED 5 GM (<i>talc</i>)	3	
STERITALC INTRAPLEURAL POWDER 2 GM, 3 GM, 4 GM (<i>talc</i>)	3	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
VARITHENA INTRAVENOUS FOAM 180 MG/18ML (<i>polidocanol</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	3	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	OA	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>labetalol hcl solution 5 mg/ml intravenous</i>	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN) - Drugs for High Blood Pressure & Angina		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (<i>candesartan cilexetil</i>)	3	
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (<i>irbesartan</i>)	3	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (<i>olmesartan medoxomil</i>)	3	
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (<i>losartan potassium</i>)	3	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (<i>valsartan</i>)	3	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	3	ST
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	*
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (<i>telmisartan</i>)	3	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
VALSARTAN ORAL SOLUTION 4 MG/ML	3	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs for the Heart		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (<i>candesartan cilexetil-hctz</i>)	3	
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (<i>candesartan cilexetil</i>)	3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (<i>irbesartan-hydrochlorothiazide</i>)	3	
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (<i>irbesartan</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (amlodipine-olmesartan)	3	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (olmesartan medoxomil-hctz)	3	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (olmesartan medoxomil)	3	
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (losartan potassium)	3	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (valsartan-hydrochlorothiazide)	3	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (valsartan)	3	
EDARBI ORAL TABLET 40 MG, 80 MG (azilsartan medoxomil)	3	ST
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (azilsartan-chlorthalidone)	3	ST
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (sacubitril-valsartan)	3	PA
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	3	QL (2 EA per 1 day); AL (Min 1 Years)
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (amlodipine-valsartan-hctz)	3	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (amlodipine besylate-valsartan)	3	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (losartan potassium-hctz)	3	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	*
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	*
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (<i>telmisartan-hctz</i>)	3	
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (<i>telmisartan</i>)	3	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (<i>olmesartan-amlodipine-hctz</i>)	3	
VALSARTAN ORAL SOLUTION 4 MG/ML	3	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN) - Drugs for High Blood Pressure & Angina		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>quinapril hcl</i>)	3	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (<i>ramipril</i>)	3	
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral solution 1 mg/ml</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	OA	
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	3	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	*
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	3	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (<i>perindopril arg-amlodipine</i>)	3	PA
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>enalapril maleate</i>)	3	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (<i>lisinopril</i>)	3	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS - Drugs for the Heart		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>quinapril hcl</i>)	3	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG (<i>quinapril-hydrochlorothiazide</i>)	3	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (<i>ramipril</i>)	3	
<i>amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>enalapril maleate oral solution 1 mg/ml</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	OA	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	3	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	*
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	*
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>benazepril-hydrochlorothiazide</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (<i>amlodipine besy-benazepril hcl</i>)	3	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
QBRELIS ORAL SOLUTION 1 MG/ML (<i>lisinopril</i>)	3	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
VASERETIC ORAL TABLET 10-25 MG (<i>enalapril-hydrochlorothiazide</i>)	3	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>enalapril maleate</i>)	3	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>lisinopril-hydrochlorothiazide</i>)	3	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (<i>lisinopril</i>)	3	
ANGPTL3 INHIBITORS (24:06) - Drugs for Cholesterol		
EVKEEZA INTRAVENOUS SOLUTION 1200 MG/8ML, 345 MG/2.3ML (<i>evinacumab-dgnb</i>)	OA	PA
ANTIARRHYTHMICS, MISCELLANEOUS - Drugs for Angina		
<i>digoxin injection solution 0.25 mg/ml</i>	OA	
<i>digoxin oral solution 0.05 mg/ml</i>	1	
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LANOXIN INJECTION SOLUTION 0.25 MG/ML (digoxin)	OA	
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG (digoxin)	3	
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML (digoxin)	OA	
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	OA	
magnesium sulfate injection solution 50 %	OA	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	OA	
MAGNESIUM SULFATE-NACL INTRAVENOUS SOLUTION 2-0.9 GM/50ML-%	OA	
ANTILIPEMIC AGENTS, MISCELLANEOUS - Drugs for Cholesterol		
EVKEEZA INTRAVENOUS SOLUTION 1200 MG/8ML, 345 MG/2.3ML (evinacumab-dgnb)	OA	PA
icosapent ethyl oral capsule 0.5 gm, 1 gm	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (lomitapide mesylate)	4	PA; SP; QL (30 day supply per 1 fill)
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (inclisiran sodium)	OA	PA
LOVAZA ORAL CAPSULE 1 GM (omega-3-acid ethyl esters)	3	
NEXLETOL ORAL TABLET 180 MG (bempedoic acid)	2	PA; QL (1 EA per 1 day)
NEXLIZET ORAL TABLET 180-10 MG (bempedoic acid-ezetimibe)	2	PA; QL (1 EA per 1 day)
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	1	
omega-3-acid ethyl esters oral capsule 1 gm	1	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (icosapent ethyl)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BETA-ADRENERGIC BLOCKING AGENTS - Drugs for High Blood Pressure		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	3	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	OA	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML (<i>esmolol hcl</i>)	OA	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML (<i>esmolol hcl-sodium chloride</i>)	OA	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	OA	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>nebivolol hcl</i>)	3	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (carvedilol phosphate)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (carvedilol)	3	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
esmolol hcl intravenous solution 100 mg/10ml	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	OA	
esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml	OA	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	4	SP; QL (30 day supply per 1 fill)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (propranolol hcl)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (propranolol hcl sr beads)	3	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (propranolol hcl sr beads)	3	PA
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	3	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	OA	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
labetalol hcl solution 5 mg/ml intravenous	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate intravenous solution 5 mg/5ml	OA	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl intravenous solution 1 mg/ml	OA	
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 INTRAVENOUS SOLUTION 150 MG/10ML	OA	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	3	
TENORETIC 100 ORAL TABLET 100-25 MG (atenolol-chlorthalidone)	3	
TENORETIC 50 ORAL TABLET 50-25 MG (atenolol-chlorthalidone)	3	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (atenolol)	3	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	3	
BILE ACID SEQUESTRANTS - Drugs for Cholesterol		
<i>cholestyramine light oral packet 4 gm</i>	1	
<i>cholestyramine light oral powder 4 gm/dose</i>	1	
<i>cholestyramine oral packet 4 gm</i>	1	
<i>cholestyramine oral powder 4 gm/dose</i>	1	
<i>colesevelam hcl oral packet 3.75 gm</i>	1	
<i>colesevelam hcl oral tablet 625 mg</i>	1	
COLESTID ORAL GRANULES 5 GM (<i>colestipol hcl</i>)	2	
COLESTID ORAL TABLET 1 GM (<i>colestipol hcl</i>)	3	
<i>colestipol hcl oral granules 5 gm</i>	1	
<i>colestipol hcl oral packet 5 gm</i>	1	
<i>colestipol hcl oral tablet 1 gm</i>	1	
<i>prevalite oral packet 4 gm</i>	1	
<i>prevalite oral powder 4 gm/dose</i>	1	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE (<i>cholestyramine light</i>)	3	
QUESTRAN ORAL PACKET 4 GM (<i>cholestyramine</i>)	3	
QUESTRAN ORAL POWDER 4 GM/DOSE (<i>cholestyramine</i>)	3	
WELCHOL ORAL PACKET 3.75 GM (<i>colesevelam hcl</i>)	3	
WELCHOL ORAL TABLET 625 MG (<i>colesevelam hcl</i>)	3	
CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN) - Drugs for High Blood Pressure & Angina		
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	3	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl</i>)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	3	
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>	OA	
<i>diltiazem hcl intravenous solution reconstituted 100 mg</i>	OA	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	OA	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	OA	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	3	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	OA	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	3	
CALCIUM-CHANNEL BLOCKING AGENTS - Drugs for High Blood Pressure & Angina		
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl</i>)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	3	
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	OA	
diltiazem hcl intravenous solution reconstituted 100 mg	OA	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	OA	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	OA	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl er beads)	3	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl intravenous solution 2.5 mg/ml	OA	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	3	
CALCIUM-CHANNEL BLOCKING AGENTS, MISC. - Drugs for High Blood Pressure & Angina		
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl</i>)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	3	
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>	OA	
<i>diltiazem hcl intravenous solution reconstituted 100 mg</i>	OA	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	OA	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	3	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	OA	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	3	
CARBONIC ANHYDRASE INHIBITORS(HYPOTEN) - Drugs for High Blood Pressure & Angina		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
methazolamide oral tablet 25 mg, 50 mg	1	
CARDIAC DRUGS, MISCELLANEOUS - Drugs for Angina		
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG, 500 MG (ranolazine)	3	PA
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (mavacamten)	4	PA; SP; QL (30 day supply per 1 fill)
CORLANOR ORAL SOLUTION 5 MG/5ML (ivabradine hcl)	3	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine hcl)	3	
ivabradine hcl oral tablet 5 mg, 7.5 mg	1	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	1	
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	4	PA; SP; QL (30 day supply per 1 fill)
VYNDAQEL ORAL CAPSULE 20 MG (tafamidis meglumine (cardiac))	4	PA; SP; QL (30 day supply per 1 fill)
CARDIOTONIC AGENTS - Drugs for Angina		
CORLANOR ORAL SOLUTION 5 MG/5ML (ivabradine hcl)	3	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine hcl)	3	
digoxin injection solution 0.25 mg/ml	OA	
digoxin oral solution 0.05 mg/ml	1	
digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg	1	
dobutamine hcl intravenous solution 12.5 mg/ml, 250 mg/20ml	OA	
dobutamine-dextrose intravenous solution 1-5 mg/ml-%, 2-5 mg/ml-%, 4-5 mg/ml-%	OA	
dopamine hcl intravenous solution 40 mg/ml	OA	
dopamine-dextrose intravenous solution 0.8-5 mg/ml-%, 1.6-5 mg/ml-%, 3.2-5 mg/ml-%	OA	
ivabradine hcl oral tablet 5 mg, 7.5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LANOXIN INJECTION SOLUTION 0.25 MG/ML (digoxin)	OA	
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG (digoxin)	3	
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML (digoxin)	OA	
milrinone lactate in dextrose intravenous solution 20-5 mg/100ml-%, 40-5 mg/200ml-%	OA	
milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml	OA	
CENTRAL ALPHA-AGONISTS (25:24) - Drugs for Abnormal Heart Rhythms		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl af)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl)	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	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (esmolol hcl-sodium chloride)	OA	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML (esmolol hcl)	OA	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML (esmolol hcl-sodium chloride)	OA	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML (esmolol hcl-sodium chloride)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>nebivolol hcl</i>)	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (<i>clonidine</i>)	3	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (<i>clonidine</i>)	3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (<i>clonidine</i>)	3	
CLONIDINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG	3	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	3	
<i>esmolol hcl intravenous solution 100 mg/10ml</i>	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	OA	
<i>esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml</i>	OA	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	4	SP; QL (30 day supply per 1 fill)

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (propranolol hcl)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (propranolol hcl sr beads)	3	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (propranolol hcl sr beads)	3	PA
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	3	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	OA	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
labetalol hcl solution 5 mg/ml intravenous	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	3	
METHYLDOPA ORAL TABLET 250 MG, 500 MG	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate intravenous solution 5 mg/5ml	OA	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (clonidine)	3	
pindolol oral tablet 10 mg, 5 mg	1	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl intravenous solution 1 mg/ml	OA	
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 INTRAVENOUS SOLUTION 150 MG/10ML	OA	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	3	
TENORETIC 100 ORAL TABLET 100-25 MG (atenolol-chlorthalidone)	3	
TENORETIC 50 ORAL TABLET 50-25 MG (atenolol-chlorthalidone)	3	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (atenolol)	3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	3	
CGMP SYNTHESIS AGENT - Drugs for High Blood Pressure & Angina		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (vericiguat)	3	PA
CHOLESTEROL ABSORPTION INHIBITORS - Drugs for Cholesterol		
ezetimibe oral tablet 10 mg	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	
NEXLIZET ORAL TABLET 180-10 MG (bempedoic acid-ezetimibe)	2	PA; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (<i>ezetimibe-simvastatin</i>)	3	
ZETIA ORAL TABLET 10 MG (<i>ezetimibe</i>)	3	
CLASS IA ANTIARRHYTHMICS - Drugs for Angina		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (<i>disopyramide phosphate</i>)	2	
NORPACE ORAL CAPSULE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	3	
<i>procainamide hcl injection solution 100 mg/ml, 500 mg/ml</i>	OA	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
CLASS IB ANTIARRHYTHMICS - Drugs for Angina		
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (<i>phenytoin</i>)	3	
DILANTIN ORAL CAPSULE 100 MG (<i>phenytoin sodium extended</i>)	3	
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	2	
DILANTIN ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	3	
LIDOCAINE HCL (CARDIAC) INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML, 200 MG/10ML, 60 MG/3ML	OA	
<i>lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml</i>	OA	
<i>lidocaine hcl (cardiac) pf intravenous solution 100 mg/5ml</i>	OA	
<i>lidocaine hcl (cardiac) pf intravenous solution prefilled syringe 100 mg/5ml, 50 mg/5ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lidocaine hcl (cardiac) solution prefilled syringe 100 mg/5ml intravenous</i>	OA	
LIDOCAINE HCL (CARDIAC) SOLUTION PREFILLED SYRINGE 100 MG/5ML INTRAVENOUS	OA	
LIDOCAINE IN D5W INTRAVENOUS SOLUTION 2-5 MG/ML-%	OA	
<i>lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%</i>	OA	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	1	
<i>phenytek oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin sodium injection solution 50 mg/ml</i>	OA	
CLASS IC ANTIARRHYTHMICS - Drugs for Angina		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	1	
CLASS II ANTIARRHYTHMICS - Drugs for Angina		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	3	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (esmolol hcl-sodium chloride)	OA	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML (esmolol hcl)	OA	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML (esmolol hcl-sodium chloride)	OA	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML (esmolol hcl-sodium chloride)	OA	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (nebivolol hcl)	3	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (carvedilol phosphate)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (carvedilol)	3	
esmolol hcl intravenous solution 100 mg/10ml	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	OA	
esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml	OA	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	4	SP; QL (30 day supply per 1 fill)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (propranolol hcl)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	3	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	3	PA
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	3	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	OA	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>labetalol hcl solution 5 mg/ml intravenous</i>	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	3	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	OA	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl intravenous solution 1 mg/ml</i>	OA	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOTALOL HCL INTRAVENOUS SOLUTION 150 MG/10ML	OA	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	3	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (atenolol)	3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	3	
CLASS III ANTIARRHYTHMICS - Drugs for Angina		
AMIODARONE HCL IN DEXTROSE INTRAVENOUS SOLUTION 450-5 MG/250ML-%, 900-5 MG/500ML-%	OA	
amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml	OA	
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	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl)	3	
CORVERT INTRAVENOUS SOLUTION 1 MG/10ML (ibutilide fumarate)	OA	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	
ibutilide fumarate intravenous solution 1 mg/10ml	OA	
MULTAQ ORAL TABLET 400 MG (dronedarone hcl)	3	
NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%, 360-4.14 MG/200ML-% (amiodarone hcl in dextrose)	OA	
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 INTRAVENOUS SOLUTION 150 MG/10ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	3	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (dofetilide)	3	
CLASS IV ANTIARRHYTHMICS - Drugs for Angina		
adenosine intravenous solution 12 mg/4ml, 6 mg/2ml	OA	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (diltiazem hcl coated beads)	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (diltiazem hcl)	3	
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	OA	
diltiazem hcl intravenous solution reconstituted 100 mg	OA	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	OA	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	OA	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl er beads)	3	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl intravenous solution 2.5 mg/ml	OA	
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 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	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (amlodipine-olmesartan)	3	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (amlodipine-atorvastatin)	3	
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-% (nicardipine hcl in nacl)	OA	
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML (clevidipine)	OA	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (levamlodipine maleate)	3	PA
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (amlodipine-valsartan-hctz)	3	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (amlodipine besylate-valsartan)	3	
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	
LEVAMLODIPINE MALEATE ORAL TABLET 2.5 MG, 5 MG	3	PA
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (amlodipine besy-benazepril hcl)	3	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-%	OA	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
<i>nicardipine hcl intravenous solution 2.5 mg/ml</i>	OA	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	3	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>amlodipine besylate</i>)	3	
NYMALIZE ORAL SOLUTION 6 MG/ML (<i>nimodipine</i>)	3	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (<i>perindopril arg-amlodipine</i>)	3	PA
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (<i>nifedipine</i>)	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (<i>nisoldipine</i>)	3	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (olmesartan-amlodipine-hctz)	3	
DIHYDROPYRIDINES (ANTIHYPERTENSIVE) - Drugs for High Blood Pressure & Angina		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-% (nicardipine hcl in nacl)	OA	
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML (clevidipine)	OA	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (levamlodipine maleate)	3	PA
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	
LEVAMLODIPINE MALEATE ORAL TABLET 2.5 MG, 5 MG	3	PA
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-%	OA	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
nicardipine hcl intravenous solution 2.5 mg/ml	OA	
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
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	3	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>amlodipine besylate</i>)	3	
NYMALIZE ORAL SOLUTION 6 MG/ML (<i>nimodipine</i>)	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (<i>nifedipine</i>)	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (<i>nisoldipine</i>)	3	
DIRECT VASODILATORS - Drugs for High Blood Pressure & Angina		
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate-hydralazine</i>)	3	
BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-5 MG	3	PA
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (<i>clonidine</i>)	3	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (<i>clonidine</i>)	3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (<i>clonidine</i>)	3	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (<i>alprostadil (vasodilator)</i>)	3	PA; QL (0.27 EA per 1 day)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	3	PA; QL (0.27 EA per 1 day)
CLONIDINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>clonidine hcl (analgesia) epidural solution 100 mcg/ml, 500 mcg/ml</i>	OA	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	
DURACLON EPIDURAL SOLUTION 100 MCG/ML (<i>clonidine hcl (analgesia)</i>)	OA	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	3	PA; QL (0.27 EA per 1 day)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
<i>hydralazine hcl injection solution 20 mg/ml</i>	OA	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	1	
METHYLDOPA ORAL TABLET 250 MG, 500 MG	3	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (<i>clonidine</i>)	3	
NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-% (<i>nitroprusside sodium-nacl</i>)	OA	
<i>nitroprusside sodium intravenous solution 25 mg/ml</i>	OA	
<i>nitroprusside sodium-nacl intravenous solution 20-0.9 mg/100ml-%, 50-0.9 mg/100ml-%</i>	OA	
PROSTIN VR INJECTION SOLUTION 500 MCG/ML (<i>alprostadil</i>)	OA	
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-0.1-1 MG	3	
<i>sodium nitroprusside intravenous solution 25 mg/ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUPER BI-MIX INTRACavernosal SOLUTION RECONSTITUTED 150-10 MG	3	PA
SUPER QUAD-MIX INTRACavernosal SOLUTION RECONSTITUTED 150-20-0.2-2 MG	3	
SUPER TRI-MIX INTRACavernosal SOLUTION RECONSTITUTED 150-10-100 MG-MG-MCG	3	PA
TRI-MIX INTRACavernosal SOLUTION RECONSTITUTED 150-5-50 MG-MG-MCG	3	PA
DIURETICS, MISCELLANEOUS (HYPOTENSIVE) - Drugs for High Blood Pressure & Angina		
<i>elixophyllin oral elixir 80 mg/15ml</i>	1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	2	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
FIBRIC ACID DERIVATIVES - Drugs for Cholesterol		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg</i>	1	
<i>fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg</i>	1	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG (<i>fenofibrate</i>)	3	
FIBRICOR ORAL TABLET 105 MG, 35 MG (<i>fenofibric acid</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
gemfibrozil oral tablet 600 mg	1	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (fenofibrate)	3	
LOPID ORAL TABLET 600 MG (gemfibrozil)	3	
TRICOR ORAL TABLET 145 MG, 48 MG (fenofibrate)	3	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG (choline fenofibrate)	3	
HMG-COA REDUCTASE INHIBITORS - Drugs for Cholesterol		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (lovastatin)	3	
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	
ATORVALIQ ORAL SUSPENSION 20 MG/5ML (atorvastatin calcium)	3	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	PV
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (amlodipine-atorvastatin)	3	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (rosuvastatin calcium)	3	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (rosuvastatin calcium)	3	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	
FLOLIPID ORAL SUSPENSION 20 MG/5ML, 40 MG/5ML	3	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	1	PV
fluvastatin sodium oral capsule 20 mg, 40 mg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (<i>fluvastatin sodium</i>)	3	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (<i>atorvastatin calcium</i>)	3	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin calcium</i>)	3	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	PV
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	PV
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	1	PV
<i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	PV
<i>simvastatin oral tablet 80 mg</i>	1	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (<i>ezetimibe-simvastatin</i>)	3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	3	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (<i>pitavastatin magnesium</i>)	3	PA
LOOP DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
<i>bumetanide injection solution 0.25 mg/ml</i>	OA	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BUMEX ORAL TABLET 0.5 MG (<i>bumetanide</i>)	3	
EDECRIN ORAL TABLET 25 MG (<i>ethacrynic acid</i>)	3	
<i>ethacrynate sodium intravenous solution reconstituted 50 mg</i>	OA	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (<i>furosemide</i>)	3	PA; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%	OA	
furosemide injection solution 10 mg/ml	OA	
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	
SOAANZ ORAL TABLET 20 MG, 40 MG, 60 MG (torsemide)	3	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS - Drugs for the Heart		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (spironolactone)	3	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (spironolactone)	3	
eplerenone oral tablet 25 mg, 50 mg	1	
INSPIRA ORAL TABLET 25 MG, 50 MG (eplerenone)	3	
KERENDIA ORAL TABLET 10 MG, 20 MG (finerenone)	3	PA
spironolactone oral suspension 25 mg/5ml	1	
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		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (spironolactone)	3	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (spironolactone)	3	
eplerenone oral tablet 25 mg, 50 mg	1	
INSPIRA ORAL TABLET 25 MG, 50 MG (eplerenone)	3	
spironolactone oral suspension 25 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
MTP PROTEIN INHIBITORS - Drugs for Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (<i>lomitapide mesylate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
NITRATES AND NITRITES - Drugs for High Blood Pressure & Angina		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	3	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate-hydralazine</i>)	3	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	OA	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML (<i>esmolol hcl</i>)	OA	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML (<i>esmolol hcl-sodium chloride</i>)	OA	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	OA	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	3	
<i>esmolol hcl intravenous solution 100 mg/10ml</i>	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	OA	
<i>esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml</i>	OA	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	4	SP; QL (30 day supply per 1 fill)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	3	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	3	PA
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (<i>isosorbide dinitrate</i>)	3	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	3	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>labetalol hcl solution 5 mg/ml intravenous</i>	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	3	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	OA	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (<i>nitroglycerin</i>)	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (<i>nitroglycerin</i>)	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	2	
<i>nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%</i>	OA	
<i>nitroglycerin intravenous solution 5 mg/ml</i>	OA	
<i>nitroglycerin rectal ointment 0.4 %</i>	1	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	1	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (<i>nitroglycerin</i>)	3	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (<i>nitroglycerin</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (<i>nitroglycerin</i>)	3	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl intravenous solution 1 mg/ml</i>	OA	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
RECTIV RECTAL OINTMENT 0.4 % (<i>nitroglycerin</i>)	3	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
SOTALOL HCL INTRAVENOUS SOLUTION 150 MG/10ML	OA	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	3	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (<i>atenolol</i>)	3	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	3	
NITRATES AND NITRITES - Drugs for the Heart		
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate-hydralazine</i>)	3	
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (<i>isosorbide dinitrate</i>)	3	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NITRO-BID TRANSDERMAL OINTMENT 2 % (<i>nitroglycerin</i>)	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (<i>nitroglycerin</i>)	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	2	
<i>nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%</i>	OA	
<i>nitroglycerin intravenous solution 5 mg/ml</i>	OA	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	1	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	1	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (<i>nitroglycerin</i>)	3	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (<i>nitroglycerin</i>)	3	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (<i>nitroglycerin</i>)	3	
OMEGA-3-MEDIATED ANTILIPEMICS - Drugs for Cholesterol		
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	1	
LOVAZA ORAL CAPSULE 1 GM (<i>omega-3-acid ethyl esters</i>)	3	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	1	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (<i>icosapent ethyl</i>)	3	
OSMOTIC DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
<i>mannitol intravenous solution 20 %, 25 %</i>	OA	
OSMITROL INTRAVENOUS SOLUTION 10 %, 20 % (<i>mannitol</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PCSK9 INHIBITORS - Drugs for Cholesterol		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (<i>inclisiran sodium</i>)	OA	PA
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	2	PA; QL (30 day supply per 1 fill)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>)	2	PA; QL (30 day supply per 1 fill)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	2	PA; QL (30 day supply per 1 fill)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	2	PA; QL (30 day supply per 1 fill)
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for High Blood Pressure & Angina		
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>alyq oral tablet 20 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i>	1	QL (0.27 EA per 1 day)
CIALIS ORAL TABLET 10 MG, 20 MG, 5 MG (<i>tadalafil</i>)	3	QL (0.27 EA per 1 day)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>dipyridamole intravenous solution 5 mg/ml</i>	OA	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride-tadalafil</i>)	3	PA
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (<i>sildenafil citrate</i>)	OA	
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (0.27 EA per 1 day)
<i>sildenafil citrate oral tablet 20 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (<i>avanafil</i>)	3	QL (0.27 EA per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	QL (0.27 EA per 1 day)
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>varafenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	QL (0.27 EA per 1 day)
<i>varafenafil hcl oral tablet dispersible 10 mg</i>	1	QL (0.27 EA per 1 day)
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sildenafil citrate</i>)	3	QL (0.27 EA per 1 day)
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for the Heart		
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>alyq oral tablet 20 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i>	1	QL (0.27 EA per 1 day)
CIALIS ORAL TABLET 10 MG, 20 MG, 5 MG (<i>tadalafil</i>)	3	QL (0.27 EA per 1 day)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride-tadalafil</i>)	3	PA
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (<i>sildenafil citrate</i>)	OA	
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	OA	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (0.27 EA per 1 day)
<i>sildenafil citrate oral tablet 20 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (<i>avanafil</i>)	3	QL (0.27 EA per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	QL (0.27 EA per 1 day)
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>varafenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	QL (0.27 EA per 1 day)
<i>varafenafil hcl oral tablet dispersible 10 mg</i>	1	QL (0.27 EA per 1 day)
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sildenafil citrate</i>)	3	QL (0.27 EA per 1 day)
POTASSIUM-SPARING DIURETICS (HYPOTEN) - Drugs for High Blood Pressure & Angina		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	3	
<i>amiloride hcl oral tablet 5 mg</i>	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	3	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	3	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
INSPIRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	3	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RENIN INHIBITORS - Drugs for the Heart		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	1	
TEKTURNA ORAL TABLET 150 MG, 300 MG (<i>aliskiren fumarate</i>)	3	
RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC - Drugs for the Heart		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (<i>sacubitril-valsartan</i>)	3	PA
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	3	QL (2 EA per 1 day); AL (Min 1 Years)
SCLEROSING AGENTS - Drugs for the Heart		
ABLYSINOL INTRA-ARTERIAL SOLUTION (<i>dehydrated alcohol</i>)	OA	
ASCLERA INTRAVENOUS SOLUTION 0.5 %, 1 % (<i>polidocanol</i>)	OA	
ETHAMOLIN INTRAVENOUS SOLUTION 5 % (<i>ethanolamine oleate</i>)	OA	
POLIDOCANOL INTRAVENOUS SOLUTION 5 %	OA	
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GM (<i>talc</i>)	3	
<i>sodium tetradecyl sulfate intravenous solution 3 %</i>	OA	
SOTRADECOL INTRAVENOUS SOLUTION 1 %, 3 % (<i>sodium tetradecyl sulfate</i>)	OA	
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED 5 GM (<i>talc</i>)	3	
STERITALC INTRAPLEURAL POWDER 2 GM, 3 GM, 4 GM (<i>talc</i>)	3	
VARITHENA INTRAVENOUS FOAM 180 MG/18ML (<i>polidocanol</i>)	OA	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STEROIDAL MINERALOCORTICOID RECEPTOR ANT - Drugs for the Heart		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	3	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	3	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
INSPRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	3	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
<i>chlorothiazide sodium intravenous solution reconstituted 500 mg</i>	OA	
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT) - Drugs for High Blood Pressure & Angina		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
THALITONE ORAL TABLET 15 MG (<i>chlorthalidone</i>)	3	
VASODILATING AGENTS, MISCELLANEOUS - Drugs for High Blood Pressure & Angina		
DIBENZYLINE ORAL CAPSULE 10 MG (<i>phenoxybenzamine hcl</i>)	3	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>phentolamine mesylate injection solution reconstituted 5 mg</i>	OA	
VECAMYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	3	
VASODILATING AGENTS, MISCELLANEOUS - Drugs for the Heart		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-5 MG	3	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-% (<i>nicardipine hcl in nacl</i>)	OA	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl</i>)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	3	
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (<i>alprostadil (vasodilator)</i>)	3	PA; QL (0.27 EA per 1 day)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	3	PA; QL (0.27 EA per 1 day)
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (<i>levamlodipine maleate</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORLANOR ORAL SOLUTION 5 MG/5ML (<i>ivabradine hcl</i>)	3	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	3	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>	OA	
<i>diltiazem hcl intravenous solution reconstituted 100 mg</i>	OA	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	OA	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	OA	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>dipyridamole intravenous solution 5 mg/ml</i>	OA	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	3	PA; QL (0.27 EA per 1 day)
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	OA	
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	1	
KATERZIA ORAL SUSPENSION 1 MG/ML (<i>amlodipine benzoate</i>)	3	
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
LEVAMLODIPINE MALEATE ORAL TABLET 2.5 MG, 5 MG	3	PA
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-%	OA	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
<i>nicardipine hcl intravenous solution 2.5 mg/ml</i>	OA	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	3	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>amlodipine besylate</i>)	3	
NYMALIZE ORAL SOLUTION 6 MG/ML (<i>nimodipine</i>)	3	
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (<i>nifedipine</i>)	3	
PROSTIN VR INJECTION SOLUTION 500 MCG/ML (<i>alprostadil</i>)	OA	
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-0.1-1 MG	3	
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (<i>treprostinil</i>)	OA	
SUPER BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10 MG	3	PA
SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-20-0.2-2 MG	3	
SUPER TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-100 MG-MG-MCG	3	PA
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	3	
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	OA	
TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-5-50 MG-MG-MCG	3	PA
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (<i>treprostinil</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	4	PA; SP; QL (30 day supply per 1 fill)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	OA	
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	OA	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	3	PA
CELLULAR AND GENE THERAPY - Drugs for Cancer		
CELLULAR THERAPY - Drugs for Cancer		
AMTAGVI INTRAVENOUS SUSPENSION 72000000000 CELLS (<i>lifileucel</i>)	OA	PA
LANTIDRA INTRAVENOUS SUSPENSION (<i>donislecel-jujn</i>)	OA	PA
OMISIRGE INTRAVENOUS SUSPENSION (<i>omidubicel-only</i>)	OA	PA
PROVENGE INTRAVENOUS SUSPENSION 50000000 CELLS (<i>sipuleucel-t</i>)	OA	
RETHYMIC INTRAMUSCULAR IMPLANT (<i>allogeneic thymus tissue-agdc</i>)	OA	
GENE THERAPY - Drugs for Cancer		
ABECMA INTRAVENOUS SUSPENSION 4600000000 CELLS (<i>idecabtagene vicleucel</i>)	OA	
ADSTILADRIN INTRAVESICAL SUSPENSION 300000000000 VP/ML (<i>nadofaragene firadenovec-vncg</i>)	OA	PA
BEQVEZ INTRAVENOUS SUSPENSION THERAPY PACK 4 X 1 ML, 5 X 1 ML, 6 X 1 ML, 7 X 1 ML (<i>fidanacogene elaparvovec-dzkt</i>)	OA	PA
BREYANZI INTRAVENOUS SUSPENSION 700000000 CELLS/ML (<i>lisocabtagene maraleucel</i>)	OA	
CARVYKTI INTRAVENOUS SUSPENSION 1000000000 CELLS (<i>ciltacabtagene autoleucel</i>)	OA	PA
CASGEVY INTRAVENOUS SUSPENSION (<i>exagamglogene autotemcel</i>)	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELEVIDYS INTRAVENOUS KIT 10 X 10 ML, 11 X 10 ML, 12 X 10 ML, 13 X 10 ML, 14 X 10 ML, 15 X 10 ML, 16 X 10 ML, 17 X 10 ML, 18 X 10 ML, 19 X 10 ML, 20 X 10 ML, 21 X 10 ML, 22 X 10 ML, 23 X 10 ML, 24 X 10 ML, 25 X 10 ML, 26 X 10 ML, 27 X 10 ML, 28 X 10 ML, 29 X 10 ML, 30 X 10 ML, 31 X 10 ML, 32 X 10 ML, 33 X 10 ML, 34 X 10 ML, 35 X 10 ML, 36 X 10 ML, 37 X 10 ML, 38 X 10 ML, 39 X 10 ML, 40 X 10 ML, 41 X 10 ML, 42 X 10 ML, 43 X 10 ML, 44 X 10 ML, 45 X 10 ML, 46 X 10 ML, 47 X 10 ML, 48 X 10 ML, 49 X 10 ML, 50 X 10 ML, 51 X 10 ML, 52 X 10 ML, 53 X 10 ML, 54 X 10 ML, 55 X 10 ML, 56 X 10 ML, 57 X 10 ML, 58 X 10 ML, 59 X 10 ML, 60 X 10 ML, 61 X 10 ML, 62 X 10 ML, 63 X 10 ML, 64 X 10 ML, 65 X 10 ML, 66 X 10 ML, 67 X 10 ML, 68 X 10 ML, 69 X 10 ML, 70 X 10 ML (delandistrogene moxeparvo-rokl)	OA	PA
HEMGENIX INTRAVENOUS SUSPENSION THERAPY PACK 10 X 10 ML, 11 X 10 ML, 12 X 10 ML, 13 X 10 ML, 14 X 10 ML, 15 X 10 ML, 16 X 10 ML, 17 X 10 ML, 18 X 10 ML, 19 X 10 ML, 20 X 10 ML, 21 X 10 ML, 22 X 10 ML, 23 X 10 ML, 24 X 10 ML, 25 X 10 ML, 26 X 10 ML, 27 X 10 ML, 28 X 10 ML, 29 X 10 ML, 30 X 10 ML, 31 X 10 ML, 32 X 10 ML, 33 X 10 ML, 34 X 10 ML, 35 X 10 ML, 36 X 10 ML, 37 X 10 ML, 38 X 10 ML, 39 X 10 ML, 40 X 10 ML, 41 X 10 ML, 42 X 10 ML, 43 X 10 ML, 44 X 10 ML, 45 X 10 ML, 46 X 10 ML, 47 X 10 ML, 48 X 10 ML (etranacogene dezaparvovec-drlb)	OA	PA
IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML (talimogene laherparepvec)	OA	
KYMRIAH INTRAVENOUS SUSPENSION 250000000 CELLS, 600000000 CELLS (tisagenlecleucel)	OA	
LENMELDY INTRAVENOUS SUSPENSION (atidarsagene autotemcel)	OA	PA
LUXTURN A INTRAOCULAR SUSPENSION 5000000000000 VG/ML (voretigene neparvovec-rzyl)	OA	
LYFGENIA INTRAVENOUS SUSPENSION (lovotibeglogene autotemcel)	OA	PA

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ROCTAVIAN INTRAVENOUS SUSPENSION 2000000000000000 VG/ML (<i>valoctocogene roxaparov-rvox</i>)	OA	PA
SKYSONA INTRAVENOUS SUSPENSION (<i>elivaldogene autotemcel</i>)	OA	PA
TECARTUS INTRAVENOUS SUSPENSION 1000000000 CELLS, 2000000000 CELLS (<i>brexucabtagene autoleucl</i>)	OA	PA
TECELRA INTRAVENOUS SUSPENSION 100000000000 CELLS (<i>afamitresgene autoleucl</i>)	OA	PA
VYJUVEK EXTERNAL GEL 50000000000 PFU/2.5ML (<i>beremagene geperpavec-svdt</i>)	OA	PA
YESCARTA INTRAVENOUS SUSPENSION 2000000000 CELLS (<i>axicabtagene ciloleucl</i>)	OA	
ZOLGENSMA INTRAVENOUS KIT 10X8.3 ML, 11X8.3 ML, 12X8.3 ML, 13X8.3 ML, 14X8.3 ML, 1X5.5ML & 10X8.3ML, 1X5.5ML & 11X8.3ML, 1X5.5ML & 12X8.3ML, 1X5.5ML & 13X8.3ML, 1X5.5ML & 2X8.3ML, 1X5.5ML & 3X8.3ML, 1X5.5ML & 4X8.3ML, 1X5.5ML & 5X8.3ML, 1X5.5ML & 6X8.3ML, 1X5.5ML & 7X8.3ML, 1X5.5ML & 8X8.3ML, 1X5.5ML & 9X8.3ML, 2X5.5ML & 10X8.3ML, 2X5.5ML & 11X8.3ML, 2X5.5ML & 12X8.3ML, 2X5.5ML & 1X8.3ML, 2X5.5ML & 2X8.3ML, 2X5.5ML & 3X8.3ML, 2X5.5ML & 4X8.3ML, 2X5.5ML & 5X8.3ML, 2X5.5ML & 6X8.3ML, 2X5.5ML & 7X8.3ML, 2X5.5ML & 8X8.3ML, 2X5.5ML & 9X8.3ML, 2X8.3 ML, 3X8.3 ML, 4X8.3 ML, 5X8.3 ML, 6X8.3 ML, 7X8.3 ML, 8X8.3 ML, 9X8.3 ML (<i>onasemnogene abeparvovec-xioi</i>)	OA	
ZYNTÉGLO INTRAVENOUS SUSPENSION (<i>betibeglogene autotemcel</i>)	OA	PA
CENTRAL NERVOUS SYSTEM AGENTS		
AMYOTROPHIC LATERAL SCLEROSIS(ALS) AGENT		
<i>edaravone intravenous solution 30 mg/100ml</i>	OA	PA
QALSODY INTRATHECAL SOLUTION 100 MG/15ML (<i>tofersen</i>)	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML (<i>edaravone</i>)	OA	PA
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>riluzole oral tablet 50 mg</i>	1	PA; QL (2 EA per 1 day)
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	3	PA; QL (20 ML per 1 day)
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System		
ADAMANTANES (CNS) - Drugs for Parkinson		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (<i>amantadine hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG (<i>amantadine hcl</i>)	3	PA
ADENOSINE A2A RECEPTOR ANTAGONISTS - Drugs for Parkinson		
NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>)	3	PA; QL (1 EA per 1 day); AL (Min 18 Years)
AMPHETAMINE DERIVATIVES - Drugs for the Nervous System		
ADIPEX-P ORAL TABLET 37.5 MG (<i>phentermine hcl</i>)	3	PA
LOMAIRA ORAL TABLET 8 MG (<i>phentermine hcl</i>)	3	PA
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>	1	PA
<i>phentermine hcl oral tablet 37.5 mg</i>	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMPHETAMINES - Drugs for the Nervous System		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (<i>amphetamine-dextroamphetamine</i>)	3	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	3	ST; AL (Min 6 Years)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	3	ST; AL (Min 6 Years)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	AL (Min 3 Years)
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	AL (Min 6 Years)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	AL (Min 6 Years)
DESOXYN ORAL TABLET 5 MG (<i>methamphetamine hcl</i>)	3	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG (<i>dextroamphetamine sulfate</i>)	3	ST; AL (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	AL (Min 6 Years)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (<i>amphetamine</i>)	3	ST; AL (Min 6 Years)
DYANAVAL XR ORAL TABLET EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine</i>)	3	ST; AL (Min 6 Years)
EVEKEO ORAL TABLET 10 MG, 5 MG (<i>amphetamine sulfate</i>)	3	AL (Min 3 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	1	AL (Min 6 Years)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	AL (Min 6 Years)
<i>methamphetamine hcl oral tablet 5 mg</i>	1	
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>amphetamine-dextroamphetamine</i>)	3	ST; AL (Min 6 Years)
PROCENTRA ORAL SOLUTION 5 MG/5ML (<i>dextroamphetamine sulfate</i>)	3	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	3	ST; AL (Min 6 Years)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	3	ST; AL (Min 6 Years)
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (<i>dextroamphetamine</i>)	3	ST; AL (Min 6 Years)
ZENZEDI ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (<i>dextroamphetamine sulfate</i>)	3	
ANALGESICS AND ANTIPYRETICS, MISC. - Drugs for Pain		
<i>acetaminophen intravenous solution 10 mg/ml, 1000 mg/100ml</i>	OA	
ACETAMINOPHEN INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	OA	
<i>acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml</i>	1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	3	
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>bac oral tablet 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	1	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	
<i>butalbital-apap-cafeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-apap-cafeine oral tablet 50-325-40 mg</i>	1	
COMBOGESIC INTRAVENOUS SOLUTION 1000-300 MG/100ML (<i>ibuprofen-acetaminophen</i>)	OA	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital-apap-cafeine</i>)	3	
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-cafeine</i>)	3	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>)	3	
<i>gabapentin (once-daily) oral tablet 300 mg, 600 mg</i>	1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GRALISE ORAL TABLET 300 MG, 450 MG, 600 MG, 750 MG, 900 MG (<i>gabapentin (once-daily)</i>)	3	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (<i>gabapentin enacarbil</i>)	3	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (<i>pregabalin</i>)	3	
NALOCET ORAL TABLET 2.5-300 MG	2	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (<i>gabapentin</i>)	3	
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	3	
NEURONTIN ORAL TABLET 600 MG, 800 MG (<i>gabapentin</i>)	3	
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	PA
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	3	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	2	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	3	
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	1	
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (<i>ziconotide acetate</i>)	OA	
PROLATE ORAL SOLUTION 10-300 MG/5ML (<i>oxycodone- acetaminophen</i>)	3	PA
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	2	
TENCON ORAL TABLET 50-325 MG (<i>butalbital- acetaminophen</i>)	3	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	3	
ANOREXIGENIC AGENTS - Drugs for the Nervous System		
CONTRACE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (<i>naltrexone-bupropion hcl</i>)	3	PA; QL (4 EA per 1 day)
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (<i>phentermine-topiramate</i>)	3	PA; QL (1 EA per 1 day)
ANOREXIGENIC AGENTS AND STIMULANTS, MISC - Drugs for the Nervous System		
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (<i>phentermine-topiramate</i>)	3	PA; QL (1 EA per 1 day)
ANOREXIGENIC AGENTS, MISCELLANEOUS - Drugs for the Nervous System		
CONTRACE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (<i>naltrexone-bupropion hcl</i>)	3	PA; QL (4 EA per 1 day)
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
LIRAGLUTIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	2	PA; QL (30 day supply per 1 fill)
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide -weight management</i>)	3	PA; QL (30 day supply per 1 fill)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide</i>)	2	PA; QL (30 day supply per 1 fill)
ZEPBOUND SUBCUTANEOUS SOLUTION 2.5 MG/0.5ML, 5 MG/0.5ML (<i>tirzepatide-weight management</i>)	3	PA; QL (30 day supply per 1 fill)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide-weight management</i>)	3	PA; QL (30 day supply per 1 fill)

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ANTICHOLINERGIC AGENTS (CNS) - Drugs for Parkinson		
<i>benztropine mesylate injection solution 1 mg/ml</i>	OA	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	OA	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
ANTICONVULSANTS, MISCELLANEOUS - Drugs for Seizures		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>	OA	
APTOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	3	PA; QL (2 EA per 1 day)
BANZEL ORAL SUSPENSION 40 MG/ML (<i>rufinamide</i>)	3	PA
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	3	PA
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML (<i>brivaracetam</i>)	OA	
BRIVIACT ORAL SOLUTION 10 MG/ML (<i>brivaracetam</i>)	3	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (<i>brivaracetam</i>)	3	
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	1	
carbamazepine oral suspension 100 mg/5ml, 200 mg/10ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg, 200 mg	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (carbamazepine)	3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (divalproex sodium)	3	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (divalproex sodium)	3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (divalproex sodium)	3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (stiripentol)	3	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG (stiripentol)	3	PA
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (levetiracetam)	3	ST; QL (3 EA per 1 day)
EPIDIOLEX ORAL SOLUTION 100 MG/ML (cannabidiol)	4	PA; SP; QL (30 day supply per 1 fill)
epitol oral tablet 200 mg	1	
EPRONTIA ORAL SOLUTION 25 MG/ML (topiramate)	3	PA
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (carbamazepine (antipsychotic))	3	
felbamate oral suspension 600 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FELBATOL ORAL TABLET 400 MG, 600 MG (<i>felbamate</i>)	3	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (<i>fenfluramine hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>)	3	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>perampanel</i>)	2	
<i>gabapentin (once-daily) oral tablet 300 mg, 600 mg</i>	1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GRALISE ORAL TABLET 300 MG, 450 MG, 600 MG, 750 MG, 900 MG (<i>gabapentin (once-daily)</i>)	3	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (<i>gabapentin enacarbil</i>)	3	
KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML (<i>levetiracetam</i>)	OA	
KEPPRA ORAL SOLUTION 100 MG/ML (<i>levetiracetam</i>)	3	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	3	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (<i>levetiracetam</i>)	3	
<i>lacosamide intravenous solution 200 mg/20ml</i>	OA	
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	1	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (<i>lamotrigine</i>)	3	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (<i>lamotrigine</i>)	3	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (<i>lamotrigine</i>)	3	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (<i>lamotrigine</i>)	3	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (<i>lamotrigine</i>)	3	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	1	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	1	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml</i>	OA	
<i>levetiracetam intravenous solution 500 mg/5ml</i>	OA	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (pregabalin)	3	
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	3	
magnesium sulfate injection solution 50 %	OA	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	OA	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (lacosamide)	3	PA
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (gabapentin)	3	
NEURONTIN ORAL SOLUTION 250 MG/5ML (gabapentin)	3	
NEURONTIN ORAL TABLET 600 MG, 800 MG (gabapentin)	3	
oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg	1	
oxcarbazepine oral suspension 300 mg/5ml	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (oxcarbazepine)	3	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (topiramate)	3	
roweepra oral tablet 500 mg	1	
rufinamide oral suspension 40 mg/ml	1	PA
rufinamide oral tablet 200 mg, 400 mg	1	PA
SABRIL ORAL PACKET 500 MG (vigabatrin)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	3	
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	1	
<i>subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (<i>carbamazepine</i>)	3	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	3	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	3	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (<i>topiramate</i>)	3	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (<i>oxcarbazepine</i>)	3	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	3	
<i>valproate sodium intravenous solution 100 mg/ml</i>	OA	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml, 500 mg/10ml</i>	1	
<i>vigabatrin oral packet 500 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>vigabatrin oral tablet 500 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>vigadrone oral packet 500 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>vigadrone oral tablet 500 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>vigpoder oral packet 500 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML (<i>lacosamide</i>)	OA	
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	3	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>lacosamide</i>)	3	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>cenobamate</i>)	3	PA; QL (2 EA per 1 day); AL (Min 18 Years)
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG (<i>cenobamate</i>)	3	PA; QL (2 EA per 1 day); AL (Min 18 Years)
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (<i>zonisamide</i>)	3	
ZONISADE ORAL SUSPENSION 100 MG/5ML (<i>zonisamide</i>)	3	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML (<i>ganaxolone</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIDEPRESSANTS, MISCELLANEOUS - Drugs for Depression & Psychosis		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (<i>bupropion hbr</i>)	3	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (<i>dextromethorphan-bupropion</i>)	3	ST; QL (2 EA per 1 day); AL (Min 18 Years)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	PV; QL (2 EA per 1 day)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	2	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (<i>bupropion hcl</i>)	2	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	
REMERON ORAL TABLET 15 MG, 30 MG (<i>mirtazapine</i>)	3	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG (<i>mirtazapine</i>)	3	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG (<i>bupropion hcl</i>)	3	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (<i>bupropion hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZULRESSO INTRAVENOUS SOLUTION 100 MG/20ML (<i>brexanolone</i>)	OA	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (<i>zuranolone</i>)	3	PA; QL (14 day supply per 30 fills)
ANTIMANIC AGENTS - Drugs for Personality Disorder		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML (<i>aripiprazole</i>)	3	PA; 1 dose per fill; QL (2.4 ML per 1 fill)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML (<i>aripiprazole</i>)	3	PA; 1 dose per fill; QL (3.2 ML per 1 fill)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	3	PA; 1 dose per fill
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	3	PA; 1 dose per fill
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole w/ sens-strip-pod</i>)	3	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole w/ sens-strip-pod</i>)	3	QL (2 fill per 365 days)
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	3	
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	1	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	3	PA; 1 dose per fill
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	3	PA; 1 dose per fill

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	1	
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	1	
carbamazepine oral suspension 100 mg/5ml, 200 mg/10ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg, 200 mg	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (carbamazepine)	3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (divalproex sodium)	3	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (divalproex sodium)	3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (divalproex sodium)	3	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
epitol oral tablet 200 mg	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (carbamazepine (antipsychotic))	3	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (ziprasidone mesylate)	3	PA; QL (30 day supply per 1 fill)
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (ziprasidone hcl)	3	

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Effective Date 12/01/2024

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (<i>lithium carbonate</i>)	3	
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	1	PA; QL (30 day supply per 1 fill)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (<i>risperidone</i>)	3	PA; 1 dose per fill
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>risperidone microspheres</i>)	3	PA; 1 dose per fill
RISPERDAL ORAL SOLUTION 1 MG/ML (<i>risperidone</i>)	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>risperidone</i>)	3	
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	PA; 1 dose per fill
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG (<i>risperidone</i>)	3	PA; QL (1 EA per 1 fill)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (<i>asenapine maleate</i>)	3	ST; QL (2 EA per 1 day); AL (Min 10 Years)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (<i>asenapine</i>)	3	ST; QL (1 EA per 1 day); AL (Min 18 Years)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	3	
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	1	
<i>subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (<i>carbamazepine</i>)	3	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	3	
<i>valproate sodium intravenous solution 100 mg/ml</i>	OA	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml, 500 mg/10ml</i>	1	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	1	PA; QL (30 day supply per 1 fill)
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (<i>olanzapine</i>)	3	PA; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (<i>olanzapine</i>)	3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (<i>olanzapine pamoate</i>)	3	PA; 1 dose per fill
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>olanzapine</i>)	3	
ANTIMIGRAINE AGENTS, MISCELLANEOUS - Migraine Treatment		
<i>acetaminophen intravenous solution 10 mg/ml, 1000 mg/100ml</i>	OA	
ACETAMINOPHEN INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	OA	
ANAPROX DS ORAL TABLET 550 MG (<i>naproxen sodium</i>)	3	
<i>aspirin 81 oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin childrens oral tablet chewable 81 mg</i>	1	PV
<i>aspirin ec adult low dose oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin low dose oral tablet chewable 81 mg</i>	1	PV
<i>aspirin low dose oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin oral tablet 325 mg</i>	1	
<i>aspirin oral tablet chewable 81 mg</i>	1	PV
<i>aspirin oral tablet delayed release 325 mg</i>	1	
<i>aspirin oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin regimen oral tablet delayed release 81 mg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (<i>aspirin</i>)	3	
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	OA	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	1	QL (10 ML per 30 days)
<i>caffeine citrate intravenous solution 60 mg/3ml</i>	OA	
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	1	
CAFFEINE-SODIUM BENZOATE INJECTION SOLUTION 125-125 MG/ML	OA	
CAMBIA ORAL PACKET 50 MG (<i>diclofenac potassium(migraine)</i>)	3	PA
COMBOGESIC INTRAVENOUS SOLUTION 1000-300 MG/100ML (<i>ibuprofen-acetaminophen</i>)	OA	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	3	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (<i>divalproex sodium</i>)	3	
<i>diclofenac potassium(migraine) oral packet 50 mg</i>	1	PA
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	1	PA; QL (30 day supply per 1 fill)
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	QL (0.27 ML per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (<i>naproxen</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1	
ELYXYB ORAL SOLUTION 120 MG/4.8ML (celecoxib (migraine))	3	PA; QL (0.96 ML per 1 day)
EPRONTIA ORAL SOLUTION 25 MG/ML (topiramate)	3	PA
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (ergotamine tartrate)	2	
ergotamine-caffeine oral tablet 1-100 mg	1	
ft aspirin low dose oral tablet delayed release 81 mg	1	PV
ft aspirin oral tablet 325 mg	1	
ft aspirin oral tablet chewable 81 mg	1	PV
ft enteric coated aspirin oral tablet delayed release 325 mg	1	
genuine aspirin oral tablet 325 mg	1	
goodsense aspirin adults oral tablet 325 mg	1	
goodsense aspirin low dose oral tablet delayed release 81 mg	1	PV
goodsense aspirin oral tablet 325 mg	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	4	SP; QL (30 day supply per 1 fill)
ibuprofen lysine intravenous solution 10 mg/ml	OA	
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (propranolol hcl)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (propranolol hcl sr beads)	3	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (propranolol hcl sr beads)	3	PA
ketoprofen er oral capsule extended release 24 hour 200 mg	1	

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ketoprofen oral capsule 25 mg, 50 mg	1	
KIPROFEN ORAL CAPSULE 25 MG (ketoprofen)	3	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine-caffeine)	3	
MIGRANAL NASAL SOLUTION 4 MG/ML (dihydroergotamine mesylate)	3	QL (0.27 ML per 1 day)
mm aspirin oral tablet delayed release 81 mg	1	PV
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (naproxen sodium)	3	PA
NAPROSYN ORAL SUSPENSION 125 MG/5ML (naproxen)	3	
NAPROSYN ORAL TABLET 500 MG (naproxen)	3	
naproxen dr oral tablet delayed release 500 mg	1	
naproxen oral suspension 125 mg/5ml	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg, 500 mg	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	1	PA
naproxen sodium oral tablet 275 mg, 550 mg	1	
NEOPROFEN INTRAVENOUS SOLUTION 10 MG/ML (ibuprofen lysine)	OA	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl intravenous solution 1 mg/ml	OA	
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)	3	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	3	PV
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	3	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (<i>topiramate</i>)	3	
<i>topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	3	
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT (<i>dihydroergotamine mesylate hfa</i>)	3	PA; QL (0.43 ML per 1 day)
<i>valproate sodium intravenous solution 100 mg/ml</i>	OA	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml, 500 mg/10ml</i>	1	
ANTIPSYCHOTICS, MISCELLANEOUS - Drugs for Depression & Psychosis		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (<i>xanomeline-trospium chloride</i>)	3	PA
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG (<i>xanomeline-trospium chloride</i>)	3	PA
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	1	PA
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC - Drugs for Anxiety & Sleep Disorder		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG (<i>zolpidem tartrate</i>)	3	QL (1 EA per 1 day)
AMBIEN ORAL TABLET 10 MG, 5 MG (<i>zolpidem tartrate</i>)	3	QL (1 EA per 1 day)
ANESTHESIA S/I-40A INTRAVENOUS KIT 200 MG/20ML	OA	
ANESTHESIA S/I-40H INTRAVENOUS KIT 200 MG/20ML	OA	
ANESTHESIA S/I-40S INTRAVENOUS KIT 200 MG/20ML	OA	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	3	PA
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	3	ST; QL (1 EA per 1 day); AL (Min 65 Years)
<i>dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml</i>	OA	
DEXMEDETOMIDINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20-0.9 MCG/5ML-%	OA	
<i>dexmedetomidine hcl intravenous solution 1000 mcg/10ml, 200 mcg/2ml, 400 mcg/4ml</i>	OA	
DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION 200MCG/50ML -5%, 400MCG/100ML -5%	OA	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
DIPRIVAN INTRAVENOUS EMULSION 100 MG/10ML, 1000 MG/100ML, 200 MG/20ML, 500 MG/50ML (<i>propofol</i>)	OA	
<i>droperidol injection solution 2.5 mg/ml</i>	OA	
DROPERIDOL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.625 MG/ML	OA	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (<i>zolpidem tartrate</i>)	3	QL (1 EA per 1 day)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	QL (1 EA per 1 day)
<i>fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml</i>	OA	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelteon</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	OA	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (<i>dexmedetomidine hcl</i>)	OA	PA
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (<i>eszopiclone</i>)	3	QL (1 EA per 1 day)
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (<i>promethazine hcl</i>)	OA	PA
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML (<i>dexmedetomidine hcl in nacl</i>)	OA	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML (<i>dexmedetomidine hcl</i>)	OA	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	OA	PA
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	OA	
propofol-lipuro intravenous emulsion 1000 mg/100ml	OA	
ramelteon oral tablet 8 mg	1	QL (1 EA per 1 day)
ROZEREM ORAL TABLET 8 MG (ramelteon)	3	QL (1 EA per 1 day)
tasimelteon oral capsule 20 mg	4	PA; SP; QL (30 day supply per 1 fill)
zaleplon oral capsule 10 mg	1	QL (2 EA per 1 day)
zaleplon oral capsule 5 mg	1	QL (1 EA per 1 day)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	1	QL (1 EA per 1 day)
ZOLPIDEM TARTRATE ORAL CAPSULE 7.5 MG	3	
zolpidem tartrate oral tablet 10 mg, 5 mg	1	QL (1 EA per 1 day)
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	1	QL (1 EA per 1 day)
ATYPICAL ANTIPSYCHOTICS - Drugs for Depression & Psychosis		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML (aripiprazole)	3	PA; 1 dose per fill; QL (2.4 ML per 1 fill)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML (aripiprazole)	3	PA; 1 dose per fill; QL (3.2 ML per 1 fill)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (aripiprazole)	3	PA; 1 dose per fill
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (aripiprazole)	3	PA; 1 dose per fill
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole wl sens-strip-pod)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole w/ sens-strip-pod</i>)	3	QL (2 fill per 365 days)
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	3	
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	1	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	3	PA; 1 dose per fill
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	3	PA; 1 dose per fill
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	1	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (<i>lumateperone tosylate</i>)	3	PA; QL (1 EA per 1 day); AL (Min 18 Years)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	
CLOZARIL ORAL TABLET 100 MG, 25 MG (<i>clozapine</i>)	3	
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 351 MG/2.25ML, 39 MG/0.25ML, 78 MG/0.5ML (<i>paliperidone palmitate</i>)	3	PA; 1 dose per fill
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	3	ST; QL (2 EA per 1 day); AL (Min 18 Years)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (<i>iloperidone</i>)	3	ST; QL (1 EA per 180 days); AL (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (<i>ziprasidone mesylate</i>)	3	PA; QL (30 day supply per 1 fill)
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	3	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (<i>paliperidone palmitate</i>)	3	PA; 1 dose per fill
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG (<i>paliperidone</i>)	3	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (<i>paliperidone palmitate</i>)	3	PA; 1 dose per fill
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (<i>paliperidone palmitate</i>)	3	PA; 1 dose per fill
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>lurasidone hcl</i>)	3	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (<i>olanzapine-samidorphan</i>)	3	PA; QL (1 EA per 1 day); AL (Min 18 Years)
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	1	PA; QL (30 day supply per 1 fill)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	1	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	1	
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	1	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (risperidone)	3	PA; 1 dose per fill
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (brexpiprazole)	3	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (risperidone microspheres)	3	PA; 1 dose per fill
RISPERDAL ORAL SOLUTION 1 MG/ML (risperidone)	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone)	3	
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	PA; 1 dose per fill
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	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG (risperidone)	3	PA; QL (1 EA per 1 fill)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (asenapine maleate)	3	ST; QL (2 EA per 1 day); AL (Min 10 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (asenapine)	3	ST; QL (1 EA per 1 day); AL (Min 18 Years)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (quetiapine fumarate)	3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (quetiapine fumarate)	3	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (olanzapine-fluoxetine hcl)	3	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML (risperidone)	3	PA; QL (0.28 ML per 1 fill)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML (risperidone)	3	PA; QL (0.35 ML per 1 fill)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML (risperidone)	3	PA; QL (0.42 ML per 1 fill)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML (risperidone)	3	PA; QL (0.56 ML per 1 fill)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML (risperidone)	3	PA; QL (0.7 ML per 1 fill)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML (risperidone)	3	PA; QL (0.14 ML per 1 fill)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML (risperidone)	3	PA; QL (0.21 ML per 1 fill)
VERSACLOZ ORAL SUSPENSION 50 MG/ML (clozapine)	3	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (cariprazine hcl)	3	PA
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	1	PA; QL (30 day supply per 1 fill)
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (olanzapine)	3	PA; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (<i>olanzapine</i>)	3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (<i>olanzapine pamoate</i>)	3	PA; 1 dose per fill
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>olanzapine</i>)	3	
BARBITURATES (ANTICONVULSANTS) - Drugs for Seizures		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG (<i>methohexital sodium</i>)	OA	
METHOHEXITAL SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	OA	
MYSOLINE ORAL TABLET 250 MG, 50 MG (<i>primidone</i>)	3	
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	OA	
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	1	
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>phenobarbital sodium</i>)	OA	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety & Sleep Disorder		
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	3	
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>bac oral tablet 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	1	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
ESGIC ORAL TABLET 50-325-40 MG (butalbital-apap-caffeine)	3	
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-apap-caffeine)	3	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (butalbital-apap-caff-cod)	3	
pentobarbital sodium injection solution 50 mg/ml	OA	
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	
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	OA	
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (phenobarbital sodium)	OA	
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	3	
BARBITURATES (GENERAL ANESTHETICS) - Anesthetics		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG (methohexital sodium)	OA	
METHOHEXITAL SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	OA	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BENZODIAZEPINES (ANTICONVULSANTS) - Drugs for Seizures		
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML (<i>lorazepam</i>)	OA	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>lorazepam</i>)	3	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>diazepam injection solution 10 mg/2ml</i>	OA	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	
<i>diazepam solution 5 mg/ml injection</i>	OA	
DIAZEPAM SOLUTION 5 MG/ML INJECTION	OA	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>clonazepam</i>)	3	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (<i>diazepam</i>)	3	PA
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	OA	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG (<i>lorazepam</i>)	3	PA
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	3	QL (10 EA per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	3	PA
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	3	PA
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	3	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (<i>diazepam</i>)	3	
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML (<i>diazepam</i>)	3	QL (0.34 EA per 1 day)
VALTOCO NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 7.5 MG/0.1ML (<i>diazepam</i>)	3	QL (0.67 EA per 1 day)
BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP) - Drugs for Anxiety & Sleep Disorder		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML (<i>lorazepam</i>)	OA	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>lorazepam</i>)	3	
BYFAVO INTRAVENOUS SOLUTION RECONSTITUTED 20 MG (<i>remimazolam besylate</i>)	OA	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet 10 mg, 20 mg	1	PA
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	
diazepam injection solution 10 mg/2ml	OA	
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	
diazepam solution 5 mg/ml injection	OA	
DIAZEPAM SOLUTION 5 MG/ML INJECTION	OA	
estazolam oral tablet 1 mg, 2 mg	1	QL (1 EA per 1 day)
flurazepam hcl oral capsule 15 mg, 30 mg	1	QL (1 EA per 1 day)
HALCION ORAL TABLET 0.25 MG (triazolam)	3	QL (1 EA per 1 day)
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (clonazepam)	3	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (diazepam)	3	PA
LIBRAX ORAL CAPSULE 5-2.5 MG (chlordiazepoxide-clidinium)	3	
lorazepam injection solution 2 mg/ml, 4 mg/ml	OA	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG (<i>lorazepam</i>)	3	PA
<i>midazolam hcl (pf) injection solution 10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml</i>	1	PA
<i>midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml</i>	1	PA
MIDAZOLAM HCL INTRAVENOUS SOLUTION 150 MG/30ML	OA	PA
<i>midazolam hcl oral syrup 2 mg/ml</i>	OA	
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.8 MG/100ML-%, 100-0.9 MG/100ML-%, 50-0.8 MG/50ML-%, 50-0.9 MG/50ML-%	OA	
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2-0.9 MG/2ML-%, 30-0.9 MG/30ML-%, 5-0.9 MG/5ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%	OA	
MIDAZOLAM INTRAVENOUS SOLUTION PREFILLED SYRINGE 2 MG/2ML, 25 MG/25ML, 30 MG/30ML, 50 MG/50ML	OA	
<i>midazolam-sodium chloride (pf) intravenous solution 100-0.8 mg/100ml-%</i>	OA	
<i>midazolam-sodium chloride solution 100-0.9 mg/100ml-% intravenous</i>	OA	
MIDAZOLAM-SODIUM CHLORIDE SOLUTION 100-0.9 MG/100ML-% INTRAVENOUS	OA	
<i>midazolam-sodium chloride solution 50-0.9 mg/50ml-% intravenous</i>	OA	
MIDAZOLAM-SODIUM CHLORIDE SOLUTION 50-0.9 MG/50ML-% INTRAVENOUS	OA	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	3	QL (10 EA per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	3	PA
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
<i>quazepam oral tablet 15 mg</i>	1	QL (1 EA per 1 day)
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (<i>temazepam</i>)	3	QL (1 EA per 1 day)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	3	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	QL (1 EA per 1 day)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	QL (1 EA per 1 day)
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (<i>diazepam</i>)	3	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (<i>alprazolam</i>)	3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG (<i>alprazolam</i>)	3	
BUTYROPHENONES - Drugs for Depression & Psychosis		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML (<i>haloperidol decanoate</i>)	3	PA; QL (30 day supply per 1 fill)
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	PA; QL (30 day supply per 1 fill)
<i>haloperidol lactate injection solution 5 mg/ml</i>	OA	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
CALCITONIN GENE-RELATED PEPTIDE ANTAG. - Migraine Treatment		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	3	PA; QL (30 day supply per 1 fill)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	3	PA; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	3	PA; QL (30 day supply per 1 fill)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	2	PA; QL (30 day supply per 1 fill)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/ML (<i>galcanezumab-gnlm</i>)	2	PA; QL (30 day supply per 1 fill)
NURTEC ORAL TABLET DISPERSIBLE 75 MG (<i>rimegepant sulfate</i>)	2	PA; QL for abortive treatment is 8/30 days. QL for preventive treatment is 16/30 days; QL (0.27 EA per 1 day)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (<i>atogepant</i>)	3	PA; QL (1 EA per 1 day)
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	2	PA; QL (0.54 EA per 1 day)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML (<i>eptinezumab-jjmr</i>)	OA	PA
ZAVZPRET NASAL SOLUTION 10 MG/ACT (<i>zavegepant hcl</i>)	3	PA
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB. - Drugs for Parkinson		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (<i>opicapone</i>)	3	PA
TASMAR ORAL TABLET 100 MG (<i>tolcapone</i>)	3	
<i>tolcapone oral tablet 100 mg</i>	1	
CENTRAL NERVOUS SYSTEM AGENTS, MISC. - Drugs for Attention Deficit Disorder		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	
ADDYI ORAL TABLET 100 MG (<i>flibanserin</i>)	3	PA
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DAYBUE ORAL SOLUTION 200 MG/ML (<i>trofinetide</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>edaravone intravenous solution 30 mg/100ml</i>	OA	PA
<i>flumazenil intravenous solution 0.5 mg/5ml, 1 mg/10ml</i>	OA	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (<i>guanfacine hcl</i>)	3	
LEQEMBI INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML (<i>lecanemab-irmb</i>)	OA	PA
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (<i>sodium oxybate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	1	
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG (<i>memantine hcl</i>)	3	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (<i>memantine hcl-donepezil hcl</i>)	3	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	3	PA
NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>)	3	PA; QL (1 EA per 1 day); AL (Min 18 Years)
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QALSODY INTRATHECAL SOLUTION 100 MG/15ML (<i>tofersen</i>)	OA	PA
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>viloxazine hcl</i>)	3	ST; AL (Min 6 Years)
RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML (<i>edaravone</i>)	OA	PA
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>riluzole oral tablet 50 mg</i>	1	PA; QL (2 EA per 1 day)
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; SP; QL (30 day supply per 1 fill)
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG (<i>atomoxetine hcl</i>)	3	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	3	PA; QL (20 ML per 1 day)
VEOZAH ORAL TABLET 45 MG (<i>fezolinetant</i>)	3	PA
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	4	PA; QL (8 ML per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	4	PA; SP; QL (30 day supply per 1 fill)
XYREM ORAL SOLUTION 500 MG/ML (<i>sodium oxybate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
XYWAV ORAL SOLUTION 500 MG/ML (<i>ca, mg, k, and na oxybates</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CYCLOOXYGENASE-2 (COX-2) INHIBITORS - Drugs for Pain		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (<i>celecoxib</i>)	3	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELYXYB ORAL SOLUTION 120 MG/4.8ML (<i>celecoxib (migraine)</i>)	3	PA; QL (0.96 ML per 1 day)
SEGLENTIS ORAL TABLET 56-44 MG (<i>celecoxib-tramadol hcl</i>)	3	PA
DIBENZOXAPINES - Drugs for Depression & Psychosis		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
DIHYDROINDOLONES - Drugs for Depression & Psychosis		
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	1	PA
DIPHENYLBUTYLPERIDINES - Drugs for Depression & Psychosis		
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
DOPAMINE PRECURSORS - Drugs for Parkinson		
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
CREXONT ORAL CAPSULE EXTENDED RELEASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG (<i>carbidopa-levodopa</i>)	3	PA
DHIVY ORAL TABLET 25-100 MG (<i>carbidopa-levodopa</i>)	3	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (<i>carbidopa-levodopa</i>)	4	PA; SP; QL (30 day supply per 1 fill)
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LODOSYN ORAL TABLET 25 MG (<i>carbidopa</i>)	3	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (<i>carbidopa-levodopa</i>)	3	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (<i>carbidopa-levodopa</i>)	3	
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML (<i>foslevodopa-foscarbidopa</i>)	3	PA
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS - Drugs for Parkinson		
<i>bromocriptine mesylate oral capsule 5 mg</i>	1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	1	
<i>cabergoline oral tablet 0.5 mg</i>	1	
PARLODEL ORAL CAPSULE 5 MG (<i>bromocriptine mesylate</i>)	3	
PARLODEL ORAL TABLET 2.5 MG (<i>bromocriptine mesylate</i>)	3	
FIBROMYALGIA AGENTS - Drugs for Nerve Pain		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (<i>duloxetine hcl</i>)	3	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (<i>pregabalin</i>)	3	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (<i>pregabalin</i>)	3	
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	3	
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral solution 20 mg/ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	3	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	3	
GABA MODULATORS - Drugs for Depression & Psychosis		
ZULRESSO INTRAVENOUS SOLUTION 100 MG/20ML (<i>brexanolone</i>)	OA	
GABA-MEDIATED ANTICONVULSANTS - Drugs for Seizures		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	3	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	3	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG (<i>stiripentol</i>)	3	PA
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
<i>gabapentin (once-daily) oral tablet 300 mg, 600 mg</i>	1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GRALISE ORAL TABLET 300 MG, 450 MG, 600 MG, 750 MG, 900 MG (<i>gabapentin (once-daily)</i>)	3	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (<i>gabapentin enacarbil</i>)	3	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (<i>pregabalin</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (pregabalin)	3	
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	3	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (gabapentin)	3	
NEURONTIN ORAL SOLUTION 250 MG/5ML (gabapentin)	3	
NEURONTIN ORAL TABLET 600 MG, 800 MG (gabapentin)	3	
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	
SABRIL ORAL PACKET 500 MG (vigabatrin)	4	PA; SP; QL (30 day supply per 1 fill)
SABRIL ORAL TABLET 500 MG (vigabatrin)	4	PA; SP; QL (30 day supply per 1 fill)
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
valproate sodium intravenous solution 100 mg/ml	OA	
valproic acid oral solution 250 mg/5ml, 500 mg/10ml	1	
vigabatrin oral packet 500 mg	4	PA; SP; QL (30 day supply per 1 fill)
vigabatrin oral tablet 500 mg	4	PA; SP; QL (30 day supply per 1 fill)
vigadrone oral packet 500 mg	4	PA; SP; QL (30 day supply per 1 fill)
vigadrone oral tablet 500 mg	4	PA; SP; QL (30 day supply per 1 fill)
VIGAFYDE ORAL SOLUTION 100 MG/ML (vigabatrin)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>vigpoder oral packet 500 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
ZTALMY ORAL SUSPENSION 50 MG/ML (<i>ganaxolone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
GENERAL ANESTHETICS, MISCELLANEOUS - Anesthetics		
AMIDATE INTRAVENOUS SOLUTION 2 MG/ML (<i>etomidate</i>)	OA	
ANESTHESIA S/I-40A INTRAVENOUS KIT 200 MG/20ML	OA	
ANESTHESIA S/I-40H INTRAVENOUS KIT 200 MG/20ML	OA	
ANESTHESIA S/I-40S INTRAVENOUS KIT 200 MG/20ML	OA	
DIPRIVAN INTRAVENOUS EMULSION 100 MG/10ML, 1000 MG/100ML, 200 MG/20ML, 500 MG/50ML (<i>propofol</i>)	OA	
<i>etomidate intravenous solution 2 mg/ml</i>	OA	
<i>fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml</i>	OA	
KETALAR INJECTION SOLUTION 10 MG/ML, 100 MG/ML, 50 MG/ML (<i>ketamine hcl</i>)	OA	
KETAMINE HCL INJECTION SOLUTION 0.6 MG/ML, 1 MG/ML	OA	
<i>ketamine hcl injection solution 100 mg/ml, 50 mg/ml</i>	OA	
KETAMINE HCL INJECTION SOLUTION PREFILLED SYRINGE 30 MG/3ML, 50 MG/5ML	OA	
KETAMINE HCL INTRAVENOUS SOLUTION 100 MG/100ML	OA	
KETAMINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/2ML, 30 MG/3ML, 50 MG/5ML, 50 MG/ML	OA	
<i>ketamine hcl solution 10 mg/ml injection</i>	OA	
KETAMINE HCL SOLUTION 10 MG/ML INJECTION	OA	
KETAMINE HCL-SODIUM CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 100-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KETAMINE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 20-0.9 MG/2ML-%, 50-0.9 MG/5ML-%	OA	
KETOROLAC-BUPIV-KETAMINE INJECTION SOLUTION PREFILLED SYRINGE 60-150-60 MG/50ML	3	
<i>propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml</i>	OA	
<i>propofol-lipuro intravenous emulsion 1000 mg/100ml</i>	OA	
HYDANTOINS - Drugs for Seizures		
CEREBYX INJECTION SOLUTION 100 MG PE/2ML, 500 MG PE/10ML (<i>fosphenytoin sodium</i>)	OA	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (<i>phenytoin</i>)	3	
DILANTIN ORAL CAPSULE 100 MG (<i>phenytoin sodium extended</i>)	3	
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	2	
DILANTIN ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	3	
<i>fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml</i>	OA	
<i>phenytek oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin sodium injection solution 50 mg/ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ION CHANNEL INHIBITION AGENTS - Drugs for Seizures		
APTOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	3	PA; QL (2 EA per 1 day)
BANZEL ORAL SUSPENSION 40 MG/ML (<i>rufinamide</i>)	3	PA
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	3	PA
<i>lacosamide intravenous solution 200 mg/20ml</i>	OA	
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	1	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>lacosamide</i>)	3	PA
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg</i>	1	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	3	
<i>rufinamide oral suspension 40 mg/ml</i>	1	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	PA
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (<i>oxcarbazepine</i>)	3	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	3	
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML (<i>lacosamide</i>)	OA	
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	3	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>lacosamide</i>)	3	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>cenobamate</i>)	3	PA; QL (2 EA per 1 day); AL (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG (<i>cenobamate</i>)	3	PA; QL (2 EA per 1 day); AL (Min 18 Years)
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (<i>zonisamide</i>)	3	
ZONISADE ORAL SUSPENSION 100 MG/5ML (<i>zonisamide</i>)	3	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
MELATONIN RECEPTOR AGONISTS - Drugs for Anxiety & Sleep Disorder		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelteon</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>ramelteon oral tablet 8 mg</i>	1	QL (1 EA per 1 day)
ROZEREM ORAL TABLET 8 MG (<i>ramelteon</i>)	3	QL (1 EA per 1 day)
<i>tasimelteon oral capsule 20 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
MONOAMINE OXIDASE B INHIBITORS - Drugs for Parkinson		
AZILECT ORAL TABLET 0.5 MG, 1 MG (<i>rasagiline mesylate</i>)	3	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	3	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
XADAGO ORAL TABLET 100 MG, 50 MG (<i>safinamide mesylate</i>)	3	PA
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MONOAMINE OXIDASE INHIBITORS - Drugs for Depression & Psychosis		
AZILECT ORAL TABLET 0.5 MG, 1 MG (<i>rasagiline mesylate</i>)	3	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	3	
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	2	
NARDIL ORAL TABLET 15 MG (<i>phenelzine sulfate</i>)	3	
PARNATE ORAL TABLET 10 MG (<i>tranylcypromine sulfate</i>)	3	
<i>phenelzine sulfate oral tablet 15 mg</i>	1	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	1	
XADAGO ORAL TABLET 100 MG, 50 MG (<i>safinamide mesylate</i>)	3	PA
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	2	
NMDA ANTAGONISTS - Drugs for Depression & Psychosis		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
NON-BARBITURATES - Anesthetics		
AMIDATE INTRAVENOUS SOLUTION 2 MG/ML (<i>etomidate</i>)	OA	
DIPRIVAN INTRAVENOUS EMULSION 100 MG/10ML, 1000 MG/100ML, 200 MG/20ML, 500 MG/50ML (<i>propofol</i>)	OA	
<i>etomidate intravenous solution 2 mg/ml</i>	OA	
<i>fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml</i>	OA	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KETALAR INJECTION SOLUTION 10 MG/ML, 100 MG/ML, 50 MG/ML (<i>ketamine hcl</i>)	OA	
KETAMINE HCL INJECTION SOLUTION 0.6 MG/ML, 1 MG/ML	OA	
<i>ketamine hcl injection solution 100 mg/ml, 50 mg/ml</i>	OA	
KETAMINE HCL INJECTION SOLUTION PREFILLED SYRINGE 30 MG/3ML, 50 MG/5ML	OA	
KETAMINE HCL INTRAVENOUS SOLUTION 100 MG/100ML	OA	
KETAMINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/2ML, 30 MG/3ML, 50 MG/5ML, 50 MG/ML	OA	
<i>ketamine hcl solution 10 mg/ml injection</i>	OA	
KETAMINE HCL SOLUTION 10 MG/ML INJECTION	OA	
KETAMINE HCL-SODIUM CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 100-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	OA	
KETAMINE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 20-0.9 MG/2ML-%, 50-0.9 MG/5ML-%	OA	
<i>propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml</i>	OA	
<i>propofol-lipuro intravenous emulsion 1000 mg/100ml</i>	OA	
NON-BENZODIAZEPINE ANXIOLYTICS - Drugs for Anxiety & Sleep Disorder		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
NON-BENZODIAZEPINE HYPNOTICS - Drugs for Anxiety & Sleep Disorder		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG (<i>zolpidem tartrate</i>)	3	QL (1 EA per 1 day)
AMBIEN ORAL TABLET 10 MG, 5 MG (<i>zolpidem tartrate</i>)	3	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (<i>zolpidem tartrate</i>)	3	QL (1 EA per 1 day)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	QL (1 EA per 1 day)
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (<i>eszopiclone</i>)	3	QL (1 EA per 1 day)
<i>zaleplon oral capsule 10 mg</i>	1	QL (2 EA per 1 day)
<i>zaleplon oral capsule 5 mg</i>	1	QL (1 EA per 1 day)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	1	QL (1 EA per 1 day)
ZOLPIDEM TARTRATE ORAL CAPSULE 7.5 MG	3	
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	1	QL (1 EA per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	1	QL (1 EA per 1 day)
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - Drugs for Parkinson		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (<i>apomorphine hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG (<i>pramipexole dihydrochloride</i>)	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (<i>rotigotine</i>)	3	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
NON-OPIOID ANALGESICS - Drugs for Pain		
<i>acetaminophen intravenous solution 10 mg/ml, 1000 mg/100ml</i>	OA	
ACETAMINOPHEN INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	OA	
<i>acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml</i>	1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	3	
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	
<i>bac oral tablet 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	1	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	
COMBOGESIC INTRAVENOUS SOLUTION 1000-300 MG/100ML (<i>ibuprofen-acetaminophen</i>)	OA	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	3	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>)	3	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	
NALOCET ORAL TABLET 2.5-300 MG	2	
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	PA
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	3	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	2	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	3	
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (<i>ziconotide acetate</i>)	OA	
PROLATE ORAL SOLUTION 10-300 MG/5ML (<i>oxycodone-acetaminophen</i>)	3	PA
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	2	
TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>)	3	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NONSTEROIDAL ANTI-INFLAMM. AGENTS, MISC - Drugs for Pain		
ANAPROX DS ORAL TABLET 550 MG (<i>naproxen sodium</i>)	3	
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (<i>diclofenac-misoprostol</i>)	3	
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML (<i>ibuprofen</i>)	OA	
CAMBIA ORAL PACKET 50 MG (<i>diclofenac potassium(migraine)</i>)	3	PA
COXANTO ORAL CAPSULE 300 MG (<i>oxaprozin</i>)	3	PA
DAYPRO ORAL TABLET 600 MG (<i>oxaprozin</i>)	3	
DEXAMETH-MOXIFLOX-KETOROLAC INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML	OA	
DICLOFENAC PATCH EXTERNAL PATCH 1.3 %	3	PA
<i>diclofenac potassium oral capsule 25 mg</i>	1	PA
<i>diclofenac potassium oral tablet 25 mg, 50 mg</i>	1	
<i>diclofenac potassium(migraine) oral packet 50 mg</i>	1	PA
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
DUEXIS ORAL TABLET 800-26.6 MG (<i>ibuprofen-famotidine</i>)	3	PA
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (<i>naproxen</i>)	3	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	1	
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
fenoprofen calcium oral capsule 200 mg, 400 mg	3	PA
fenoprofen calcium oral tablet 600 mg	1	
FLECTOR EXTERNAL PATCH 1.3 % (diclofenac epolamine)	3	PA
flurbiprofen oral tablet 100 mg, 50 mg	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	
ibuprofen lysine intravenous solution 10 mg/ml	OA	
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine oral tablet 800-26.6 mg	1	PA
INDOCIN ORAL SUSPENSION 25 MG/5ML (indomethacin)	3	
INDOCIN RECTAL SUPPOSITORY 50 MG (indomethacin)	3	
indomethacin er oral capsule extended release 75 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin oral suspension 25 mg/5ml	1	
indomethacin rectal suppository 50 mg	1	
indomethacin sodium intravenous solution reconstituted 1 mg	OA	
ketoprofen er oral capsule extended release 24 hour 200 mg	1	
ketoprofen oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine injection solution 15 mg/ml	1	PA; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	PA; QL (30 day supply per 1 fill)
ketorolac tromethamine oral tablet 10 mg	1	
ketorolac tromethamine solution 30 mg/ml injection	1	PA; QL (30 day supply per 1 fill)
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	3	PA; QL (30 day supply per 1 fill)
KETOROLAC-BUPIV-KETAMINE INJECTION SOLUTION PREFILLED SYRINGE 60-150-60 MG/50ML	3	
KIPROFEN ORAL CAPSULE 25 MG (ketoprofen)	3	
LICART EXTERNAL PATCH 24 HOUR 1.3 % (diclofenac epolamine)	3	PA
LODINE ORAL TABLET 400 MG (etodolac)	3	
LOFENA ORAL TABLET 25 MG (diclofenac potassium)	3	
meclofenamate sodium oral capsule 100 mg, 50 mg	1	
mefenamic acid oral capsule 250 mg	1	
meloxicam oral capsule 10 mg, 5 mg	1	PA
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	
NALFON ORAL CAPSULE 400 MG (fenoprofen calcium)	3	PA
NALFON ORAL TABLET 600 MG (fenoprofen calcium)	3	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (naproxen sodium)	3	PA
NAPROSYN ORAL SUSPENSION 125 MG/5ML (naproxen)	3	
NAPROSYN ORAL TABLET 500 MG (naproxen)	3	
naproxen dr oral tablet delayed release 500 mg	1	
naproxen oral suspension 125 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	1	PA
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>	1	
NEOPROFEN INTRAVENOUS SOLUTION 10 MG/ML (<i>ibuprofen lysine</i>)	OA	
OXAPROZIN ORAL CAPSULE 300 MG	3	PA
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
RELAFEN DS ORAL TABLET 1000 MG (<i>nabumetone</i>)	3	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	3	PA; QL (30 day supply per 1 fill)
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	1	QL (0.3 EA per 1 day)
TOLECTIN 600 ORAL TABLET 600 MG (<i>tolmetin sodium</i>)	3	PA
<i>tolmetin sodium oral capsule 400 mg</i>	1	
TRESNI RECTAL SUPPOSITORY 100 MG (<i>diclofenac sodium</i>)	3	
TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan-naproxen sodium</i>)	3	QL (0.3 EA per 1 day)
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (<i>naproxen-esomeprazole</i>)	3	
ZIPSOR ORAL CAPSULE 25 MG (<i>diclofenac potassium</i>)	3	PA
ZYNRELEF INJECTION SOLUTION 200-6 MG/7ML, 400-12 MG/14ML (<i>bupivacaine-meloxicam</i>)	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OPIOID AGONISTS (28:08) - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml	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	1	
ascomp-codeine oral capsule 50-325-40-30 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (tramadol hcl)	3	
DEMEROL INJECTION SOLUTION 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML (meperidine hcl)	OA	
DILAUDID INJECTION SOLUTION 0.2 MG/ML (hydromorphone hcl)	3	
DILAUDID INJECTION SOLUTION 1 MG/ML, 2 MG/ML (hydromorphone hcl)	OA	
DILAUDID ORAL LIQUID 1 MG/ML (hydromorphone hcl)	3	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (hydromorphone hcl)	3	
DSUVIA SUBLINGUAL TABLET SUBLINGUAL 30 MCG (sufentanil citrate)	3	
DURAMORPH INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML	OA	
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
fentanyl citrate (pf) injection solution 100 mcg/2ml, 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 500 mcg/10ml	OA	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>fentanyl citrate buccal lozenge on a handle 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	
FENTANYL CITRATE BUCCAL TABLET 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	
FENTANYL CITRATE INJECTION SOLUTION 1500 MCG/30ML	OA	
FENTANYL CITRATE INTRAVENOUS SOLUTION 1500 MCG/30ML, 5000 MCG/100ML	OA	
FENTANYL CITRATE INTRAVENOUS SOLUTION 1600 MCG/100ML	OA	PA
FENTANYL CITRATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MCG/10ML, 100 MCG/2ML, 1000 MCG/20ML, 1250 MCG/25ML, 1500 MCG/30ML, 20 MCG/2ML, 250 MCG/5ML, 2750 MCG/55ML, 50 MCG/5ML, 500 MCG/50ML	OA	
<i>fentanyl citrate pf injection solution prefilled syringe 25 mcg/0.5ml, 50 mcg/ml</i>	OA	
<i>fentanyl citrate solution prefilled syringe 100 mcg/2ml injection</i>	OA	
FENTANYL CITRATE SOLUTION PREFILLED SYRINGE 100 MCG/2ML INJECTION	OA	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/100ML-%, 1.25-0.9 MG/250ML-%, 2-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%	OA	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 10-0.9 MCG/ML-%, 100-0.9 MCG/10ML-%, 1000-0.9 MCG/50ML-%, 5-0.9 MCG/ML-%, 500-0.9 MCG/50ML-%, 550-0.9 MCG/55ML-%	OA	
FENTANYL CIT-ROPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.2-0.9 MG/100ML-%, 0.3-0.2-0.9 MG/150ML-%, 0.4-0.1-0.9 MG/200ML-%, 0.4-0.2-0.9 MG/200ML-%, 0.5-0.2-0.9 MG/250ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>fentanyl transdermal patch 72 hour 100 mcg/1hr, 12 mcg/1hr, 25 mcg/1hr, 37.5 mcg/1hr, 50 mcg/1hr, 62.5 mcg/1hr, 75 mcg/1hr, 87.5 mcg/1hr</i>	1	QL (0.34 EA per 1 day)
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.5-0.0625-0.9 MG/250ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%, 0.8-0.1667-0.9 MG/200ML-%	OA	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.1-0.125-0.9 MG/50ML-%	OA	
FENTANYL-BUPIVACAINE-NACL INJECTION SOLUTION 2-0.125-0.9 MCG/ML-%-%	OA	
FENTANYL-ROPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%	OA	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>)	3	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	1	
<i>hydromorphone hcl injection solution 0.25 mg/0.5ml, 2 mg/ml, 4 mg/ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYDROMORPHONE HCL INTRAVENOUS SOLUTION 0.2 MG/ML	OA	
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	1	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	OA	
<i>hydromorphone hcl rectal suppository 3 mg</i>	1	
<i>hydromorphone hcl solution 0.2 mg/ml injection</i>	1	
HYDROMORPHONE HCL SOLUTION 0.2 MG/ML INJECTION	3	
HYDROMORPHONE HCL SOLUTION 1 MG/ML INJECTION	OA	
<i>hydromorphone hcl solution 1 mg/ml injection</i>	OA	
HYDROMORPHONE HCL-NACL INJECTION SOLUTION 20-0.9 MG/100ML-%	OA	
HYDROMORPHONE HCL-NACL INJECTION SOLUTION PREFILLED SYRINGE 10-0.9 MG/50ML-%, 30-0.9 MG/30ML-%	OA	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/50ML-%, 100-0.9 MG/50ML-%, 20-0.9 MG/100ML-%, 25-0.9 MG/50ML-%, 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 6-0.9 MG/30ML-%	OA	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.2-0.9 MG/0.2ML-%, 0.5-0.9 MG/0.5ML-%, 1-0.9 MG/5ML-%, 1-0.9 MG/ML-%, 10-0.9 MG/50ML-%, 15-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 25-0.9 MG/50ML-%, 30-0.9 MG/30ML-%, 5-0.9 MG/25ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%, 6-0.9 MG/30ML-%	OA	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>hydrocodone bitartrate</i>)	3	
INFUMORPH 200 INJECTION SOLUTION 200 MG/20ML (10 MG/ML) (<i>morphine sulfate microinfusion</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INFUMORPH 500 INJECTION SOLUTION 500 MG/20ML (25 MG/ML) (<i>morphine sulfate microinfusion</i>)	OA	
<i>levorphanol tartrate oral tablet 2 mg</i>	1	
<i>levorphanol tartrate oral tablet 3 mg</i>	1	PA
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	OA	
<i>meperidine hcl oral solution 50 mg/5ml</i>	1	
<i>meperidine hcl oral tablet 50 mg</i>	1	
<i>methadone hcl injection solution 10 mg/ml</i>	OA	
<i>methadone hcl intensol oral concentrate 10 mg/ml</i>	1	
<i>methadone hcl oral concentrate 10 mg/ml</i>	1	
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	1	
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	1	
<i>methadone hcl oral tablet soluble 40 mg</i>	1	
METHADONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%	OA	
METHADONE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%	OA	
METHADOSE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	3	
<i>methadose oral tablet soluble 40 mg</i>	1	
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	3	
<i>mitigo injection solution 200 mg/20ml (10 mg/ml), 500 mg/20ml (25 mg/ml)</i>	OA	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>morphine sulfate (pf) intravenous solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	OA	
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	
MORPHINE SULFATE INJECTION SOLUTION 1 MG/ML	OA	
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>	OA	
MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML	OA	
<i>morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml</i>	OA	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	1	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	1	
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/ML-%, 100-0.9 MG/100ML-%, 50-0.9 MG/50ML-%, 500-0.9 MG/100ML-%	OA	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%, 150-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 30-0.9 MG/30ML-%, 4-0.9 MG/ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%	OA	
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	3	
NALOCET ORAL TABLET 2.5-300 MG	2	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (<i>tapentadol hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (<i>tapentadol hcl</i>)	3	
OLINVYK INTRAVENOUS SOLUTION 1 MG/ML, 2 MG/2ML, 30 MG/30ML (<i>oliceridine fumarate</i>)	OA	
<i>oxycodone hcl oral capsule 5 mg</i>	1	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	
<i>oxycodone hcl oral solution 5 mg/5ml</i>	1	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG	3	PA
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	PA
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	3	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	2	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>oxycodone hcl</i>)	2	QL (2 EA per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	1	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	3	
PROLATE ORAL SOLUTION 10-300 MG/5ML (<i>oxycodone-acetaminophen</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (oxycodone-acetaminophen)	2	
QDOLO ORAL SOLUTION 5 MG/ML (tramadol hcl)	3	
remifentanil hcl intravenous solution reconstituted 1 mg, 2 mg, 5 mg	OA	
ROXICODONE ORAL TABLET 15 MG, 30 MG (oxycodone hcl)	3	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG (oxycodone hcl)	3	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (oxycodone hcl)	3	PA
SEGLENTIS ORAL TABLET 56-44 MG (celecoxib-tramadol hcl)	3	PA
sufentanil citrate intravenous solution 100 mcg/2ml, 250 mcg/5ml, 50 mcg/ml	OA	
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1	
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1	
TRAMADOL HCL ORAL SOLUTION 5 MG/ML	3	
tramadol hcl oral tablet 100 mg, 25 mg, 50 mg	1	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG (apap-caff-dihydrocodeine)	3	
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG (remifentanil hcl)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (<i>oxycodone</i>)	3	PA; QL (2 EA per 1 day)
OPIOID ANTAGONISTS (28:10) - Drugs for Overdose or Poisoning		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	PA
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	
KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>)	3	
NALMEFENE HCL INJECTION SOLUTION 1 MG/ML	OA	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	QL (30 day supply per 1 fill)
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	QL (30 day supply per 1 fill)
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	1	QL (30 day supply per 1 fill)
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	3	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (<i>nalmefene hcl</i>)	3	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	1	
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	3	ST; QL (30 day supply per 1 fill)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	3	ST; QL (30 day supply per 1 fill)
REXTOVY NASAL LIQUID 4 MG/0.25ML (<i>naloxone hcl</i>)	3	PA
RIVIVE NASAL LIQUID 3 MG/0.1ML (<i>naloxone hcl</i>)	3	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	PA

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	OA	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (<i>naloxone hcl</i>)	3	QL (30 day supply per 1 fill)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	PA
OPIOID PARTIAL AGONISTS - Drugs for Pain		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (<i>buprenorphine hcl</i>)	3	
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML, 24 MG/0.48ML, 32 MG/0.64ML, 8 MG/0.16ML (<i>buprenorphine</i>)	OA	
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML, 64 MG/0.18ML, 96 MG/0.27ML (<i>buprenorphine</i>)	OA	
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	OA	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	PA
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	OA	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	1	QL (10 ML per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (<i>buprenorphine</i>)	3	
<i>nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	1	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (<i>buprenorphine</i>)	OA	PA; SP
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	PA
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	PA
OREXIN RECEPTOR ANTAGONISTS - Drugs for Anxiety & Sleep Disorder		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	3	PA
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	3	ST; QL (1 EA per 1 day); AL (Min 65 Years)
QUVIVIQ ORAL TABLET 25 MG, 50 MG (<i>daridorexant hcl</i>)	3	PA
PHENOTHIAZINES - Drugs for Depression & Psychosis		
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	OA	
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>compro rectal suppository 25 mg</i>	1	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	OA	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	OA	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	OA	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
RESPIRATORY AND CNS STIMULANTS - Drugs for the Nervous System		
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	3	ST; AL (Min 6 Years)
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (<i>serdexmethylphen-dexmethylphen</i>)	3	ST; AL (Min 6 Years)
<i>bac oral tablet 50-325-40 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>caffeine citrate intravenous solution 60 mg/3ml</i>	OA	
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	1	
CAFFEINE-SODIUM BENZOATE INJECTION SOLUTION 125-125 MG/ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (<i>methylphenidate hcl</i>)	3	ST; AL (Min 6 Years)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (<i>methylphenidate</i>)	3	ST; AL (Min 6 Years)
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	3	ST; AL (Min 6 Years)
<i>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</i>	1	AL (Min 6 Years)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
DOPRAM INTRAVENOUS SOLUTION 20 MG/ML (<i>doxapram hcl</i>)	OA	
<i>elixophyllin oral elixir 80 mg/15ml</i>	1	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	3	
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	3	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>)	3	
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	3	
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	3	ST; AL (Min 6 Years)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	3	ST; AL (Min 6 Years)
METADATE CD ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML (<i>methylphenidate hcl</i>)	3	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	AL (Min 6 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg</i>	1	AL (Min 6 Years)
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	3	ST; AL (Min 6 Years)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	AL (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	1	AL (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	1	
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr</i>	1	AL (Min 6 Years)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	3	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	PA
NORGESIC ORAL TABLET 25-385-30 MG (<i>orphenadrine-aspirin-caffeine</i>)	3	PA
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	1	PA
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (<i>orphenadrine-aspirin-caffeine</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHYSICIANS EZ USE JOINT/TUNNEL COMBINATION KIT 40-1 MG/ML-%	OA	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>viloxazine hcl</i>)	3	ST; AL (Min 6 Years)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (<i>methylphenidate hcl</i>)	3	ST; AL (Min 6 Years)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (<i>methylphenidate hcl</i>)	3	ST; AL (Min 6 Years)
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG (<i>methylphenidate hcl</i>)	3	ST; AL (Min 6 Years)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG (<i>methylphenidate hcl</i>)	3	ST; AL (Min 6 Years)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (<i>methylphenidate hcl</i>)	3	
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG (<i>atomoxetine hcl</i>)	3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	2	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	3	
REVERSIBLE COX-1/COX-2 INHIBITORS - Drugs for Pain		
ANAPROX DS ORAL TABLET 550 MG (<i>naproxen sodium</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML (<i>ibuprofen</i>)	OA	
COXANTO ORAL CAPSULE 300 MG (<i>oxaprozin</i>)	3	PA
DAYPRO ORAL TABLET 600 MG (<i>oxaprozin</i>)	3	
<i>diflunisal oral tablet 500 mg</i>	1	
DOLOBID ORAL TABLET 250 MG (<i>diflunisal</i>)	3	
DUEXIS ORAL TABLET 800-26.6 MG (<i>ibuprofen-famotidine</i>)	3	PA
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (<i>naproxen</i>)	3	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>fenoprofen calcium oral capsule 200 mg, 400 mg</i>	3	PA
<i>fenoprofen calcium oral tablet 600 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
<i>ibuprofen lysine intravenous solution 10 mg/ml</i>	OA	
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	1	PA
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	3	
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	3	
<i>indomethacin er oral capsule extended release 75 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>indomethacin oral suspension 25 mg/5ml</i>	1	
<i>indomethacin rectal suppository 50 mg</i>	1	
<i>indomethacin sodium intravenous solution reconstituted 1 mg</i>	OA	
<i>ketorolac tromethamine injection solution 15 mg/ml</i>	1	PA; QL (30 day supply per 1 fill)
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	1	PA; QL (30 day supply per 1 fill)
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	
<i>ketorolac tromethamine solution 30 mg/ml injection</i>	1	PA; QL (30 day supply per 1 fill)
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	3	PA; QL (30 day supply per 1 fill)
KETOROLAC-BUPIV-KETAMINE INJECTION SOLUTION PREFILLED SYRINGE 60-150-60 MG/50ML	3	
LODINE ORAL TABLET 400 MG (<i>etodolac</i>)	3	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	
<i>meloxicam oral capsule 10 mg, 5 mg</i>	1	PA
MELOXICAM ORAL SUSPENSION 7.5 MG/5ML	3	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
NALFON ORAL CAPSULE 400 MG (<i>fenoprofen calcium</i>)	3	PA
NALFON ORAL TABLET 600 MG (<i>fenoprofen calcium</i>)	3	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (<i>naproxen sodium</i>)	3	PA
NAPROSYN ORAL SUSPENSION 125 MG/5ML (<i>naproxen</i>)	3	
NAPROSYN ORAL TABLET 500 MG (<i>naproxen</i>)	3	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>naproxen oral suspension 125 mg/5ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	1	PA
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>	1	
NEOPROFEN INTRAVENOUS SOLUTION 10 MG/ML (<i>ibuprofen lysine</i>)	OA	
OXAPROZIN ORAL CAPSULE 300 MG	3	PA
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
RELAFEN DS ORAL TABLET 1000 MG (<i>nabumetone</i>)	3	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	3	PA; QL (30 day supply per 1 fill)
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	1	QL (0.3 EA per 1 day)
TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan-naproxen sodium</i>)	3	QL (0.3 EA per 1 day)
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (<i>naproxen-esomeprazole</i>)	3	
ZYNRELEF INJECTION SOLUTION 200-6 MG/7ML, 400-12 MG/14ML (<i>bupivacaine-meloxicam</i>)	OA	PA
SALICYLATES - Drugs for Pain		
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>aspirin 81 oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>aspirin childrens oral tablet chewable 81 mg</i>	1	PV
<i>aspirin ec adult low dose oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin low dose oral tablet chewable 81 mg</i>	1	PV
<i>aspirin low dose oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin oral tablet 325 mg</i>	1	
<i>aspirin oral tablet chewable 81 mg</i>	1	PV
<i>aspirin oral tablet delayed release 325 mg</i>	1	
<i>aspirin oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin regimen oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (<i>aspirin</i>)	3	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	1	PV
<i>ft aspirin oral tablet 325 mg</i>	1	
<i>ft aspirin oral tablet chewable 81 mg</i>	1	PV
<i>ft enteric coated aspirin oral tablet delayed release 325 mg</i>	1	
<i>genuine aspirin oral tablet 325 mg</i>	1	
<i>goodsense aspirin adults oral tablet 325 mg</i>	1	
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	1	PV
<i>goodsense aspirin oral tablet 325 mg</i>	1	
<i>mm aspirin oral tablet delayed release 81 mg</i>	1	PV
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NORGESIC ORAL TABLET 25-385-30 MG (<i>orphenadrine-aspirin-caffeine</i>)	3	PA
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	1	PA
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (<i>orphenadrine-aspirin-caffeine</i>)	3	PA
<i>salsalate oral tablet 750 mg</i>	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	3	PV
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	3	PV
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR - Drugs for Depression & Psychosis		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (<i>duloxetine hcl</i>)	3	
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	3	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (<i>duloxetine hcl</i>)	3	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	3	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	3	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	3	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	3	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	3	
VENLAFAXINE BESYLATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 112.5 MG	3	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
SELECTIVE SEROTONIN AGONISTS - Migraine Treatment		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	QL (0.4 EA per 1 day)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	1	QL (0.4 EA per 1 day)
FROVA ORAL TABLET 2.5 MG (<i>frovatriptan succinate</i>)	3	QL (0.6 EA per 1 day)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	1	QL (0.6 EA per 1 day)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sumatriptan succinate</i>)	3	QL (0.3 EA per 1 day)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML (<i>sumatriptan succinate</i>)	3	QL (30 day supply per 1 fill)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML (<i>sumatriptan succinate</i>)	3	QL (0.17 ML per 1 day)
MAXALT ORAL TABLET 10 MG (<i>rizatriptan benzoate</i>)	3	QL (0.6 EA per 1 day)
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (<i>rizatriptan benzoate</i>)	3	QL (0.6 EA per 1 day)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	1	QL (0.3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (<i>sumatriptan succinate</i>)	3	PA
RELPAK ORAL TABLET 20 MG, 40 MG (<i>eletriptan hydrobromide</i>)	3	QL (0.4 EA per 1 day)
REYVOW ORAL TABLET 100 MG, 50 MG (<i>lasmiditan succinate</i>)	3	PA; QL (0.14 EA per 1 day)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	1	QL (0.6 EA per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	1	QL (0.6 EA per 1 day)
<i>sumatriptan nasal solution 20 mg/lact, 5 mg/lact</i>	1	QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (0.3 EA per 1 day)
<i>sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL (30 day supply per 1 fill)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QL (30 day supply per 1 fill)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL (0.17 ML per 1 day)
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	1	QL (0.3 EA per 1 day)
TOSYMRA NASAL SOLUTION 10 MG/ACT (<i>sumatriptan</i>)	3	QL (12 EA per 30 days)
TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan-naproxen sodium</i>)	3	QL (0.3 EA per 1 day)
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (<i>sumatriptan succinate</i>)	4	SP; QL (0.27 ML per 1 day)
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	2	QL (0.4 EA per 1 day)
<i>zolmitriptan nasal solution 5 mg</i>	1	QL (0.4 EA per 1 day)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL (0.4 EA per 1 day)
<i>zolmitriptan oral tablet dispersible 2.5 mg</i>	1	QL (0.4 EA per 1 day)
<i>zolmitriptan oral tablet dispersible 5 mg</i>	1	QL (0.3 EA per 1 day)
ZOMIG NASAL SOLUTION 2.5 MG (<i>zolmitriptan</i>)	2	QL (0.4 EA per 1 day)
ZOMIG NASAL SOLUTION 5 MG (<i>zolmitriptan</i>)	3	QL (0.4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZOMIG ORAL TABLET 2.5 MG, 5 MG (<i>zolmitriptan</i>)	3	QL (0.4 EA per 1 day)
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS - Drugs for Depression & Psychosis		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (<i>citalopram hydrobromide</i>)	3	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE 30 MG	3	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	1	PA
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	1	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>	1	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	1	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (<i>escitalopram oxalate</i>)	3	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	1	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>paroxetine mesylate oral capsule 7.5 mg</i>	1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (<i>paroxetine hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PAXIL ORAL SUSPENSION 10 MG/5ML (<i>paroxetine hcl</i>)	3	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (<i>paroxetine hcl</i>)	3	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (<i>fluoxetine hcl</i>)	3	
SERTRALINE HCL ORAL CAPSULE 150 MG, 200 MG	1	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (<i>olanzapine-fluoxetine hcl</i>)	3	
ZOLOFT ORAL CONCENTRATE 20 MG/ML (<i>sertraline hcl</i>)	3	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sertraline hcl</i>)	3	
SEROTONIN MODULATORS - Drugs for Depression & Psychosis		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
REMERON ORAL TABLET 15 MG, 30 MG (<i>mirtazapine</i>)	3	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG (<i>mirtazapine</i>)	3	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	3	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (<i>vilazodone hcl</i>)	3	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUCCINIMIDES - Drugs for Seizures		
CELONTIN ORAL CAPSULE 300 MG (<i>methsuximide</i>)	3	
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5ml</i>	1	
<i>methsuximide oral capsule 300 mg</i>	1	
ZARONTIN ORAL CAPSULE 250 MG (<i>ethosuximide</i>)	3	
ZARONTIN ORAL SOLUTION 250 MG/5ML (<i>ethosuximide</i>)	3	
THIOXANTHENES - Drugs for Depression & Psychosis		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
TRICYCLICS, OTHER NOREPI-RU INHIBITORS - Drugs for Depression & Psychosis		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (<i>clomipramine hcl</i>)	3	
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NORPRAMIN ORAL TABLET 10 MG, 25 MG (<i>desipramine hcl</i>)	3	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	1	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (<i>nortriptyline hcl</i>)	3	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	1	
SILENOR ORAL TABLET 3 MG, 6 MG (<i>doxepin hcl</i>)	3	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (<i>deutetrabenazine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG (<i>deutetrabenazine</i>)	4	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XENAZINE ORAL TABLET 12.5 MG, 25 MG (<i>tetrabenazine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
WAKEFULNESS-PROMOTING AGENTS - Drugs for the Nervous System		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	1	
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (<i>sodium oxybate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM (<i>sodium oxybate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (<i>armodafinil</i>)	3	
PROVIGIL ORAL TABLET 100 MG, 200 MG (<i>modafinil</i>)	3	
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; SP; QL (30 day supply per 1 fill)
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	2	PA
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
XYREM ORAL SOLUTION 500 MG/ML (<i>sodium oxybate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
DENTAL AGENTS		
NUTRITIONAL SUPPLEMENTS		
DENTA 5000 PLUS DENTAL CREAM 1.1 % (<i>sodium fluoride</i>)	3	
DENTAGEL DENTAL GEL 1.1 % (<i>sodium fluoride</i>)	3	
<i>easysel dental gel 0.4 %</i>	1	
<i>fluoridex daily renewal mouth/throat concentrate 0.63 %</i>	1	
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	PV
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	PV
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (sodium fluoride)	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (sodium fluoride)	3	
PREVIDENT DENTAL GEL 1.1 % (sodium fluoride)	3	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (multi vit-min-fluoride-fe-fa)	3	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	1	
<i>sodium fluoride 5000 ppm dental gel 1.1 %</i>	1	
<i>sodium fluoride dental cream 1.1 %</i>	1	
<i>sodium fluoride dental gel 1.1 %</i>	1	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	1	PV
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	1	PV
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	1	PV
SOLUVITA ORAL SOLUTION 0.5 MG/ML (sodium fluoride)	3	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	PV
DENTAL AGENTS - Oral Care		
DENTAL AGENTS - Oral Care		
CLINPRO 5000 DENTAL PASTE 1.1 % (sodium fluoride)	3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (sodium fluoride)	3	
DENTAGEL DENTAL GEL 1.1 % (sodium fluoride)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
easygel dental gel 0.4 %	1	
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	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (sodium fluoride)	3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (sodium fluoride)	3	
MI PASTE DENTAL PASTE (dentifrices)	3	
MI PASTE PLUS DENTAL PASTE (dentifrices)	3	
multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	PV
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	PV
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	PV
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (sodium fluoride)	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (sodium fluoride)	3	
PREVIDENT 5000 KIDS DENTAL PASTE 1.1 % (sodium fluoride)	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (sodium fluoride)	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (sodium fluoride)	3	
PREVIDENT DENTAL GEL 1.1 % (sodium fluoride)	3	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (multi vit-min-fluoride-fe-fa)	3	
REMESENSE DENTAL 3 % (dental desensitizing product)	3	
sf 5000 plus dental cream 1.1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sf dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	1	
<i>sodium fluoride 5000 ppm dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 ppm dental paste 1.1 %</i>	1	
<i>sodium fluoride dental cream 1.1 %</i>	1	
<i>sodium fluoride dental gel 1.1 %</i>	1	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	1	PV
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	1	PV
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	1	PV
SOLUVITA ORAL SOLUTION 0.5 MG/ML (<i>sodium fluoride</i>)	3	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	PV
DEVICES - Medical Supplies and Durable Medical Equipment		
DEVICES - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK AVIVA IN VITRO SOLUTION (<i>blood glucose calibration</i>)	3	
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
AEROCHAMBER HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER MINI CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER MV (<i>spacer/aero-holding chambers</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER PLUS FLOW VU (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER W/FLOWSIGNAL (<i>spacer/aero-holding chambers</i>)	2	
AGAMATRIX CONTROL LEVEL 2 IN VITRO SOLUTION (<i>blood glucose calibration</i>)	3	
AGAMATRIX CONTROL LEVEL 4 IN VITRO SOLUTION (<i>blood glucose calibration</i>)	3	
ALCOHOL PREP PADS PAD , 70 %	3	
ALCOHOL PREP PADS SHEET 70 %	3	
AMD FOAM DRESSING PAD 3-1/2"X3" , 6"X6" (<i>gauze pads & dressings</i>)	3	
AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM	2	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	2	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM (<i>insulin pen needle</i>)	2	
AUM ALCOHOL PREP PADS PAD 70 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	2	
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	
AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM (<i>insulin pen needle</i>)	2	
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM (<i>insulin pen needle</i>)	2	
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM (<i>insulin pen needle</i>)	2	
BD ULTRA-FINE INSULIN SYRINGES 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 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, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	
BD ULTRA-FINE INSULIN SYRINGES 31G X 6MM 0.5 ML (<i>insulin syringeneedle u-500</i>)	2	
BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	2	
BIOFREQUENCY INSOLES (<i>foot care products</i>)	3	
BLULINK CONTROL HIGH & LOW IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
BREATHE EASE LARGE DEVICE	2	
BREATHE EASE MEDIUM DEVICE	2	
BREATHE EASE SMALL DEVICE	2	
BREATHERITE VALVED MDI CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARESENS CONTROL SOLUTION A/B IN VITRO SOLUTION (blood glucose calibration)	3	
CARESENS LANCETS 30G (lancets)	2	
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID (blood glucose calibration)	3	
CEFALY KIT DEVICE (nerve stimulator)	OA	
CEQUR SIMPLICITY 2U DEVICE (injection device for insulin)	3	QL (30 day supply per 1 fill)
CEQUR SIMPLICITY INSERTER (injection device for insulin)	OA	
CHEMSTRIP BG LOG BOOK (blood glucose monitoring suppl)	3	
CHOSEN LANCETS 30G (lancets)	2	
CHOSEN SAFETY LANCETS 28G (lancets)	2	
CLEVER CHOICE COMFORT EZ (lancets)	2	
CLEVER CHOICE HOLDING CHAMBER DEVICE (spacer/aero-holding chambers)	2	
CLEVER CHOICE TENS UNIT DEVICE (nerve stimulator)	OA	
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM (insulin pen needle)	2	
COMFORT TOUCH TWIST LANCET 30G (lancets)	2	
COMPACT SPACE CHAMBER DEVICE (spacer/aero-holding chambers)	2	
COMPACT SPACE CHAMBER/LG MASK DEVICE (spacer/aero-holding chambers)	2	
COMPACT SPACE CHAMBER/MED MASK DEVICE (spacer/aero-holding chambers)	2	
COMPACT SPACE CHAMBER/SM MASK DEVICE (spacer/aero-holding chambers)	2	
CONTOUR CONTROL IN VITRO LIQUID HIGH , LOW , NORMAL (blood glucose calibration)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL (<i>blood glucose calibration</i>)	3	
CURITY AMD ANTIMICROBIAL STRIP (<i>gauze pads & dressings</i>)	3	
CURITY IODOFORM PACKING STRIP (<i>gauze pads & dressings</i>)	3	
DIASCREEN 10 (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 1B (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 1G STRIP (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 1K (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 1K STRIP (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 2GK STRIP (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 2GP (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 3 (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 4NL (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 4OBL (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 4PH (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 5 (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 6 (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 7 (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 8 (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 9 (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN LIQUID URINE CONTROL	3	
DIATHRIVE GLUCOSE CONTROL SOLN IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
DROPLET MICRON 34G X 3.5 MM (<i>insulin pen needle</i>)	2	
DROPSAFE ALCOHOL PREP PAD 70 % (<i>alcohol swabs</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	
EASIVENT (<i>spacer/aero-holding chambers</i>)	2	
EASY TALK PLUS II CONTROL IN VITRO SOLUTION HIGH , LOW	3	
EASY TRAK II CONTROL IN VITRO LIQUID NORMAL	3	
EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
EASYMAX CONTROL IN VITRO SOLUTION NORMAL (<i>blood glucose calibration</i>)	3	
EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
ELECTRODES 25MM	OA	
ELECTRODES 50X100MM	OA	
ELECTRODES 50X50MM	OA	
ELECTRODES 50X90MM	OA	
ELECTRODES BUTTERFLY 105X155MM	OA	
ELECTRODES FACE 30X50MM	OA	
ELECTRODES JOINT 150MM	OA	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	
EMBRACE TALK GLUCOSE CONTROL IN VITRO SOLUTION HIGH , LOW (<i>blood glucose calibration</i>)	3	
EMJOI TENS DEVICE (<i>nerve stimulator</i>)	OA	
FLEXICHAMBER ADULT MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	2	
FLEXICHAMBER CHILD MASK/LARGE (<i>spacer/aero-hold chamber mask</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLEXICHAMBER CHILD MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	2	
FLEXICHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
GAMMACORE DEVICE (<i>nerve stimulator</i>)	OA	
GAMMACORE SAPPHIRE 31-DAY DEVICE (<i>nerve stimulator</i>)	OA	
GAMMACORE SAPPHIRE D DEVICE (<i>nerve stimulator</i>)	OA	
GAMMACORE SAPPHIRE REFILL KIT (<i>nerve stimulator</i>)	OA	
GOJJI CONTROL IN VITRO SOLUTION NORMAL (<i>blood glucose calibration</i>)	3	
HUMATROPEN FOR 12MG DEVICE (<i>injection device</i>)	3	QL (30 day supply per 1 fill)
HUMATROPEN FOR 24MG DEVICE (<i>injection device</i>)	3	QL (30 day supply per 1 fill)
HUMATROPEN FOR 6MG DEVICE (<i>injection device</i>)	3	QL (30 day supply per 1 fill)
IGLOVE	OA	
IHEALTH CONTROL SOLUTION IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	
INSPIREASE RESERVOIR BAGS (<i>spacer/aero-hold chamber bags</i>)	3	
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 5MM , 29G X 8MM , 30G X 6 MM , 31G X 4 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	2	
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 32G X 5 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	

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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" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	2	
INSULIN SYRINGES 27G X 5/8" 1 ML, 29G X 1/2" 0.3 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	2	
ISOCK	OA	
KERLIX AMD ANTIMICROBIAL (<i>gauze pads & dressings</i>)	3	
KERLIX AMD SUPER SPONGES PAD 6"X6-3/4" (<i>gauze pads & dressings</i>)	3	
KNEESTIM	OA	
LANCETS	2	
LANCETS SUPER THIN (<i>lancets</i>)	2	
MICROCHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
MONARCH ETNS SYSTEM DEVICE	OA	
NERIVIO DEVICE (<i>nerve stimulator</i>)	OA	
NOVOFINE PEN NEEDLE 32G X 6 MM (<i>insulin pen needle</i>)	2	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM (<i>insulin pen needle</i>)	2	
NOZIN NASAL SANITIZER POPSWAB NASAL SWAB (<i>alcohol</i>)	3	
NS-2 ELECTRIC PATCH POUCH	OA	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT (<i>insulin disposable pump</i>)	3	PA
OMNIPOD 5 DEXG7G6 PODS GEN 5 (<i>insulin disposable pump</i>)	3	PA; QL (0.5 EA per 1 day)
OMNIPOD 5 LIBRE2 PLUS G6 KIT (<i>insulin disposable pump</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OMNIPOD 5 LIBRE2 PLUS G6 PODS (<i>insulin disposable pump</i>)	3	PA; QL (0.5 EA per 1 day)
OMNIPOD DASH INTRO (GEN 4) KIT (<i>insulin disposable pump</i>)	3	PA
OMNIPOD DASH PDM (GEN 4) KIT (<i>insulin disposable pump</i>)	3	PA
OMNIPOD DASH PODS (GEN 4) (<i>insulin disposable pump</i>)	3	PA; QL (0.5 EA per 1 day)
ONETOUCH DELICA SAFETY LANCING (<i>lancets</i>)	2	
ONETOUCH ULTRA IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
ONETOUCH VERIO IN VITRO LIQUID HIGH (<i>blood glucose calibration</i>)	3	
OPTICHAMBER DIAMOND (<i>spacer/aero-holding chambers</i>)	2	
OPTICHAMBER DIAMOND-LG MASK DEVICE (<i>spacer/aero-holding chambers</i>)	2	
OPTICHAMBER DIAMOND-MD MASK (<i>spacer/aero-holding chambers</i>)	2	
OPTICHAMBER DIAMOND-SM MASK (<i>spacer/aero-holding chambers</i>)	2	
PAIN AIDE DEVICE	OA	
PAIN RELIEF WITH TENS S2000 DEVICE	OA	
PANDA MASK LARGE (<i>spacer/aero-hold chamber mask</i>)	2	
PANDA MASK MEDIUM (<i>spacer/aero-hold chamber mask</i>)	2	
PANDA MASK SMALL (<i>spacer/aero-hold chamber mask</i>)	2	
PARI VORTEX ADULT MASK (<i>spacer/aero-hold chamber mask</i>)	2	
PEDIATRIC PANDA MASK (<i>spacer/aero-hold chamber mask</i>)	2	
PEN NEEDLE/5-BEVEL TIP 32G X 4 MM	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM (<i>insulin pen needle</i>)	2	
PERFECT EMS DEVICE	OA	
PERFECT POINT SAFETY LANCETS (<i>lancets</i>)	2	
PIP GLUCOSE CONTROL SOLUTION IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM	2	
POCKET SPACER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
PONS MOUTHPIECE (<i>nerve stimulator</i>)	OA	
PONS SYSTEM DEVICE (<i>nerve stimulator</i>)	OA	
PRO COMFORT TENS UNIT DEVICE	OA	
PROCARE TENS & EMS DEVICE	OA	
PROLIXUS	OA	
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	2	
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	2	
S.T. GENESIS NERVE STIMULATOR DEVICE (<i>nerve stimulator</i>)	OA	
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM	2	
SPABUDDY SPORT ELITE DEVICE	OA	
SPORTS TENS 2 DEVICE	OA	
SUSVIMO OCULAR IMPLANT INTRAVITREAL IMPLANT (<i>ocular implant</i>)	OA	PA
TECHLITE LANCETS 26G (<i>lancets</i>)	2	
TELFA AMD ISLAND DRESSING PAD 4"X8" (<i>gauze pads & dressings</i>)	3	
TENS WIRED PAIN MANAGEMENT DEVICE	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRUE METRIX LEVEL 1 IN VITRO SOLUTION LOW (<i>blood glucose calibration</i>)	3	
TRUE METRIX LEVEL 2 IN VITRO SOLUTION NORMAL (<i>blood glucose calibration</i>)	3	
TRUE METRIX LEVEL 3 IN VITRO SOLUTION HIGH (<i>blood glucose calibration</i>)	3	
ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	
UNISTRIIP CONTROL IN VITRO SOLUTION LOW (<i>blood glucose calibration</i>)	3	
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	2	
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	
VERIFINE SAFE LANCET MINI 21G (<i>lancets</i>)	2	
VERIFINE SAFE LANCET MINI 23G (<i>lancets</i>)	2	
VERIFINE SAFE LANCET MINI 28G (<i>lancets</i>)	2	
VERIFINE SAFE LANCET MINI 30G (<i>lancets</i>)	2	
VIVAGUARD INO CONTROL SOLUTION IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
VIVAGUARD LANCETS 30G (<i>lancets</i>)	2	
VIVAGUARD SAFETY LANCETS 28G (<i>lancets</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VORTEX VALVED HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
XEROFORM OIL EMULSION STRIP EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	OA	
XEROFORM OIL ROLL 4"X9' EXTERNAL 3 % (<i>bismuth tribromoph-petrolatum</i>)	OA	
XEROFORM PETROLAT GAUZE 1"X8" EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	OA	
XEROFORM PETROLAT GAUZE 5"X9" EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	OA	
XEROFORM PETROLATUM ROLL 4"X9' EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	OA	
ZEWA DIGITAL TENS UNIT DEVICE (<i>nerve stimulator</i>)	OA	
ZEWA TENS/EMS COMBO UNIT DEVICE (<i>nerve stimulator</i>)	OA	
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML (<i>corticotropin</i>)	OA	PA
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	OA	PA
CORTROPHIN INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	OA	PA
CORTROSYN INJECTION SOLUTION RECONSTITUTED 0.25 MG (<i>cosyntropin</i>)	OA	
<i>cosyntropin injection solution reconstituted 0.25 mg</i>	OA	
ALLERGENIC EXTRACTS (DIAGNOSTIC)		
ALDER SUBCUTANEOUS SOLUTION 1:20	OA	
AMERICAN BEECH POLLEN SUBCUTANEOUS SOLUTION 1:20	OA	
AMERICAN BEECH SUBCUTANEOUS SOLUTION 1:20	OA	
AMERICAN COCKROACH SUBCUTANEOUS SOLUTION 1:20	OA	

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AMERICAN ELM SUBCUTANEOUS SOLUTION 1:20	OA	
BAHIA SUBCUTANEOUS SOLUTION 1:20	OA	
BERMUDA GRASS INJECTION SOLUTION 10000 BAU/ML	OA	
BERMUDA GRASS SUBCUTANEOUS SOLUTION 10000 BAU/ML	OA	
BROME SUBCUTANEOUS SOLUTION 1:20	OA	
CAT HAIR EXTRACT INJECTION SOLUTION 10000 BAU/ML, 5000 BAU/ML	OA	
CAT HAIR EXTRACT SUBCUTANEOUS SOLUTION 10000 BAU/ML	OA	
CATTLE EPITHELIUM SUBCUTANEOUS SOLUTION 1:20	OA	
CEDAR ELM SUBCUTANEOUS SOLUTION 1:20	OA	
CLADOSPORIUM CLADOSPORIODES INTRADERMAL SOLUTION 1:20	OA	
COCKLEBUR SUBCUTANEOUS SOLUTION 1:20	OA	
CORN POLLEN SUBCUTANEOUS SOLUTION 1:20	OA	
DOG EPITHELIUM SUBCUTANEOUS SOLUTION 1:10	OA	
DOG FENNEL SUBCUTANEOUS SOLUTION 1:20	OA	
DUST MITE MIXED ALLERGEN EXT INJECTION SOLUTION 10000 AU/ML, 30000 AU/ML	OA	PA
DUST MITE MIXED ALLERGEN EXT SUBCUTANEOUS SOLUTION 10000 AU/ML	OA	PA
EASTERN COTTONWOOD SUBCUTANEOUS SOLUTION 1:20	OA	
GOLDENROD SUBCUTANEOUS SOLUTION 1:20	OA	
GRASS POLLEN MIXTURE OF 6 INJECTION SOLUTION 100000 BAU/ML	OA	
GRASS POLLEN(K-O-R-T-SWT VERN) INJECTION SOLUTION 100000 BAU/ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HACKBERRY SUBCUTANEOUS SOLUTION 1:20	OA	
HONEY BEE VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG (<i>honey bee venom</i>)	OA	
HORSE EPITHELIUM SUBCUTANEOUS SOLUTION 1:10	OA	
JOHNSON GRASS SUBCUTANEOUS SOLUTION 1:20	OA	
JUNE GRASS POLLEN STANDARDIZED SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
KOCHIA SUBCUTANEOUS SOLUTION 1:20	OA	
MEADOW FESCUE GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
MELALEUCA SUBCUTANEOUS SOLUTION 1:20	OA	
MESQUITE SUBCUTANEOUS SOLUTION 1:20	OA	
MITE (D. FARINAE) SUBCUTANEOUS SOLUTION 10000 AU/ML	OA	
MITE (D. PTERONYSSINUS) SUBCUTANEOUS SOLUTION 10000 AU/ML	OA	
MIXED FEATHERS SUBCUTANEOUS SOLUTION 1:20	OA	
MIXED RAGWEED SUBCUTANEOUS SOLUTION 1:20	OA	
MIXED VESPID VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550-550-550 MCG	OA	
MUGWORT SUBCUTANEOUS SOLUTION 1:20	OA	
ORCHARD GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
PERENNIAL RYE GRASS POLLEN INJECTION SOLUTION 100000 BAU/ML	OA	
PRIVET SUBCUTANEOUS SOLUTION 1:20	OA	
QUEEN PALM SUBCUTANEOUS SOLUTION 1:20	OA	
RABBIT EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RED MULBERRY SUBCUTANEOUS SOLUTION 1:20	OA	
RED TOP GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
ROUGH MARSH ELDER SUBCUTANEOUS SOLUTION 1:20	OA	
RUSSIAN THISTLE SUBCUTANEOUS SOLUTION 1:20	OA	
SHAGBARK HICKORY SUBCUTANEOUS SOLUTION 1:20	OA	
SHORT RAGWEED POLLEN EXT SUBCUTANEOUS SOLUTION 1:20	OA	
SHORT-GIANT RAGWEED (DIAGNOST) INJECTION SOLUTION 1:20	3	
SPINY PIGWEED SUBCUTANEOUS SOLUTION 1:20	OA	
SWEET VERNAL GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
TALL RAGWEED SUBCUTANEOUS SOLUTION 1:20	OA	
TIMOTHY GRASS POLLEN ALLERGEN INJECTION SOLUTION 10000 BAU/ML, 100000 BAU/ML	OA	
TIMOTHY GRASS POLLEN ALLERGEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
VENOMIL MIXED VESPID VENOM INJECTION SOLUTION RECONSTITUTED 550-550-550 MCG (<i>mixed vespid venom</i>)	OA	
WASP VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG	OA	
WESTERN JUNIPER SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE MULBERRY SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE OAK SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE PINE SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE-FACED HORNET VENOM INJECTION SOLUTION RECONSTITUTED 550 MCG (<i>white faced hornet venom</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
YELLOW HORNET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG	OA	
YELLOW JACKET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG	OA	
CARDIAC FUNCTION		
<i>adenosine (diagnostic) intravenous solution 3 mg/ml</i>	OA	
<i>adenosine intravenous solution 3 mg/ml</i>	OA	
CARDIOGEN-82 INTRAVENOUS SOLUTION RECONSTITUTED (<i>rubidium rb 82 chloride</i>)	OA	
<i>dipyridamole intravenous solution 5 mg/ml</i>	OA	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<i>indocyanine green intravenous solution reconstituted 25 mg</i>	OA	
LEXISCAN INTRAVENOUS SOLUTION 0.4 MG/5ML (<i>regadenoson</i>)	OA	
<i>regadenoson intravenous solution 0.4 mg/5ml</i>	OA	
DIABETES MELLITUS		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	3	PA
ACCU-CHEK GUIDE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
ACCU-CHEK SMARTVIEW TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	3	PA
AGAMATRIX PRESTO TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
ASSURE PLATINUM IN VITRO STRIP (<i>glucose blood</i>)	3	PA
BLOOD GLUCOSE TEST IN VITRO STRIP	3	PA
BLOOD GLUCOSE TEST STRIPS 333 IN VITRO STRIP	3	PA
BLULINK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
CARETOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
CONTOUR NEXT TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CONTOUR PLUS TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
CONTOUR TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
EASY MAX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
EASY TALK PLUS II TEST STRIPS IN VITRO STRIP	3	PA
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	PA
EASY TRAK II GLUCOSE TEST IN VITRO STRIP	3	PA
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	PA
FORA 6 CONNECT IN VITRO STRIP (<i>glucose blood</i>)	3	PA
FORA 6 CONNECT/GTEL TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
FORA TN'G ADVANCE PRO IN VITRO STRIP (<i>glucose blood</i>)	3	PA
FREESTYLE INSULINX TEST IN VITRO STRIP (<i>glucose blood</i>)	2	
FREESTYLE LITE TEST IN VITRO STRIP (<i>glucose blood</i>)	2	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (<i>glucose blood</i>)	2	

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FREESTYLE TEST IN VITRO STRIP (<i>glucose blood</i>)	2	
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (<i>glucose blood</i>)	3	PA
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
GLUCOCARD SHINE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
GLUCOCARD VITAL TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
IHEALTH BLOOD GLUCOSE TEST STR IN VITRO STRIP (<i>glucose blood</i>)	3	PA
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
LANCETS IN VITRO STRIP (<i>glucose blood</i>)	3	PA
MICRODOT TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
MM BLULINK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
ONE DROP TEST IN VITRO STRIP	3	PA
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP (<i>glucose blood</i>)	2	
ONETOUCH ULTRA IN VITRO STRIP (<i>glucose blood</i>)	2	
ONETOUCH ULTRA TEST IN VITRO STRIP (<i>glucose blood</i>)	2	
ONETOUCH VERIO STRIP IN VITRO (<i>glucose blood</i>)	2	

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ONETOUCH VERIO STRIP IN VITRO (<i>glucose blood</i>)	3	PA
PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP (<i>glucose blood</i>)	3	PA
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST (<i>glucose blood</i>)	3	PA
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	2	
PTS PANELS EGLU TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
RELION GLUCOSE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	3	PA
RELION PREMIER TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	PA
RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
TRUE METRIX PRO BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	PA
TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	3	PA
DIAGNOSTIC AGENTS		
ADVIN COVID-19 ANTIGEN TEST IN VITRO KIT	1	^; QL (8 EA per 1 day)
BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	1	^; QL (8 EA per 1 day)
CARESTART COVID-19 HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	1	^; QL (8 EA per 1 day)
CLEARDETECT COVID-19 AG HOME IN VITRO KIT (<i>covid-19 at home test</i>)	1	^; QL (8 EA per 1 day)

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CLINITEST RAPID COVID-19 TEST IN VITRO KIT (covid-19 at home test)	1	^; QL (8 EA per 1 day)
COVID-19 AT HOME ANTIGEN TEST IN VITRO KIT	1	^; QL (8 EA per 1 day)
COVID-19 AT-HOME TEST IN VITRO KIT	1	^; QL (8 EA per 1 day)
COVID-19 OTC ANTIGEN 1-PACK IN VITRO KIT	1	^; QL (8 EA per 1 day)
COVID-19 OTC ANTIGEN 2-PACK IN VITRO KIT	1	^; QL (8 EA per 1 day)
CYSVIEW INTRAVESICAL SOLUTION RECONSTITUTED 100 MG (hexaminolevulinate hcl)	OA	
DIATRUST COVID-19 HOME TEST IN VITRO KIT (covid-19 at home test)	1	^; QL (8 EA per 1 day)
ELLUME COVID-19 HOME TEST IN VITRO KIT	1	^; QL (8 EA per 1 day)
FASTEP COVID-19 ANTIGEN TEST IN VITRO KIT	1	^; QL (8 EA per 1 day)
FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT (covid-19 at home test)	1	^; QL (8 EA per 1 day)
FLUDEOXYGLUCOSE F 18 INTRAVENOUS SOLUTION 20-200 MCI/ML	OA	
GENABIO COVID-19 RAPID TEST IN VITRO KIT (covid-19 at home test)	1	^; QL (8 EA per 1 day)
GOTOKNOW COVID-19 ANTIGEN RAPI IN VITRO KIT (covid-19 at home test)	1	^; QL (8 EA per 1 day)
IHEALTH COVID-19 RAPID TEST IN VITRO KIT (covid-19 at home test)	1	^; QL (8 EA per 1 day)
INDICAID COVID-19 RAPID TEST IN VITRO KIT (covid-19 at home test)	1	^; QL (8 EA per 1 day)
INTELISWAB COVID-19 RAPID TEST IN VITRO KIT (covid-19 at home test)	1	^; QL (8 EA per 1 day)
isosulfan blue subcutaneous solution 1 %	OA	
LUMISIGHT INTRAVENOUS SOLUTION RECONSTITUTED 39 MG (pegulicianine acetate)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LYMPHOSEEK INJECTION KIT (<i>technetium tc 99m tilmanocept</i>)	OA	
METHACHOLINE CHLORIDE INHALATION KIT	OA	
NEUROLITE INTRAVENOUS KIT (<i>technetium tc 99m bicisate</i>)	OA	
OHC COVID-19 ANTIGEN SELF TEST IN VITRO KIT	1	^; QL (8 EA per 1 day)
ON/GO COVID-19 ANTIGEN TEST IN VITRO KIT (<i>covid-19 at home test</i>)	1	^; QL (8 EA per 1 day)
ON/GO ONE COVID-19 HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	1	^; QL (8 EA per 1 day)
PILOT COVID-19 AT-HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	1	^; QL (8 EA per 1 day)
PROVOCHOLINE INHALATION KIT (<i>methacholine chloride</i>)	OA	
PTS PANELS CHOL+GLU TEST IN VITRO STRIP (<i>cholesterol and glucose test</i>)	3	PA
QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT (<i>covid-19 at home test</i>)	1	^; QL (8 EA per 1 day)
SPEEDY SWAB COVID-19 ANTIGEN IN VITRO KIT (<i>covid-19 at home test</i>)	1	^; QL (8 EA per 1 day)
DRUG HYPERSENSITIVITY		
PRE-PEN INTRADERMAL SOLUTION 0.25 ML (<i>benzylpenicilloyl polylysine</i>)	OA	
GALLBLADDER FUNCTION		
KINEVAC INJECTION SOLUTION RECONSTITUTED 5 MCG (<i>sincalide</i>)	OA	
SINCALIDE INJECTION SOLUTION RECONSTITUTED 5 MCG	OA	
KIDNEY FUNCTION		
BLUDIGO INTRAVENOUS SOLUTION 8 MG/ML (<i>indigotindisulfonate sodium</i>)	OA	

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LIVER FUNCTION		
CYTALUX INTRAVENOUS SOLUTION 3.2 MG/1.6ML (<i>pafolacianine sodium</i>)	OA	
<i>indocyanine green intravenous solution reconstituted 25 mg</i>	OA	
MYASTHENIA GRAVIS		
BLOXIVERZ INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML (<i>neostigmine methylsulfate</i>)	OA	
BLOXIVERZ INTRAVENOUS SOLUTION PREFILLED SYRINGE 5 MG/5ML (<i>neostigmine methylsulfate</i>)	OA	
<i>neostigmine methylsulfate intravenous solution 10 mg/10ml, 5 mg/10ml</i>	OA	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 3 MG/3ML, 5 MG/5ML	OA	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2 MG/2ML, 4 MG/4ML, 5 MG/5ML	OA	
<i>neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous</i>	OA	
NEOSTIGMINE METHYLSULFATE SOLUTION PREFILLED SYRINGE 3 MG/3ML INTRAVENOUS	OA	
OCULAR DISORDERS		
<i>ak-fluor intravenous solution 10 %, 25 %</i>	OA	
<i>fluorescein intravenous solution 10 %</i>	OA	
FLUORESCITE INTRAVENOUS SOLUTION 10 % (<i>fluorescein sodium</i>)	OA	
TISSUEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.025 % (<i>brilliant blue g</i>)	OA	
VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.06 % (<i>trypan blue</i>)	OA	

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PANCREATIC FUNCTION		
CHIRHOSTIM INTRAVENOUS SOLUTION RECONSTITUTED 16 MCG (<i>secretin acetate (human)</i>)	OA	
SECFLO INTRAVENOUS SOLUTION RECONSTITUTED 16 MCG (<i>secretin acetate</i>)	OA	
PHEOCHROMOCYTOMA		
DEMSEER ORAL CAPSULE 250 MG (<i>metirosine</i>)	3	
HISTATROL INJECTION SOLUTION 2.75 MG/ML (<i>histamine phosphate</i>)	OA	
HISTATROL INTRADERMAL SOLUTION 0.275 MG/ML (<i>histamine phosphate</i>)	OA	
<i>metirosine oral capsule 250 mg</i>	1	
PITUITARY FUNCTION		
R-GENE 10 INTRAVENOUS SOLUTION 10 % (<i>arginine hcl (diagnostic)</i>)	OA	
ROENTGENOGRAPHY AND OTHER IMAGING AGENTS		
CYTALUX INTRAVENOUS SOLUTION 3.2 MG/1.6ML (<i>pafolacianine sodium</i>)	OA	
ELUCIREM INTRAVENOUS SOLUTION 0.5 MMOL/ML (<i>gadopiclenol</i>)	OA	
GADAVIST INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MMOL/10ML, 15 MMOL/15ML, 7.5 MMOL/7.5ML (<i>gadobutrol</i>)	OA	
GLEOLAN ORAL SOLUTION RECONSTITUTED 1.5 GM (<i>aminolevulinic acid hcl</i>)	OA	
POSLUMA INTRAVENOUS SOLUTION 296-5846 MBQ/ML (<i>flotufolastat f 18 gallium</i>)	OA	
SODIUM FLUORIDE F 18 INTRAVENOUS SOLUTION 10-200 MCI/ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TAUVID INTRAVENOUS SOLUTION 300-3700 MBQ/ML (<i>flortaucipir f 18</i>)	OA	
VUEWAY INTRAVENOUS SOLUTION 0.5 MMOL/ML (<i>gadopiclenol</i>)	OA	
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
<i>formaldehyde external solution 10 %, 37 %</i>	1	
<i>glutaraldehyde external solution 25 %</i>	1	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AGENTS		
K-PHOS NO 2 ORAL TABLET 305-700 MG (<i>pot & sod ac phosphates</i>)	3	
ALKALINIZING AGENTS		
<i>cytra k crystals oral packet 3300-1002 mg</i>	1	
LIDOCAINE-SODIUM BICARBONATE INJECTION SOLUTION PREFILLED SYRINGE 1-8.4 %	OA	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	1	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	1	
<i>sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml, 500-334 mg/5ml</i>	1	
<i>sodium acetate intravenous solution 2 meq/ml, 4 meq/ml</i>	OA	
<i>sodium bicarbonate intravenous solution 4.2 %, 7.5 %</i>	OA	
<i>sodium bicarbonate solution 8.4 % intravenous</i>	OA	
SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS	OA	
THAM INTRAVENOUS SOLUTION 30 MEQ/100ML (<i>tromethamine</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tricitrates oral solution 550-500-334 mg/5ml</i>	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (<i>potassium citrate</i>)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (<i>potassium citrate</i>)	3	
AMMONIA DETOXICANTS		
AMMONUL INTRAVENOUS SOLUTION 10-10 % (<i>sod benz-sod phenylacet</i>)	OA	
BUPHENYL ORAL POWDER 3 GM/TSP (<i>sodium phenylbutyrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
BUPHENYL ORAL TABLET 500 MG (<i>sodium phenylbutyrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CARBAGLU ORAL TABLET SOLUBLE 200 MG (<i>carglumic acid</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>carglumic acid oral tablet soluble 200 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>constulose oral solution 10 gm/15ml</i>	1	
<i>enulose oral solution 10 gm/15ml</i>	1	
<i>generlac oral solution 10 gm/15ml</i>	1	
KRISTALOSE ORAL PACKET 10 GM, 20 GM (<i>lactulose</i>)	2	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	1	
<i>lactulose oral packet 10 gm</i>	1	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	1	
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	3	
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK 2 GM (<i>sodium phenylbutyrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK 3 GM (<i>sodium phenylbutyrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM (sodium phenylbutyrate)	4	PA; SP; QL (30 day supply per 1 fill)
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM (sodium phenylbutyrate)	4	PA; SP; QL (30 day supply per 1 fill)
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM (sodium phenylbutyrate)	4	PA; SP; QL (30 day supply per 1 fill)
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM (sodium phenylbutyrate)	4	PA; SP; QL (30 day supply per 1 fill)
PHEBURANE ORAL PELLETT 483 MG/GM (sodium phenylbutyrate)	4	PA; SP; QL (30 day supply per 1 fill)
RAVICTI ORAL LIQUID 1.1 GM/ML (glycerol phenylbutyrate)	4	PA; SP; QL (30 day supply per 1 fill)
sod benz-sod phenylacet intravenous solution 10-10 %	OA	
sodium phenylbutyrate oral powder 3 gmltsp	4	SP; QL (30 day supply per 1 fill)
sodium phenylbutyrate oral tablet 500 mg	4	PA; SP; QL (30 day supply per 1 fill)
CALORIC AGENTS - Drugs for Nutrition		
AMINO ACID INTRAVENOUS SOLUTION 5 %	OA	
AMINO ACID-CALCIUM-HEP IN D10W INTRAVENOUS SOLUTION 3 %	OA	
aminoamrms oral capsule	1	
AMINOPMRMS ORAL CAPSULE (nutritional supplements)	3	
AMINOPROTECT INTRAVENOUS SOLUTION 5 % (amino acid infusion)	OA	
aminoreliefrms oral capsule	1	
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 % (amino acid infusion)	OA	
AMINOSYN-PF 7% INTRAVENOUS SOLUTION 7 % (amino acid infusion)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMINOSYN-PF INTRAVENOUS SOLUTION 10 % (<i>amino acid infusion</i>)	OA	
AMIODARONE HCL IN DEXTROSE INTRAVENOUS SOLUTION 450-5 MG/250ML-%, 900-5 MG/500ML-%	OA	
APP SLIM RMS ORAL CAPSULE (<i>nutritional supp - diet aids</i>)	3	
ARGININE HCL INJECTION SOLUTION 6 GM/30ML	3	
<i>bupivacaine in dextrose intrathecal solution 0.75-8.25 %</i>	OA	
<i>bupivacaine spinal intrathecal solution 0.75-8.25 %</i>	OA	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%</i>	OA	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 2-5 GM/100ML-%	OA	
<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)</i>	OA	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	OA	
<i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml</i>	OA	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i>	OA	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	OA	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 % (<i>amino ac elect-calc in d5w</i>)	OA	
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 % (<i>amino ac elect-calc in d10w</i>)	OA	
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 % (<i>amino ac elect-calc in d5w</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 % (<i>amino ac elect-calc in d15w</i>)	OA	
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 % (<i>amino ac elect-calc in d20w</i>)	OA	
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	OA	
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	OA	
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 % (<i>amino acid infusion in d10w</i>)	OA	
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 % (<i>amino acid infusion in d5w</i>)	OA	
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 % (<i>amino acid infusion in d15w</i>)	OA	
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 % (<i>amino acid infusion in d20w</i>)	OA	
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %	OA	
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	OA	
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	OA	
CLINISOL SF INTRAVENOUS SOLUTION 15 % (<i>amino acid infusion</i>)	OA	
CLINOLIPID INTRAVENOUS EMULSION 20 % (<i>fat emuls plant base(soy/oliv)</i>)	OA	
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	OA	
<i>dextrose in lactated ringers intravenous solution 5 %</i>	OA	
<i>dextrose intravenous solution 10 %, 20 %, 30 %, 40 %, 5 %, 70 %</i>	OA	
DEXTROSE SOLUTION 250 MG/ML INTRAVENOUS	OA	
<i>dextrose solution 250 mg/ml intravenous</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEXTROSE SOLUTION 50 % INTRAVENOUS	OA	
dextrose solution 50 % intravenous	OA	
dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	OA	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	OA	
DOJOLVI ORAL LIQUID 100 % (triheptanoin)	3	PA
ELCYS INTRAVENOUS SOLUTION 50 MG/ML (cysteine hcl)	OA	
ELLIOTTS B INTRATHECAL SOLUTION (intrathecal elec-dextrose)	OA	
ENU PRO3 PLUS ORAL POWDER (nutritional supplements)	3	
EPINEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-5 MCG/10ML-%	OA	
EQUACARE JR ORAL POWDER	3	
ESSENTIAL CARE JR ORAL POWDER (nutritional supplements)	3	
FOLITE ORAL TABLET	3	
GLUTATHIONE INJECTION SOLUTION 200 MG/ML, 6 GM/30ML	3	
GLUTATHIONE INTRAVENOUS SOLUTION 6 GM/30ML	OA	
GLYCINE INJECTION SOLUTION 50 MG/ML	3	
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	OA	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 % (fat emulsion plant based (soy))	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-mb in dextrose</i>)	OA	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-p in dextrose</i>)	OA	
KABIVEN INTRAVENOUS EMULSION 3.3-10.8-3.9 % (<i>amino ac-dext-lipid-electrolyt</i>)	OA	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%, 20-5-0.2 meq/l-%, 20-5-0.225 meq/l-%, 20-5-0.45 meq/l-%, 20-5-0.9 meq/l-%, 30-5-0.45 meq/l-%, 40-5-0.45 meq/l-%, 40-5-0.9 meq/l-%</i>	OA	
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	OA	
LIDOCAINE IN D5W INTRAVENOUS SOLUTION 2-5 MG/ML-%	OA	
<i>lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%</i>	OA	
LMD IN D5W INTRAVENOUS SOLUTION 10-5 % (<i>dextran 40 in d5w</i>)	OA	
LYSINE HCL INJECTION SOLUTION 100 MG/ML	3	
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	OA	
MARCAINE SPINAL INTRATHECAL SOLUTION 0.75-8.25 % (<i>bupivacaine in dextrose</i>)	OA	
<i>milrinone lactate in dextrose intravenous solution 20-5 mg/100ml-%, 40-5 mg/200ml-%</i>	OA	
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 2 GM/100ML	OA	
NEOKE ALCAR ORAL POWDER (<i>acetylcarnitine</i>)	3	
NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%, 360-4.14 MG/200ML-% (<i>amiodarone hcl in dextrose</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%	OA	
NOREPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 16-5 MG/250ML-%, 4-5 MG/250ML-%, 8-5 MG/250ML-%, 8-5 MG/500ML-%	OA	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION (electrolyte-m in dextrose)	OA	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION (electrolyte-r in dextrose)	OA	
NUTRILIPID INTRAVENOUS EMULSION 20 % (fat emulsion plant based (soy))	OA	
OMEGAVEN INTRAVENOUS EMULSION 10 GM/100ML, 5 GM/50ML (fish oil triglyceride based)	OA	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 2 GM/50ML	OA	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML	OA	
PERIKABIVEN INTRAVENOUS EMULSION 2.4-6.8-3.5-0.5 % (amino ac-dext-lipid-electrolyt)	OA	
PLENAMINE INTRAVENOUS SOLUTION 15 % (amino acid infusion)	OA	
potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	OA	
PREMASOL INTRAVENOUS SOLUTION 10 % (amino acid infusion)	OA	
PROSOL INTRAVENOUS SOLUTION 20 % (amino acid infusion)	OA	
SMOFLIPID INTRAVENOUS EMULSION 20 % (fat emul fish oilplant based)	OA	
TAURINE INJECTION SOLUTION 50 MG/ML	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TAZICEF INTRAVENOUS SOLUTION 1 GM/50ML (<i>ceftazidime sodium in dextrose</i>)	OA	
TRAVASOL INTRAVENOUS SOLUTION 10 % (<i>amino acid infusion</i>)	OA	
TRI-AMINO INJECTION SOLUTION 100-100-100 MG/ML	3	
TROPHAMINE INTRAVENOUS SOLUTION 10 % (<i>amino acid infusion</i>)	OA	
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/250ML-%	OA	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	OA	
<i>vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous</i>	OA	
VANCOMYCIN HCL IN DEXTROSE SOLUTION 1.25-5 GM/250ML-% INTRAVENOUS	OA	
VASOSTRICT INTRAVENOUS SOLUTION 20-5 UT/100ML-%, 40-5 UT/100ML-% (<i>vasopressin-dextrose</i>)	OA	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML, 4-0.5 GM/100ML (<i>piperacillin-tazobactam in dex</i>)	OA	
CARBONIC ANHYDRASE INHIBITORS - Drugs for Water Balance		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>	OA	
DIURETICS, MISCELLANEOUS - Drugs for Water Balance		
<i>elixophyllin oral elixir 80 mg/15ml</i>	1	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	2	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
ELECTROLYTIC,CALORIC,WATER BALANCE MISC,		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML (<i>burosumab-twza</i>)	OA	
IRRIGATING SOLUTIONS		
<i>acetic acid irrigation solution 0.25 %</i>	1	
ARGYLE STERILE SALINE IRRIGATION SOLUTION 0.9 % (<i>sodium chloride (gu irrigant)</i>)	3	
<i>argyle sterile water irrigation solution</i>	OA	
CURITY STERILE SALINE IRRIGATION SOLUTION 0.9 % (<i>sodium chloride (gu irrigant)</i>)	3	
DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 344 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 394 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION 483 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
DELFLEX-SM/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 347 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
DELFLEX-SM/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 398 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION 344 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIANEAL LOW CALCIUM/2.5% DEX INTRAPERITONEAL SOLUTION 395 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION 483 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 346 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
DIANEAL PD-2/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 396 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
DIANEAL PD-2/4.25% DEXTROSE INTRAPERITONEAL SOLUTION 485 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
EXTRANEAL INTRAPERITONEAL SOLUTION 7.5 % (<i>icodextrin-electrolytes</i>)	OA	
<i>glycine irrigation solution 1.5 %</i>	1	
<i>glycine urologic irrigation solution 1.5 %</i>	1	
<i>lactated ringers irrigation solution</i>	1	
PHYSIOLYTE IRRIGATION SOLUTION (<i>irrigation solns physiological</i>)	3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION (<i>irrigation solns physiological</i>)	3	
RENACIDIN IRRIGATION SOLUTION (<i>citric ac-gluconolact-mg carb</i>)	3	
<i>ringers irrigation irrigation solution</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
SORBITOL IRRIGATION SOLUTION 3 %	3	
<i>sorbitol-mannitol irrigation solution 2.7-0.54 gm/100ml</i>	1	
<i>sterile water for irrigation irrigation solution</i>	OA	
TIS-U-SOL IRRIGATION SOLUTION (<i>ringers irrigation</i>)	3	
ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION 346 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION 396 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
ULTRABAG/DIANEAL PD-2/4.25%DEX INTRAPERITONEAL SOLUTION 485 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 395 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
ULTRABAG/DIANEAL/4.25% DEX INTRAPERITONEAL SOLUTION 483 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
<i>water for irrigation, sterile irrigation solution</i>	OA	
LOOP DIURETICS (40:28) - Drugs for Water Balance		
<i>bumetanide injection solution 0.25 mg/ml</i>	OA	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BUMEX ORAL TABLET 0.5 MG (<i>bumetanide</i>)	3	
EDECRIN ORAL TABLET 25 MG (<i>ethacrynic acid</i>)	3	
<i>ethacrynate sodium intravenous solution reconstituted 50 mg</i>	OA	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (<i>furosemide</i>)	3	PA; QL (30 day supply per 1 fill)
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%	OA	
<i>furosemide injection solution 10 mg/ml</i>	OA	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (<i>furosemide</i>)	3	
SOAANZ ORAL TABLET 20 MG, 40 MG, 60 MG (<i>torsemide</i>)	3	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
OSMOTIC DIURETICS - Drugs for Water Balance		
<i>mannitol intravenous solution 20 %, 25 %</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OSMITROL INTRAVENOUS SOLUTION 10 %, 20 % (<i>mannitol</i>)	OA	
OTHER ION-REMOVING AGENTS		
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	3	PA
PHOSPHATE-REMOVING AGENTS		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe) (<i>ferric citrate</i>)	3	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	1	
<i>calcium acetate oral tablet 667 mg</i>	1	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	3	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (<i>lanthanum carbonate</i>)	3	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	1	
REVELA ORAL PACKET 0.8 GM, 2.4 GM (<i>sevelamer carbonate</i>)	3	
REVELA ORAL TABLET 800 MG (<i>sevelamer carbonate</i>)	3	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	3	
XPHOZAH ORAL TABLET 20 MG, 30 MG (<i>tenapanor hcl (ckd)</i>)	4	ST; SP; QL (30 day supply per 1 fill)
POTASSIUM-REMOVING AGENTS		
KIONEX COMBINATION SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	2	
<i>sodium polystyrene sulfonate oral powder</i>	1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	3	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (<i>sodium polystyrene sulfonate</i>)	3	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	3	
XPHOZAH ORAL TABLET 30 MG (<i>tenapanor hcl (ckd)</i>)	4	ST; SP; QL (30 day supply per 1 fill)
POTASSIUM-SPARING DIURETICS - Drugs for Water Balance		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	3	
<i>amiloride hcl oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	3	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	3	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
INSPIRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	3	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
REPLACEMENT PREPARATIONS		
<i>600+d3 oral tablet 600-20 mg-mcg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADENOCAINE INTRAVENOUS SOLUTION PREFILLED SYRINGE (<i>cardioplegic soln w/ lidocaine</i>)	OA	
AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-% (<i>tirofiban hcl in nacl</i>)	OA	
AQUASTAT INTRAVENOUS SOLUTION 0.9 % (<i>sodium chloride flush</i>)	OA	
AQUASTAT SFR INTRAVENOUS SOLUTION 0.9 % (<i>sodium chloride flush</i>)	OA	
BD POSIFLUSH INTRAVENOUS SOLUTION 0.9 % (<i>sodium chloride flush</i>)	OA	
BD POSIFLUSH SAFESCRUB INTRAVENOUS SOLUTION 0.9 % (<i>sodium chloride flush</i>)	OA	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	OA	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML (<i>esmolol hcl-sodium chloride</i>)	OA	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	OA	
BUPIVACAINE HCL-NACL EPIDURAL SOLUTION 0.125-0.9 %	OA	
BUPIVACAINE HCL-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.25-0.9 %	OA	
CALCIFOL ORAL WAFER 1342-1.6 MG (<i>ca carb-fa-d-b6-b12-boron-mg</i>)	3	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	1	
<i>calcium acetate oral tablet 667 mg</i>	1	
CALCIUM CHLORIDE SOLUTION 10 % INTRAVENOUS	OA	
<i>calcium chloride solution 10 % intravenous</i>	OA	
<i>calcium gluconate intravenous solution 10 %</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CALCIUM GLUCONATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1000 MG/10ML	OA	
calcium gluconate-nacl intravenous solution 1-0.675 gm/50ml-%, 2-0.675 gm/100ml-%	OA	
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.8 GM/100ML-%, 1-0.9 GM/100ML-%, 2-0.9 GM/100ML-%	OA	
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION	OA	
CARDIOPLEGIA IND PLAS/HIK/LIDO PERFUSION SOLUTION	OA	
CARDIOPLEGIA INDUCTION HIGH K PERFUSION SOLUTION	OA	
CARDIOPLEGIA MAIN PLASMA-TROME PERFUSION SOLUTION	OA	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION	OA	
cardioplegic perfusion solution	OA	
CARDIOPLEGIC SOLN W/ LIDOCAINE PERFUSION SOLUTION	OA	
CEFAZOLIN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 2-0.9 GM/100ML-%, 3-0.9 GM/100ML-%	OA	
chromic chloride intravenous solution 40 mcg/10ml	OA	
CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION 300-0.9 MG/50ML-%, 600-0.9 MG/50ML-%, 900-0.9 MG/50ML-%	OA	
cupric chloride intravenous solution 0.4 mg/ml	OA	
DEXAMETHASONE SOD PHOS-NACL INTRAVENOUS SOLUTION 6-0.9 MG/25ML-%	OA	
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEXMEDETOMIDINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20-0.9 MCG/5ML-%	OA	
DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION 200MCG/50ML -5%, 400MCG/100ML -5%	OA	
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	OA	
dextrose in lactated ringers intravenous solution 5 %	OA	
dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	OA	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	OA	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (<i>potassium bicarb-citric acid</i>)	2	
effe-k oral tablet effervescent 25 meq	1	
ELLIOTTS B INTRATHECAL SOLUTION (<i>intrathecal elec-dextrose</i>)	OA	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 25-0.9 MG/5ML-%, 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	OA	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	OA	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION 4-0.9 MG/250ML-%, 5-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	OA	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml	OA	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/100ML-%, 1.25-0.9 MG/250ML-%, 2-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 10-0.9 MCG/ML-%, 100-0.9 MCG/10ML-%, 1000-0.9 MCG/50ML-%, 5-0.9 MCG/ML-%, 500-0.9 MCG/50ML-%, 550-0.9 MCG/55ML-%	OA	
FENTANYL CIT-ROPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.2-0.9 MG/100ML-%, 0.3-0.2-0.9 MG/150ML-%, 0.4-0.1-0.9 MG/200ML-%, 0.4-0.2-0.9 MG/200ML-%, 0.5-0.2-0.9 MG/250ML-%	OA	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.5-0.0625-0.9 MG/250ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%, 0.8-0.1667-0.9 MG/200ML-%	OA	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.1-0.125-0.9 MG/50ML-%	OA	
FENTANYL-BUPIVACAINE-NACL INJECTION SOLUTION 2-0.125-0.9 MCG/ML-%-%	OA	
FENTANYL-ROPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%	OA	
fluconazole in sodium chloride intravenous solution 100-0.9 mg/50ml-%, 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	OA	
FOLITE ORAL TABLET	3	
ft calcium citratelvit d3 oral tablet 315-6.25 mg-mcg	1	PV
ft calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg	1	PV
ft calcium+d3 oral tablet 600-20 mg-mcg	1	PV
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%	OA	
GALZIN ORAL CAPSULE 25 MG, 50 MG (zinc acetate (oral))	3	
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	OA	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOLE/ML (<i>sodium glycerophosphate</i>)	OA	
<i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 12500-0.45 ut/250ml-%, 2000-0.9 unit/l-%, 25000-0.45 ut/500ml-%</i>	OA	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 4000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	OA	
<i>heparin (porcine) in nacl intravenous solution 25000-0.45 ut/250ml-%</i>	OA	PA
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20-0.9 UNT/20ML-%, 50-0.9 UNT/50ML-%	OA	
<i>hetastarch-nacl intravenous solution 6-0.9 %</i>	OA	
HEXTEND INTRAVENOUS SOLUTION 6 % (<i>hetastarch-electrolytes</i>)	OA	
HYDROMORPHONE HCL-NACL INJECTION SOLUTION 20-0.9 MG/100ML-%	OA	
HYDROMORPHONE HCL-NACL INJECTION SOLUTION PREFILLED SYRINGE 10-0.9 MG/50ML-%, 30-0.9 MG/30ML-%	OA	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/50ML-%, 100-0.9 MG/50ML-%, 20-0.9 MG/100ML-%, 25-0.9 MG/50ML-%, 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 6-0.9 MG/30ML-%	OA	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.2-0.9 MG/0.2ML-%, 0.5-0.9 MG/0.5ML-%, 1-0.9 MG/5ML-%, 1-0.9 MG/ML-%, 10-0.9 MG/50ML-%, 15-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 25-0.9 MG/50ML-%, 30-0.9 MG/30ML-%, 5-0.9 MG/25ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%, 6-0.9 MG/30ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-% (<i>calfactant in nacl</i>)	3	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-mb in dextrose</i>)	OA	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-p in dextrose</i>)	OA	
ISOLYTE-S INTRAVENOUS SOLUTION (<i>electrolyte-s</i>)	OA	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION (<i>electrolyte-s (ph 7.4)</i>)	OA	
ISOPROTERENOL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 200-0.9 MCG/50ML-%	OA	
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE 1 MG	3	PV
<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%</i>	OA	
<i>kcl (0.298%) in nacl intravenous solution 40-0.9 meq/l-%</i>	OA	
KCL (IN NACL 0.9%) INTRAVENOUS SOLUTION 40 MEQ/500ML	OA	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%, 20-5-0.2 meq/l-%, 20-5-0.225 meq/l-%, 20-5-0.45 meq/l-%, 20-5-0.9 meq/l-%, 30-5-0.45 meq/l-%, 40-5-0.45 meq/l-%, 40-5-0.9 meq/l-%</i>	OA	
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	OA	
KCL-LIDOCAINE-NACL INTRAVENOUS SOLUTION 10-10 MEQ-MG /100ML	OA	
KETAMINE HCL-SODIUM CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 100-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	OA	
KETAMINE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 20-0.9 MG/2ML-%, 50-0.9 MG/5ML-%	OA	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>klor-con m10 oral tablet extended release 10 meq</i>	1	
<i>klor-con m15 oral tablet extended release 15 meq</i>	1	
<i>klor-con m20 oral tablet extended release 20 meq</i>	1	
<i>klor-con oral packet 20 meq</i>	1	
<i>klor-con oral tablet extended release 8 meq</i>	1	
<i>klor-conlef oral tablet effervescent 25 meq</i>	1	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG (<i>k phos mono-sod phos di & mono</i>)	3	
<i>k-prime oral tablet effervescent 25 meq</i>	1	
<i>lactated ringers intravenous solution</i>	OA	
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml</i>	OA	
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	OA	
LMD IN D5W INTRAVENOUS SOLUTION 10-5 % (<i>dextran 40 in d5w</i>)	OA	
LMD IN NACL INTRAVENOUS SOLUTION 10-0.9 % (<i>dextran 40 in saline</i>)	OA	
<i>magnesium chloride injection solution 200 mg/ml</i>	OA	
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	OA	
MAGNESIUM SULFATE-NACL INTRAVENOUS SOLUTION 2-0.9 GM/50ML-%	OA	
MANGANESE CHLORIDE INTRAVENOUS SOLUTION 0.1 MG/ML	OA	
METHADONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%	OA	
METHADONE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.8 MG/100ML-%, 100-0.9 MG/100ML-%, 50-0.8 MG/50ML-%, 50-0.9 MG/50ML-%	OA	
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2-0.9 MG/2ML-%, 30-0.9 MG/30ML-%, 5-0.9 MG/5ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%	OA	
midazolam-sodium chloride (pf) intravenous solution 100-0.8 mg/100ml-%	OA	
midazolam-sodium chloride solution 100-0.9 mg/100ml-% intravenous	OA	
MIDAZOLAM-SODIUM CHLORIDE SOLUTION 100-0.9 MG/100ML-% INTRAVENOUS	OA	
midazolam-sodium chloride solution 50-0.9 mg/50ml-% intravenous	OA	
MIDAZOLAM-SODIUM CHLORIDE SOLUTION 50-0.9 MG/50ML-% INTRAVENOUS	OA	
MONOJECT FLUSH SYRINGE INTRAVENOUS SOLUTION 0.9 % (sodium chloride flush)	OA	
MONOJECT SODIUM CHLORIDE FLUSH INTRAVENOUS SOLUTION 0.9 % (sodium chloride flush)	OA	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/ML-%, 100-0.9 MG/100ML-%, 50-0.9 MG/50ML-%, 500-0.9 MG/100ML-%	OA	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%, 150-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 30-0.9 MG/30ML-%, 4-0.9 MG/ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%	OA	
multiple electro type 1 ph 5.5 intravenous solution	OA	
multiple electro type 1 ph 7.4 intravenous solution	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MULTITRACE-4 PEDIATRIC INTRAVENOUS SOLUTION 1-100-25-1000 MCG/ML (<i>trace minerals cr-cu-mn-zn</i>)	OA	
MULTRYS INTRAVENOUS SOLUTION 60-3-6-1000 MCG/ML (<i>trace minerals cu-mn-se-zn</i>)	OA	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (<i>insulin regular(human) in nacl</i>)	OA	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-% (<i>nitroprusside sodium-nacl</i>)	OA	
<i>nitroprusside sodium-nacl intravenous solution 20-0.9 mg/100ml-%, 50-0.9 mg/100ml-%</i>	OA	
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 16-0.9 MG/250ML-%, 8-0.9 MG/250ML-%, 8-0.9 MG/500ML-%	OA	
NOREPINEPHRINE-SODIUM CHLORIDE SOLUTION 4-0.9 MG/250ML-% INTRAVENOUS	OA	
NOREPINEPHRINE-SODIUM CHLORIDE SOLUTION 4-0.9 MG/250ML-% INTRAVENOUS	OA	PA
<i>normal saline flush intravenous solution 0.9 %</i>	OA	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-m in dextrose</i>)	OA	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-r in dextrose</i>)	OA	
NORMOSOL-R INTRAVENOUS SOLUTION (<i>electrolyte-r</i>)	OA	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION (<i>electrolyte-r (ph 7.4)</i>)	OA	
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 15 UNIT/250ML, 20 UNIT/L, 30 UNIT/500ML	OA	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 15-0.9 UT/250ML-%, 20-0.9 UNIT/L-%, 30-0.9 UT/500ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>oyster shell calcium wld oral tablet 500-5 mg-mcg</i>	1	PV
<i>oyster shell calcium/d3 oral tablet 500-5 mg-mcg</i>	1	PV
<i>oyster shell calcium/vit d oral tablet 500-5 mg-mcg</i>	1	PV
<i>oyster shell calcium/vit d3 oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg</i>	1	PV
<i>oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg</i>	1	PV
PANTOPRAZOLE SODIUM-NACL INTRAVENOUS SOLUTION 40-0.9 MG/100ML-%, 40-0.9 MG/50ML-%, 80-0.9 MG/100ML-%	OA	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 100-0.9 MG/250ML-%, 20-0.9 MG/250ML-%, 25-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-%	OA	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4-0.9 MG/10ML-%, 0.4-0.9 MG/5ML-%, 0.5-0.9 MG/5ML-%, 0.8-0.9 MG/10ML-%, 1-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	OA	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG (<i>k phos mono-sod phos di & mono</i>)	3	
<i>phosphorous oral tablet 155-852-130 mg</i>	1	
<i>phospho-trin 250 neutral oral tablet 155-852-130 mg</i>	1	
PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION 22-4-1 MEQ-MMOL/L	3	
PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5-1 MEQ-MMOL/L	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION (<i>electrolyte-a</i>)	OA	
PLEGISOL PERFUSION SOLUTION (<i>cardioplegic soln</i>)	OA	
POKONZA ORAL PACKET 10 MEQ (<i>potassium chloride</i>)	3	
<i>potassium acetate solution 2 meq/ml intravenous</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
POTASSIUM ACETATE SOLUTION 2 MEQ/ML INTRAVENOUS	OA	
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	1	
potassium chloride er oral capsule extended release 10 meq, 8 meq	1	
potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq	1	
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	OA	
potassium chloride intravenous solution 10 meq/100ml, 10 meq/50ml, 2 meq/ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml	OA	
potassium chloride oral packet 20 meq	1	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	OA	
potassium phosphates intravenous solution 15 mmole/5ml, 150 mmole/50ml, 45 mmole/15ml	OA	
potassium phosphates(66 meq k) intravenous solution 45 mmole/15ml	OA	
potassium phosphates(71 meq k) intravenous solution 45 mmole/15ml	OA	
POTASSIUM PHOSPHATES-NACL INTRAVENOUS SOLUTION 15 MMOL/250ML	OA	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML (dexmedetomidine hcl in nacl)	OA	
prenatal multi +dha oral capsule 27-0.8-200 mg, 27-0.8-250 mg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>prenatal/folic acid+dha oral capsule 27-0.8-200 mg</i>	1	PV
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION 22-4 MEQ/L (<i>bicarb-dextrose-k (crrt)</i>)	3	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION 32-2.5 MEQ/L (<i>bicarb-dextrose-ca (crrt)</i>)	3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION 32-2 MEQ/L (<i>bicarb-dextrose-k (crrt)</i>)	3	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION 32-2-3.5 MEQ/L (<i>bicarb-dextrose-k-ca (crrt)</i>)	3	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION 32-4-1.2 MEQ/L (<i>bicarb-dextrose-k-mg (crrt)</i>)	3	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5 MEQ/L (<i>bicarb-dextrose-k-ca (crrt)</i>)	3	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION 32-1.2 MEQ/L (<i>bicarb-mg (crrt)</i>)	3	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (<i>multi vit-min-fluoride-fe-fa</i>)	3	
<i>ringers intravenous solution</i>	OA	
ROPIVACAINE HCL-NACL EPIDURAL SOLUTION 0.15-0.9 %, 0.2-0.9 %	OA	
ROPIVACAINE HCL-NACL INJECTION SOLUTION 0.2-0.9 %	3	
<i>saline bacteriostatic injection solution 0.9 %</i>	OA	
<i>saline flush intravenous solution 0.9 %</i>	OA	
SALINE-PHENOL INJECTION SOLUTION 0.4-0.9 %	3	
SELENIOUS ACID INTRAVENOUS SOLUTION 12 MCG/2ML, 60 MCG/ML	OA	
<i>sodium chloride (pf) injection solution 0.9 %</i>	OA	
<i>sodium chloride bacteriostatic injection solution 0.9 %</i>	OA	
<i>sodium chloride flush solution 0.9 % intravenous</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SODIUM CHLORIDE FLUSH SOLUTION 0.9 % INTRAVENOUS	OA	
sodium chloride injection solution 2.5 meq/ml	OA	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	OA	
SODIUM CHLORIDE SOLUTION 4 MEQ/ML INTRAVENOUS	OA	
sodium chloride solution 4 meq/ml intravenous	OA	
sodium phosphates intravenous solution 15 mmole/5ml, 150 mmole/50ml, 45 mmole/15ml	OA	
THE LIQUILIFT TRACE INTRAVENOUS KIT 10-1000-500-60 MCG/ML (trace minerals cr-cu-mn-se-zn)	OA	
tirofiban hcl in nacl intravenous solution 12.5-0.9 mg/250ml-%, 5-0.9 mg/100ml-%	OA	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE (parenteral electrolytes)	OA	
TRALEMENT INTRAVENOUS SOLUTION 300-55-60-3000 MCG/ML (trace minerals cu-mn-se-zn)	OA	
TRISODIUM CITRATE/CRRT EXTRACORPOREAL SOLUTION	3	
ultra calcium + vitamin d3 oral tablet 600-10 mg-mcg	1	PV
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%	OA	
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1-0.9 GM/250ML-%, 1.25-0.9 GM/250ML-%, 1.5-0.9 GM/250ML-%, 1.5-0.9 GM/500ML-%, 1.75-0.9 GM/250ML-%, 1.75-0.9 GM/500ML-%, 2-0.9 GM/500ML-%	OA	
VANCOMYCIN HCL IN NACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS	OA	
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	OA	

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VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 20-0.9 UT/100ML-%, 40-0.9 UT/100ML-%	OA	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	3	PV
wes-phos 250 neutral oral tablet 155-852-130 mg	1	
zinc chloride intravenous solution 1 mg/ml	OA	
zinc sulfate intravenous solution 1 mg/ml, 3 mg/ml, 5 mg/ml	OA	
SALT AND SUGAR SUBSTITUTES		
sodium saccharin powder	1	
THIAZIDE DIURETICS - Drugs for Water Balance		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG (quinapril-hydrochlorothiazide)	3	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (candesartan cilexetil-hctz)	3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (irbesartan-hydrochlorothiazide)	3	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (olmesartan medoxomil-hctz)	3	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
chlorothiazide sodium intravenous solution reconstituted 500 mg	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (valsartan-hydrochlorothiazide)	3	
DIURIL ORAL SUSPENSION 250 MG/5ML (chlorothiazide)	2	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (azilsartan-chlorthalidone)	3	ST
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (amlodipine-valsartan-hctz)	3	
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	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (losartan potassium-hctz)	3	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	*
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	*
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (benazepril-hydrochlorothiazide)	3	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (telmisartan-hctz)	3	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	

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olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (olmesartan-amlodipine-hctz)	3	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
VASERETIC ORAL TABLET 10-25 MG (enalapril-hydrochlorothiazide)	3	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (lisinopril-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	
TENORETIC 100 ORAL TABLET 100-25 MG (atenolol-chlorthalidone)	3	
TENORETIC 50 ORAL TABLET 50-25 MG (atenolol-chlorthalidone)	3	
THALITONE ORAL TABLET 15 MG (chlorthalidone)	3	

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URICOSURIC AGENTS		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	
<i>probenecid oral tablet 500 mg</i>	1	
VASOPRESSIN ANTAGONISTS - Drugs for Water Balance		
JYNARQUE ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SAMSCA ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
ENZYMES		
ENZYME COFACTORS/CHAPERONES		
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
JAVYGTOR ORAL PACKET 100 MG, 500 MG (<i>sapropterin dihydrochloride</i>)	4	SP; QL (30 day supply per 1 fill)
JAVYGTOR ORAL TABLET 100 MG (<i>sapropterin dihydrochloride</i>)	4	SP; QL (30 day supply per 1 fill)
KUVAN ORAL PACKET 100 MG, 500 MG (<i>sapropterin dihydrochloride</i>)	4	SP; QL (30 day supply per 1 fill)
KUVAN ORAL TABLET 100 MG (<i>sapropterin dihydrochloride</i>)	4	SP; QL (30 day supply per 1 fill)
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG (<i>arimoclomol citrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	4	SP; QL (30 day supply per 1 fill)
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	4	SP; QL (30 day supply per 1 fill)

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ENZYME INHIBITORS		
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>miglustat oral capsule 100 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	4	SP; QL (30 day supply per 1 fill)
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	4	SP; QL (30 day supply per 1 fill)
OPFOLDA ORAL CAPSULE 65 MG (<i>miglustat (gaa deficiency)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	4	SP; QL (30 day supply per 1 fill)
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	4	SP; QL (30 day supply per 1 fill)
<i>yargesa oral capsule 100 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
ZAVESCA ORAL CAPSULE 100 MG (<i>miglustat</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (<i>lonafarnib</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ENZYMES		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (<i>alteplase</i>)	OA	
ADZYNMA INTRAVENOUS KIT 1500 UNIT, 500 UNIT	OA	PA
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (<i>laronidase</i>)	OA	PA
AMPHADASE INJECTION SOLUTION 150 UNIT/ML (<i>hyaluronidase bovine</i>)	OA	

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ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML (<i>calaspargase pegol-mknl</i>)	OA	
BRINEURA KIT 2 X 150 MG/5ML (<i>cerliponase alfa</i>)	OA	PA
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED 2 MG (<i>alteplase</i>)	OA	
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>imiglucerase</i>)	OA	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip- prot-amyl)</i>)	2	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (<i>idursulfase</i>)	OA	
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (<i>taliglucerase alfa</i>)	OA	
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML, 5 MG/2.5ML (<i>pegunigalsidase alfa-iwxj</i>)	OA	PA
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG, 7.5 MG (<i>rasburicase</i>)	OA	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG (<i>agalsidase beta</i>)	OA	PA
HYLENEX INJECTION SOLUTION 150 UNIT/ML (<i>hyaluronidase human</i>)	OA	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin- hyaluronidase</i>)	4	PA; SP; QL (30 day supply per 1 fill)
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML (<i>sebelipase alfa</i>)	OA	
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (<i>velmanase alfa-tycv</i>)	OA	PA

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LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>alglucosidase alfa</i>)	OA	
MEPSEVII INTRAVENOUS SOLUTION 10 MG/5ML (<i>vestronidase alfa-vjbk</i>)	OA	
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML (<i>galsulfase</i>)	OA	
NEXOBRID EXTERNAL GEL 8.8 % (<i>anacaulase-bcdb</i>)	OA	PA
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>avalglucosidase alfa-ngpt</i>)	OA	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (<i>pegvaliase-pqpz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3	ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3	ST
POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED 105 MG (<i>cipaglucosidase alfa-atga</i>)	OA	PA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	4	PA; SP; QL (30 day supply per 1 fill)
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML (<i>elapegademase-lvlr</i>)	OA	
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML (<i>asparaginase erwinia chry-rywn</i>)	OA	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	3	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (<i>asfotase alfa</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TNKASE INTRAVENOUS KIT 50 MG (<i>tenecteplase</i>)	OA	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML (<i>elosulfase alfa</i>)	OA	
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3	ST
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>glucarpidase</i>)	OA	
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>velaglucerase alfa</i>)	OA	
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 4 MG (<i>olipudase alfa-rpcp</i>)	OA	PA
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG (<i>collagenase clostrid histolyt</i>)	OA	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	2	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ALPHA-ADRENERGIC AGONISTS (EENT) - Drugs for the Eye		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (<i>brimonidine tartrate</i>)	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (<i>brimonidine tartrate</i>)	3	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	1	
<i>brimonidine tartrate external gel 0.33 %</i>	1	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % <i>(brimonidine tartrate-timolol)</i>	3	
IOPIDINE OPHTHALMIC SOLUTION 1 % <i>(apraclonidine hcl)</i>	3	
MIRVASO EXTERNAL GEL 0.33 % <i>(brimonidine tartrate)</i>	3	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % <i>(brinzolamide-brimonidine)</i>	3	
ANTIALLERGIC AGENTS - Drugs for Allergy		
ALOCRIAL OPHTHALMIC SOLUTION 2 % <i>(nedocromil sodium)</i>	3	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % <i>(lodoxamide tromethamine)</i>	2	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray</i>	1	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>azelastine-fluticasone nasal suspension 137-50 mcg/lact</i>	1	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	1	
BEPREVE OPHTHALMIC SOLUTION 1.5 % <i>(bepotastine besilate)</i>	3	
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT <i>(azelastine-fluticasone)</i>	3	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	1	
<i>olopatadine hcl nasal solution 0.6 %</i>	1	
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	1	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT <i>(olopatadine-mometasone)</i>	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZERVIAE OPHTHALMIC SOLUTION 0.24 % (<i>cetirizine hcl</i>)	3	PA; QL (2 EA per 1 day); AL (Max 2 Years)
ANTIBACTERIALS (52:04) - Drugs for Infections		
AZASITE OPHTHALMIC SOLUTION 1 % (<i>azithromycin</i>)	3	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (<i>besifloxacin hcl</i>)	3	
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (<i>tobramycin</i>)	4	ST; SP; QL (56 day supply per 1 fill)
CETRAXAL OTIC SOLUTION 0.2 % (<i>ciprofloxacin hcl</i>)	3	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (<i>ciprofloxacin hcl</i>)	3	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	1	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	1	
CIPROFLOXACIN-FLUOCINOLONE PF OTIC SOLUTION 0.3-0.025 %	2	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (<i>neomycin-colist-hc-thonzonium</i>)	3	
<i>doxycycline oral capsule delayed release 40 mg</i>	1	PA
<i>ery external pad 2 %</i>	1	
ERYGEL EXTERNAL GEL 2 % (<i>erythromycin</i>)	3	
<i>erythromycin external gel 2 %</i>	1	
<i>erythromycin external solution 2 %</i>	1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml	OA	
gentamicin sulfate ophthalmic solution 0.3 %	1	
KLARITY-A OPHTHALMIC SOLUTION 1 % (azithromycin)	3	
levofloxacin ophthalmic solution 1.5 %	1	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (neomycin-polymyxin-dexameth)	3	
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (neomycin-polymyxin-dexameth)	3	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	1	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION 1 MG/ML, 5 MG/ML	OA	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.16 %	OA	
moxifloxacin hcl ophthalmic solution 0.5 %	1	
MOXIFLOXACIN HCL-BSS INTRAVITREAL SOLUTION 1 MG/ML	OA	
neomycin sulfate oral tablet 500 mg	1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000	1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 %	1	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (doxycycline)	3	PA
OTOVEL OTIC SOLUTION 0.3-0.025 % (ciprofloxacin-fluocinolone)	2	
polycin ophthalmic ointment 500-10000 unit/gm	1	
polymyxin b sulfate injection solution reconstituted 500000 unit	OA	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
PREDNISOL ACE-MOXIFLOX-BROMFEN OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLONE ACET-MOXIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	3	
PREDNISOLONE-GATIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	2	
PREDNISOLONE-MOXIFLOXACIN OPHTHALMIC SOLUTION 1-0.5 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.5-0.1 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sulfacetamide sodium ophthalmic ointment 10 %	1	
sulfacetamide sodium ophthalmic solution 10 %	1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
TOBI NEBULIZER INHALATION NEBULIZATION SOLUTION 300 MG/5ML (tobramycin)	4	ST; SP; QL (56 day supply per 1 fill)
TOBI PODHALER INHALATION CAPSULE 28 MG (tobramycin)	4	SP; QL (56 day supply per 1 fill)
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	2	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (tobramycin-dexamethasone)	2	
tobramycin inhalation nebulization solution 300 mg/4ml	4	SP; QL (56 day supply per 1 fill)
tobramycin nebulization solution 300 mg/5ml inhalation	4	SP; QL (56 day supply per 1 fill)
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	4	PA; SP; QL (56 day supply per 1 fill)
tobramycin ophthalmic solution 0.3 %	1	
tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml	OA	
tobramycin sulfate injection solution reconstituted 1.2 gm	OA	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
TOBREX OPHTHALMIC OINTMENT 0.3 % (tobramycin)	2	
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (moxifloxacin hcl)	3	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (loteprednol-tobramycin)	3	
ANTIFUNGALS (EENT) - Drugs for Infections		
NATACYN OPHTHALMIC SUSPENSION 5 % (natamycin)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIGLAUCOMA AGENTS, MISCELLANEOUS - Drugs for the Eye		
EPINEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%	OA	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	OA	
<i>epinephrine injection solution 1 mg/ml, 10 mg/10ml</i>	OA	
EPINEPHRINE INTRAVENOUS SOLUTION 1 MG/10ML	OA	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.1 MG/10ML	OA	
<i>epinephrine intravenous solution prefilled syringe 1 mg/10ml</i>	OA	
<i>epinephrine pf injection solution 1 mg/ml</i>	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-5 MCG/10ML-%	OA	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION 4-0.9 MG/250ML-%, 5-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	OA	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
ANTI-INFECTIVES, MISCELLANEOUS (52:04) - Drugs for Infections		
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % (<i>povidone-iodine</i>)	3	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	3	
<i>perio gard mouth/throat solution 0.12 %</i>	1	
POVIDONE-IODINE OPHTHALMIC SOLUTION 5 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRAMOTIC OTIC LIQUID 1-0.1 % (<i>pramoxine-chloroxylonol</i>)	3	
<i>silver nitrate external solution 0.5 %</i>	1	
XDEMVY OPHTHALMIC SOLUTION 0.25 % (<i>lotilaner</i>)	3	PA; QL (10 ML per 42 days)
ANTI-INFLAMMATORY AGENTS (EENT) - Drugs for Inflammation		
CEQUA OPHTHALMIC SOLUTION 0.09 % (<i>cyclosporine</i>)	3	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (<i>perfluorohexyloctane</i>)	3	PA; QL (0.4 ML per 1 day)
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	3	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	3	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	4	PA; SP; QL (30 day supply per 1 fill)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	3	
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	3	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	OA	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	3	
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>teprotumumab-trbw</i>)	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VERKAZIA OPHTHALMIC EMULSION 0.1 % (<i>cyclosporine</i>)	3	PA; QL (4 EA per 1 day)
VEVYE OPHTHALMIC SOLUTION 0.1 % (<i>cyclosporine</i>)	3	PA
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	3	PA
ANTIVIRALS (EENT) - Drugs for Infections		
GANCICLOVIR INTRAVENOUS SOLUTION 500 MG/250ML	OA	
<i>ganciclovir sodium intravenous solution 500 mg/10ml</i>	OA	
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	OA	
<i>trifluridine ophthalmic solution 1 %</i>	1	
ZIRGAN OPHTHALMIC GEL 0.15 % (<i>ganciclovir</i>)	3	
ASTRINGENTS (52:04) - Drugs for Infections		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	3	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	3	
<i>periogard mouth/throat solution 0.12 %</i>	1	
BETA-ADRENERGIC BLOCKING AGENTS (EENT) - Drugs for the Eye		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol hemihydrate</i>)	3	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	2	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	1	
<i>carteolol hcl ophthalmic solution 1 %</i>	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	3	
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (dorzolamide hcl-timolol mal)	3	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (timolol maleate)	3	
levobunolol hcl ophthalmic solution 0.5 %	1	
timolol maleate (once-daily) ophthalmic solution 0.5 %	1	
timolol maleate ocudose ophthalmic solution 0.5 %	1	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (timolol maleate)	3	
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	
acetazolamide sodium injection solution reconstituted 500 mg	OA	
AZOPT OPHTHALMIC SUSPENSION 1 % (brinzolamide)	3	
brinzolamide ophthalmic suspension 1 %	1	
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (dorzolamide hcl-timolol mal)	3	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (dorzolamide hcl-timolol mal)	3	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	2	
dorzolamide hcl solution 2 % ophthalmic	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	
methazolamide oral tablet 25 mg, 50 mg	1	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (brinzolamide-brimonidine)	3	
CORTICOSTEROIDS (EENT) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (albuterol-budesonide)	3	ST; QL (1.07 GM per 1 day)
ALA SCALP EXTERNAL LOTION 2 % (hydrocortisone)	3	
ala-cort external cream 1 %	1	
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (hydrocortisone)	3	PA
ALREX OPHTHALMIC SUSPENSION 0.2 % (loteprednol etabonate)	3	
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (ciclesonide)	3	QL (0.41 GM per 1 day)
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (hydrocortisone ace-pramoxine)	3	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (hydrocortisone ace-pramoxine)	3	
ANUSOL-HC EXTERNAL CREAM 2.5 % (hydrocortisone)	3	
azelastine-fluticasone nasal suspension 137-50 mcg/lact	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	1	
CIPROFLOXACIN-FLUOCINOLONE PF OTIC SOLUTION 0.3-0.025 %	2	
CLOBETASOL PROPIONATE OPHTHALMIC SUSPENSION 0.05 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (hc-pramoxine-chloroxylonol)	3	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (hydrocortisone)	3	
CORTENEMA RECTAL ENEMA 100 MG/60ML (hydrocortisone)	3	
CORTIFOAM EXTERNAL FOAM 10 % (hydrocortisone acetate)	2	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (neomycin-colist-hc-thonzonium)	3	
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (fluocinolone acetonide)	3	QL (30 day supply per 1 fill)
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (fluocinolone acetonide)	3	
DERMOTIC OTIC OIL 0.01 % (fluocinolone acetonide)	3	
DEX24 INTRATYMPANIC SOLUTION 24 MG/ML (dexamethasone sodium phosphate)	3	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	1	
DEXAMETHASONE-MOXIFLOXACIN INTRAOCULAR SOLUTION 1-5 MG/ML	OA	
DEXAMETH-MOXIFLOX-KETOROLAC INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML	OA	
DEXTENZA OPHTHALMIC INSERT 0.4 MG (dexamethasone)	3	
DEXYCU INTRAOCULAR SUSPENSION 9 % (dexamethasone)	OA	
difluprednate ophthalmic emulsion 0.05 %	1	
DUREZOL OPHTHALMIC EMULSION 0.05 % (difluprednate)	3	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (azelastine-fluticasone)	3	

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EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (<i>loteprednol etabonate</i>)	3	PA; QL (8.3 ML per 1 fill)
<i>flac otic oil 0.01 %</i>	1	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone acetate</i>)	3	
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	1	QL (0.84 ML per 1 day)
<i>fluocinolone acetonide body external oil 0.01 %</i>	1	QL (30 day supply per 1 fill)
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	1	QL (30 day supply per 1 fill)
<i>fluocinolone acetonide external ointment 0.025 %</i>	1	QL (30 day supply per 1 fill)
<i>fluocinolone acetonide external solution 0.01 %</i>	1	QL (30 day supply per 1 fill)
<i>fluocinolone acetonide otic oil 0.01 %</i>	1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	1	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	1	
<i>fluticasone propionate nasal suspension 50 mcg/lact</i>	1	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (<i>fluorometholone</i>)	2	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone</i>)	3	
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	1	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate external solution 0.1 %</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2 %, 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocortisone rectal enema 100 mg/60ml	1	
hydrocortisone sod suc (pf) injection solution reconstituted 100 mg	1	PA; QL (30 day supply per 1 fill)
hydrocortisone valerate external cream 0.2 %	1	
hydrocortisone valerate external ointment 0.2 %	1	
hydrocortisone-acetic acid otic solution 1-2 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG (fluocinolone acetonide)	OA	
INVELTYS OPHTHALMIC SUSPENSION 1 % (loteprednol etabonate)	3	ST; QL (1 fill per 1 lifetime)
KLARITY-L OPHTHALMIC EMULSION 0.2 %, 0.5 % (loteprednol etabonate)	3	
LOCOID EXTERNAL LOTION 0.1 % (hydrocortisone butyrate)	3	
LOTEMAX OPHTHALMIC GEL 0.5 % (loteprednol etabonate)	3	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (loteprednol etabonate)	3	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (loteprednol etabonate)	3	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (loteprednol etabonate)	3	
loteprednol etabonate ophthalmic gel 0.5 %	1	
loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 %	1	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (dexamethasone)	3	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (neomycin-polymyxin-dexameth)	3	
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (neomycin-polymyxin-dexameth)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>mometasone furoate nasal suspension 50 mcg/lact</i>	1	QL (1.14 GM per 1 day)
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	
<i>neo-polycin hc ophthalmic ointment 1 %</i>	1	
NUCORT EXTERNAL LOTION 2 % (<i>hydrocortisone acetate</i>)	3	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (<i>ciclesonide</i>)	3	QL (0.42 GM per 1 day)
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (<i>prednisolone sodium phosphate</i>)	3	
OTOVEL OTIC SOLUTION 0.3-0.025 % (<i>ciprofloxacin-fluocinolone</i>)	2	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG (<i>dexamethasone</i>)	OA	
PANDEL EXTERNAL CREAM 0.1 % (<i>hydrocortisone probutate</i>)	3	
PEDIAPRED ORAL SOLUTION 6.7 (5 BASE) MG/5ML (<i>prednisolone sodium phosphate</i>)	2	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (<i>prednisolone acetate</i>)	3	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	2	
PREDNISOL ACE-MOXIFLOX-BROMFEN OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	

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PREDNISOLONE ACETATE P-F OPHTHALMIC SUSPENSION 1 %	3	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.1 %	3	
PREDNISOLONE ACET-MOXIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	3	
<i>prednisolone oral solution 15 mg/5ml</i>	1	
<i>prednisolone oral tablet 5 mg</i>	1	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	1	
PREDNISOLONE-BROMFENAC OPHTHALMIC SOLUTION 1-0.075 %	3	
PREDNISOLONE-GATIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	2	
PREDNISOLONE-MOXIFLOXACIN OPHTHALMIC SOLUTION 1-0.5 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.5-0.1 %	3	
PROCORT EXTERNAL CREAM 1.85-1.15 % (hydrocortisone ace-pramoxine)	3	
PROCTOCORT EXTERNAL CREAM 1 % (hydrocortisone)	3	

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PROCTOFOAM HC EXTERNAL FOAM 1-1 % (hydrocortisone ace-pramoxine)	2	
procto-med hc external cream 2.5 %	1	
proctosol hc external cream 2.5 %	1	
proctozone-hc external cream 2.5 %	1	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (beclomethasone diprop (nasal))	3	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (beclomethasone diprop (nasal))	3	
RETISERT INTRAVITREAL IMPLANT 0.59 MG (fluocinolone acetamide)	OA	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (olopatadine-mometasone)	3	ST
SINUVA NASAL IMPLANT 1350 MCG (mometasone furoate)	OA	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG (hydrocortisone sod succinate)	3	PA; QL (30 day supply per 1 fill)
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
SYNALAR EXTERNAL CREAM 0.025 % (fluocinolone acetamide)	3	QL (30 day supply per 1 fill)
SYNALAR EXTERNAL OINTMENT 0.025 % (fluocinolone acetamide)	3	QL (30 day supply per 1 fill)
TEXACORT EXTERNAL SOLUTION 2.5 % (hydrocortisone)	3	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	2	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (tobramycin-dexamethasone)	2	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	

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TRIAMCINOLONE-MOXIFLOXACIN INTRAOCULAR SUSPENSION 15-1 MG/ML	OA	
TRIESENCE INTRAOCULAR SUSPENSION 40 MG/ML (<i>triamcinolone acetonide</i>)	OA	PA
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	3	PA
XIPERE INTRAOCULAR SUSPENSION 40 MG/ML (<i>triamcinolone acetonide</i>)	OA	PA
YUTIQ INTRAVITREAL IMPLANT 0.18 MG (<i>fluocinolone acetonide</i>)	OA	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	3	
EENT ANTI-INFLAMMATORY AGENTS, MISC. - Drugs for Inflammation		
CEQUA OPHTHALMIC SOLUTION 0.09 % (<i>cyclosporine</i>)	3	PA
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	1	
DISCOVISC INTRAOCULAR SOLUTION 40-17 MG/ML (<i>na chondroit sulf-na hyaluron</i>)	OA	
DUOVISC INTRAOCULAR KIT 0.4-0.35 ML, 0.55-0.5 ML, 0.85-0.5 ML (<i>na hyalur & na chond-na hyalur</i>)	OA	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	3	
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	3	
VERKAZIA OPHTHALMIC EMULSION 0.1 % (<i>cyclosporine</i>)	3	PA; QL (4 EA per 1 day)
VEVYE OPHTHALMIC SOLUTION 0.1 % (<i>cyclosporine</i>)	3	PA
VISCOAT INTRAOCULAR SOLUTION PREFILLED SYRINGE 20-15 MG/0.5ML, 30-22.5 MG/0.75ML (<i>na chondroit sulf-na hyaluron</i>)	OA	
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	3	PA

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EENT DRUGS, MISCELLANEOUS		
acetic acid otic solution 2 %	1	
AMVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE 9.6 MG/0.8ML (sodium hyaluronate)	OA	
apraclonidine hcl ophthalmic solution 0.5 %	1	
AQUORAL MOUTH/THROAT SOLUTION (artificial saliva)	3	
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 1.25 MG/0.05ML, 2.5 MG/0.1ML, 3.25 MG/0.13ML	OA	
BOCASAL MOUTH/THROAT PACKET (artificial saliva)	3	
BSS INTRAOCULAR SOLUTION (ophth irr soln-intraocular)	OA	
BSS PLUS INTRAOCULAR SOLUTION (ophth irr soln-intraocular)	OA	
CAPHOSOL MOUTH/THROAT SOLUTION (artificial saliva)	3	
CELLUGEL INTRAOCULAR SOLUTION 2 % (hypromellose)	OA	
CHONDROITIN SULFATE OPHTHALMIC SOLUTION 0.25 %	3	PA
cromolyn sodium ophthalmic solution 4 %	1	
cromolyn sodium oral concentrate 100 mg/5ml	1	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (cysteamine hcl)	4	PA; SP; QL (30 day supply per 1 fill)
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (cysteamine hcl)	4	PA; SP; QL (30 day supply per 1 fill)
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (sulfuric acid-sulf phenolics)	3	
DISCOVISC INTRAOCULAR SOLUTION 40-17 MG/ML (na chondroit sulf-na hyaluron)	OA	
DUOVISC INTRAOCULAR KIT 0.4-0.35 ML, 0.55-0.5 ML, 0.85-0.5 ML (na hyalur & na chond-na hyalur)	OA	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (aflibercept)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (<i>aflibercept</i>)	OA	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML (<i>cromolyn sodium</i>)	3	
HEALON DUET PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE 1 & 3 % (<i>sodium hyaluronate</i>)	OA	
HEALON GV PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE 15.3 MG/0.85ML (<i>sodium hyaluronate</i>)	OA	
HEALON PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE 5.5 MG/0.55ML, 8.5 MG/0.85ML (<i>sodium hyaluronate</i>)	OA	
HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE 13.8 MG/0.6ML (<i>sodium hyaluronate</i>)	OA	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	
IOPIDINE OPHTHALMIC SOLUTION 1 % (<i>apraclonidine hcl</i>)	3	
IZERVAY INTRAVITREAL SOLUTION 2 MG/0.1ML (<i>avacincaptad pegol</i>)	OA	PA
LIDOCAINE-PHENYLEPHRINE-BSS INTRAOCULAR SOLUTION PREFILLED SYRINGE 1-1.5 % (1ML)	OA	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	OA	
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (<i>perfluorohexyloctane</i>)	3	PA; QL (0.4 ML per 1 day)
NUMOISYN MOUTH/THROAT LOZENGE (<i>artificial saliva</i>)	3	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PROVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE 4 MG/0.4ML, 5.5 MG/0.55ML, 8.5 MG/0.85ML (<i>sodium hyaluronate</i>)	OA	
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (<i>ranibizumab</i>)	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (<i>ranibizumab</i>)	OA	PA
SYFOVRE INTRAVITREAL SOLUTION 15 MG/0.1ML (<i>pegcetacoplan (ophthalmic)</i>)	OA	PA
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>teprotumumab-trbw</i>)	OA	PA
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (<i>varenicline tartrate</i>)	3	PA
VISCOAT INTRAOCULAR SOLUTION PREFILLED SYRINGE 20-15 MG/0.5ML, 30-22.5 MG/0.75ML (<i>na chondroit sulf-na hyaluron</i>)	OA	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (<i>verteporfin</i>)	OA	
XEROSTOMIA RELIEF SPRAY MOUTH/THROAT SOLUTION (<i>artificial saliva</i>)	3	
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Inflammation		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (<i>ketorolac tromethamine</i>)	3	
ACULAR OPHTHALMIC SOLUTION 0.5 % (<i>ketorolac tromethamine</i>)	3	
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (<i>ketorolac tromethamine</i>)	2	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	1	
<i>bromfenac sodium ophthalmic solution 0.07 %, 0.075 %</i>	1	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (<i>bromfenac sodium</i>)	3	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (<i>nepafenac</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ketorolac tromethamine injection solution 15 mg/ml</i>	1	PA; QL (30 day supply per 1 fill)
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	1	PA; QL (30 day supply per 1 fill)
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	1	
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	
<i>ketorolac tromethamine solution 30 mg/ml injection</i>	1	PA; QL (30 day supply per 1 fill)
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	3	PA; QL (30 day supply per 1 fill)
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (<i>nepafenac</i>)	2	
OMIDRIA INTRAOCULAR SOLUTION 1-0.3 % (<i>phenylephrine-ketorolac</i>)	OA	
PREDNISOL ACE-MOXIFLOX-BROMFEN OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.1 %	3	
PREDNISOLONE-BROMFENAC OPHTHALMIC SOLUTION 1-0.075 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.5-0.1 %	3	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (<i>bromfenac sodium</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (ketorolac tromethamine)	3	PA; QL (30 day supply per 1 fill)
TROPIC-PROPARACA-PE-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-2.5-0.5 %	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	
COCAINE HCL NASAL SOLUTION 40 MG/ML	OA	
GOPRELTO NASAL SOLUTION 40 MG/ML	OA	
IHEEZO OPHTHALMIC GEL 3 % (chloroprocaine hcl)	OA	
lidocaine hcl mouth/throat solution 4 %	1	
lidocaine viscous hcl mouth/throat solution 2 %	1	
LIDOCAINE-EPINEPHRINE INTRAOCULAR SOLUTION 7.5-0.25 MG/ML	OA	
LIDOCAINE-PHENYLEPHRINE INTRAOCULAR SOLUTION 1-1.5 %	OA	
LIDOCAINE-PHENYLEPHRINE-BSS INTRAOCULAR SOLUTION PREFILLED SYRINGE 1-1.5 % (1ML)	OA	
NUMBRINO NASAL SOLUTION 40 MG/ML (cocaine hcl (nasal anesthetic))	OA	
PRAMOTIC OTIC LIQUID 1-0.1 % (pramoxine-chloroxylonol)	3	
proparacaine hcl ophthalmic solution 0.5 %	1	
SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 % (lido-capsaicin-men-methyl sal)	3	
tetracaine hcl ophthalmic solution 0.5 %	1	
TROPIC-PROPARACA-PE-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-2.5-0.5 %	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MACULAR DEGENERATION AGENTS		
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (<i>cysteamine hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SYFOVRE INTRAVITREAL SOLUTION 15 MG/0.1ML (<i>pegcetacoplan (ophthalmic)</i>)	OA	PA
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (<i>verteporfin</i>)	OA	
MIOTICS - Drugs for the Eye		
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED 20 MG (<i>acetylcholine chloride</i>)	OA	
MIOSTAT INTRAOCULAR SOLUTION 0.01 % (<i>carbachol</i>)	OA	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (<i>echothiophate iodide</i>)	2	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
VUITY OPHTHALMIC SOLUTION 1.25 % (<i>pilocarpine hcl</i>)	3	PA; QL (0.3 ML per 1 day)
MYDRIATICS - Drugs for the Eye		
<i>altafrin ophthalmic solution 10 %, 2.5 %</i>	1	
<i>atropine sulfate injection solution 8 mg/20ml</i>	OA	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml</i>	OA	
<i>atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml</i>	OA	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	OA	
<i>atropine sulfate ophthalmic ointment 1 %</i>	1	
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % (<i>cyclopentolate hcl</i>)	3	

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CYCLOGYL OPHTHALMIC SOLUTION 1 % (cyclopentolate hcl)	2	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (cyclopentolate-phenylephrine)	3	
cyclopentolate hcl ophthalmic solution 1 %	1	
EPINEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%	OA	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	OA	
epinephrine injection solution 1 mg/ml, 10 mg/10ml	OA	
EPINEPHRINE INTRAVENOUS SOLUTION 1 MG/10ML	OA	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.1 MG/10ML	OA	
epinephrine intravenous solution prefilled syringe 1 mg/10ml	OA	
epinephrine pf injection solution 1 mg/ml	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-5 MCG/10ML-%	OA	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION 4-0.9 MG/250ML-%, 5-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	OA	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 % (homatropine hbr)	3	
LIDOCAINE-EPINEPHRINE INTRAOCULAR SOLUTION 7.5-0.25 MG/ML	OA	
MYDCOMBI OPHTHALMIC SOLUTION CARTRIDGE 1-2.5 % (tropicamide-phenylephrine)	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OMIDRIA INTRAOCULAR SOLUTION 1-0.3 % (<i>phenylephrine-ketorolac</i>)	OA	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	1	
TROPICAMIDE-CYCLOPENTOLATE-PE OPHTHALMIC SOLUTION 1-1-2.5 %	3	PA
TROPICAMIDE-PHENYLEPHRINE OPHTHALMIC SOLUTION 1-2.5 %	3	
TROPIC-PROPARACA-PE-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-2.5-0.5 %	3	PA
OSMOTIC AGENTS - Drugs for the Eye		
<i>mannitol intravenous solution 20 %, 25 %</i>	OA	
OSMITROL INTRAVENOUS SOLUTION 10 %, 20 % (<i>mannitol</i>)	OA	
PROSTAGLANDIN ANALOGS - Drugs for the Eye		
<i>bimatoprost ophthalmic solution 0.03 %</i>	1	QL (0.1 ML per 1 day)
DURYSTA INTRAOCULAR IMPLANT 10 MCG (<i>bimatoprost</i>)	OA	
IDOSE TR INTRAOCULAR IMPLANT 75 MCG (<i>travoprost</i>)	OA	PA
IYUZEH OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	3	ST; QL (1 EA per 1 day)
<i>latanoprost ophthalmic solution 0.005 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	2	QL (0.1 ML per 1 day)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	3	PA
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	1	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (<i>travoprost</i>)	3	QL (0.12 ML per 1 day)
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	1	QL (0.12 ML per 1 day)
VYZULTA OPHTHALMIC SOLUTION 0.024 % (<i>latanoprostene bunod</i>)	3	ST; QL (0.2 ML per 1 day)
XALATAN OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	3	
XELPROS OPHTHALMIC EMULSION 0.005 % (<i>latanoprost</i>)	3	ST; QL (0.1 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (<i>tafluprost</i>)	3	
RHO KINASE INHIBITORS - Drugs for the Eye		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (<i>netarsudil dimesylate</i>)	3	PA
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	3	PA
VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAG		
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-maly</i>)	OA	PA
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab</i>)	OA	PA
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE 6 MG/0.05ML (<i>brolocizumab-dbl</i>)	OA	
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 1.25 MG/0.05ML, 2 MG/0.08ML, 2.5 MG/0.1ML, 2.75 MG/0.11ML, 3.25 MG/0.13ML	OA	
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML (<i>ranibizumab-nuna</i>)	OA	PA
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab-eqrn</i>)	OA	PA
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07ML (<i>aflibercept</i>)	OA	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (<i>aflibercept</i>)	OA	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (<i>aflibercept</i>)	OA	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	OA	
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-awwb</i>)	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05ML (<i>aflibercept-ayyh</i>)	OA	PA
PAVBLU INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (<i>aflibercept-ayyh</i>)	OA	PA
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (<i>ranibizumab</i>)	OA	PA
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (<i>ranibizumab</i>)	OA	PA
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05ML (<i>faricimab-svoa</i>)	OA	PA
VABYSMO INTRAVITREAL SOLUTION PREFILLED SYRINGE 6 MG/0.05ML (<i>faricimab-svoa</i>)	OA	PA
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-adcd</i>)	OA	PA
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-bvzr</i>)	OA	PA
VASOCONSTRICTORS		
<i>altafrin ophthalmic solution 10 %, 2.5 %</i>	1	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (<i>cyclopentolate-phenylephrine</i>)	3	
<i>epinephrine hcl (nasal) nasal solution 0.1 %</i>	1	
EPINEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%	OA	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	OA	
<i>epinephrine injection solution 1 mg/ml, 10 mg/10ml</i>	OA	
EPINEPHRINE INTRAVENOUS SOLUTION 1 MG/10ML	OA	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.1 MG/10ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>epinephrine intravenous solution prefilled syringe 1 mg/10ml</i>	OA	
<i>epinephrine pf injection solution 1 mg/ml</i>	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-5 MCG/10ML-%	OA	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION 4-0.9 MG/250ML-%, 5-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	OA	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
L.E.T. (RACEPINEPHRINE) EXTERNAL SOLUTION 4-0.05-0.5 %	3	
LIDOCAINE-PHENYLEPHRINE INTRAOCULAR SOLUTION 1-1.5 %	OA	
LIDOCAINE-PHENYLEPHRINE-BSS INTRAOCULAR SOLUTION PREFILLED SYRINGE 1-1.5 % (1ML)	OA	
LIDO-RACEPINEPHRINE-TETRACAINE EXTERNAL SOLUTION 4-0.05-0.5 %	3	
MYDCOMBI OPHTHALMIC SOLUTION CARTRIDGE 1-2.5 % (<i>tropicamide-phenylephrine</i>)	OA	PA
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	1	
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	3	PA
STERILE TOPICAL L.E.T. GEL EXTERNAL GEL 4-0.18-0.5 % (<i>lido-epinephrine-tetracaine</i>)	OA	
TOPICAL L.E.T. EXTERNAL GEL 4-0.09-0.5 %	3	
TROPICAMIDE-CYCLOPENTOLATE-PE OPHTHALMIC SOLUTION 1-1-2.5 %	3	PA
TROPICAMIDE-PHENYLEPHRINE OPHTHALMIC SOLUTION 1-2.5 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TROPIC-PROPARACA-PE-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-2.5-0.5 %	3	PA
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (oxymetazoline hcl)	3	PA
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
KONVOMEF ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML (omeprazole-sodium bicarbonate)	3	ST
omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg	1	PA; QL (2 EA per 1 day)
omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg	1	PA; QL (2 EA per 1 day)
ZEGERID ORAL CAPSULE 20-1100 MG, 40-1100 MG (omeprazole-sodium bicarbonate)	3	PA; QL (2 EA per 1 day)
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (omeprazole-sodium bicarbonate)	3	PA; QL (2 EA per 1 day)
CHLORIDE CHANNEL ACTIVATORS		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (lubiprostone)	3	ST
lubiprostone oral capsule 24 mcg, 8 mcg	1	ST
GUANYLATE CYCLASE C (GCC) RECEPT AGONIST		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (linaclotide)	2	
TRULANCE ORAL TABLET 3 MG (plecanatide)	3	ST
IMMUNOMODULATORY AGENTS (56:44)		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (vedolizumab)	OA	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (vedolizumab)	4	PA; SP; QL (30 day supply per 1 fill)
OMVOH INTRAVENOUS SOLUTION 300 MG/15ML (mirikizumab-mrkz)	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mirikizumab-mrkz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mirikizumab-mrkz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
VELSIPITY ORAL TABLET 2 MG (<i>etrasimod arginine</i>)	4	PA; SP; QL (1 day supply per 1 day)
OPIOID ANTAGONISTS (56:18)		
<i>alvimopan oral capsule 12 mg</i>	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	2	
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	3	ST; QL (30 day supply per 1 fill)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	3	ST; QL (30 day supply per 1 fill)
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	2	
GASTROINTESTINAL DRUGS - Drugs for the Stomach		
5-HT3 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (<i>fosnetupitant-palonosetron</i>)	OA	
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (<i>fosnetupitant-palonosetron</i>)	OA	
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG (<i>fosnetupitant-palonosetron</i>)	OA	
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	3	
ANZEMET ORAL TABLET 50 MG (<i>dolasetron mesylate</i>)	3	QL (0.24 EA per 1 day)
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	OA	
<i>granisetron hcl oral tablet 1 mg</i>	1	QL (0.47 EA per 1 day)
<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ondansetron hcl injection solution prefilled syringe 4 mg/2ml	OA	
ondansetron hcl oral solution 4 mg/5ml	1	QL (30 ML per 1 day)
ondansetron hcl oral tablet 24 mg	1	QL (0.07 EA per 1 day)
ondansetron hcl oral tablet 4 mg	1	QL (6 EA per 1 day)
ondansetron hcl oral tablet 8 mg	1	QL (3 EA per 1 day)
ondansetron odt oral tablet dispersible 16 mg	1	
ondansetron odt oral tablet dispersible 4 mg	1	QL (6 EA per 1 day)
ondansetron odt oral tablet dispersible 8 mg	1	QL (3 EA per 1 day)
palonosetron hcl intravenous solution 0.25 mg/2ml, 0.25 mg/5ml	OA	
palonosetron hcl intravenous solution prefilled syringe 0.25 mg/5ml	OA	
POSFREA INTRAVENOUS SOLUTION 0.25 MG/5ML (palonosetron hcl)	OA	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (granisetron)	3	QL (0.07 EA per 1 day)
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE 10 MG/0.4ML (granisetron)	OA	
ANTIDIARRHEA AGENTS - Drugs for Diarrhea		
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
FLORAXIS ORAL TABLET (probiotic product)	3	
HELIDAC THERAPY ORAL (metronid-tetracyc-bis subsal)	3	PA
LOMOTIL ORAL TABLET 2.5-0.025 MG (diphenoxylate-atropine)	3	

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<i>loperamide hcl oral capsule 2 mg</i>	1	
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin-atropine</i>)	3	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	2	PA
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3	
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	3	PA
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ANTIEMETICS, MISCELLANEOUS - Drugs for Vomiting and Nausea		
BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4ML (<i>amisulpride (antiemetic)</i>)	OA	
BARHEMSYS INTRAVENOUS SOLUTION 5 MG/2ML (<i>amisulpride (antiemetic)</i>)	OA	PA
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (<i>dronabinol</i>)	3	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (<i>promethazine hcl</i>)	OA	PA
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	OA	PA
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (<i>scopolamine base</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTI-HISTAMINES (GI DRUGS) - Drugs for Vomiting and Nausea		
ANTIVERT ORAL TABLET 50 MG (<i>meclizine hcl</i>)	3	
ANTIVERT ORAL TABLET CHEWABLE 25 MG (<i>meclizine hcl</i>)	3	
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (<i>doxylamine-pyridoxine</i>)	3	
<i>compro rectal suppository 25 mg</i>	1	
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (<i>doxylamine-pyridoxine</i>)	3	
<i>dimenhydrinate injection solution 50 mg/ml</i>	OA	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	1	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	OA	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML (<i>trimethobenzamide hcl</i>)	OA	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	1	
ANTI-INFLAMMATORY AGENTS (GI DRUGS) - Drugs for Inflammation		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	1	
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	3	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	3	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3	
<i>balsalazide disodium oral capsule 750 mg</i>	1	
CANASA RECTAL SUPPOSITORY 1000 MG (<i>mesalamine</i>)	3	
COLAZAL ORAL CAPSULE 750 MG (<i>balsalazide disodium</i>)	3	

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DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (<i>mesalamine</i>)	3	
DIPENTUM ORAL CAPSULE 250 MG (<i>olsalazine sodium</i>)	2	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (<i>mesalamine</i>)	3	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (<i>alosetron hcl</i>)	3	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	1	
<i>mesalamine er oral capsule extended release 500 mg</i>	1	
<i>mesalamine oral capsule delayed release 400 mg</i>	1	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	1	
<i>mesalamine rectal enema 4 gm</i>	1	
<i>mesalamine rectal suppository 1000 mg</i>	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG (<i>mesalamine</i>)	2	
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG (<i>mesalamine</i>)	3	
SFROWASA RECTAL ENEMA 4 GM/60ML (<i>mesalamine</i>)	3	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
ANTIULCER AGENTS AND ACID SUPPRESS.,MISC - Drugs for Ulcers and Stomach Acid		
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	3	PA
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (<i>amoxicill-rifabutin-omeprazole</i>)	3	
ANTIULCER AGENTS AND ACID SUPPRESSANTS - Drugs for Ulcers and Stomach Acid		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	3	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	3	
<i>metronidazole intravenous solution 500 mg/100ml</i>	OA	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
TETRACYCLINE HCL ORAL TABLET 250 MG, 500 MG	3	
CATHARTICS AND LAXATIVES - Drugs for Constipation		
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	1	PV
<i>bisacodyl oral tablet delayed release 5 mg</i>	1	PV
<i>citroma oral solution 1.745 gm/30ml</i>	1	PV
<i>clearlax oral powder 17 gm/scoop</i>	1	PV
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML (<i>sod picosulfate-mag ox-cit acid</i>)	2	QL (350 ML per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ft clearlax oral powder 17 gml/scoop</i>	1	PV
<i>ft laxative oral tablet delayed release 5 mg</i>	1	PV
<i>ft magnesium citrate oral solution 1.745 gm/30ml</i>	1	PV
<i>ft milk of magnesia oral suspension 1200 mg/15ml</i>	1	PV
<i>gavilax oral powder 17 gml/scoop</i>	1	PV
<i>gavilyte-c oral solution reconstituted 240 gm</i>	1	PV
<i>gavilyte-g oral solution reconstituted 236 gm</i>	1	PV
<i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>	1	PV
<i>gentle laxative oral suspension 1200 mg/15ml</i>	1	PV
<i>gentle laxative oral tablet delayed release 5 mg</i>	1	PV
<i>gentlelax oral powder 17 gml/scoop</i>	1	PV
<i>glycolax oral powder 17 gml/scoop</i>	1	PV
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	3	
<i>goodsense milk of magnesia oral suspension 1200 mg/15ml</i>	1	PV
<i>healthylax oral packet 17 gm</i>	1	PV
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	1	PV
<i>milk of magnesia concentrate oral suspension 2400 mg/10ml</i>	1	PV
<i>milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml</i>	1	PV
<i>mineral oil heavy oral oil</i>	1	
MIRALAX MIX-IN PAX ORAL PACKET 17 GM (<i>polyethylene glycol 3350</i>)	3	PV
<i>mm clearlax oral powder 17 gml/scoop</i>	1	PV
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	3	ST; QL (1 EA per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	1	PV; QL (354 ML per 1 fill)
peg 3350 oral packet 17 gm	1	PV
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	1	PV
peg-3350/electrolytes oral solution reconstituted 236 gm	1	PV
peg-3350/electrolytes/ascorbic acid oral solution reconstituted 100 gm	1	QL (1 EA per 1 fill)
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	1	QL (1 EA per 1 fill)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (peg-kcl-nacl-nasulf-na asc-c)	3	ST; QL (3 EA per 1 fill)
polyethylene glycol 3350 oral packet 17 gm	1	PV
polyethylene glycol 3350 oral powder 17 gm/scoop	1	PV
sm milk of magnesia oral suspension 1200 mg/15ml	1	PV
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (peg 3350-kcl-nacl-nasulf-mgsul)	2	QL (2 EA per 1 fill)
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (na sulfate-k sulfate-mg sulf)	3	QL (354 ML per 1 fill)
SUTAB ORAL TABLET 1479-225-188 MG (sodium sulfate-mag sulfate-kcl)	3	
true laxative oral powder 17 gm/scoop	1	PV
CHOLELITHOLYTIC AGENTS - Drugs for the Stomach		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (odevixibat)	4	PA; SP; QL (30 day supply per 1 fill)
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (odevixibat)	4	PA; SP; QL (30 day supply per 1 fill)
CHENODAL ORAL TABLET 250 MG (chenodiol)	4	SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IQIRVO ORAL TABLET 80 MG (<i>elafibranor</i>)	4	PA; SP; QL (1 EA per 1 day)
LIVDELZI ORAL CAPSULE 10 MG (<i>seladelpar lysine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML (<i>maralixibat chloride</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OCALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	4	PA; SP; QL (30 day supply per 1 fill)
RELTONE ORAL CAPSULE 200 MG, 400 MG (<i>ursodiol</i>)	3	PA
URSO FORTE ORAL TABLET 500 MG (<i>ursodiol</i>)	3	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	3	PA
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
DIGESTANTS - Drugs for the Stomach		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	2	
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3	ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3	ST
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	2	
DOPAMINE RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4ML (<i>amisulpride (antiemetic)</i>)	OA	
BARHEMSYS INTRAVENOUS SOLUTION 5 MG/2ML (<i>amisulpride (antiemetic)</i>)	OA	PA
<i>droperidol injection solution 2.5 mg/ml</i>	OA	
DROPERIDOL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.625 MG/ML	OA	
GI DRUGS, MISCELLANEOUS - Drugs for the Stomach		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-afzb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AACF (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AACF (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AACF(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AACF(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADALIMUMAB-AATY (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-FKJP (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-FKJP (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-RYVK (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-RYVK (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)
alvimopan oral capsule 12 mg	1	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	3	ST
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	OA	
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (<i>odevixibat</i>)	4	PA; SP; QL (30 day supply per 1 fill)
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (<i>odevixibat</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>)	OA	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (<i>vedolizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-PLAQ PSOR/UEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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IBSRELA ORAL TABLET 50 MG (<i>tenapanor hcl</i>)	3	ST
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	4	PA; SP; QL (30 day supply per 1 fill)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	OA	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	OA	
IQIRVO ORAL TABLET 80 MG (<i>elafibranor</i>)	4	PA; SP; QL (1 EA per 1 day)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	2	
LIVMARLI ORAL SOLUTION 9.5 MG/ML (<i>maralixibat chloride</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	ST
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (<i>dronabinol</i>)	3	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	3	ST
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	2	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (<i>octreotide acetate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	PA; SP; QL (30 day supply per 1 fill)
octreotide acetate intramuscular kit 20 mg, 30 mg	OA	PA
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	PA; SP; QL (30 day supply per 1 fill)
OMVOH INTRAVENOUS SOLUTION 300 MG/15ML (mirikizumab-mrkz)	OA	PA
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (mirikizumab-mrkz)	4	PA; SP; QL (30 day supply per 1 fill)
REBYOTA RECTAL SUSPENSION 150 ML (fecal microbiota, live-jslm)	OA	PA
RELISTOR ORAL TABLET 150 MG (methylnaltrexone bromide)	3	ST; QL (30 day supply per 1 fill)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (methylnaltrexone bromide)	3	ST; QL (30 day supply per 1 fill)
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (infliximab)	OA	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (infliximab-abda)	OA	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (octreotide acetate)	4	PA; SP; QL (30 day supply per 1 fill)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (octreotide acetate)	OA	PA
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (adalimumab-ryvk)	4	PA; SP; QL (30 day supply per 1 fill)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (adalimumab-ryvk)	4	PA; SP; QL (30 day supply per 1 fill)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (golimumab)	OA	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (golimumab)	4	PA; SP; QL (30 day supply per 1 fill)

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SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (golimumab)	4	PA; SP; QL (30 day supply per 1 fill)
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML (risankizumab-rzaa)	OA	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML (risankizumab-rzaa)	4	PA; SP; QL (30 day supply per 1 fill)
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (ustekinumab)	OA	PA
SYMPROIC ORAL TABLET 0.2 MG (naldemedine tosylate)	2	
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	3	
TRULANCE ORAL TABLET 3 MG (plecanatide)	3	ST
VIBERZI ORAL TABLET 100 MG, 75 MG (eluxadoline)	3	PA
VOWST ORAL CAPSULE (fecal microb spores, live-brpk)	3	PA; QL (24 EA per 365 days)
XPHOZAH ORAL TABLET 30 MG (tenapanor hcl (ckd))	4	ST; SP; QL (30 day supply per 1 fill)
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (adalimumab-aaty)	4	PA; SP; QL (30 day supply per 1 fill)
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (adalimumab-aaty)	4	PA; SP; QL (30 day supply per 1 fill)
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (adalimumab-aaty)	4	PA; SP; QL (30 day supply per 1 fill)
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (adalimumab-aaty)	4	PA; SP; QL (30 day supply per 1 fill)
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (adalimumab-aqv)	4	PA; SP; QL (30 day supply per 1 fill)
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (infliximab-dyyb)	4	PA; SP; QL (30 day supply per 1 fill)
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (infliximab-dyyb)	4	PA; SP; QL (30 day supply per 1 fill)

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ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HISTAMINE H2-ANTAGONISTS - Drugs for Ulcers and Stomach Acid		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
DUEXIS ORAL TABLET 800-26.6 MG (<i>ibuprofen-famotidine</i>)	3	PA
<i>famotidine (pf) intravenous solution 20 mg/2ml</i>	OA	
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	OA	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>	OA	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	1	PA
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
PEPCID ORAL TABLET 20 MG, 40 MG (<i>famotidine</i>)	3	
LIPOTROPIC AGENTS - Drugs for the Stomach		
LIPO INTRAMUSCULAR SOLUTION 50-50-25 MG/ML	3	
LIPO-C INTRAMUSCULAR SOLUTION	3	
MIC-L-CARNITINE INJECTION SOLUTION 25-50-50-50 MG/ML	3	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (<i>scopolamine base</i>)	3	
NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (<i>fosnetupitant-palonosetron</i>)	OA	

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AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (<i>fosnetupitant-palonosetron</i>)	OA	
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG (<i>fosnetupitant-palonosetron</i>)	OA	
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	3	
APONVIE INTRAVENOUS EMULSION 32 MG/4.4ML (<i>aprepitant</i>)	OA	
<i>aprepitant oral 80 & 125 mg</i>	1	QL (6 EA per 30 days)
<i>aprepitant oral capsule 125 mg</i>	1	QL (2 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	1	QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	1	QL (6 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	1	QL (8 EA per 30 days)
CINVANTI INTRAVENOUS EMULSION 130 MG/18ML (<i>aprepitant</i>)	OA	
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (<i>fosaprepitant dimeglumine</i>)	OA	
EMEND ORAL CAPSULE 80 MG (<i>aprepitant</i>)	3	QL (8 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (<i>aprepitant</i>)	3	
EMEND TRI-PACK ORAL CAPSULE 80 & 125 MG (<i>aprepitant</i>)	3	QL (6 EA per 30 days)
FOCINVEZ INTRAVENOUS SOLUTION 150 MG/50ML	OA	PA
<i>fosaprepitant dimeglumine intravenous solution reconstituted 150 mg</i>	OA	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (<i>rolapitant hcl</i>)	3	PA

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POTASSIUM-COMPETITIVE ACID BLOCKERS - Drugs for Ulcers and Stomach Acid		
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (<i>amoxicillin-vonoprazan</i>)	3	PA
VOQUEZNA ORAL TABLET 10 MG, 20 MG (<i>vonoprazan fumarate</i>)	3	PA
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicill-clarithro-vonoprazan</i>)	3	PA
PROKINETIC AGENTS - Drugs for the Stomach		
GIMOTI NASAL SOLUTION 15 MG/ACT (<i>metoclopramide hcl</i>)	3	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	OA	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	1	
REGLAN ORAL TABLET 10 MG, 5 MG (<i>metoclopramide hcl</i>)	3	
PROSTAGLANDINS - Drugs for Ulcers and Stomach Acid		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (<i>diclofenac-misoprostol</i>)	3	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (<i>misoprostol</i>)	3	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	^
PROTECTANTS - Drugs for Ulcers and Stomach Acid		
CARAFATE ORAL SUSPENSION 1 GM/10ML (<i>sucralfate</i>)	3	
CARAFATE ORAL TABLET 1 GM (<i>sucralfate</i>)	3	
<i>sucralfate oral suspension 1 gm/10ml</i>	1	
<i>sucralfate oral tablet 1 gm</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROTON-PUMP INHIBITORS - Drugs for Ulcers and Stomach Acid		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (<i>rabeprazole sodium</i>)	3	QL (2 EA per 1 day)
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (<i>dexlansoprazole</i>)	3	QL (2 EA per 1 day)
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	1	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	1	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	1	QL (2 EA per 1 day)
<i>esomeprazole sodium intravenous solution reconstituted 40 mg</i>	OA	
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML (<i>lansoprazole</i>)	3	
KONVOMEF ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML (<i>omeprazole-sodium bicarbonate</i>)	3	ST
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	1	QL (2 EA per 1 day)
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	1	QL (2 EA per 1 day)
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>	1	
NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (<i>esomeprazole sodium</i>)	OA	
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG (<i>esomeprazole magnesium</i>)	3	QL (2 EA per 1 day)
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG (<i>esomeprazole magnesium</i>)	3	QL (2 EA per 1 day)
NEXIUM ORAL PACKET 2.5 MG, 5 MG (<i>esomeprazole magnesium</i>)	2	QL (2 EA per 1 day)

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OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicillin-clarithro-omeprazole</i>)	3	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	QL (2 EA per 1 day)
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML (<i>omeprazole</i>)	3	
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>	1	PA; QL (2 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	1	PA; QL (2 EA per 1 day)
<i>pantoprazole sodium intravenous solution reconstituted 40 mg</i>	OA	
<i>pantoprazole sodium oral packet 40 mg</i>	1	QL (2 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	QL (2 EA per 1 day)
PANTOPRAZOLE SODIUM-NACL INTRAVENOUS SOLUTION 40-0.9 MG/100ML-%, 40-0.9 MG/50ML-%, 80-0.9 MG/100ML-%	OA	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (<i>lansoprazole</i>)	3	QL (2 EA per 1 day)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG (<i>lansoprazole</i>)	3	QL (2 EA per 1 day)
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (<i>omeprazole magnesium</i>)	3	
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (<i>pantoprazole sodium</i>)	OA	
PROTONIX ORAL PACKET 40 MG (<i>pantoprazole sodium</i>)	3	QL (2 EA per 1 day)
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (<i>pantoprazole sodium</i>)	3	QL (2 EA per 1 day)
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE 10 MG	3	QL (2 EA per 1 day)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	1	QL (2 EA per 1 day)

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (<i>naproxen-esomeprazole</i>)	3	
VOQUEZNA ORAL TABLET 10 MG, 20 MG (<i>vonoprazan fumarate</i>)	3	PA
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (<i>aspirin-omeprazole</i>)	3	PA
ZEGERID ORAL CAPSULE 20-1100 MG, 40-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	3	PA; QL (2 EA per 1 day)
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (<i>omeprazole-sodium bicarbonate</i>)	3	PA; QL (2 EA per 1 day)
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	2	
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	3	
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	3	
CUVRIOR ORAL TABLET 300 MG (<i>trientine tetrahydrochloride</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	OA	
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	3	
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	OA	
DIMERCAPTOPROPANE-SULFONATE INJECTION SOLUTION 250 MG/5ML	OA	
EDETATE CALCIUM DISODIUM INJECTION SOLUTION 1 GM/5ML	OA	
EDETATE DISODIUM INTRAVENOUS SOLUTION 150 MG/ML	OA	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (<i>deferasirox</i>)	4	PA; SP; QL (30 day supply per 1 fill)
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
FERRIPROX ORAL TABLET 1000 MG, 500 MG (<i>deferiprone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (<i>deferiprone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	4	PA; SP; QL (30 day supply per 1 fill)
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	4	PA; SP; QL (30 day supply per 1 fill)
NITHIODOTE INTRAVENOUS KIT 300MG/10ML&12.5 GM/50ML (<i>sodium nitrite-sod thiosulfate</i>)	OA	
<i>penicillamine oral capsule 250 mg</i>	1	
<i>penicillamine oral tablet 250 mg</i>	1	
PENTETATE CALCIUM TRISODIUM COMBINATION SOLUTION 200 MG/ML	3	
PENTETATE ZINC TRISODIUM COMBINATION SOLUTION 200 MG/ML	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sodium nitrite intravenous solution 30 mg/ml	OA	
sodium thiosulfate intravenous solution 250 mg/ml	OA	
SYPRINE ORAL CAPSULE 250 MG (<i>trientine hcl</i>)	4	SP; QL (30 day supply per 1 fill)
trientine hcl oral capsule 250 mg, 500 mg	4	SP; QL (30 day supply per 1 fill)
HORMONES AND SYNTHETIC SUBSTITUTES		
MELANOCORTIN RECEPTOR ANTAGONISTS		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (<i>afamelanotide acetate</i>)	OA	
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	4	PA; QL (8 ML per 30 days)
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 (<i>fluticasone-salmeterol</i>)	3	QL (2 EA per 1 day)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	2	QL (0.4 GM per 1 day)
AGAMREE ORAL SUSPENSION 40 MG/ML (<i>vamorolone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	3	QL (2 EA per 1 day)
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	3	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (fluticasone-salmeterol)	3	QL (2 EA per 1 day)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (albuterol-budesonide)	3	ST; QL (1.07 GM per 1 day)
ALA SCALP EXTERNAL LOTION 2 % (hydrocortisone)	3	
ala-cort external cream 1 %	1	
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (hydrocortisone)	3	PA
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (ciclesonide)	3	QL (0.41 GM per 1 day)
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (hydrocortisone ace-pramoxine)	3	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (hydrocortisone ace-pramoxine)	3	
ANUSOL-HC EXTERNAL CREAM 2.5 % (hydrocortisone)	3	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (fluticasone furoate)	2	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (mometasone furoate)	2	QL (0.04 EA per 1 day)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (mometasone furoate)	2	QL (0.04 EA per 1 day)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (mometasone furoate)	2	QL (0.04 EA per 1 day)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (mometasone furoate)	2	QL (0.04 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>mometasone furoate</i>)	2	QL (0.46 GM per 1 day)
BETAMETHASONE COMBO INJECTION SUSPENSION 6 (3-3) MG/ML, 7 (4-3) MG/ML	OA	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1	
<i>betamethasone dipropionate external cream 0.05 %</i>	1	
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	
BETAMETHASONE SOD PHOS & ACET INJECTION SUSPENSION 7 (4-3) MG/ML	OA	
BETAMETHASONE SOD PHOS & ACET SUSPENSION 6 (3-3) MG/ML INJECTION	OA	
<i>betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection</i>	OA	
BETAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION 12 MG/2ML, 6 MG/ML	OA	
<i>betamethasone valerate external cream 0.1 %</i>	1	
<i>betamethasone valerate external foam 0.12 %</i>	1	
<i>betamethasone valerate external lotion 0.1 %</i>	1	
<i>betamethasone valerate external ointment 0.1 %</i>	1	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	2	
<i>breyndra inhalation aerosol 160-4.5 mcg/lact, 80-4.5 mcg/lact</i>	1	QL (0.35 GM per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budesonide-glycopyrrrol-formoterol</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	1	PA
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	1	
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/lact, 80-4.5 mcg/lact</i>	1	QL (0.35 GM per 1 day)
BUPIVILLOG INJECTION KIT 40 & 0.5 MG/ML-%	OA	
CELESTONE SOLUSPAN INJECTION SUSPENSION 6 (3-3) MG/ML (<i>betamethasone sod phos & acet</i>)	OA	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (<i>hc-pramoxine-chloroxylonol</i>)	3	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (<i>hydrocortisone</i>)	3	
CORTENEMA RECTAL ENEMA 100 MG/60ML (<i>hydrocortisone</i>)	3	
CORTIFOAM EXTERNAL FOAM 10 % (<i>hydrocortisone acetate</i>)	2	
CORTISONE ACETATE ORAL TABLET 25 MG	3	PA
<i>deflazacort oral suspension 22.75 mg/ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML (<i>methylprednisolone acetate</i>)	OA	
DEPO-MEDROL INJECTION SUSPENSION 80 MG/ML (<i>methylprednisolone acetate</i>)	3	
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	2	
DEXAMETH SOD PHOS-BUPIV-EPIN INJECTION SOLUTION PREFILLED SYRINGE 0.01-0.375 %-1:200000	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEXAMETHASONE (LA) INJECTION SUSPENSION 16 MG/ML, 8 MG/ML	OA	
DEXAMETHASONE ACE & SOD PHOS INJECTION SUSPENSION 8-4 MG/ML	OA	
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	1	
<i>dexamethasone sod phos +rfid injection solution prefilled syringe 4 mg/ml</i>	OA	
DEXAMETHASONE SOD PHOS-NACL INTRAVENOUS SOLUTION 6-0.9 MG/25ML-%	OA	
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>	OA	
<i>dexamethasone sod phosphate pf injection solution prefilled syringe 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml</i>	OA	
<i>dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml</i>	OA	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	OA	
<i>dexamethasone sodium phosphate solution 10 mg/ml injection</i>	OA	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 4 MG/ML INJECTION	OA	

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dexamethasone sodium phosphate solution 4 mg/ml injection	OA	
DEXLIDO INJECTION KIT 10 & 1 MG/ML-% (dexamethasone sod phos-lido)	OA	
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML (dexamethasone sodium phosphate)	OA	
DIPROLENE EXTERNAL OINTMENT 0.05 % (betamethasone dipropionate aug)	3	
DOUBLEDEX INJECTION KIT 10 MG/ML (dexamethasone sodium phosphate)	OA	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (mometasone furo-formoterol fum)	3	QL (0.44 GM per 1 day)
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (deflazacort)	4	PA; SP; QL (30 day supply per 1 fill)
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)	4	PA; SP; QL (30 day supply per 1 fill)
EOHILIA ORAL SUSPENSION 2 MG/10ML (budesonide)	3	PA; QL (20 ML per 1 day)
fludrocortisone acetate oral tablet 0.1 mg	1	
flunisolide nasal solution 25 mcg/lact (0.025%)	1	QL (0.84 ML per 1 day)
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT	2	QL (4 EA per 1 day)
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT	2	QL (8 EA per 1 day)
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QL (2 EA per 1 day)
fluticasone propionate external cream 0.05 %	1	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>fluticasone propionate external lotion 0.05 %</i>	1	
<i>fluticasone propionate external ointment 0.005 %</i>	1	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	QL (0.8 GM per 1 day)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	3	QL (0.71 GM per 1 day)
<i>fluticasone propionate nasal suspension 50 mcg/lact</i>	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	2	QL (0.4 GM per 1 day)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/lact, 250-50 mcg/lact, 500-50 mcg/lact</i>	1	QL (2 EA per 1 day)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL (2 EA per 1 day)
HEMADY ORAL TABLET 20 MG (<i>dexamethasone</i>)	3	PA
HEXATRIONE INTRA-ARTICULAR SUSPENSION 20 MG/ML (<i>triamcinolone hexacetonide</i>)	OA	
HIDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) (<i>dexamethasone</i>)	2	
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	1	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate external solution 0.1 %</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2 %, 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocortisone rectal enema 100 mg/60ml	1	
hydrocortisone sod suc (pf) injection solution reconstituted 100 mg	1	PA; QL (30 day supply per 1 fill)
hydrocortisone valerate external cream 0.2 %	1	
hydrocortisone valerate external ointment 0.2 %	1	
hydrocortisone-acetic acid otic solution 1-2 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
INTRAROSA VAGINAL INSERT 6.5 MG (prasterone)	3	
ISTURISA ORAL TABLET 1 MG, 5 MG (osilodrostat phosphate)	4	PA; SP; QL (30 day supply per 1 fill); AL (Max 18 Years)
KENALOG-10 INJECTION SUSPENSION 10 MG/ML (triamcinolone acetonide)	OA	
KENALOG-40 INJECTION SUSPENSION 40 MG/ML (triamcinolone acetonide)	OA	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML (triamcinolone acetonide)	3	
LIDOCIDEX I INJECTION SOLUTION 5-10 MG/1.5ML	OA	
LIDOLOG INJECTION KIT 40 & 2 MG/ML-%	OA	
LOCOID EXTERNAL LOTION 0.1 % (hydrocortisone butyrate)	3	
MAS CARE-PAK INJECTION KIT 10 MG/ML (dexamethasone sodium phosphate)	OA	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG (methylprednisolone)	3	
MEDROL ORAL TABLET 2 MG (methylprednisolone)	2	
MEDROL ORAL TABLET THERAPY PACK 4 MG (methylprednisolone)	3	
METHYLPREDNISOLONE ACE-LIDO INJECTION SUSPENSION 40-10 MG/ML, 80-10 MG/ML	3	

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METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 50 MG/ML	OA	
<i>methylprednisolone acetate injection suspension 80 mg/ml</i>	1	
<i>methylprednisolone acetate suspension 40 mg/ml injection</i>	OA	
METHYLPREDNISOLONE ACETATE SUSPENSION 40 MG/ML INJECTION	OA	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	OA	
<i>methylprednisolone sodium succ injection solution reconstituted 500 mg</i>	1	
METHYLPREDNISOLONE-BUPIVACAINE INJECTION SUSPENSION 40-5 MG/ML, 80-5 MG/ML	OA	
<i>mometasone furoate nasal suspension 50 mcg/lact</i>	1	QL (1.14 GM per 1 day)
NUCORT EXTERNAL LOTION 2 % (<i>hydrocortisone acetate</i>)	3	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (<i>prednisolone sodium phosphate</i>)	3	
PANDEL EXTERNAL CREAM 0.1 % (<i>hydrocortisone probutate</i>)	3	
P-CARE K40 INJECTION KIT 40 MG/ML	OA	
P-CARE K80 INJECTION KIT 2 X 40 MG/ML	OA	
PEDIAPRED ORAL SOLUTION 6.7 (5 BASE) MG/5ML (<i>prednisolone sodium phosphate</i>)	2	
PHYSICIANS EZ USE JOINT/TUNNEL COMBINATION KIT 40-1 MG/ML-%	OA	
PHYSICIANS EZ USE M-PRED INJECTION KIT 40-0.5 MG/ML-%	OA	
POD-CARE 100K INJECTION KIT 40 MG/ML	OA	

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PRED FORTE OPHTHALMIC SUSPENSION 1 % (<i>prednisolone acetate</i>)	3	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	2	
PREDNISOL ACE-MOXIFLOX-BROMFEN OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	
PREDNISOLONE ACETATE P-F OPHTHALMIC SUSPENSION 1 %	3	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.1 %	3	
PREDNISOLONE ACET-MOXIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	3	
<i>prednisolone oral solution 15 mg/5ml</i>	1	
<i>prednisolone oral tablet 5 mg</i>	1	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	1	
PREDNISOLONE-BROMFENAC OPHTHALMIC SOLUTION 1-0.075 %	3	
PREDNISOLONE-GATIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	2	
PREDNISOLONE-MOXIFLOXACIN OPHTHALMIC SOLUTION 1-0.5 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	

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PREDNISOLON-MOXIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.5-0.1 %	3	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	
PRO-C-DURE 5 INJECTION KIT 2 X 40 MG/ML (<i>triamcinolone acetonide</i>)	OA	
PRO-C-DURE 6 INJECTION KIT 3 X 40 MG/ML (<i>triamcinolone acetonide</i>)	OA	
PROCORT EXTERNAL CREAM 1.85-1.15 % (<i>hydrocortisone ace-pramoxine</i>)	3	
PROCTOCORT EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	3	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	2	
<i>procto-med hc external cream 2.5 %</i>	1	
<i>proctosol hc external cream 2.5 %</i>	1	
<i>proctozone-hc external cream 2.5 %</i>	1	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (<i>budesonide</i>)	2	QL (0.07 EA per 1 day)
PULMICORT SUSPENSION INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (<i>budesonide</i>)	3	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	

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QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (beclomethasone diprop (nasal))	3	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (beclomethasone diprop hfa)	2	
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG (prednisone)	3	PA
RECORLEV ORAL TABLET 150 MG (levoketoconazole)	4	PA; SP; QL (30 day supply per 1 fill)
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (olopatadine-mometasone)	3	ST
SERNIVO EXTERNAL EMULSION 0.05 % (betamethasone dipropionate)	3	
SINUVA NASAL IMPLANT 1350 MCG (mometasone furoate)	OA	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG (hydrocortisone sod succinate)	3	PA; QL (30 day supply per 1 fill)
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 40 MG (methylprednisolone sodium succ)	OA	
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 500 MG (methylprednisolone sodium succ)	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 2 GM (methylprednisolone sodium succ)	OA	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 500 MG (methylprednisolone sodium succ)	3	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (budesonide-formoterol fumarate)	3	QL (0.35 GM per 1 day)
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (dexamethasone)	2	

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TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG, 1.5 MG (21) (dexamethasone)	2	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (dexamethasone)	2	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (budesonide)	4	PA; SP; QL (4 EA per 1 day)
TEXACORT EXTERNAL SOLUTION 2.5 % (hydrocortisone)	3	
TOPIDEX INJECTION KIT 10 MG/ML	OA	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (fluticasone-umeclidin-vilant)	2	
TRIAMCINOLONE ACETONIDE INJECTION SUSPENSION 50 MG/ML	OA	
triamcinolone acetonide suspension 40 mg/ml injection	OA	
TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION	OA	
TRIAMCINOLONE DIACETATE INJECTION SUSPENSION 40 MG/ML, 80 MG/ML	OA	
TRIAMCINOLONE-BUPIVACAINE INJECTION SUSPENSION 40-5 MG/ML	OA	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (budesonide)	3	PA
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/lact, 250-50 mcg/lact, 500-50 mcg/lact	1	QL (2 EA per 1 day)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (fluticasone propionate)	3	PA
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER 32 MG (triamcinolone acetonide)	OA	
ALPHA-GLUCOSIDASE INHIBITORS - Drugs for Diabetes		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	

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miglitol oral tablet 100 mg, 25 mg, 50 mg	1	
AMYLINOMIMETICS - Drugs for Diabetes		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (pramlintide acetate)	3	PA; QL (30 day supply per 1 fill)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (pramlintide acetate)	3	PA; QL (30 day supply per 1 fill)
ANDROGENS - Hormones		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (testosterone)	3	QL (5 GM per 1 day)
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML (testosterone undecanoate)	OA	PA
danazol oral capsule 100 mg, 200 mg, 50 mg	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML (testosterone cypionate)	3	PA; QL (30 day supply per 1 fill)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML (testosterone cypionate)	3	QL (4 ML per 28 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG (testosterone undecanoate)	3	PA; QL (4 EA per 1 day)
JATENZO ORAL CAPSULE 237 MG (testosterone undecanoate)	3	PA; QL (2 EA per 1 day)
KYZATREX ORAL CAPSULE 100 MG (testosterone undecanoate)	3	PA; QL (2 EA per 1 day)
KYZATREX ORAL CAPSULE 150 MG, 200 MG (testosterone undecanoate)	3	PA; QL (4 EA per 1 day)
METHITEST ORAL TABLET 10 MG	3	
methyltestosterone oral capsule 10 mg	1	
NATESTO NASAL GEL 5.5 MG/ACT (testosterone)	3	QL (1.5 GM per 1 day)
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (testosterone)	3	QL (10 GM per 1 day)
TESTOPEL IMPLANT PELLETT 75 MG (testosterone)	OA	

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<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	1	PA; QL (30 day supply per 1 fill)
<i>testosterone cypionate intramuscular solution 200 mg/ml</i>	1	QL (4 ML per 28 days)
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	PA; QL (30 day supply per 1 fill)
TESTOSTERONE IMPLANT PELLET 100 MG, 200 MG, 25 MG, 37.5 MG, 50 MG, 87.5 MG	OA	
<i>testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%), 40.5 mg/2.5gm (1.62%)</i>	1	QL (5 GM per 1 day)
<i>testosterone transdermal gel 10 mg/lact (2%)</i>	1	QL (4 GM per 1 day)
<i>testosterone transdermal gel 12.5 mg/lact (1%), 50 mg/5gm (1%)</i>	1	QL (10 GM per 1 day)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	1	QL (7.5 GM per 1 day)
<i>testosterone transdermal solution 30 mg/lact</i>	1	
TLANDO ORAL CAPSULE 112.5 MG (<i>testosterone undecanoate</i>)	3	PA; QL (4 EA per 1 day)
UNDECATREX ORAL CAPSULE 200 MG (<i>testosterone undecanoate</i>)	3	PA; QL (4 EA per 1 day)
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (<i>testosterone</i>)	3	QL (10 GM per 1 day)
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	3	QL (10 GM per 1 day)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (<i>testosterone enanthate</i>)	3	PA; QL (30 day supply per 1 fill)
ANTIDIABETIC AGENTS, MISCELLANEOUS - Drugs for Diabetes		
<i>colesevelam hcl oral packet 3.75 gm</i>	1	
<i>colesevelam hcl oral tablet 625 mg</i>	1	
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	3	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>mifepristone oral tablet 300 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
TZIELD INTRAVENOUS SOLUTION 2 MG/2ML (<i>teplizumab-mzwv</i>)	OA	PA
WELCHOL ORAL PACKET 3.75 GM (<i>colesevelam hcl</i>)	3	
WELCHOL ORAL TABLET 625 MG (<i>colesevelam hcl</i>)	3	
ANTIESTROGENS - Drugs for Women		
<i>anastrozole oral tablet 1 mg</i>	1	AC
ARIMIDEX ORAL TABLET 1 MG (<i>anastrozole</i>)	3	AC
AROMASIN ORAL TABLET 25 MG (<i>exemestane</i>)	3	AC
<i>exemestane oral tablet 25 mg</i>	1	AC
FEMARA ORAL TABLET 2.5 MG (<i>letrozole</i>)	3	AC
<i>letrozole oral tablet 2.5 mg</i>	1	AC
ANTIGONADTROPINS - Hormones		
<i>cetorelix acetate subcutaneous kit 0.25 mg</i>	INF	PA; QL (30 day supply per 1 fill)
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (<i>cetorelix acetate</i>)	INF	PA; QL (30 day supply per 1 fill)
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (<i>degarelix acetate</i>)	OA	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (<i>degarelix acetate</i>)	OA	
<i>fyremadel subcutaneous solution prefilled syringe 250 mcg/0.5ml</i>	INF	PA; QL (30 day supply per 1 fill)
<i>ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml</i>	INF	PA; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>)	3	PA; QL (1 EA per 1 day)
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	3	PA
ORILISSA ORAL TABLET 150 MG, 200 MG (<i>elagolix sodium</i>)	3	PA
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS - Hormones		
<i>diazoxide oral suspension 50 mg/ml</i>	1	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (<i>diazoxide</i>)	3	
ANTIPARATHYROID AGENTS - Drugs for Bones		
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	OA	PA
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	1	PA
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (<i>calcitonin (salmon)</i>)	OA	PA
PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML (<i>etelcalcetide hcl</i>)	OA	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (<i>cinacalcet hcl</i>)	3	
ANTITHYROID AGENTS - Drugs for the Thyroid		
<i>iodine strong oral solution 5 %</i>	1	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
SODIUM IODIDE I-131 ORAL SOLUTION 1000 MCI/ML	OA	
BIGUANIDES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-850 MG (<i>pioglitazone hcl-metformin hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALOGLIPTIN-METFORMIN HCL ORAL TABLET 12.5-1000 MG, 12.5-500 MG	3	ST
DAPAGLIFLOZIN PRO-METFORMIN ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 5-1000 MG	3	PA
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (metformin hcl)	3	PA
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (canagliflozin-metformin hcl)	3	ST
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (canagliflozin-metformin hcl)	3	ST
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (sitagliptin-metformin hcl)	2	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (sitagliptin-metformin hcl)	2	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin-metformin hcl)	2	QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (linagliptin-metformin hcl)	2	QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (linagliptin-metformin hcl)	2	QL (1 EA per 1 day)
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg	1	PA
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	1	*
metformin hcl oral solution 500 mg/5ml	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	*
metformin hcl oral tablet 625 mg	1	
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	1	
RIOMET ORAL SOLUTION 500 MG/5ML (metformin hcl)	3	
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg	1	ST
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (ertugliflozin-metformin hcl)	3	ST
SITAGLIPTIN BASE-METFORMIN HCL ORAL TABLET 50-1000 MG, 50-500 MG	3	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (empagliflozin-metformin hcl)	2	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (empagliflozin-metformin hcl)	2	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (empagliflozin-linaglip-metformin)	2	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (dapagliflozin prop-metformin)	2	
ZITUVIMET ORAL TABLET 50-1000 MG, 50-500 MG (sitagliptin base-metformin hcl)	3	PA
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (sitagliptin base-metformin hcl)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CONTRACEPTIVES - Drugs for Women		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>aftera oral tablet 1.5 mg</i>	1	PV
<i>altavera oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
<i>amethyst oral tablet 90-20 mcg</i>	1	PV
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	3	PV; QL (1 EA per 365 days)
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	PV
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	3	PV
<i>balziva oral tablet 0.4-35 mg-mcg</i>	1	PV
BEYAZ ORAL TABLET 3-0.02-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	3	PV
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV

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blisovi fe 1/20 oral tablet 1-20 mg-mcg	1	PV
briellyn oral tablet 0.4-35 mg-mcg	1	PV
camila oral tablet 0.35 mg	1	PV
camrese lo oral tablet 0.1-0.02 & 0.01 mg	1	PV
camrese oral tablet 0.15-0.03 & 0.01 mg	1	PV
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	PV
chateal eq oral tablet 0.15-30 mg-mcg	1	PV
cryselle-28 oral tablet 0.3-30 mg-mcg	1	PV
curae oral tablet 1.5 mg	1	PV
cyred eq oral tablet 0.15-30 mg-mcg	1	PV
dasetta 1/35 oral tablet 1-35 mg-mcg	1	PV
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	PV
daysee oral tablet 0.15-0.03 & 0.01 mg	1	PV
deblitane oral tablet 0.35 mg	1	PV
delyla oral tablet 0.1-20 mg-mcg	1	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (medroxyprogesterone acetate)	OA	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (medroxyprogesterone acetate)	OA	PV
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (medroxyprogesterone acetate)	OA	PV
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
dolishale oral tablet 90-20 mcg	1	PV
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	1	PV

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<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	PV
<i>econtra one-step oral tablet 1.5 mg</i>	1	PV
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	PV
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	3	PV
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	1	PV
<i>emzahh oral tablet 0.35 mg</i>	1	PV
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	1	PV
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>errin oral tablet 0.35 mg</i>	1	PV
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	PV
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	1	PV
<i>falmina oral tablet 0.1-20 mg-mcg</i>	1	PV
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (<i>norethindrone acet-ethinyl est</i>)	3	PV
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	1	PV
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	1	PV
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	1	PV
<i>heather oral tablet 0.35 mg</i>	1	PV
<i>her style oral tablet 1.5 mg</i>	1	PV

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<i>iclevia oral tablet 0.15-0.03 mg</i>	1	PV
<i>incassia oral tablet 0.35 mg</i>	1	PV
<i>introvale oral tablet 0.15-0.03 mg</i>	1	PV
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>jaimiess oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV
<i>jasmiel oral tablet 3-0.02 mg</i>	1	PV
<i>jencycla oral tablet 0.35 mg</i>	1	PV
<i>jolessa oral tablet 0.15-0.03 mg</i>	1	PV
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	1	PV
<i>juleber oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	1	PV
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	1	PV
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	1	PV
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	OA	
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	1	PV
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	PV
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	1	PV
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	1	PV
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	1	PV
<i>levonorgestrel oral tablet 1.5 mg</i>	1	PV
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	1	PV
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	1	PV
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (<i>levonorgestrel</i>)	OA	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	2	PV
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	3	PV
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	3	PV
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG (<i>norethin ace-eth estrad-fe</i>)	3	PV
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG (<i>norethin ace-eth estrad-fe</i>)	3	PV
<i>lojaimiess oral tablet 0.1-0.02 & 0.01 mg</i>	1	PV
<i>loryna oral tablet 3-0.02 mg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
low-ogestrel oral tablet 0.3-30 mg-mcg	1	PV
lo-zumandimine oral tablet 3-0.02 mg	1	PV
lutra oral tablet 0.1-20 mg-mcg	1	PV
lyleq oral tablet 0.35 mg	1	PV
lyza oral tablet 0.35 mg	1	PV
marlissa oral tablet 0.15-30 mg-mcg	1	PV
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	OA	PV
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	OA	PV
merzee oral capsule 1-20 mg-mcg(24)	1	PV
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	PV
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
microgestin 1/20 oral tablet 1-20 mg-mcg	1	PV
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	PV
mili oral tablet 0.25-35 mg-mcg	1	PV
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (<i>levonorgestrel</i>)	OA	
mono-lynyah oral tablet 0.25-35 mg-mcg	1	PV
my choice oral tablet 1.5 mg	1	PV
my way oral tablet 1.5 mg	1	PV
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	3	PV
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	PV
new day oral tablet 1.5 mg	1	PV
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEXTSTELLIS ORAL TABLET 3-14.2 MG (drospirenone-estetrol)	3	PV
nikki oral tablet 3-0.02 mg	1	PV
nora-be oral tablet 0.35 mg	1	PV
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	1	PV
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	1	PV
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	PV
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	PV
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	PV
norethindrone oral tablet 0.35 mg	1	PV
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	PV
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	1	PV
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	PV
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	1	PV
norlyroc oral tablet 0.35 mg	1	PV
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	PV
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	PV
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	PV
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	PV
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (etonogestrel-ethinyl estradiol)	3	PV
nylia 1/35 oral tablet 1-35 mg-mcg	1	PV

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<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
<i>ocella oral tablet 3-0.03 mg</i>	1	PV
<i>opcicon one-step oral tablet 1.5 mg</i>	1	PV
OPILL ORAL TABLET 0.075 MG (<i>norgestrel</i>)	3	PV
<i>option 2 oral tablet 1.5 mg</i>	1	PV
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	PV
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>react oral tablet 1.5 mg</i>	1	PV
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>rivelsa oral tablet 42-21-21-7 days</i>	1	PV
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	3	PV
<i>setlakin oral tablet 0.15-0.03 mg</i>	1	PV
<i>sharobel oral tablet 0.35 mg</i>	1	PV
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>simpesse oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	OA	
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	3	PV
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>syeda oral tablet 3-0.03 mg</i>	1	PV
<i>take action oral tablet 1.5 mg</i>	1	PV
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	1	PV
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	3	PV
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	PV
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	PV
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	PV
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	3	PV
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	3	PV
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	1	PV
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	PV
<i>vestura oral tablet 3-0.02 mg</i>	1	PV
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	1	PV
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	PV

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<i>wera oral tablet 0.5-35 mg-mcg</i>	1	PV
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	1	PV
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	1	PV
YASMIN 28 ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	3	PV
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	3	PV
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	1	PV
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	PV
<i>zumandimine oral tablet 3-0.03 mg</i>	1	PV
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS - Drugs for Diabetes		
ALOGLIPTIN BENZOATE ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	ST
ALOGLIPTIN-METFORMIN HCL ORAL TABLET 12.5-1000 MG, 12.5-500 MG	3	ST
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	ST
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	2	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	2	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	2	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	2	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	2	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>linagliptin-metformin hcl</i>)	2	QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>linagliptin-metformin hcl</i>)	2	QL (1 EA per 1 day)
ONGLYZA ORAL TABLET 5 MG (<i>saxagliptin hcl</i>)	3	ST
QTERN ORAL TABLET 10-5 MG, 5-5 MG (<i>dapagliflozin-saxagliptin</i>)	3	ST
<i>saxagliptin hcl oral tablet 2.5 mg, 5 mg</i>	1	ST
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg</i>	1	ST
SITAGLIPTIN BASE-METFORMIN HCL ORAL TABLET 50-1000 MG, 50-500 MG	3	PA
SITAGLIPTIN ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin-sitagliptin</i>)	3	ST
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	2	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linaglip-metform</i>)	2	
ZITUVIMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin base-metformin hcl</i>)	3	PA
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin base-metformin hcl</i>)	3	PA
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin</i>)	3	ST
ESTROGEN AGONIST-ANTAGONISTS - Drugs for Women		
CLOMID ORAL TABLET 50 MG (<i>clomiphene citrate</i>)	INF	PA
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	3	
EVISTA ORAL TABLET 60 MG (<i>raloxifene hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FARESTON ORAL TABLET 60 MG (<i>toremifene citrate</i>)	3	AC
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	3	
<i>raloxifene hcl oral tablet 60 mg</i>	1	PV
SOLTAMOX ORAL SOLUTION 10 MG/5ML (<i>tamoxifen citrate</i>)	3	PV; AC
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	PV; AC
<i>toremifene citrate oral tablet 60 mg</i>	1	AC
ESTROGENS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (<i>estradiol-norethindrone acet</i>)	3	
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	PV
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	2	QL (0.3 EA per 1 day)
<i>altavera oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
<i>amethyst oral tablet 90-20 mcg</i>	1	PV
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	3	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	3	PV; QL (1 EA per 365 days)
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	PV
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aurovela fe 1/20 oral tablet 1-20 mg-mcg	1	PV
aviane oral tablet 0.1-20 mg-mcg	1	PV
ayuna oral tablet 0.15-30 mg-mcg	1	PV
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (levonorgest-eth estrad-fe bisg)	3	PV
balziva oral tablet 0.4-35 mg-mcg	1	PV
BEYAZ ORAL TABLET 3-0.02-0.451 MG (drospiren-eth estrad-levomefol)	3	PV
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (estradiol-progesterone)	3	PA
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	1	PV
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
blisovi fe 1/20 oral tablet 1-20 mg-mcg	1	PV
briellyn oral tablet 0.4-35 mg-mcg	1	PV
camrese lo oral tablet 0.1-0.02 & 0.01 mg	1	PV
camrese oral tablet 0.15-0.03 & 0.01 mg	1	PV
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	PV
chateal eq oral tablet 0.15-30 mg-mcg	1	PV
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (estradiol-levonorgestrel)	2	QL (0.15 EA per 1 day)
CLIMARA 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 (estradiol)	3	QL (0.2 EA per 1 day)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (estradiol-norethindrone acet)	3	QL (0.3 EA per 1 day)
cryselle-28 oral tablet 0.3-30 mg-mcg	1	PV
cyred eq oral tablet 0.15-30 mg-mcg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dasetta 1/35 oral tablet 1-35 mg-mcg	1	PV
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	PV
daysee oral tablet 0.15-0.03 & 0.01 mg	1	PV
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML (estradiol valerate)	3	PA; QL (30 day supply per 1 fill)
delyla oral tablet 0.1-20 mg-mcg	1	PV
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)	3	PA; QL (30 day supply per 1 fill)
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM (estradiol)	3	QL (1 EA per 1 day)
DIVIGEL TRANSDERMAL GEL 1 MG/GM (estradiol)	3	QL (1 GM per 1 day)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM (estradiol)	3	
dolishale oral tablet 90-20 mcg	1	PV
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	QL (0.3 EA per 1 day)
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	1	PV
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	PV
DUAVEE ORAL TABLET 0.45-20 MG (conj estrogens-bazedoxifene)	3	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (estradiol)	3	QL (1.74 GM per 1 day)
elinest oral tablet 0.3-30 mg-mcg	1	PV
eluryng vaginal ring 0.12-0.015 mg/24hr	1	PV
enilloring vaginal ring 0.12-0.015 mg/24hr	1	PV
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	PV

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enskyce oral tablet 0.15-30 mg-mcg	1	PV
estarylla oral tablet 0.25-35 mg-mcg	1	PV
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG (estradiol)	3	
ESTRACE VAGINAL CREAM 0.1 MG/GM (estradiol)	3	
ESTRADIOL IMPLANT PELLET 6 MG	OA	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm	1	QL (1 EA per 1 day)
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL (1.67 GM per 1 day)
estradiol transdermal gel 1 mg/gm	1	QL (1 GM per 1 day)
estradiol transdermal gel 1.25 mg/1.25gm	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	1	QL (0.3 EA per 1 day)
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	QL (0.2 EA per 1 day)
estradiol vaginal cream 0.1 mg/gm	1	
estradiol vaginal tablet 10 mcg	1	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	PA; QL (30 day supply per 1 fill)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
ESTRING VAGINAL RING 7.5 MCG/24HR (estradiol)	3	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (estradiol)	3	QL (1.67 GM per 1 day)
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	PV
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	3	QL (0.55 ML per 1 day)
<i>falmina oral tablet 0.1-20 mg-mcg</i>	1	PV
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (<i>norethindrone acet-ethinyl est</i>)	3	PV
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (<i>estradiol acetate</i>)	3	
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	1	PV
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	1	PV
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	1	PV
<i>iclevia oral tablet 0.15-0.03 mg</i>	1	PV
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	2	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	2	
<i>introvale oral tablet 0.15-0.03 mg</i>	1	PV
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>jaimiess oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV
<i>jasmiel oral tablet 3-0.02 mg</i>	1	PV
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>jolessa oral tablet 0.15-0.03 mg</i>	1	PV
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	1	PV
<i>juleber oral tablet 0.15-30 mg-mcg</i>	1	PV

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<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	1	PV
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	1	PV
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	1	PV
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	PV
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	1	PV
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	1	PV
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	1	PV
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	1	PV
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV

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levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	1	PV
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (norethin-eth estrad-fe biphase)	2	PV
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone acet-ethinyl est)	3	PV
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (norethindrone acet-ethinyl est)	3	PV
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG (norethin ace-eth estrad-fe)	3	PV
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG (norethin ace-eth estrad-fe)	3	PV
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	1	PV
loryna oral tablet 3-0.02 mg	1	PV
low-ogestrel oral tablet 0.3-30 mg-mcg	1	PV
lo-zumandimine oral tablet 3-0.02 mg	1	PV
lutra oral tablet 0.1-20 mg-mcg	1	PV
lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	QL (0.3 EA per 1 day)
marlissa oral tablet 0.15-30 mg-mcg	1	PV
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (esterified estrogens)	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (estradiol)	3	QL (0.2 EA per 1 day)
merzee oral capsule 1-20 mg-mcg(24)	1	PV
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	PV
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
microgestin 1/20 oral tablet 1-20 mg-mcg	1	PV
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
mili oral tablet 0.25-35 mg-mcg	1	PV
mimvey oral tablet 1-0.5 mg	1	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol)	3	QL (0.3 EA per 1 day)
mono-lynyah oral tablet 0.25-35 mg-mcg	1	PV
MYFEMBREE ORAL TABLET 40-1-0.5 MG (relugolix-estradiol-norethind)	3	PA; QL (1 EA per 1 day)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (estradiol valerate-dienogest)	3	PV
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	PV
NEXTSTELLIS ORAL TABLET 3-14.2 MG (drospirenone-estetrol)	3	PV
nikki oral tablet 3-0.02 mg	1	PV
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	1	PV
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	1	PV
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	PV
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	PV
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	PV
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	PV
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	1	PV
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	PV

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<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	PV
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	PV
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	PV
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)	3	PV
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
<i>ocella oral tablet 3-0.03 mg</i>	1	PV
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	3	PA
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	PV
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	PV
PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG (<i>estrogens conjugated</i>)	OA	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	2	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	2	
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrogen-medroxyprogest ace</i>)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrogen-medroxyprogest ace</i>)	2	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>rivelsa oral tablet 42-21-21-7 days</i>	1	PV

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	3	PV
<i>setlakin oral tablet 0.15-0.03 mg</i>	1	PV
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>simpesse oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>syeda oral tablet 3-0.03 mg</i>	1	PV
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	1	PV
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	1	PV
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	3	PV
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	PV
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	PV
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	3	PV
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	3	PV
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	1	PV
VAGIFEM VAGINAL TABLET 10 MCG (<i>estradiol</i>)	3	
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	PV
<i>vestura oral tablet 3-0.02 mg</i>	1	PV
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	3	QL (0.3 EA per 1 day)
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	1	PV
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>wera oral tablet 0.5-35 mg-mcg</i>	1	PV
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	1	PV
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	1	PV
YASMIN 28 ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	3	PV
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	3	PV
<i>yuvaferm vaginal tablet 10 mcg</i>	1	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	1	PV
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	PV
<i>zumandimine oral tablet 3-0.03 mg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GLYCOGENOLYTIC AGENTS - Hormones		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	3	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	3	
<i>glucagon emergency kit injection kit 1 mg</i>	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	3	
GLUCAGON HCL (DIAGNOSTIC) INJECTION SOLUTION RECONSTITUTED 1 MG	OA	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	3	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (<i>glucagon</i>)	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (<i>glucagon</i>)	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	3	
GONADOTROPINS - Hormones		
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG (<i>leuprolide mesylate (6 month)</i>)	OA	PA
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	INF	PA; QL (30 day supply per 1 fill)
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	OA	
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	OA	
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	OA	PA
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	OA	
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (<i>follitropin beta</i>)	INF	PA; QL (30 day supply per 1 fill)
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (<i>follitropin alfa</i>)	INF	PA; QL (30 day supply per 1 fill)
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML (<i>follitropin alfa</i>)	INF	PA; QL (30 day supply per 1 fill)
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>follitropin alfa</i>)	INF	PA; QL (30 day supply per 1 fill)
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG	OA	PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	OA	PA
LEUPROLIDE ACETATE-BUPIVACAINE INTRAMUSCULAR SOLUTION 25-5 MG/ML	3	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (<i>leuprolide acetate</i>)	OA	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (<i>leuprolide acetate (3 month)</i>)	OA	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	OA	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (<i>leuprolide acetate</i>)	OA	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG (<i>leuprolide acetate (3 month)</i>)	OA	
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	OA	
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>menotropins</i>)	INF	PA; QL (30 day supply per 1 fill)
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT (<i>chorionic gonadotropin</i>)	INF	PA; QL (30 day supply per 1 fill)
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML (<i>choriogonadotropin alfa</i>)	INF	PA; QL (30 day supply per 1 fill)
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (<i>chorionic gonadotropin</i>)	INF	PA; QL (30 day supply per 1 fill)
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG (<i>histrelin acetate</i>)	OA	PA
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	2	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	OA	
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (<i>triptorelin pamoate</i>)	OA	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (<i>goserelin acetate</i>)	OA	
INCRETIN MIMETICS - Drugs for Diabetes		
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (<i>exenatide</i>)	2	PA; QL (30 day supply per 1 fill)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (<i>exenatide</i>)	2	PA; QL (30 day supply per 1 fill)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (<i>exenatide</i>)	2	PA; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LIRAGLUTIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	2	PA; QL (30 day supply per 1 fill)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide</i>)	2	PA; QL (30 day supply per 1 fill)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML, 4 MG/3ML, 8 MG/3ML (<i>semaglutide</i>)	2	PA; QL (30 day supply per 1 fill)
RYBELSUS ORAL TABLET 14 MG, 7 MG (<i>semaglutide</i>)	2	PA
RYBELSUS ORAL TABLET 3 MG (<i>semaglutide</i>)	2	PA; QL (60 EA per 365 days)
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide -weight management</i>)	3	PA; QL (30 day supply per 1 fill)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	2	ST; QL (30 day supply per 1 fill)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>)	2	PA; QL (30 day supply per 1 fill)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide</i>)	2	PA; QL (30 day supply per 1 fill)
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 (<i>semaglutide-weight management</i>)	3	PA; QL (30 day supply per 1 fill)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	2	PA; QL (30 day supply per 1 fill)
ZEPBOUND SUBCUTANEOUS SOLUTION 2.5 MG/0.5ML, 5 MG/0.5ML (<i>tirzepatide-weight management</i>)	3	PA; QL (30 day supply per 1 fill)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide-weight management</i>)	3	PA; QL (30 day supply per 1 fill)

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INTERMEDIATE-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	2	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	2	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	2	
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	2	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	3	ST
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	3	ST
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	3	ST
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	3	ST
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	3	ST
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	3	ST
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	3	ST
NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LEPTINS - Hormones		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	4	PA; SP; QL (30 day supply per 1 fill)
LONG-ACTING INSULINS - Drugs for Diabetes		
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	3	ST
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	3	ST
INSULIN DEGLUDEC FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	ST
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	ST
INSULIN GLARGINE MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	PA
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	PA
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	ST
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	ST
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	2	
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	2	
LEVEMIR U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin detemir</i>)	3	ST
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine-aglr</i>)	3	ST
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	3	ST

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	3	ST
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	2	ST; QL (30 day supply per 1 fill)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	2	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin degludec</i>)	3	ST
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin degludec</i>)	3	ST
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	2	PA; QL (30 day supply per 1 fill)
MEGLITINIDES - Drugs for Diabetes		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
PARATHYROID AGENTS - Drugs for Bones		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (<i>teriparatide</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	4	PA; SP; QL (30 day supply per 1 fill)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	4	PA; SP; QL (30 day supply per 1 fill)
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML (<i>palopecteriparatide</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PITUITARY - Hormones		
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML (corticotropin)	OA	PA
ACTHAR INJECTION GEL 80 UNIT/ML (corticotropin)	OA	PA
CORTROPHIN INJECTION GEL 80 UNIT/ML (corticotropin)	OA	PA
DDAVP INJECTION SOLUTION 4 MCG/ML (desmopressin acetate)	OA	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (desmopressin acetate)	3	
DDAVP PF INJECTION SOLUTION 4 MCG/ML (desmopressin acetate)	OA	
desmopressin ace spray refrig nasal solution 0.01 %	1	
desmopressin acetate injection solution 4 mcg/ml	OA	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	4	SP; QL (30 day supply per 1 fill)
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	1	
desmopressin acetate pf injection solution 4 mcg/ml	OA	
desmopressin acetate spray nasal solution 0.01 %	1	
GENOTROPIN MINISUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (somatropin)	4	PA; SP; QL (30 day supply per 1 fill)
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (somatropin)	4	PA; SP; QL (30 day supply per 1 fill)
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (somatropin)	4	PA; SP; QL (30 day supply per 1 fill)
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (somatropin-ghla)	4	PA; SP; QL (30 day supply per 1 fill)
NOCURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (desmopressin acetate)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (somatropin)	3	PA; SP; QL (30 day supply per 1 fill)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (somatropin)	3	PA; SP; QL (30 day supply per 1 fill)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (somatropin)	3	PA; SP; QL (30 day supply per 1 fill)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (somatropin)	3	PA; SP; QL (30 day supply per 1 fill)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (somatropin)	4	PA; SP; QL (30 day supply per 1 fill)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (somatropin)	4	PA; SP; QL (30 day supply per 1 fill)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (somatropin (non-refrigerated))	4	PA; SP; QL (30 day supply per 1 fill)
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (lonapegsomatropin-tcgd)	4	PA; SP; QL (30 day supply per 1 fill)
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (somapacitan-beco)	4	PA; SP; QL (30 day supply per 1 fill)
TERLIVAZ INTRAVENOUS SOLUTION RECONSTITUTED 0.85 MG (terlipressin acetate)	OA	
vasopressin +rfid intravenous solution 20 unit/ml	OA	
vasopressin intravenous solution 20 unit/ml	OA	
VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 20-0.9 UT/100ML-%, 40-0.9 UT/100ML-%	OA	
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML (vasopressin)	OA	
VASOSTRICT INTRAVENOUS SOLUTION 20-5 UT/100ML-%, 40-5 UT/100ML-% (vasopressin-dextrose)	OA	

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ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (<i>somatropin</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PROGESTINS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (<i>estradiol-norethindrone acet</i>)	3	
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>aftera oral tablet 1.5 mg</i>	1	PV
<i>altavera oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
<i>amethyst oral tablet 90-20 mcg</i>	1	PV
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	3	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	3	PV; QL (1 EA per 365 days)
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	PV
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV

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BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	3	PV
<i>balziva oral tablet 0.4-35 mg-mcg</i>	1	PV
BEYAZ ORAL TABLET 3-0.02-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	3	PV
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (<i>estradiol-progesterone</i>)	3	PA
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	PV
<i>camila oral tablet 0.35 mg</i>	1	PV
<i>camrese lo oral tablet 0.1-0.02 & 0.01 mg</i>	1	PV
<i>camrese oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV
<i>charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	PV
<i>chateal eq oral tablet 0.15-30 mg-mcg</i>	1	PV
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>)	2	QL (0.15 EA per 1 day)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>)	3	QL (0.3 EA per 1 day)
CRINONE VAGINAL GEL 4 % (<i>progesterone</i>)	3	PA
CRINONE VAGINAL GEL 8 % (<i>progesterone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	1	PV
<i>curae oral tablet 1.5 mg</i>	1	PV
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>dasetta 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV

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daysee oral tablet 0.15-0.03 & 0.01 mg	1	PV
deblitane oral tablet 0.35 mg	1	PV
delyla oral tablet 0.1-20 mg-mcg	1	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (medroxyprogesterone acetate)	OA	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (medroxyprogesterone acetate)	OA	PV
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (medroxyprogesterone acetate)	OA	PV
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
dolishale oral tablet 90-20 mcg	1	PV
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	1	PV
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	PV
econtra one-step oral tablet 1.5 mg	1	PV
elinest oral tablet 0.3-30 mg-mcg	1	PV
ELLA ORAL TABLET 30 MG (ulipristal acetate)	3	PV
eluryng vaginal ring 0.12-0.015 mg/24hr	1	PV
emzahh oral tablet 0.35 mg	1	PV
ENDOMETRIN VAGINAL INSERT 100 MG (progesterone)	INF	PA
enilloring vaginal ring 0.12-0.015 mg/24hr	1	PV
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	PV
enskyce oral tablet 0.15-30 mg-mcg	1	PV
errin oral tablet 0.35 mg	1	PV
estarylla oral tablet 0.25-35 mg-mcg	1	PV

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estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	PV
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	1	PV
falmina oral tablet 0.1-20 mg-mcg	1	PV
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (norethindrone acet-ethinyl est)	3	PV
finzala oral tablet chewable 1-20 mg-mcg(24)	1	PV
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
gallifrey oral tablet 5 mg	1	
gemmily oral capsule 1-20 mg-mcg(24)	1	PV
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
hailey 24 fe oral tablet 1-20 mg-mcg(24)	1	PV
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
hailey fe 1/20 oral tablet 1-20 mg-mcg	1	PV
haloette vaginal ring 0.12-0.015 mg/24hr	1	PV
heather oral tablet 0.35 mg	1	PV
HENTIS EXTERNAL SOLUTION 5-0.1-0.025 %	3	
HENTIS HP EXTERNAL SOLUTION 7-0.1-0.025 %	3	
her style oral tablet 1.5 mg	1	PV
HOLIXIA EXTERNAL SOLUTION 0.1-7 %	3	
iclevia oral tablet 0.15-0.03 mg	1	PV
incassia oral tablet 0.35 mg	1	PV
introvale oral tablet 0.15-0.03 mg	1	PV
isibloom oral tablet 0.15-30 mg-mcg	1	PV
jaimiess oral tablet 0.15-0.03 & 0.01 mg	1	PV
jasmiel oral tablet 3-0.02 mg	1	PV

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<i>jencycla oral tablet 0.35 mg</i>	1	PV
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>jolessa oral tablet 0.15-0.03 mg</i>	1	PV
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	1	PV
<i>juleber oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	1	PV
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	1	PV
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	1	PV
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	OA	
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	1	PV
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	PV
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	PV
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg	1	PV
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	1	PV
levonorgestrel oral tablet 1.5 mg	1	PV
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	1	PV
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	PV
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	1	PV
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (levonorgestrel)	OA	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (norethin-eth estrad-fe biphase)	2	PV
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone acet-ethinyl est)	3	PV
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (norethindrone acet-ethinyl est)	3	PV
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG (norethin ace-eth estrad-fe)	3	PV
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG (norethin ace-eth estrad-fe)	3	PV
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	1	PV
loryna oral tablet 3-0.02 mg	1	PV
low-ogestrel oral tablet 0.3-30 mg-mcg	1	PV
lo-zumandimine oral tablet 3-0.02 mg	1	PV
lutra oral tablet 0.1-20 mg-mcg	1	PV
lyleq oral tablet 0.35 mg	1	PV
lyza oral tablet 0.35 mg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
marlissa oral tablet 0.15-30 mg-mcg	1	PV
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	OA	PV
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	OA	PV
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	1	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1	AC
megestrol acetate oral suspension 625 mg/5ml	1	
megestrol acetate oral tablet 20 mg, 40 mg	1	AC
merzee oral capsule 1-20 mg-mcg(24)	1	PV
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	PV
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
microgestin 1/20 oral tablet 1-20 mg-mcg	1	PV
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	PV
mili oral tablet 0.25-35 mg-mcg	1	PV
mimvey oral tablet 1-0.5 mg	1	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (levonorgestrel)	OA	
mono-lynyah oral tablet 0.25-35 mg-mcg	1	PV
my choice oral tablet 1.5 mg	1	PV
my way oral tablet 1.5 mg	1	PV
MYFEMBREE ORAL TABLET 40-1-0.5 MG (relugolix-estradiol-norethind)	3	PA; QL (1 EA per 1 day)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (estradiol valerate-dienogest)	3	PV
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>new day oral tablet 1.5 mg</i>	1	PV
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	OA	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	3	PV
<i>nikki oral tablet 3-0.02 mg</i>	1	PV
<i>nora-be oral tablet 0.35 mg</i>	1	PV
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	1	PV
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	1	PV
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	PV
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	PV
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	PV
<i>norethindrone oral tablet 0.35 mg</i>	1	PV
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	PV
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	1	PV
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>norlyroc oral tablet 0.35 mg</i>	1	PV
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	PV
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	PV
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	PV
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (etonogestrel-ethinyl estradiol)	3	PV
nylia 1/35 oral tablet 1-35 mg-mcg	1	PV
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	PV
ocella oral tablet 3-0.03 mg	1	PV
opcicon one-step oral tablet 1.5 mg	1	PV
OPILL ORAL TABLET 0.075 MG (norgestrel)	3	PV
option 2 oral tablet 1.5 mg	1	PV
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (elagolix-estradiol-norethind)	3	PA
philith oral tablet 0.4-35 mg-mcg	1	PV
pimtreea oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
PODPROG EXTERNAL SOLUTION 0.1-7 %	3	
portia-28 oral tablet 0.15-30 mg-mcg	1	PV
PREMPHASE ORAL TABLET 0.625-5 MG (conj estrogen-medroxyprogesterone)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (conj estrogen-medroxyprogesterone)	2	
progesterone intramuscular oil 50 mg/ml	4	PA; SP; QL (30 day supply per 1 fill)
progesterone oral capsule 100 mg, 200 mg	1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (progesterone)	3	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (medroxyprogesterone acetate)	3	
react oral tablet 1.5 mg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
reclipsen oral tablet 0.15-30 mg-mcg	1	PV
rivelsa oral tablet 42-21-21-7 days	1	PV
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (drospiren-eth estrad-levomefol)	3	PV
setlakin oral tablet 0.15-0.03 mg	1	PV
sharobel oral tablet 0.35 mg	1	PV
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
simpesse oral tablet 0.15-0.03 & 0.01 mg	1	PV
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (levonorgestrel)	OA	
SLYND ORAL TABLET 4 MG (drospirenone)	3	PV
sprintec 28 oral tablet 0.25-35 mg-mcg	1	PV
sronyx oral tablet 0.1-20 mg-mcg	1	PV
syeda oral tablet 3-0.03 mg	1	PV
take action oral tablet 1.5 mg	1	PV
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	PV
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	PV
taysofy oral capsule 1-20 mg-mcg(24)	1	PV
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (norethin ace-eth estrad-fe)	3	PV
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	1	PV
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	1	PV
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	1	PV
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	1	PV
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	1	PV
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	1	PV
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	1	PV
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	PV
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	3	PV
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	3	PV
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	1	PV
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	PV
<i>vestura oral tablet 3-0.02 mg</i>	1	PV
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	1	PV
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>wera oral tablet 0.5-35 mg-mcg</i>	1	PV
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	1	PV
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	1	PV
YASMIN 28 ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	3	PV
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	3	PV
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	1	PV
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	PV
<i>zumandimine oral tablet 3-0.03 mg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RAPID-ACTING INSULINS - Drugs for Diabetes		
ADMELOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	3	ST
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	3	ST
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	3	PA
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glulisine</i>)	3	ST
APIDRA VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	3	ST
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	3	ST
FIASP INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	3	ST
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	3	ST
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	3	ST
HUMALOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	2	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro</i>)	2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	2	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	2	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	2	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	2	
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	3	ST
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	2	
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	ST
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	ST
INSULIN ASPART INJECTION SOLUTION 100 UNIT/ML	3	ST
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	ST
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	ST
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	PA
INSULIN LISPRO INJECTION SOLUTION 100 UNIT/ML	3	PA
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	PA
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	3	PA
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro-aabc</i>)	2	
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro-aabc</i>)	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LYUMJEV VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro-aabc</i>)	2	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	3	ST
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	3	ST
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	3	ST
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	3	ST
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	3	ST
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	3	ST
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>)	3	ST
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	3	ST
NOVOLOG U-100 VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	3	ST
RENIN-ANGIOTENSIN-ALDOSTERONE SYST(RAAS) - Hormones		
GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML (<i>angiotensin ii acetate</i>)	OA	
SHORT-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	2	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	2	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	2	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular human</i>)	2	
HUMULIN R VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	2	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (<i>insulin regular(human) in nacl</i>)	OA	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	3	ST
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	3	ST
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	3	ST
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	3	ST
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	3	ST
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	3	ST
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	3	ST
NOVOLIN R VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	3	ST
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - Drugs for Diabetes		
BEXAGLIFLOZIN ORAL TABLET 20 MG	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BRENZAVVY ORAL TABLET 20 MG (<i>bexagliflozin</i>)	3	ST
DAPAGLIFLOZIN PRO-METFORMIN ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 5-1000 MG	3	PA
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG, 5 MG	3	PA
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	2	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	2	
INPEFA ORAL TABLET 200 MG, 400 MG (<i>sotagliflozin</i>)	3	ST
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	3	ST
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	3	ST
INVOKANA ORAL TABLET 100 MG, 300 MG (<i>canagliflozin</i>)	3	ST
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	2	
QTERN ORAL TABLET 10-5 MG, 5-5 MG (<i>dapagliflozin-saxagliptin</i>)	3	ST
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (<i>ertugliflozin-metformin hcl</i>)	3	ST
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin l-pyrogutamicac</i>)	3	ST
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin-sitagliptin</i>)	3	ST
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	2	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (<i>dapagliflozin prop-metformin</i>)	2	
SOMATOSTATIN AGONISTS - Hormones		
<i>lanreotide acetate subcutaneous solution 120 mg/0.5ml</i>	OA	PA
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (<i>octreotide acetate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>octreotide acetate intramuscular kit 20 mg, 30 mg</i>	OA	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>)	OA	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>pasireotide pamoate</i>)	OA	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (<i>pasireotide diaspartate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>)	OA	PA
SOMATOTROPIN AGONISTS - Hormones		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG (<i>tesamorelin acetate</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (somatropin)	4	PA; SP; QL (30 day supply per 1 fill)
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (somatropin)	4	PA; SP; QL (30 day supply per 1 fill)
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (somatropin)	4	PA; SP; QL (30 day supply per 1 fill)
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (mecasermin)	4	PA; SP; QL (30 day supply per 1 fill)
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (somatropin)	3	PA; SP; QL (30 day supply per 1 fill)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (somatropin)	3	PA; SP; QL (30 day supply per 1 fill)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (somatropin)	3	PA; SP; QL (30 day supply per 1 fill)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (somatropin)	3	PA; SP; QL (30 day supply per 1 fill)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (somatropin)	4	PA; SP; QL (30 day supply per 1 fill)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (somatropin)	4	PA; SP; QL (30 day supply per 1 fill)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (somatropin (non-refrigerated))	4	PA; SP; QL (30 day supply per 1 fill)
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (somatropin)	4	PA; SP; QL (30 day supply per 1 fill)
SOMATOTROPIN ANTAGONISTS - Hormones		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (pegvisomant)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SULFONYLUREAS - Drugs for Diabetes		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (<i>pioglitazone hcl-glimepiride</i>)	3	
<i>glimepiride oral tablet 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG (<i>glipizide</i>)	3	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	
THIAZOLIDINEDIONES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-850 MG (<i>pioglitazone hcl-metformin hcl</i>)	3	
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (<i>pioglitazone hcl</i>)	3	
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	ST
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (<i>pioglitazone hcl-glimepiride</i>)	3	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	
THYROID AGENTS - Drugs for the Thyroid		
ADTHYZA ORAL TABLET 65 MG (<i>thyroid</i>)	3	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid</i>)	2	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (<i>liothyronine sodium</i>)	3	
ERMEZA ORAL SOLUTION 150 MCG/5ML (<i>levothyroxine sodium</i>)	3	PA
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levothyroxine sodium intravenous solution 100 mcg/5ml, 100 mcg/ml, 200 mcg/5ml, 500 mcg/5ml</i>	OA	
<i>levothyroxine sodium intravenous solution reconstituted 100 mcg, 200 mcg, 500 mcg</i>	OA	
LEVOTHYROXINE SODIUM ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>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</i>	1	
<i>liothyronine sodium intravenous solution 10 mcg/ml</i>	OA	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (<i>resmetirom</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	3	
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	3	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (<i>levothyroxine sodium</i>)	3	
<i>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</i>	1	
IMMUNOMODULATORY AGENTS (90:00)		
AMINO ACID POLYMERS		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML (<i>glatiramer acetate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	2	PA; SP; QL (30 day supply per 1 fill)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	2	PA; SP; QL (30 day supply per 1 fill)
ANTIMETABOLITES		
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>cladribine intravenous solution 10 mg/10ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
ANTIMETABOLITES, IMMUNOSUPP THERAPY MISC		
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	3	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>azathioprine sodium injection solution reconstituted 100 mg</i>	OA	
CELLCEPT ORAL CAPSULE 250 MG (<i>mycophenolate mofetil</i>)	3	
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	3	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
BONE-MODIFYING AGENTS		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (<i>romosozumab-aqqg</i>)	OA	PA
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab</i>)	OA	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CALCINEURIN INHIBITORS, MISC (90:28)		
CEQUA OPHTHALMIC SOLUTION 0.09 % (<i>cyclosporine</i>)	3	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	3	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	3	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	3	
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	3	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	OA	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	3	
VERKAZIA OPHTHALMIC EMULSION 0.1 % (<i>cyclosporine</i>)	3	PA; QL (4 EA per 1 day)
VEVYE OPHTHALMIC SOLUTION 0.1 % (<i>cyclosporine</i>)	3	PA
COMPLEMENT INHIBITOR AGENTS (90:20)		
ENJAYMO INTRAVENOUS SOLUTION 1100 MG/22ML (<i>sutimlimab-jome</i>)	OA	PA
FABHALTA ORAL CAPSULE 200 MG (<i>iptacopan hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PIASKY INJECTION SOLUTION 340 MG/2ML (<i>crovalimab-akkz</i>)	OA	PA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML (<i>eculizumab</i>)	OA	
TAVNEOS ORAL CAPSULE 10 MG (<i>avacopan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
COMPLEMENT INHIBITORS (90:08)		
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML (<i>zilucoplan sodium</i>)	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DISEASE-MODIFYING ANTIRHEUMAT DRUGS MISC		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (vedolizumab)	OA	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (vedolizumab)	4	PA; SP; QL (30 day supply per 1 fill)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (abatacept)	4	PA; SP; QL (30 day supply per 1 fill)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (abatacept)	OA	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (abatacept)	4	PA; SP; QL (30 day supply per 1 fill)
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (infliximab-axxq)	OA	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (sulfasalazine)	3	
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	3	
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (certolizumab pegol)	4	PA; SP; QL (30 day supply per 1 fill)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (certolizumab pegol)	4	PA; SP; QL (30 day supply per 1 fill)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (certolizumab pegol)	4	PA; SP; QL (30 day supply per 1 fill)
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (infliximab-dyyb)	OA	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JYLAMVO ORAL SOLUTION 2 MG/ML (methotrexate)	3	PA; AC
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	QL (30 day supply per 1 fill)
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	QL (30 day supply per 1 fill)
methotrexate sodium injection solution reconstituted 1 gm	OA	
methotrexate sodium oral tablet 2.5 mg	1	AC
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML (methotrexate (anti-rheumatic))	3	PA; QL (30 day supply per 1 fill)
PLAQUENIL ORAL TABLET 200 MG (hydroxychloroquine sulfate)	3	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 7.5 MG/0.15ML (methotrexate (anti-rheumatic))	3	PA; QL (30 day supply per 1 fill)
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (infliximab)	OA	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (infliximab-abda)	OA	
RIDAURA ORAL CAPSULE 3 MG (auranofin)	2	
SOVUNA ORAL TABLET 200 MG, 300 MG (hydroxychloroquine sulfate)	3	PA
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML (guselkumab)	OA	PA
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 200 MG/2ML (guselkumab)	4	PA; SP; QL (30 day supply per 1 fill)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML (guselkumab)	4	PA; SP; QL (30 day supply per 1 fill)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	2	AC

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3	AC
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
FUMARATES		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	4	PA; SP; QL (4 EA per 1 day)
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (<i>dimethyl fumarate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG (<i>dimethyl fumarate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (<i>diroximel fumarate</i>)	4	PA; SP; QL (4 EA per 1 day)
IGG1 MONOCLONAL ANTIBODIES		
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (<i>belimumab</i>)	OA	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2ML (<i>anifrolumab-fnia</i>)	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IMMUNOMODULATORY AGENTS (90:00)		
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	OA	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/2ML, 2 GM/4ML	OA	PA
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 1000 MG/10ML, 2 GM/10ML, 2000 MG/20ML, 500 MG/2.5ML, 500 MG/5ML, 500 MG/ML	OA	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	AC
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	3	AC
<i>mercaptopurine oral tablet 50 mg</i>	1	AC
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	4	SP; AC; QL (30 day supply per 1 fill)
INTERFERON GAMMA INHIBITOR AGENTS, MISC		
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML (<i>emapalumab-lzsg</i>)	OA	
INTERFERONS		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	4	PA; SP; QL (30 day supply per 1 fill)
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	4	PA; SP; QL (30 day supply per 1 fill)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	4	PA; SP; QL (30 day supply per 1 fill)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	4	PA; SP; QL (30 day supply per 1 fill)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	4	PA; SP; QL (30 day supply per 1 fill)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	4	PA; SP; QL (30 day supply per 1 fill)
INTERLEUKIN INHIBITOR AGENTS, MISC		
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (<i>basiliximab</i>)	OA	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (<i>omalizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (<i>omalizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	OA	PA
INTERLEUKIN-MEDIATED AGENTS, MISC		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab</i>)	OA	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML (<i>secukinumab</i>)	OA	PA
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (<i>secukinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>secukinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	4	PA; SP; QL (30 day supply per 1 fill)
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (<i>ustekinumab</i>)	OA	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML (<i>ixekizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab-bavi</i>)	OA	PA
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab-aazg</i>)	OA	PA
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab-aazg</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab-aazg</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JANUS KINASE INHIBITORS, MISCELLANEOUS		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (<i>baricitinib</i>)	4	PA; SP; QL (30 day supply per 1 fill)
RINVOQ LQ ORAL SOLUTION 1 MG/ML (<i>upadacitinib</i>)	4	PA; SP; QL (30 day supply per 1 fill)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG (<i>upadacitinib</i>)	4	PA; SP; QL (30 day supply per 1 fill)
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
MONOCARBOXYLIC ACID AMIDE AGENTS		
ARAVA ORAL TABLET 10 MG, 20 MG (<i>leflunomide</i>)	3	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
MONOCLONAL ANTIBODIES (90:04)		
BRIUMVI INTRAVENOUS SOLUTION 150 MG/6ML (<i>ublituximab-xiyy</i>)	OA	PA
MONOCLONAL ANTIBODIES (90:10)		
KISUNLA INTRAVENOUS SOLUTION 350 MG/20ML (<i>donanemab-azbt</i>)	OA	PA
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML (<i>alemtuzumab</i>)	OA	
LEQEMBI INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML (<i>lecanemab-irmb</i>)	OA	PA

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MONOCLONAL ANTIBODIES (90:12)		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	4	PA; SP; QL (30 day supply per 1 fill)
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML (<i>inebilizumab-cdon</i>)	OA	
MTOR INHIBITORS, MISCELLANEOUS		
HYFTOR EXTERNAL GEL 0.2 % (<i>sirolimus</i>)	3	QL (10 GM per 30 days); AL (Min 6 Years)
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	3	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>sirolimus</i>)	3	
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
NEONATAL FC RECEPTOR BLOCKERS		
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML, 420 MG/3ML, 560 MG/4ML, 840 MG/6ML (<i>rozanolixizumab-noli</i>)	OA	PA
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 180-2000 MG-UNIT/ML (<i>efgartigimod alfa-hyalur-qvfc</i>)	OA	PA
VYVGART INTRAVENOUS SOLUTION 400 MG/20ML (<i>efgartigimod alfa-fcab</i>)	OA	PA
PHOSPHODIESTERASE-4 INHIBITORS, MISC		
OTEZLA ORAL TABLET 20 MG, 30 MG (<i>apremilast</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG (<i>apremilast</i>)	4	PA; SP; QL (30 day supply per 1 fill)
POLYCLONAL ANTIBODIES, MISCELLANEOUS		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML (<i>lymphocyte,anti-thymo imm glob</i>)	OA	
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (<i>anti-thymocyte glob (rabbit)</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS		
<i>fingolimod hcl oral capsule 0.5 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (<i>fingolimod hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	4	PA; SP; QL (4 EA per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG (<i>siponimod fumarate</i>)	4	PA; SP; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (<i>siponimod fumarate</i>)	4	PA; SP; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (<i>siponimod fumarate</i>)	4	PA; SP; QL (14 EA per 365 days)
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG (<i>fingolimod lauryl sulfate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
T-CELL BLOCKERS (90:24)		
LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>)	4	PA; SP; QL (30 day supply per 1 fill)
T-CELL COSTIMULATORY BLOCKERS, MISC		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>belatacept</i>)	OA	
TUMOR NECROSIS FACTOR INHIBITORS, MISC		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-afzb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AACF (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AACF (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADALIMUMAB-AACF(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AACF(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AATY (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-ADBIM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-ADBIM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-ADBIM(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-ADBIM(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-FKJP (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-FKJP (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-RYVK (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-RYVK (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	OA	
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (adalimumab-adaz)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (adalimumab-adaz)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (adalimumab-adaz)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-PLAQ PSOR/UEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (adalimumab-adaz)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (adalimumab-adaz)	4	PA; SP; QL (30 day supply per 1 fill)
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (adalimumab-aacf)	4	PA; SP; QL (30 day supply per 1 fill)
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (adalimumab-aacf)	4	PA; SP; QL (30 day supply per 1 fill)
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (adalimumab-aacf)	4	PA; SP; QL (30 day supply per 1 fill)
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (adalimumab-aacf)	4	PA; SP; QL (30 day supply per 1 fill)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (infliximab-dyyb)	OA	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	OA	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (infliximab)	OA	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (infliximab-abda)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-ryvk</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-ryvk</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	OA	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab-aaty</i>)	4	PA; SP; QL (30 day supply per 1 fill)
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-aaty</i>)	4	PA; SP; QL (30 day supply per 1 fill)
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-aaty</i>)	4	PA; SP; QL (30 day supply per 1 fill)
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab-aaty</i>)	4	PA; SP; QL (30 day supply per 1 fill)
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-aqvh</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing		
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing		
ARTICADENT DENTAL INJECTION SOLUTION CARTRIDGE 4 %-1:100000 (<i>articaine-epinephrine</i>)	OA	
<i>bupivacaine fisiopharma injection solution 2.5 mg/ml, 5 mg/ml</i>	OA	
<i>bupivacaine hcl (pf) injection solution 0.25 %, 0.5 %, 0.75 %</i>	OA	
BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.125 % (50 ML)	3	
BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.25 % (10 ML)	OA	
<i>bupivacaine hcl solution 0.25 % injection</i>	OA	
BUPIVACAINE HCL SOLUTION 0.25 % INJECTION	OA	
<i>bupivacaine hcl solution 0.5 % injection</i>	OA	
BUPIVACAINE HCL SOLUTION 0.5 % INJECTION	OA	
BUPIVACAINE HCL-NACL EPIDURAL SOLUTION 0.125-0.9 %	OA	
BUPIVACAINE HCL-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.25-0.9 %	OA	
<i>bupivacaine in dextrose intrathecal solution 0.75-8.25 %</i>	OA	
<i>bupivacaine spinal intrathecal solution 0.75-8.25 %</i>	OA	
<i>bupivacaine-epinephrine (pf) injection solution 0.25% - 1:200000, 0.5% -1:200000</i>	OA	
<i>bupivacaine-epinephrine injection solution 0.25% - 1:200000, 0.5% -1:200000</i>	OA	
BUPIVILOG INJECTION KIT 40 & 0.5 MG/ML-%	OA	
<i>chloroprocaine hcl (pf) injection solution 2 %, 3 %</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLOROTEKAL INTRATHECAL SOLUTION 50 MG/5ML (<i>chloroprocaine hcl</i>)	OA	
DEXAMETH SOD PHOS-BUPIV-EPIN INJECTION SOLUTION PREFILLED SYRINGE 0.01-0.375 %-1:200000	3	
DEXLIDO INJECTION KIT 10 & 1 MG/ML-% (<i>dexamethasone sod phos-lido</i>)	OA	
EXPAREL INJECTION SUSPENSION 1.3 % (<i>bupivacaine liposome</i>)	OA	
FENTANYL CIT-ROPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.2-0.9 MG/100ML-%, 0.3-0.2- 0.9 MG/150ML-%, 0.4-0.1-0.9 MG/200ML-%, 0.4-0.2-0.9 MG/200ML-%, 0.5-0.2-0.9 MG/250ML-%	OA	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2- 0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.5-0.0625- 0.9 MG/250ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%, 0.8-0.1667-0.9 MG/200ML-%	OA	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.1-0.125-0.9 MG/50ML-%	OA	
FENTANYL-BUPIVACAINE-NACL INJECTION SOLUTION 2- 0.125-0.9 MCG/ML-%-%	OA	
FENTANYL-ROPIVACAINE-NACL EPIDURAL SOLUTION 0.2- 0.1-0.9 MG/100ML-%	OA	
KCL-LIDOCAINE-NACL INTRAVENOUS SOLUTION 10-10 MEQ-MG /100ML	OA	
KETOROLAC-BUPIV-KETAMINE INJECTION SOLUTION PREFILLED SYRINGE 60-150-60 MG/50ML	3	
LEUPROLIDE ACETATE-BUPIVACAINE INTRAMUSCULAR SOLUTION 25-5 MG/ML	3	
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %, 2 %, 4 %</i>	OA	
<i>lidocaine hcl injection solution 0.5 %</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 10 MG/ML, 100 MG/10ML, 100 MG/5ML, 200 MG/10ML	OA	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 9 MG/ML	3	
LIDOCAINE HCL SOLUTION 1 % INJECTION	OA	
<i>lidocaine hcl solution 1 % injection</i>	OA	
LIDOCAINE HCL SOLUTION 2 % INJECTION	OA	
<i>lidocaine hcl solution 2 % injection</i>	OA	
LIDOCAINE-EPINEPHRINE (PF) INJECTION SOLUTION 1 %-1:100000	OA	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200000</i>	OA	
<i>lidocaine-epinephrine (pf) solution 2 %-1:200000 injection</i>	OA	
LIDOCAINE-EPINEPHRINE (PF) SOLUTION 2 %-1:200000 INJECTION	OA	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200000, 1 %-1:100000, 2 %-1:100000</i>	OA	
LIDOCAINE-SODIUM BICARBONATE INJECTION SOLUTION PREFILLED SYRINGE 1-8.4 %	OA	
LIDOCIDEX I INJECTION SOLUTION 5-10 MG/1.5ML	OA	
LIDOLOG INJECTION KIT 40 & 2 MG/ML-%	OA	
LIDOMAR INJECTION SOLUTION 50-18.75 MG/5ML <i>(lidocaine hcl-bupivacaine hcl)</i>	OA	
MARCAINE INJECTION SOLUTION 0.25 %, 0.5 %, 0.75 % <i>(bupivacaine hcl)</i>	OA	
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION 0.25 %, 0.5 % <i>(bupivacaine hcl)</i>	OA	
MARCAINE SPINAL INTRATHECAL SOLUTION 0.75-8.25 % <i>(bupivacaine in dextrose)</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MARCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% - 1:200000, 0.25-1:200000 %, 0.5% -1:200000 (bupivacaine-epinephrine)	OA	
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION 0.25% -1:200000, 0.25-1:200000 %, 0.5% -1:200000 (bupivacaine-epinephrine)	OA	
METHYLPREDNISOLONE ACE-LIDO INJECTION SUSPENSION 40-10 MG/ML, 80-10 MG/ML	3	
METHYLPREDNISOLONE-BUPIVACAINE INJECTION SUSPENSION 40-5 MG/ML, 80-5 MG/ML	OA	
NAROPIN INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 5 MG/ML, 7.5 MG/ML (ropivacaine hcl)	OA	
NESACAINE INJECTION SOLUTION 1 %, 2 % (chloroprocaine hcl)	OA	
NESACAINE-MPF INJECTION SOLUTION 2 %, 3 % (chloroprocaine hcl)	OA	
ORABLOC INJECTION SOLUTION CARTRIDGE 4 %-1:100000, 4 %-1:200000 (articaïne-epinephrine)	OA	
PHYSICIANS EZ USE JOINT/TUNNEL COMBINATION KIT 40-1 MG/ML-%	OA	
PHYSICIANS EZ USE M-PRED INJECTION KIT 40-0.5 MG/ML-%	OA	
POLOCAINE INJECTION SOLUTION 1 %, 2 % (mepivacaine hcl)	OA	
POLOCAINE-MPF INJECTION SOLUTION 1 %, 1.5 %, 2 % (mepivacaine hcl)	OA	
POSIMIR INJECTION SOLUTION 660 MG/5ML (bupivacaine)	OA	
ROPIVACAINE HCL EPIDURAL SOLUTION 0.2 %	OA	
ropivacaine hcl injection solution 10 mg/ml, 5 mg/ml, 7.5 mg/ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ROPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.2 %, 0.5 %	3	
ropivacaine hcl solution 2 mg/ml injection	OA	
ROPIVACAINE HCL SOLUTION 2 MG/ML INJECTION	OA	
ROPIVACAINE HCL-NACL EPIDURAL SOLUTION 0.15-0.9 %, 0.2-0.9 %	OA	
ROPIVACAINE HCL-NACL INJECTION SOLUTION 0.2-0.9 %	3	
SENSORCAINE INJECTION SOLUTION 0.25 %, 0.5 % (bupivacaine hcl)	OA	
SENSORCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000 (bupivacaine-epinephrine)	OA	
SENSORCAINE-MPF INJECTION SOLUTION 0.25 %, 0.5 %, 0.75 % (bupivacaine hcl)	OA	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000 (bupivacaine-epinephrine)	OA	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 % (bupivacaine-epinephrine)	3	
TRIAMCINOLONE-BUPIVACAINE INJECTION SUSPENSION 40-5 MG/ML	OA	
XARACOLL IMPLANT IMPLANT 3 X 100 MG (bupivacaine hcl)	OA	
XYLOCAINE INJECTION SOLUTION 0.5 %, 1 %, 2 % (lidocaine hcl)	OA	
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION 0.5 %-1:200000, 1 %-1:100000, 2 %-1:100000 (lidocaine-epinephrine)	OA	
XYLOCAINE-MPF INJECTION SOLUTION 0.5 %, 1 %, 1.5 %, 2 % (lidocaine hcl)	OA	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200000, 1.5 %-1:200000, 2 %-1:200000 (lidocaine-epinephrine)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZTLIDO EXTERNAL PATCH 1.8 % (<i>lidocaine</i>)	3	
ZYNRELEF INJECTION SOLUTION 200-6 MG/7ML, 400-12 MG/14ML (<i>bupivacaine-meloxicam</i>)	OA	PA
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
AVODART ORAL CAPSULE 0.5 MG (<i>dutasteride</i>)	3	
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	1	
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride-tadalafil</i>)	3	PA
FINAPOD EXTERNAL SOLUTION 0.1-7 %	3	
<i>finasteride oral tablet 5 mg</i>	1	
HARVIVA HP EXTERNAL SOLUTION 0.1-7 %	3	
HEVONA EXTERNAL SOLUTION 0.01-5-0.025 %	3	
HONISTA EXTERNAL SOLUTION 0.1-7-0.025 %	3	
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	3	
5-ALPHA-REDUCTASE INHIBITORS (92:04) - Drugs for Alcohol Dependence		
AVODART ORAL CAPSULE 0.5 MG (<i>dutasteride</i>)	3	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	1	
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride-tadalafil</i>)	3	PA
FINAPOD EXTERNAL SOLUTION 0.1-7 %	3	
<i>finasteride oral tablet 5 mg</i>	1	
HARVIVA HP EXTERNAL SOLUTION 0.1-7 %	3	
HEVONA EXTERNAL SOLUTION 0.01-5-0.025 %	3	
HONISTA EXTERNAL SOLUTION 0.1-7-0.025 %	3	

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<i>naltrexone hcl oral tablet 50 mg</i>	1	
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	3	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	OA	
ANTIDOTES (92:12) - Drugs for Overdose or Poisoning		
ACETADOTE INTRAVENOUS SOLUTION 200 MG/ML (<i>acetylcysteine</i>)	OA	
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	
<i>acetylcysteine intravenous solution 200 mg/ml</i>	OA	
ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED (<i>crotalidae immune fab (equine)</i>)	OA	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	OA	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	OA	
<i>atropine sulfate injection solution 8 mg/20ml</i>	OA	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml</i>	OA	
<i>atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml</i>	OA	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	OA	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	3	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	3	
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML (<i>sugammadex sodium</i>)	OA	
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	3	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (<i>crotalidae polyval immune fab</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM (<i>hydroxocobalamin</i>)	OA	
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	OA	
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	OA	
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (<i>digoxin immune fab</i>)	OA	
EDETATE CALCIUM DISODIUM INJECTION SOLUTION 1 GM/5ML	OA	
EDETATE DISODIUM INTRAVENOUS SOLUTION 150 MG/ML	OA	
flumazenil intravenous solution 0.5 mg/5ml, 1 mg/10ml	OA	
fomepizole intravenous solution 1.5 gm/1.5ml	OA	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	3	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (<i>lanthanum carbonate</i>)	3	
glucagon emergency kit injection kit 1 mg	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	3	
GLUCAGON HCL (DIAGNOSTIC) INJECTION SOLUTION RECONSTITUTED 1 MG	OA	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	3	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (<i>glucagon</i>)	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (<i>glucagon</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG (<i>levoleucovorin</i>)	OA	
KIONEX COMBINATION SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	3	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	1	
<i>leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml</i>	OA	
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	OA	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	AC
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	OA	
<i>levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml</i>	OA	
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	OA	
<i>magnesium sulfate injection solution 50 %</i>	OA	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	OA	
MAGNESIUM SULFATE-NACL INTRAVENOUS SOLUTION 2-0.9 GM/50ML-%	OA	
<i>methylene blue intravenous solution 50 mg/10ml</i>	OA	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	QL (30 day supply per 1 fill)
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	QL (30 day supply per 1 fill)
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	1	QL (30 day supply per 1 fill)
<i>naltrexone hcl oral tablet 50 mg</i>	1	
PEDMARK INTRAVENOUS SOLUTION 12.5 % (<i>sodium thiosulfate</i>)	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	OA	
phytonadione oral tablet 5 mg	1	
protamine sulfate intravenous solution 10 mg/ml	OA	
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM (pralidoxime chloride)	OA	
PROVAYBLUE INTRAVENOUS SOLUTION 50 MG/10ML (methylene blue (antidote))	OA	
RADIOGARDASE ORAL CAPSULE 0.5 GM (prussian blue insoluble)	3	PA
REVELA ORAL PACKET 0.8 GM, 2.4 GM (sevelamer carbonate)	3	
REVELA ORAL TABLET 800 MG (sevelamer carbonate)	3	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	1	
sevelamer carbonate oral tablet 800 mg	1	
sevelamer hcl oral tablet 400 mg, 800 mg	1	
sodium polystyrene sulfonate oral powder	1	
sodium thiosulfate intravenous solution 250 mg/ml	OA	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML (sodium polystyrene sulfonate)	3	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (sodium polystyrene sulfonate)	3	
VISTOGARD ORAL PACKET 10 GM (uridine triacetate)	OA	PA
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	OA	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (naltrexone)	OA	
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (glucarpidase)	OA	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (dasiglucagon hcl)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	3	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (<i>naloxone hcl</i>)	3	QL (30 day supply per 1 fill)
ANTIGOUT AGENTS - Drugs for Gout		
<i>allopurinol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>allopurinol sodium intravenous solution reconstituted 500 mg</i>	OA	
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>allopurinol sodium</i>)	OA	
ANAPROX DS ORAL TABLET 550 MG (<i>naproxen sodium</i>)	3	
<i>colchicine oral capsule 0.6 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (<i>naproxen</i>)	3	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (<i>colchicine</i>)	3	
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	3	
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	3	
<i>indomethacin er oral capsule extended release 75 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral suspension 25 mg/5ml</i>	1	
<i>indomethacin rectal suppository 50 mg</i>	1	
<i>indomethacin sodium intravenous solution reconstituted 1 mg</i>	OA	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (<i>pegloticase</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MITIGARE ORAL CAPSULE 0.6 MG (<i>colchicine</i>)	3	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (<i>naproxen sodium</i>)	3	PA
NAPROSYN ORAL SUSPENSION 125 MG/5ML (<i>naproxen</i>)	3	
NAPROSYN ORAL TABLET 500 MG (<i>naproxen</i>)	3	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral suspension 125 mg/5ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	1	PA
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>probenecid oral tablet 500 mg</i>	1	
ULORIC ORAL TABLET 40 MG, 80 MG (<i>febuxostat</i>)	3	ST
ANTISENSE OLIGONUCLEOTIDES		
AMONDYS 45 INTRAVENOUS SOLUTION 100 MG/2ML	OA	PA
EXONDYS 51 INTRAVENOUS SOLUTION 100 MG/2ML, 500 MG/10ML (<i>etepirsen</i>)	OA	PA
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (<i>sodium oxybate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM (<i>sodium oxybate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
QALSODY INTRATHECAL SOLUTION 100 MG/15ML (<i>tofersen</i>)	OA	PA
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; SP; QL (30 day supply per 1 fill)
SPINRAZA INTRATHECAL SOLUTION 12 MG/5ML (<i>nusinersen</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VILTEPSO INTRAVENOUS SOLUTION 250 MG/5ML (<i>viltolarsen</i>)	OA	PA
VYONDYS 53 INTRAVENOUS SOLUTION 100 MG/2ML (<i>golodirsen</i>)	OA	PA
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML (<i>eplontersen sodium</i>)	4	PA; SP; QL (30 day supply per 1 fill)
XYREM ORAL SOLUTION 500 MG/ML (<i>sodium oxybate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
BONE ANABOLIC AGENTS		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (<i>romosozumab-aqqg</i>)	OA	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (<i>teriparatide</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	4	PA; SP; QL (30 day supply per 1 fill)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	4	PA; SP; QL (30 day supply per 1 fill)
BONE RESORPTION INHIBITORS - Drugs for Bone Loss		
ACTONEL ORAL TABLET 150 MG, 35 MG (<i>risedronate sodium</i>)	3	
<i>alendronate sodium oral solution 70 mg/75ml</i>	1	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	2	QL (0.3 EA per 1 day)
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG (<i>risedronate sodium</i>)	3	
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (<i>alendronate sodium</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
calcitonin (salmon) injection solution 200 unit/ml	OA	PA
calcitonin (salmon) nasal solution 200 unit/lact	1	PA
CLIMARA 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 (estradiol)	3	QL (0.2 EA per 1 day)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML (estradiol valerate)	3	PA; QL (30 day supply per 1 fill)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)	3	PA; QL (30 day supply per 1 fill)
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM (estradiol)	3	QL (1 EA per 1 day)
DIVIGEL TRANSDERMAL GEL 1 MG/GM (estradiol)	3	QL (1 GM per 1 day)
DIVIGEL TRANSDERMAL GEL 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	1	QL (0.3 EA per 1 day)
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (estradiol)	3	QL (1.74 GM per 1 day)
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG (estradiol)	3	
ESTRACE VAGINAL CREAM 0.1 MG/GM (estradiol)	3	
ESTRADIOL IMPLANT PELLET 6 MG	OA	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm	1	QL (1 EA per 1 day)
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL (1.67 GM per 1 day)
estradiol transdermal gel 1 mg/gm	1	QL (1 GM per 1 day)
estradiol transdermal gel 1.25 mg/1.25gm	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	1	QL (0.3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	QL (0.2 EA per 1 day)
estradiol vaginal cream 0.1 mg/gm	1	
estradiol vaginal tablet 10 mcg	1	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	PA; QL (30 day supply per 1 fill)
ESTRING VAGINAL RING 7.5 MCG/24HR (<i>estradiol</i>)	3	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (<i>estradiol</i>)	3	QL (1.67 GM per 1 day)
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	3	QL (0.55 ML per 1 day)
EVISTA ORAL TABLET 60 MG (<i>raloxifene hcl</i>)	3	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (<i>estradiol acetate</i>)	3	
FOSAMAX ORAL TABLET 70 MG (<i>alendronate sodium</i>)	3	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	2	
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	OA	
<i>ibandronate sodium oral tablet 150 mg</i>	1	
<i>lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL (0.3 EA per 1 day)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (<i>esterified estrogens</i>)	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	3	QL (0.2 EA per 1 day)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (<i>calcitonin (salmon)</i>)	OA	PA

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MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	3	QL (0.3 EA per 1 day)
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>	OA	
PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG (<i>estrogens conjugated</i>)	OA	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	2	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	2	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab</i>)	OA	PA
<i>raloxifene hcl oral tablet 60 mg</i>	1	PV
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (<i>zoledronic acid</i>)	OA	PA
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	1	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	1	
VAGIFEM VAGINAL TABLET 10 MCG (<i>estradiol</i>)	3	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	3	QL (0.3 EA per 1 day)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>yuvaferm vaginal tablet 10 mcg</i>	1	
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	OA	
<i>zoledronic acid intravenous solution 4 mg/100ml</i>	OA	
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BRADYKININ RECEPTOR ANTAGONISTS		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (<i>icatibant acetate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>sajazir subcutaneous solution prefilled syringe 30 mg/3ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
<i>dichlorphenamide oral tablet 50 mg</i>	4	SP; QL (30 day supply per 1 fill)
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	4	SP; QL (30 day supply per 1 fill)
ORMALVI ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	4	SP; QL (30 day supply per 1 fill)
CARIOSTATIC AGENTS - Vitamins and Fluoride		
CLINPRO 5000 DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (<i>sodium fluoride</i>)	3	
DENTAGEL DENTAL GEL 1.1 % (<i>sodium fluoride</i>)	3	
<i>easygel dental gel 0.4 %</i>	1	
<i>fluoridex daily renewal mouth/throat concentrate 0.63 %</i>	1	
FLUORIDEX DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	PV
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	PV

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	PV
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (sodium fluoride)	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (sodium fluoride)	3	
PREVIDENT 5000 KIDS DENTAL PASTE 1.1 % (sodium fluoride)	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (sodium fluoride)	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (sodium fluoride)	3	
PREVIDENT DENTAL GEL 1.1 % (sodium fluoride)	3	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (multi vitamin-fluoride-fe-fa)	3	
sf 5000 plus dental cream 1.1 %	1	
sf dental gel 1.1 %	1	
sodium fluoride 5000 plus dental cream 1.1 %	1	
sodium fluoride 5000 ppm dental cream 1.1 %	1	
sodium fluoride 5000 ppm dental gel 1.1 %	1	
sodium fluoride 5000 ppm dental paste 1.1 %	1	
sodium fluoride dental cream 1.1 %	1	
sodium fluoride dental gel 1.1 %	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	PV
sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg	1	PV
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	1	PV
SOLUVITA ORAL SOLUTION 0.5 MG/ML (sodium fluoride)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tri-vitelfluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	PV
COMPLEMENT INHIBITORS		
BERINERT INTRAVENOUS KIT 500 UNIT (c1 esterase inhibitor (human))	OA	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (c1 esterase inhibitor (human))	OA	PA
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (pegcetacoplan)	4	PA; SP; QL (30 day supply per 1 fill)
FABHALTA ORAL CAPSULE 200 MG (iptacopan hcl)	4	PA; SP; QL (30 day supply per 1 fill)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (c1 esterase inhibitor (human))	4	PA; SP; QL (30 day supply per 1 fill)
PIASKY INJECTION SOLUTION 340 MG/2ML (crovalimab-akkz)	OA	PA
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (c1 esterase inhibitor (recomb))	OA	
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML (eculizumab)	OA	
TAVNEOS ORAL CAPSULE 10 MG (avacopan)	4	PA; SP; QL (30 day supply per 1 fill)
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML (ravulizumab-cwvz)	OA	PA
VEOPOZ INJECTION SOLUTION 400 MG/2ML (pozelimab-bbfg)	OA	PA
VOYDEYA ORAL TABLET 100 MG (danicopan)	4	PA; SP; QL (6 EA per 1 day)
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG (danicopan)	4	PA; SP; QL (6 EA per 1 day)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML (zilucoplan sodium)	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COMPLEMENT INHIBITORS (92:32)		
BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	OA	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	OA	PA
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (<i>pegcetacoplan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (<i>icatibant acetate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	OA	
<i>sajazir subcutaneous solution prefilled syringe 30 mg/3ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML (<i>eculizumab</i>)	OA	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TAVNEOS ORAL CAPSULE 10 MG (<i>avacopan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML (<i>ravulizumab-cwvz</i>)	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - Drugs for Arthritis		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-afzb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab</i>)	OA	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AACF (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AACF (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AACF(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AACF(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AATY (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)

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ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-ADBIM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-ADBIM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-ADBIM(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-ADBIM(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-FKJP (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-FKJP (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-RYVK (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-RYVK (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ARAVA ORAL TABLET 10 MG, 20 MG (<i>leflunomide</i>)	3	

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AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	OA	
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	3	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>azathioprine sodium injection solution reconstituted 100 mg</i>	OA	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	3	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	4	PA; SP; QL (30 day supply per 1 fill)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML (<i>secukinumab</i>)	OA	PA
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (<i>secukinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>secukinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	3	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	4	PA; SP; QL (30 day supply per 1 fill)
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	3	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYRIMOZ-PLAQ PSOR/UEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	3	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	OA	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	OA	
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3	PA; AC
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	QL (30 day supply per 1 fill)
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
methotrexate sodium injection solution reconstituted 1 gm	OA	
methotrexate sodium oral tablet 2.5 mg	1	AC
NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	3	
NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine modified)	3	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (baricitinib)	4	PA; SP; QL (30 day supply per 1 fill)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (abatacept)	4	PA; SP; QL (30 day supply per 1 fill)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (abatacept)	OA	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (abatacept)	4	PA; SP; QL (30 day supply per 1 fill)
OTEZLA ORAL TABLET 30 MG (apremilast)	4	PA; SP; QL (30 day supply per 1 fill)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (apremilast)	4	PA; SP; QL (30 day supply per 1 fill)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (methotrexate (anti-rheumatic))	3	PA; QL (30 day supply per 1 fill)
penicillamine oral capsule 250 mg	1	
penicillamine oral tablet 250 mg	1	
PLAQUENIL ORAL TABLET 200 MG (hydroxychloroquine sulfate)	3	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (methotrexate (anti-rheumatic))	3	PA; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	OA	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	OA	
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>rituximab-arrx</i>)	OA	
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG (<i>upadacitinib</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	OA	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	3	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-ryvk</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-ryvk</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	OA	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SOVUNA ORAL TABLET 200 MG, 300 MG (<i>hydroxychloroquine sulfate</i>)	3	PA
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab-bavi</i>)	OA	PA

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TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	2	AC
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab-aazg</i>)	OA	PA
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3	AC
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab-aaty</i>)	4	PA; SP; QL (30 day supply per 1 fill)
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-aaty</i>)	4	PA; SP; QL (30 day supply per 1 fill)
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-aaty</i>)	4	PA; SP; QL (30 day supply per 1 fill)
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab-aaty</i>)	4	PA; SP; QL (30 day supply per 1 fill)
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-aqvh</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-afzb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab</i>)	OA	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (<i>interferon gamma-1b</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AACF (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AACF (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AACF(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AACF(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AATY (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)

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ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-FKJP (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-FKJP (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-RYVK (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-RYVK (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ARAVA ORAL TABLET 10 MG, 20 MG (<i>leflunomide</i>)	3	
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	OA	
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	3	

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azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
azathioprine sodium injection solution reconstituted 100 mg	OA	
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)	4	PA; SP; QL (4 EA per 1 day)
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (ropeginterferon alfa-2b-njft)	4	PA; SP; QL (30 day supply per 1 fill)
BETASERON SUBCUTANEOUS KIT 0.3 MG (interferon beta-1b)	4	PA; SP; QL (30 day supply per 1 fill)
BRIUMVI INTRAVENOUS SOLUTION 150 MG/6ML (ublituximab-xiyy)	OA	PA
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (certolizumab pegol)	4	PA; SP; QL (30 day supply per 1 fill)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (certolizumab pegol)	4	PA; SP; QL (30 day supply per 1 fill)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (certolizumab pegol)	4	PA; SP; QL (30 day supply per 1 fill)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML (glatiramer acetate)	4	PA; SP; QL (30 day supply per 1 fill)
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML (adalimumab-adbm)	4	PA; SP; QL (30 day supply per 1 fill)
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	4	PA; SP; QL (30 day supply per 1 fill)

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	4	PA; SP; QL (30 day supply per 1 fill)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>fingolimod hcl oral capsule 0.5 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (<i>fingolimod hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	2	PA; SP; QL (30 day supply per 1 fill)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	2	PA; SP; QL (30 day supply per 1 fill)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-PLAQ PSOR/UEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	3	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	OA	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	OA	
JOENJA ORAL TABLET 70 MG (<i>leniolisib phosphate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3	PA; AC
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (<i>ofatumumab</i>)	4	PA; SP; QL (0.02 ML per 1 day)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML (<i>alemtuzumab</i>)	OA	
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	4	PA; SP; AC; QL (30 day supply per 1 fill)
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	4	PA; SP; QL (4 EA per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG (<i>siponimod fumarate</i>)	4	PA; SP; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (<i>siponimod fumarate</i>)	4	PA; SP; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (<i>siponimod fumarate</i>)	4	PA; SP; QL (14 EA per 365 days)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	QL (30 day supply per 1 fill)
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	QL (30 day supply per 1 fill)
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	OA	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	AC
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	3	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	3	
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML (<i>ocrelizumab</i>)	OA	
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML (<i>ocrelizumab-hyaluronidase-ocsq</i>)	OA	PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>abatacept</i>)	OA	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OTEZLA ORAL TABLET 20 MG, 30 MG (<i>apremilast</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG (apremilast)	4	PA; SP; QL (30 day supply per 1 fill)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (peginterferon alfa-2a)	4	PA; SP; QL (30 day supply per 1 fill)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (peginterferon alfa-2a)	4	PA; SP; QL (30 day supply per 1 fill)
PLAQUENIL ORAL TABLET 200 MG (hydroxychloroquine sulfate)	3	
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (peginterferon beta-1a)	4	PA; SP; QL (30 day supply per 1 fill)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML (peginterferon beta-1a)	4	PA; SP; QL (30 day supply per 1 fill)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (peginterferon beta-1a)	4	PA; SP; QL (30 day supply per 1 fill)
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML (peginterferon beta-1a)	4	PA; SP; QL (30 day supply per 1 fill)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (peginterferon beta-1a)	4	PA; SP; QL (30 day supply per 1 fill)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	4	PA; SP; AC; QL (30 day supply per 1 fill)
PONVORY ORAL TABLET 20 MG (ponesimod)	4	PA; SP; QL (30 day supply per 1 fill)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (ponesimod)	4	PA; SP; QL (28 EA per 365 days)
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT (aldesleukin)	OA	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (interferon beta-1a)	4	PA; SP; QL (30 day supply per 1 fill)

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REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	4	PA; SP; QL (30 day supply per 1 fill)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	4	PA; SP; QL (30 day supply per 1 fill)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	4	PA; SP; QL (30 day supply per 1 fill)
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	OA	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	OA	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	2	
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML (<i>rozanolixizumab-noli</i>)	OA	PA
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	OA	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	3	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-ryvk</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-ryvk</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	OA	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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SOVUNA ORAL TABLET 200 MG, 300 MG (<i>hydroxychloroquine sulfate</i>)	3	PA
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG (<i> fingolimod lauryl sulfate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (<i>dimethyl fumarate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG (<i>dimethyl fumarate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab-bavi</i>)	OA	PA
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	2	AC
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab-aazg</i>)	OA	PA
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (<i>natalizumab</i>)	OA	
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML (<i>inebilizumab-cdon</i>)	OA	
VELSIPITY ORAL TABLET 2 MG (<i>etrasimod arginine</i>)	4	PA; SP; QL (1 day supply per 1 day)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (<i>diroximel fumarate</i>)	4	PA; SP; QL (4 EA per 1 day)
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 180-2000 MG-UNIT/ML (<i>efgartigimod alfa-hyalur-qvfc</i>)	OA	PA

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VYVGART INTRAVENOUS SOLUTION 400 MG/20ML (<i>efgartigimod alfa-fcab</i>)	OA	PA
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3	AC
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab-aaty</i>)	4	PA; SP; QL (30 day supply per 1 fill)
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-aaty</i>)	4	PA; SP; QL (30 day supply per 1 fill)
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-aaty</i>)	4	PA; SP; QL (30 day supply per 1 fill)
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab-aaty</i>)	4	PA; SP; QL (30 day supply per 1 fill)
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-aqvh</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (<i>ozanimod hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) (<i>ozanimod hcl</i>)	4	PA; SP; QL (56 EA per 365 days)
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IMMUNOSUPPRESSIVE AGENTS - Drugs for Transplant		
ARAVAL ORAL TABLET 10 MG, 20 MG (<i>leflunomide</i>)	3	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ATGAM INTRAVENOUS SOLUTION 50 MG/ML (<i>lymphocyte,anti-thymo imm glob</i>)	OA	
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	3	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>azathioprine sodium injection solution reconstituted 100 mg</i>	OA	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (<i>belimumab</i>)	OA	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>mycophenolate mofetil hcl</i>)	OA	
CELLCEPT ORAL CAPSULE 250 MG (<i>mycophenolate mofetil</i>)	3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML (<i>mycophenolate mofetil</i>)	3	
CELLCEPT ORAL TABLET 500 MG (<i>mycophenolate mofetil</i>)	3	
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	OA	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 1000 MG/10ML, 2 GM/10ML, 2000 MG/20ML, 500 MG/2.5ML, 500 MG/5ML, 500 MG/ML	OA	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	AC
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	3	AC
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
ELIDEL EXTERNAL CREAM 1 % (<i>pimecrolimus</i>)	3	

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ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (<i>tacrolimus</i>)	3	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML (<i>emapalumab-lzsg</i>)	OA	
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
HOVYN EXTERNAL SOLUTION 0.1 %	3	
HYFTOR EXTERNAL GEL 0.2 % (<i>sirolimus</i>)	3	QL (10 GM per 30 days); AL (Min 6 Years)
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	3	
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3	PA; AC
leflunomide oral tablet 10 mg, 20 mg	1	
LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>)	4	PA; SP; QL (30 day supply per 1 fill)
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
mercaptopurine oral tablet 50 mg	1	AC
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	QL (30 day supply per 1 fill)
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	QL (30 day supply per 1 fill)
methotrexate sodium injection solution reconstituted 1 gm	OA	
methotrexate sodium oral tablet 2.5 mg	1	AC
mycophenolate mofetil hcl intravenous solution reconstituted 500 mg	OA	
mycophenolate mofetil intravenous solution reconstituted 500 mg	OA	
mycophenolate mofetil oral capsule 250 mg	1	

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<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	1	
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	1	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (<i>mycophenolate sodium</i>)	3	
MYHIBBIN ORAL SUSPENSION 200 MG/ML (<i>mycophenolate mofetil</i>)	3	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	3	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	3	
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>belatacept</i>)	OA	
OXIANUJO EXTERNAL OINTMENT 4-0.1 %	3	
<i>pimecrolimus external cream 1 %</i>	1	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (<i>tacrolimus</i>)	OA	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	3	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	3	
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	4	SP; AC; QL (30 day supply per 1 fill)
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	3	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>sirolimus</i>)	3	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	OA	

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SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	3	
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2ML (<i>anifrolumab-fnia</i>)	OA	PA
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (<i>basiliximab</i>)	OA	
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (<i>anti-thymocyte glob (rabbit)</i>)	OA	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	2	AC
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3	AC
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (<i>everolimus</i>)	3	
KALLIKREIN INHIBITORS		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (<i>lanadelumab-flyo</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
ALPHA-LIPOIC ACID INJECTION SOLUTION 25 MG/ML	3	
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (<i>dalfampridine</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>vutrisiran sodium</i>)	OA	PA
AQNEURSA ORAL PACKET 1 GM (<i>levacetylleucine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ASPYRERX (<i>dtx app - type 2 diabetes</i>)	3	
<i>betaine oral powder</i>	4	SP; QL (30 day supply per 1 fill)
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT (<i>onabotulinumtoxina (cosmetic)</i>)	OA	PA
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxina</i>)	OA	PA
CANVAS DX DIAGNOSIS AID AUTISM (<i>digital diagnostic aid</i>)	3	
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML (<i>levocarnitine</i>)	OA	PA
CARNITOR ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	3	
CARNITOR ORAL TABLET 330 MG (<i>levocarnitine</i>)	3	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	3	
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
COENZYME Q-10 INJECTION SOLUTION 20 MG/ML	3	
CYSTADANE ORAL POWDER (<i>betaine</i>)	4	SP; QL (30 day supply per 1 fill)
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	4	SP; QL (30 day supply per 1 fill)
CYTOTINE ORAL POWDER (<i>creatine monohydrate</i>)	3	

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dalfampridine er oral tablet extended release 12 hour 10 mg	4	PA; SP; QL (30 day supply per 1 fill)
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (daxibotulinumtoxina-lanm)	OA	PA
DEMSEER ORAL CAPSULE 250 MG (metirosine)	3	
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (sodium hyaluronate (viscosup))	OA	PA
DUVYZAT ORAL SUSPENSION 8.86 MG/ML (givinostat hcl)	4	PA; SP; QL (12 ML per 1 day)
DYSPORE INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (abobotulinumtoxina)	OA	PA
ELMIRON ORAL CAPSULE 100 MG (pentosan polysulfate sodium)	3	
ENDARI ORAL PACKET 5 GM (glutamine (sickle cell))	4	PA; SP; QL (30 day supply per 1 fill)
ENDEAVORRX (dtx app - adhd)	3	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (sodium hyaluronate (viscosup))	OA	PA
EVOTAZ ORAL TABLET 300-150 MG (atazanavir-cobicistat)	3	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (risdiplam)	4	PA; SP; QL (30 day supply per 1 fill)
FILSPARI ORAL TABLET 200 MG, 400 MG (sparsentan)	4	PA; SP; QL (30 day supply per 1 fill)
FIRDAPSE ORAL TABLET 10 MG (amifampridine phosphate)	4	PA; SP; QL (30 day supply per 1 fill)
GALAFOLD ORAL CAPSULE 123 MG (migalastat hcl)	4	PA; SP; QL (30 day supply per 1 fill)
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML (cross-linked hyaluronate)	OA	PA

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GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (sodium hyaluronate (viscosup))	OA	PA
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (sodium hyaluronate (viscosup))	OA	PA
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML (givosiran sodium)	OA	
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML (sodium hyaluronate (viscosup))	OA	PA
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (sodium hyaluronate (viscosup))	OA	PA
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (hyaluronan)	OA	PA
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (canakinumab)	4	PA; SP; QL (30 day supply per 1 fill)
ISTURISA ORAL TABLET 1 MG, 5 MG (osilodrostat phosphate)	4	PA; SP; QL (30 day supply per 1 fill); AL (Max 18 Years)
JAVYGTOR ORAL PACKET 100 MG, 500 MG (sapropterin dihydrochloride)	4	SP; QL (30 day supply per 1 fill)
JAVYGTOR ORAL TABLET 100 MG (sapropterin dihydrochloride)	4	SP; QL (30 day supply per 1 fill)
KUVAN ORAL PACKET 100 MG, 500 MG (sapropterin dihydrochloride)	4	SP; QL (30 day supply per 1 fill)
KUVAN ORAL TABLET 100 MG (sapropterin dihydrochloride)	4	SP; QL (30 day supply per 1 fill)
LEVOCARNITINE INJECTION SOLUTION 500 MG/ML	OA	
levocarnitine intravenous solution 200 mg/ml	OA	PA
levocarnitine oral solution 1 gm/10ml	1	
levocarnitine oral tablet 330 mg	1	
levocarnitine sf oral solution 1 gm/10ml	1	

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<i>l-glutamine oral packet 5 gm</i>	4	PA; SP; QL (30 day supply per 1 fill)
LODOCO ORAL TABLET 0.5 MG (<i>colchicine</i>)	3	PA
LUMINOPIA (<i>dtx app - visual</i>)	3	
MACI INTRA-ARTICULAR SHEET (<i>autolog cult chond coll membr</i>)	OA	
MAHANA IBS (<i>dtx app - gastrointestinal</i>)	3	
<i>melnaphos/mb/lyo1 oral tablet 81.6 mg</i>	1	
MELATOL PEDIATRIC SLEEP/CALM ORAL LIQUID 1 MG/ML (<i>melatonin</i>)	3	
<i>metirosine oral capsule 250 mg</i>	1	
<i>miglustat oral capsule 100 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
MODIA (<i>dtx app - subst use disorder</i>)	3	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML (<i>hyaluronan</i>)	OA	PA
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (<i>rimabotulinumtoxinb</i>)	OA	PA
NEXAVIR INJECTION SOLUTION 25.5 MG/ML (<i>liver derivative complex</i>)	OA	
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	4	SP; QL (30 day supply per 1 fill)
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	4	SP; QL (30 day supply per 1 fill)
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED 9.5 MG (<i>fosdenopterin hydrobromide</i>)	OA	PA
ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE 28-0.8-235 MG (<i>prenat-fe carbonyl-fa-omega 3</i>)	3	PV
ONPATTRO INTRAVENOUS SOLUTION 10 MG/5ML (<i>patisiran sodium</i>)	OA	PA

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OPFOLDA ORAL CAPSULE 65 MG (<i>miglustat (gaa deficiency)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	4	SP; QL (30 day supply per 1 fill)
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	4	SP; QL (30 day supply per 1 fill)
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (<i>hyaluronan</i>)	OA	PA
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5ML (<i>lumasiran sodium</i>)	OA	PA
PENTOSAN POLYSULFATE SODIUM ORAL CAPSULE DELAYED RELEASE 150 MG, 200 MG	3	
<i>prenatal multi +dha oral capsule 27-0.8-200 mg, 27-0.8-228 mg, 27-0.8-250 mg</i>	1	PV
<i>prenatal/folic acid+dha oral capsule 27-0.8-200 mg</i>	1	PV
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	2	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (<i>cysteamine bitartrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PROCYSBI ORAL PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
REBYOTA RECTAL SUSPENSION 150 ML (<i>fecal microbiota, live-jslm</i>)	OA	PA
RECORLEV ORAL TABLET 150 MG (<i>levoketoconazole</i>)	4	PA; SP; QL (30 day supply per 1 fill)
REJOYN (<i>dtx app-behav & mental hlth</i>)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	PV
RESET (<i>dtx app - subst use disorder</i>)	3	
RESET NON-MONETARY CM (<i>dtx app - subst use disorder</i>)	3	
RESET-O (<i>dtx app - subst use disorder</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RESET-O NON-MONETARY CM (<i>dtx app - subst use disorder</i>)	3	
RETHYMIC INTRAMUSCULAR IMPLANT (<i>allogeneic thymus tissue-agdc</i>)	OA	
REZUROCK ORAL TABLET 200 MG (<i>belumosudil mesylate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
RIMSO-50 INTRAVESICAL SOLUTION 50 % (<i>dimethyl sulfoxide</i>)	OA	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML (<i>nedosiran sodium</i>)	4	PA; SP; QL (30 day supply per 1 fill)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML (<i>nedosiran sodium</i>)	4	PA; SP; QL (0.03 ML per 1 day)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (<i>nedosiran sodium</i>)	4	PA; SP; QL (0.04 ML per 1 day)
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	4	SP; QL (30 day supply per 1 fill)
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	4	SP; QL (30 day supply per 1 fill)
SKYCLARYS ORAL CAPSULE 50 MG (<i>omaveloxolone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (<i>palovarotene</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SOLESTA INJECTION GEL 50-15 MG/ML (<i>dextranomer-sodium hyaluronate</i>)	OA	
SOMRYST (<i>dtx app - sleep</i>)	3	
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	3	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	OA	PA
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	2	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (sodium hyaluronate (viscosup))	OA	PA
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (hylan g-f 20)	OA	PA
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (hylan g-f 20)	OA	PA
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG (tiopronin)	4	SP; QL (30 day supply per 1 fill)
THIOLA EC ORAL TABLET DELAYED RELEASE 300 MG (tiopronin)	4	
THIOLA ORAL TABLET 100 MG (tiopronin)	4	SP; QL (30 day supply per 1 fill)
tiopronin oral tablet 100 mg	4	SP; QL (30 day supply per 1 fill)
tiopronin oral tablet delayed release 100 mg	4	SP; QL (30 day supply per 1 fill)
tiopronin oral tablet delayed release 300 mg	4	
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (sodium hyaluronate (viscosup))	OA	PA
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (sodium hyaluronate (viscosup))	OA	PA
TYBOST ORAL TABLET 150 MG (cobicistat)	2	
UROGESIC-BLUE ORAL TABLET 81.6 MG (methen-hyosc-meth blue-na phos)	3	
VIJOICE ORAL PACKET 50 MG (alpelisib)	4	PA; SP; QL (30 day supply per 1 fill)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG (alpelisib)	4	PA; SP; QL (30 day supply per 1 fill)
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (sodium hyaluronate (viscosup))	OA	PA

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VORVIDA (<i>dtx app - subst use disorder</i>)	3	
VOWST ORAL CAPSULE (<i>fecal microb spores, live-brpk</i>)	3	PA; QL (24 EA per 365 days)
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (<i>vosoritide</i>)	4	PA; SP; QL (30 day supply per 1 fill)
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	4	PA; SP; QL (30 day supply per 1 fill)
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine (cardiac)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	3	PV
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	3	PV
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	PV
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxina</i>)	OA	PA
XURIDEN ORAL PACKET 2 GM (<i>uridine triacetate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>yargesa oral capsule 100 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
ZAVESCA ORAL CAPSULE 100 MG (<i>miglustat</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (<i>lonafarnib</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PROTECTIVE AGENTS		
<i>adapalene external cream 0.1 %</i>	1	PA
<i>adapalene external gel 0.1 %</i>	1	PA
<i>adapalene external gel 0.3 %</i>	1	AL (Max 29 Years)
ADAPALENE EXTERNAL PAD 0.1 %	3	PA
ADAPALENE EXTERNAL SOLUTION 0.1 %	3	PA
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (<i>dalfampridine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (<i>adapalene-benzoyl per-clindamy</i>)	3	PA
COSELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>trilaciclib dihydrochloride</i>)	OA	PA
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>dexrazoxane hcl intravenous solution reconstituted 250 mg, 500 mg</i>	OA	
<i>dexrazoxane intravenous solution reconstituted 250 mg</i>	OA	
DIFFERIN EXTERNAL CREAM 0.1 % (<i>adapalene</i>)	3	PA
DIFFERIN EXTERNAL GEL 0.3 % (<i>adapalene</i>)	3	AL (Max 29 Years)
DIFFERIN EXTERNAL LOTION 0.1 % (<i>adapalene</i>)	3	PA
EPIDUO EXTERNAL GEL 0.1-2.5 % (<i>adapalene-benzoyl peroxide</i>)	3	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (<i>adapalene-benzoyl peroxide</i>)	3	
<i>mesna intravenous solution 100 mg/ml</i>	OA	
MESNEX INTRAVENOUS SOLUTION 100 MG/ML (<i>mesna</i>)	OA	
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	3	AC
PEDMARK INTRAVENOUS SOLUTION 12.5 % (<i>sodium thiosulfate</i>)	OA	PA
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (<i>afamelanotide acetate</i>)	OA	
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	3	PV
ENCARE VAGINAL SUPPOSITORY 100 MG (<i>nonoxynol-9</i>)	3	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FC2 FEMALE CONDOM (condoms - female)	3	PV
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (cervical caps)	3	PV
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (nonoxynol-9)	3	PV
PARAGARD INTRAUTERINE COPPER INTRAUTERINE DEVICE (copper)	OA	
PHEXXI VAGINAL GEL 1.8-1-0.4 % (lactic ac-citric ac-pot bitart)	3	PV
TODAY SPONGE VAGINAL 1000 MG (nonoxynol-9)	3	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (nonoxynol-9)	3	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (nonoxynol-9)	3	PV
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	3	PV
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	3	PV
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	3	PV
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	3	PV
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	3	PV
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	3	PV
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	3	PV
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (diaphragm wide seal)	3	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OXYTOCICS - Drugs for Women		
OXYTOCICS - Drugs for Women		
<i>carboprost tromethamine intramuscular solution 250 mcg/ml</i>	OA	
CERVIDIL VAGINAL INSERT 10 MG (<i>dinoprostone</i>)	3	
HEMABATE INTRAMUSCULAR SOLUTION 250 MCG/ML (<i>carboprost tromethamine</i>)	OA	
<i>methergine oral tablet 0.2 mg</i>	1	
<i>methylergonovine maleate injection solution 0.2 mg/ml</i>	OA	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	1	
MIFEPREX ORAL TABLET 200 MG (<i>mifepristone</i>)	3	
<i>mifepristone oral tablet 200 mg</i>	1	^
<i>oxytocin injection solution 10 unit/ml</i>	OA	
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 15 UNIT/250ML, 20 UNIT/L, 30 UNIT/500ML	OA	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 15-0.9 UT/250ML-%, 20-0.9 UNIT/L-%, 30-0.9 UT/500ML-%	OA	
PITOCIN INJECTION SOLUTION 10 UNIT/ML (<i>oxytocin</i>)	OA	
PREPIDIL VAGINAL GEL 0.5 MG/3GM (<i>dinoprostone</i>)	3	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
BACTERIOSTATIC WATER(BENZ ALC) INJECTION SOLUTION	3	
<i>diluent for treprostinil intravenous solution</i>	OA	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	3	
STERILE DILUENT FLOLAN PH 12 INTRAVENOUS SOLUTION (<i>glycine diluent</i>)	OA	
STERILE DILUENT FOR REMODULIN INTRAVENOUS SOLUTION (<i>glycine diluent</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sterile water for injection injection solution</i>	OA	
RADIOACTIVE AGENTS		
RADIOACTIVE AGENTS		
LUTATHERA INTRAVENOUS SOLUTION 370 MBQ/ML (<i>lutetium lu 177 dotatate</i>)	OA	
PLUVICTO INTRAVENOUS SOLUTION 1000 MBQ/ML (<i>lutetium lu 177 vipivotide tet</i>)	OA	
STRONTIUM CHLORIDE SR-89 INTRAVENOUS SOLUTION 1 MCI/ML	OA	
XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML (<i>radium ra 223 dichloride</i>)	OA	
RESPIRATORY TRACT AGENTS		
DUAL PHOSPHODIESTERASE INHIBITOR (48:34)		
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML (<i>ensifentrine</i>)	3	PA
RESPIRATORY TRACT AGENTS - Drugs for the Lungs		
ALPHA AND BETA ADRENERGIC AGONIST(RESPR) - Drugs for Asthma/COPD		
ADRENALIN INJECTION SOLUTION 1 MG/ML, 30 MG/30ML (<i>epinephrine</i>)	OA	
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML (<i>ephedrine sulfate (pressors)</i>)	OA	
AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML (<i>ephedrine sulfate (pressors)</i>)	OA	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	3	PA; QL (30 day supply per 1 fill)
EMERPHED INTRAVENOUS SOLUTION 5 MG/ML (<i>ephedrine sulfate (pressors)</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML, 50 MG/10ML (<i>ephedrine sulfate (pressors)</i>)	OA	
EPHEDRINE SULFATE (PRESSORS) INJECTION SOLUTION PREFILLED SYRINGE 25 MG/5ML, 50 MG/10ML, 50 MG/5ML	3	
<i>ephedrine sulfate (pressors) intravenous solution 5 mg/ml, 50 mg/ml</i>	OA	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML	OA	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 25-0.9 MG/5ML-%, 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	OA	
<i>epinephrine (anaphylaxis) injection solution 1 mg/ml, 30 mg/30ml</i>	OA	
<i>epinephrine hcl (nasal) nasal solution 0.1 %</i>	1	
EPINEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%	OA	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	OA	
<i>epinephrine injection solution 1 mg/ml, 10 mg/10ml</i>	OA	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	QL (30 day supply per 1 fill)
EPINEPHRINE INTRAVENOUS SOLUTION 1 MG/10ML	OA	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.1 MG/10ML	OA	
<i>epinephrine intravenous solution prefilled syringe 1 mg/10ml</i>	OA	
<i>epinephrine pf injection solution 1 mg/ml</i>	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	OA	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-5 MCG/10ML-%	OA	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION 4-0.9 MG/250ML-%, 5-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	OA	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>)	3	QL (30 day supply per 1 fill)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (<i>epinephrine</i>)	3	QL (30 day supply per 1 fill)
REZIPRES INTRAVENOUS SOLUTION 47 MG/10ML (<i>ephedrine hcl</i>)	OA	
ANTICHOLINERGIC AGENTS (RESPIR.TRACT) - Drugs for Asthma/COPD		
<i>atropine sulfate injection solution 8 mg/20ml</i>	OA	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml</i>	OA	
<i>atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml</i>	OA	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	OA	
<i>atropine sulfate ophthalmic ointment 1 %</i>	1	
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	2	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	3	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (<i>acclidinium br-formoterol fum</i>)	3	ST
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	1	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-0.1-1 MG	3	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	2	
SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-20-0.2-2 MG	3	
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	1	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (<i>aclidinium bromide</i>)	3	ST
ANTIFIBROTIC AGENTS - Drugs for the Lungs		
ESBRIET ORAL CAPSULE 267 MG (<i>pirfenidone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ESBRIET ORAL TABLET 267 MG, 801 MG (<i>pirfenidone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>pirfenidone oral capsule 267 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
ANTI-INFLAMMATORY AGENTS (RESPIRATORY) - Drugs for Inflammation		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML (mepolizumab)	4	PA; SP; QL (30 day supply per 1 fill)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (mepolizumab)	OA	PA
ANTITUSSIVES - Drugs for Cough and Cold		
benzonatate oral capsule 100 mg, 150 mg, 200 mg	1	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	
diphenhydramine hcl injection solution 50 mg/ml	1	PA
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml	1	
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML (hydrocodone bit-homatrop mbr)	3	
HYCODAN ORAL TABLET 5-1.5 MG (hydrocodone bit-homatrop mbr)	3	
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	1	
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	1	
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	1	
hydromet oral solution 5-1.5 mg/5ml	1	
maxi-tuss ac oral solution 100-10 mg/5ml	1	
promethazine-codeine oral solution 6.25-10 mg/5ml	1	
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (chlorpheniramine-codeine)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORTICOSTEROIDS (RESPIRATORY TRACT) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	ST; QL (1.07 GM per 1 day)
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (<i>ciclesonide</i>)	3	QL (0.41 GM per 1 day)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	2	
<i>azelastine-fluticasone nasal suspension 137-50 mcg/lact</i>	1	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	1	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	3	
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	1	QL (0.84 ML per 1 day)
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT	2	QL (4 EA per 1 day)
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT	2	QL (8 EA per 1 day)
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QL (2 EA per 1 day)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	QL (0.8 GM per 1 day)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	3	QL (0.71 GM per 1 day)
<i>fluticasone propionate nasal suspension 50 mcg/lact</i>	1	
<i>mometasone furoate nasal suspension 50 mcg/lact</i>	1	QL (1.14 GM per 1 day)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (<i>budesonide</i>)	2	QL (0.07 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PULMICORT SUSPENSION INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (<i>budesonide</i>)	3	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	2	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	3	ST
SINUVA NASAL IMPLANT 1350 MCG (<i>mometasone furoate</i>)	OA	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	3	PA
CYSTIC FIBROSIS (CFTR) CORRECTORS - Drugs for the Lungs		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG (<i>lumacaftor-ivacaftor</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	4	PA; SP; QL (30 day supply per 1 fill); AL (Min 6 Years)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	4	PA; SP; QL (30 day supply per 1 fill); AL (Min 2 Years and Max 5 Years)
CYSTIC FIBROSIS (CFTR) POTENTIATORS - Drugs for the Lungs		
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG (<i>lumacaftor-ivacaftor</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (<i>ellexacaftor-tezacaftor-ivacaft</i>)	4	PA; SP; QL (30 day supply per 1 fill); AL (Min 6 Years)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>ellexacaftor-tezacaftor-ivacaft</i>)	4	PA; SP; QL (30 day supply per 1 fill); AL (Min 2 Years and Max 5 Years)
ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs for the Lungs		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (<i>macitentan-tadalafil</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRYVIO ORAL TABLET 12.5 MG (<i>aprocitentan</i>)	3	PA
EXPECTORANTS - Drugs for the Lungs		
<i>guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml</i>	1	
<i>iodine strong oral solution 5 %</i>	1	
<i>maxi-tuss ac oral solution 100-10 mg/5ml</i>	1	
FIRST GENERATION ANTIHIST.(RESPIR TRACT) - Drugs for Allergy		
CARBINOXAMINE MALEATE ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	3	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg, 6 mg</i>	1	
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	3	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (<i>promethazine hcl</i>)	OA	PA
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	OA	PA
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
<i>ryvent oral tablet 6 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INTERLEUKIN ANTAGONISTS - Drugs for Inflammation		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML (<i>reslizumab</i>)	OA	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>dupilumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML (<i>benralizumab</i>)	OA	PA
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	OA	PA
LEUKOTRIENE MODIFIERS - Drugs for Inflammation		
ACCOLATE ORAL TABLET 10 MG, 20 MG (<i>zafirlukast</i>)	3	
<i>montelukast sodium oral packet 4 mg</i>	1	
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	
SINGULAIR ORAL PACKET 4 MG (<i>montelukast sodium</i>)	3	
SINGULAIR ORAL TABLET 10 MG (<i>montelukast sodium</i>)	3	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (<i>montelukast sodium</i>)	3	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	1	PA
ZYFLO ORAL TABLET 600 MG (<i>zileuton</i>)	3	PA

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAST-CELL STABILIZERS - Drugs for Inflammation		
ALOCRIL OPHTHALMIC SOLUTION 2 % (<i>nedocromil sodium</i>)	3	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (<i>lodoxamide tromethamine</i>)	2	
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML (<i>cromolyn sodium</i>)	3	
MUCOLYTIC AGENTS - Drugs for the Lungs		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %, 7 % (<i>sodium chloride</i>)	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %, 6 % (<i>sodium chloride</i>)	3	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	1	
NASAL PREPARATIONS (STEROIDS) - Drugs for Inflammation		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/lact</i>	1	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	3	
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	1	QL (0.84 ML per 1 day)
<i>fluticasone propionate nasal suspension 50 mcg/lact</i>	1	
<i>mometasone furoate nasal suspension 50 mcg/lact</i>	1	QL (1.14 GM per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	3	ST
SINUVA NASAL IMPLANT 1350 MCG (<i>mometasone furoate</i>)	OA	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	3	PA
NON-SELECT.BETA-ADRENERGIC AGONT(RESPIR) - Drugs for Asthma/COPD		
<i>isoproterenol hcl injection solution 0.2 mg/ml</i>	OA	
ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	ST; QL (1.07 GM per 1 day)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	2	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	1	
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT	2	QL (4 EA per 1 day)
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT	2	QL (8 EA per 1 day)
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QL (2 EA per 1 day)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	QL (0.8 GM per 1 day)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	3	QL (0.71 GM per 1 day)

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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 (<i>budesonide</i>)	2	QL (0.07 EA per 1 day)
PULMICORT SUSPENSION INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (<i>budesonide</i>)	3	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	2	
PHOSPHODIESTERASE TYPE 4 INHIBITORS - Drugs for the Lungs		
DALIRESP ORAL TABLET 250 MCG, 500 MCG (<i>roflumilast</i>)	3	
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	
ZORYVE EXTERNAL CREAM 0.15 % (<i>roflumilast (dermatologic)</i>)	3	PA
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	3	PA
ZORYVE EXTERNAL FOAM 0.3 % (<i>roflumilast (antiseborrheic)</i>)	3	PA
PHOSPHODIESTERASE-5 INHIBITORS (RESPIR) - Drugs for the Lungs		
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>alyq oral tablet 20 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
CIALIS ORAL TABLET 10 MG, 20 MG, 5 MG (<i>tadalafil</i>)	3	QL (0.27 EA per 1 day)
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (<i>macitentan-tadalafil</i>)	4	PA; SP; QL (30 day supply per 1 fill)
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (<i>sildenafil citrate</i>)	OA	
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	OA	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (0.27 EA per 1 day)
<i>sildenafil citrate oral tablet 20 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>tadalafil (pah) oral tablet 20 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	QL (0.27 EA per 1 day)
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sildenafil citrate</i>)	3	QL (0.27 EA per 1 day)
PROSTACYCLIN & PROSTACYCLIN DERIVATIVES - Drugs for the Lungs		
AURLUMYN INTRAVENOUS SOLUTION 100 MCG/ML (<i>iloprost</i>)	OA	PA
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	OA	
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	OA	
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (<i>treprostinil</i>)	OA	
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	OA	
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (<i>treprostinil</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	4	PA; SP; QL (30 day supply per 1 fill)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	OA	
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PULMONARY SURFACTANTS - Drugs for the Lungs		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML, 240 MG/3ML (<i>poractant alfa</i>)	3	
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-% (<i>calfactant in nacl</i>)	3	
SURVANTA INTRATRACHEAL SUSPENSION 25-0.9 MG/ML-% (<i>beractant in nacl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RESPIRATORY TRACT AGENTS, MISCELLANEOUS - Drugs for the Lungs		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (<i>alpha1-proteinase inhibitor</i>)	OA	
BRONCHITOL INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ESBRIET ORAL CAPSULE 267 MG (<i>pirfenidone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ESBRIET ORAL TABLET 267 MG, 801 MG (<i>pirfenidone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (<i>alpha1-proteinase inhibitor</i>)	OA	
<i>pirfenidone oral capsule 267 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>)	OA	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	OA	PA
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG (<i>sotatercept-csrk</i>)	OA	PA
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (<i>omalizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (<i>omalizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	OA	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG (<i>alpha1-proteinase inhibitor</i>)	OA	
SECOND GENERATION ANTIHIST(RESPIR TRACT) - Drugs for Allergy		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray</i>	1	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>azelastine-fluticasone nasal suspension 137-50 mcg/lact</i>	1	
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	1	
CLARINEX ORAL TABLET 5 MG (<i>desloratadine</i>)	3	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	1	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	3	
QUZYTIR INTRAVENOUS SOLUTION 10 MG/ML (<i>cetirizine hcl</i>)	OA	
ZERVATE OPHTHALMIC SOLUTION 0.24 % (<i>cetirizine hcl</i>)	3	PA; QL (2 EA per 1 day); AL (Max 2 Years)
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - Drugs for Asthma/COPD		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	ST; QL (1.07 GM per 1 day)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/lact inhalation</i>	1	
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/lact inhalation</i>	1	QL (1.2 GM per 1 day)
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	2	QL (1.2 GM per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
albuterol sulfate oral syrup 2 mg/5ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	1	
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	1	QL (4 ML per 1 day)
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (arformoterol tartrate)	3	QL (4 ML per 1 day)
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	1	QL (4 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (formoterol fumarate)	3	QL (4 ML per 1 day)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (albuterol sulfate)	2	QL (2 EA per 25 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (salmeterol xinafoate)	2	QL (2 EA per 1 day)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (olodaterol hcl)	3	
terbutaline sulfate injection solution 1 mg/ml	OA	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	1	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (albuterol sulfate)	2	QL (1.2 GM per 1 day)
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (levalbuterol tartrate)	3	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VASODILATING AGENTS (RESPIRATORY TRACT) - Drugs for the Lungs		
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>alyq oral tablet 20 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	OA	
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	OA	
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (treprostinil)	OA	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (sildenafil citrate)	OA	
REVATIO ORAL TABLET 20 MG (sildenafil citrate)	4	PA; SP; QL (30 day supply per 1 fill)
sildenafil citrate intravenous solution 10 mg/12.5ml	OA	
sildenafil citrate oral suspension reconstituted 10 mg/ml	4	PA; SP; QL (30 day supply per 1 fill)
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL (0.27 EA per 1 day)
sildenafil citrate oral tablet 20 mg	4	PA; SP; QL (30 day supply per 1 fill)
tadalafil (pah) oral tablet 20 mg	4	PA; SP; QL (30 day supply per 1 fill)
TADLIQ ORAL SUSPENSION 20 MG/5ML (tadalafil (pah))	4	PA; SP; QL (30 day supply per 1 fill)
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	4	PA; SP; QL (30 day supply per 1 fill)
TRACLEER ORAL TABLET SOLUBLE 32 MG (bosentan)	4	PA; SP; QL (30 day supply per 1 fill)
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	OA	
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (treprostinil)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (treprostinil)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (treprostinil)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO INHALATION SOLUTION 0.6 MG/ML (treprostinil)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	4	PA; SP; QL (30 day supply per 1 fill)
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG (<i>selexipag</i>)	OA	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	4	PA; SP; QL (30 day supply per 1 fill)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	4	PA; SP; QL (30 day supply per 1 fill)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	OA	
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	4	PA; SP; QL (30 day supply per 1 fill)
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sildenafil citrate</i>)	3	QL (0.27 EA per 1 day)
VASODILATING AGENTS, MISC - Drugs for the Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	4	PA; SP; QL (30 day supply per 1 fill)
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG (<i>selexipag</i>)	OA	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	4	PA; SP; QL (30 day supply per 1 fill)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	4	PA; SP; QL (30 day supply per 1 fill)
XANTHINE DERIVATIVES - Drugs for Asthma/COPD		
<i>elixophyllin oral elixir 80 mg/15ml</i>	1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTIPROLIFERANTS		
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	3	
<i>bexarotene external gel 1 %</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>bexarotene oral capsule 75 mg</i>	4	PA; SP; AC; QL (30 day supply per 1 fill)
CARAC EXTERNAL CREAM 0.5 % (<i>fluorouracil</i>)	2	
EFUDEX EXTERNAL CREAM 5 % (<i>fluorouracil</i>)	3	
<i>fluorouracil external cream 5 %</i>	1	
<i>fluorouracil external solution 2 %, 5 %</i>	1	
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	OA	
<i>imiquimod external cream 3.75 %, 5 %</i>	1	
<i>imiquimod pump external cream 3.75 %</i>	1	
KLISYRI (250 MG) EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	3	PA; QL (1 EA per 5 days)
KLISYRI (350 MG) EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	3	PA; QL (1 EA per 5 days)
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>)	3	
PANRETIN EXTERNAL GEL 0.1 % (<i>alitretinoin</i>)	2	PA
TARGRETIN EXTERNAL GEL 1 % (<i>bexarotene</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TARGRETIN ORAL CAPSULE 75 MG (<i>bexarotene</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	2	
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	4	SP; QL (30 day supply per 1 fill)
ZYCLARA EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	3	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % (<i>imiquimod</i>)	3	
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin		
ADRENERGIC AGONISTS - Drugs for the Skin		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (<i>brimonidine tartrate</i>)	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (<i>brimonidine tartrate</i>)	3	
<i>brimonidine tartrate external gel 0.33 %</i>	1	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>	1	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	3	
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	3	
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	3	PA
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
DIFMETIOXRIME EXTERNAL SOLUTION 4-2-1-4 %	3	
FENOVIA EXTERNAL SOLUTION 4-2-1-4 %	3	
<i>naftifine hcl external cream 1 %, 2 %</i>	1	
<i>naftifine hcl external gel 2 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NAFTIN EXTERNAL GEL 2 % (<i>naftifine hcl</i>)	3	
ANTIBACTERIALS (84:04) - Drugs for the Skin		
ABENOR HP EXTERNAL LOTION 4-15 %	3	
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phos-benzoyl perox</i>)	3	
ACIOXIAY EXTERNAL CREAM 15-4 %	3	
ACZONE EXTERNAL GEL 5 %, 7.5 % (<i>dapsone</i>)	3	PA
ADERMICA HP EXTERNAL GEL 2.5-1-2-0.05 %	3	
ADMIRAZOL EXTERNAL CREAM 6-2-5 %	3	
ADMIRAZOL HP EXTERNAL CREAM 8.5-2-5 %	3	
ALIXI EXTERNAL CREAM 6-4 %	3	
ALIXI HP EXTERNAL CREAM 8.5-4 %	3	
AMZEEQ EXTERNAL FOAM 4 % (<i>minocycline hcl micronized</i>)	3	PA; QL (30 GM per 1 fill); AL (Min 9 Years)
AVIDORA EXTERNAL CREAM 1-4-0.025 %	3	
AVIDORA EXTERNAL SOLUTION 1-4-0.025 %	3	
AVIDORA HP EXTERNAL CREAM 1-4-0.05 %	3	
<i>avidoxy oral tablet 100 mg</i>	1	
AWANIS EXTERNAL CREAM 8.5-2-0.025 %	3	
<i>azelaic acid external gel 15 %</i>	1	
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</i>)	3	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
BENZAMYCIN EXTERNAL GEL 5-3 % (<i>benzoyl peroxide-erythromycin</i>)	3	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (<i>adapalene-benzoyl per-clindamy</i>)	3	PA
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG (<i>clindamycin hcl</i>)	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (<i>clindamycin palmitate hcl</i>)	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION 300 MG/2ML, 600 MG/4ML, 9 GM/60ML, 900 MG/6ML (<i>clindamycin phosphate</i>)	OA	
CLEOCIN VAGINAL CREAM 2 % (<i>clindamycin phosphate</i>)	3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (<i>clindamycin phosphate</i>)	2	
CLEOCIN-T EXTERNAL LOTION 1 % (<i>clindamycin phosphate</i>)	3	
<i>clindacin etz external swab 1 %</i>	1	
<i>clindacin external foam 1 %</i>	1	
<i>clindacin-p external swab 1 %</i>	1	
CLINDAGEL EXTERNAL GEL 1 % (<i>clindamycin phosphate</i>)	3	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %</i>	1	
<i>clindamycin phosphate external foam 1 %</i>	1	
<i>clindamycin phosphate external gel 1 %</i>	1	
<i>clindamycin phosphate external lotion 1 %</i>	1	
<i>clindamycin phosphate external solution 1 %</i>	1	
<i>clindamycin phosphate external swab 1 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	OA	
CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION 300-0.9 MG/50ML-%, 600-0.9 MG/50ML-%, 900-0.9 MG/50ML-%	OA	
<i>clindamycin phosphate injection solution 900 mg/6ml</i>	OA	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	1	AL (Max 29 Years)
CLINDESSE VAGINAL CREAM 2 % (<i>clindamycin phosphate (1 dose)</i>)	2	
<i>dapsone external gel 5 %, 7.5 %</i>	1	PA
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
DEOXIA EXTERNAL LOTION 1-4 %	3	
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (<i>doxycycline hyclate</i>)	2	PA
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	OA	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	OA	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	PA
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	PA
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	1	PA
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline oral capsule delayed release 40 mg	1	PA
DRAXACEY EXTERNAL SUSPENSION 2-8 %	3	
DRIXECE EXTERNAL SUSPENSION 5-10 %	3	
ECEOXIA EXTERNAL CREAM 4-10 %	3	
ery external pad 2 %	1	
ERYGEL EXTERNAL GEL 2 % (erythromycin)	3	
erythromycin external gel 2 %	1	
erythromycin external solution 2 %	1	
FINACEA EXTERNAL FOAM 15 % (azelaic acid)	3	
FLAGYL ORAL CAPSULE 375 MG (metronidazole)	3	
gentamicin sulfate external cream 0.1 %	1	
gentamicin sulfate external ointment 0.1 %	1	
gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml	OA	
KLARON EXTERNAL LOTION 10 % (sulfacetamide sodium (acne))	3	
levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml	OA	
levofloxacin intravenous solution 25 mg/ml	OA	
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (metronidazole)	3	
mafenide acetate external packet 5 %	1	
METROCREAM EXTERNAL CREAM 0.75 % (metronidazole)	3	
METROGEL EXTERNAL GEL 1 % (metronidazole)	3	
METROLOTION EXTERNAL LOTION 0.75 % (metronidazole)	3	
metronidazole external cream 0.75 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
metronidazole external gel 0.75 %, 1 %	1	
metronidazole external lotion 0.75 %	1	
metronidazole intravenous solution 500 mg/100ml	OA	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal gel 0.75 %	1	
mondoxyne nl oral capsule 100 mg	1	
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	OA	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION 400 MG/250ML	OA	
moxifloxacin hcl oral tablet 400 mg	1	
mupirocin calcium external cream 2 %	1	
mupirocin external ointment 2 %	1	
neomycin sulfate oral tablet 500 mg	1	
neomycin-polymyxin b gu irrigation solution 40-200000	1	
neo-polycin hc ophthalmic ointment 1 %	1	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (neomycin-fluocinolone)	3	PA
neuac external gel 1.2-5 %	1	
NORITATE EXTERNAL CREAM 1 % (metronidazole)	2	
NUVESSA VAGINAL GEL 1.3 % (metronidazole)	2	
ONEXTON EXTERNAL GEL 1.2-3.75 % (clindamycin phos-benzoyl perox)	3	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (doxycycline)	3	PA
OVACE PLUS EXTERNAL CREAM 10 % (sulfacetamide sodium)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OVACE PLUS EXTERNAL LOTION 9.8 % (sulfacetamide sodium)	3	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % (sulfacetamide sodium-sulfur)	3	
polycin ophthalmic ointment 500-10000 unit/gm	1	
polymyxin b sulfate injection solution reconstituted 500000 unit	OA	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
sulfacetamide sodium (acne) external lotion 10 %	1	
sulfacetamide sodium-sulfur external pad 9.8-4.8 %	1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (mafenide acetate)	3	
SUMAXIN EXTERNAL PAD 10-4 % (sulfacetamide sodium-sulfur)	3	
TARDEOXIA EXTERNAL CREAM 1-4-0.025 %	3	
TARGADOX ORAL TABLET 50 MG (doxycycline hyclate)	3	
VANDAZOLE VAGINAL GEL 0.75 % (metronidazole)	3	
XACIATO VAGINAL GEL 2 % (clindamycin phosphate)	3	ST
ZIANA EXTERNAL GEL 1.2-0.025 % (clindamycin-tretinoin)	3	AL (Max 29 Years)
ZILXI EXTERNAL FOAM 1.5 % (minocycline hcl micronized)	3	PA; QL (1 GM per 1 day)
ANTIFULGALS (SKIN, MUCOUS MEMBRANE),MISC - Drugs for the Skin		
EXODERM EXTERNAL LOTION 25-1 % (sod thiosulfate-salicylic acid)	3	
FUNGIMEZ EXTERNAL SOLUTION	3	
RECURA EXTERNAL CREAM (misc antifungal combo products)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTI-INFLAMMATORY AGENTS, MISC (SKIN) - Drugs for the Skin		
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	3	ST
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	3	PA
WINLEVI EXTERNAL CREAM 1 % (<i>clascoterone</i>)	3	PA; QL (2 GM per 1 day)
ANTIPRURITICS AND LOCAL ANESTHETICS - Drugs for the Skin		
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	3	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	3	
ASTERO EXTERNAL GEL 4 % (<i>lidocaine hcl</i>)	3	PA
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (<i>hc-pramoxine-chloroxylenol</i>)	3	
CRYODOSE TA EXTERNAL AEROSOL (<i>pentafluoroprop-tetrafluoroeth</i>)	3	
<i>doxepin hcl external cream 5 %</i>	1	
DYCLOPRO EXTERNAL SOLUTION 0.5 %	3	
EHA EXTERNAL LOTION 4 %	3	
EPIFOAM EXTERNAL FOAM 1-1 % (<i>pramoxine-hc</i>)	3	
<i>ethyl chloride external aerosol</i>	1	
GEBAUERS PAIN EASE EXTERNAL AEROSOL (<i>pentafluoroprop-tetrafluoroeth</i>)	3	
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL (<i>pentafluoroprop-tetrafluoroeth</i>)	3	
<i>glydo external prefilled syringe 2 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	
<i>hydrocort-pramoxine (perianal) external cream 2.5-1 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KORSUVA INTRAVENOUS SOLUTION 65 MCG/1.3ML (<i>difelikefalin acetate</i>)	OA	PA
L.E.T. (RACEPINEPHRINE) EXTERNAL SOLUTION 4-0.05-0.5 %	3	
LDO PLUS EXTERNAL GEL 4 % (<i>lidocaine hcl</i>)	3	PA
LEVATIO EXTERNAL PATCH 0.03-5 %	3	
<i>lidocaine external ointment 5 %</i>	1	QL (2 GM per 1 day)
<i>lidocaine external patch 5 %</i>	1	
<i>lidocaine hcl external cream 3 %</i>	1	PA
<i>lidocaine hcl external solution 4 %</i>	1	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	1	
<i>lidocaine-hydrocort (perianal) external cream 3-0.5 %</i>	1	
LIDOCAINE-HYDROCORTISONE ACE EXTERNAL CREAM 1-1 %	3	
LIDOCAINE-HYDROCORTISONE ACE RECTAL GEL 2.8-0.55 %	3	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	
LIDOCAN EXTERNAL PATCH 5 % (<i>lidocaine</i>)	3	
LIDOCORT EXTERNAL CREAM 3-0.5 % (<i>lidocaine-hydrocortisone ace</i>)	3	
LIDODERM EXTERNAL PATCH 5 % (<i>lidocaine</i>)	3	
<i>lidopin external cream 3 %</i>	1	PA
LIDOPIN EXTERNAL CREAM 3.25 %	3	
LIDO-RACEPINEPHRINE-TETRACAINE EXTERNAL SOLUTION 4-0.05-0.5 %	3	
LIDOTRAL 1 EXTERNAL PATCH 4.88 % (<i>lidocaine</i>)	3	
<i>phenazo oral tablet 200 mg</i>	1	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRAMOSONE EXTERNAL CREAM 1-1 % (<i>pramoxine-hc</i>)	3	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (<i>pramoxine-hc</i>)	3	
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 % (<i>pramoxine-hc</i>)	3	
<i>premium lidocaine external ointment 5 %</i>	1	QL (2 GM per 1 day)
PREMIUM SCAR EXTERNAL PATCH 2-4-30 %	3	
PROCORT EXTERNAL CREAM 1.85-1.15 % (<i>hydrocortisone ace-pramoxine</i>)	3	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	2	
PROXIVOL EXTERNAL GEL 2 % (<i>lidocaine hcl</i>)	3	
PRUDOXIN EXTERNAL CREAM 5 % (<i>doxepin hcl</i> (<i>antipruritic</i>))	3	
PYRIDIUM ORAL TABLET 100 MG, 200 MG (<i>phenazopyridine hcl</i>)	3	
SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 % (<i>lido-capsaicin-men-methyl sal</i>)	3	
STERILE TOPICAL L.E.T. GEL EXTERNAL GEL 4-0.18-0.5 % (<i>lido-epinephrine-tetracaine</i>)	OA	
TOPICAL L.E.T. EXTERNAL GEL 4-0.09-0.5 %	3	
TRIDACAINE II EXTERNAL PATCH 5 % (<i>lidocaine</i>)	3	
TRIDACAINE III EXTERNAL PATCH 5 % (<i>lidocaine</i>)	3	
ZERUVIA EXTERNAL PATCH 4-1 %	3	
ZONALON EXTERNAL CREAM 5 % (<i>doxepin hcl</i> (<i>antipruritic</i>))	3	
ZTLIDO EXTERNAL PATCH 1.8 % (<i>lidocaine</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>acyclovir external cream 5 %</i>	1	
<i>acyclovir external ointment 5 %</i>	1	
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	OA	
CANTHARIDIN EXTERNAL SOLUTION 0.7 %	OA	PA
DENAVIR EXTERNAL CREAM 1 % (<i>penciclovir</i>)	3	
<i>penciclovir external cream 1 %</i>	1	
SITAVIG BUCCAL TABLET 50 MG (<i>acyclovir</i>)	3	
XERESE EXTERNAL CREAM 5-1 % (<i>acyclovir-hydrocortisone</i>)	3	
YCANTH EXTERNAL SOLUTION 0.7 % (<i>cantharidin</i>)	OA	PA
ZOVIRAX EXTERNAL CREAM 5 % (<i>acyclovir</i>)	3	
ZOVIRAX EXTERNAL OINTMENT 5 % (<i>acyclovir</i>)	3	
ASTRINGENTS (84:12) - Drugs for the Skin		
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	3	ST
CUVPOSA ORAL SOLUTION 1 MG/5ML (<i>glycopyrrolate</i>)	3	
DRYSOL EXTERNAL SOLUTION 20 % (<i>aluminum chloride</i>)	3	
GLYCATE ORAL TABLET 1.5 MG (<i>glycopyrrolate</i>)	1	
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml, 1 mg/5ml, 4 mg/20ml</i>	OA	
GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML	OA	

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GLYCOPYRROLATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML	OA	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	1	
<i>glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml</i>	OA	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	OA	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML, 0.4 MG/2ML (<i>glycopyrrolate</i>)	OA	
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML (<i>glycopyrrolate</i>)	OA	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	3	
PREMIUM SCAR EXTERNAL PATCH 2-4-30 %	3	
QBREXZA EXTERNAL PAD 2.4 % (<i>glycopyrronium tosylate</i>)	3	PA
ROBINUL ORAL TABLET 1 MG (<i>glycopyrrolate</i>)	3	
ROBINUL-FORTE ORAL TABLET 2 MG (<i>glycopyrrolate</i>)	3	
SOFDRA EXTERNAL GEL 12.45 % (<i>sofipironium bromide</i>)	3	PA; QL (1.4 ML per 1 day)
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	3	
XERAC AC EXTERNAL SOLUTION 6.25 % (<i>aluminum chloride in alcohol</i>)	3	
ASTRINGENTS, ANTI-INFECTIVE - Drugs for the Skin		
<i>benzalkonium chloride external solution , 50 %</i>	1	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	3	
DAZINIA EXTERNAL CREAM 1-2.5-2 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocortisone-iodoquinol external cream 1-1 %	1	
iodine strong oral solution 5 %	1	
LUGOLS STRONG IODINE EXTERNAL SOLUTION 5-10 %	3	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (chlorhexidine gluconate)	3	
periogard mouth/throat solution 0.12 %	1	
PHEODOYO EXTERNAL CREAM 1-2.5-2 %	3	
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	
AZOLES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
clotrimazole external cream 1 %	1	
clotrimazole external solution 1 %	1	
clotrimazole mouth/throat troche 10 mg	1	
clotrimazole-betamethasone external cream 1-0.05 %	1	
clotrimazole-betamethasone external lotion 1-0.05 %	1	
DAZINIA EXTERNAL CREAM 1-2.5-2 %	3	
DELIBON EXTERNAL CREAM 2-2.5 %	3	
DENVITA EXTERNAL CREAM 2-4 %	3	
DIFMETIOXRIME EXTERNAL SOLUTION 4-2-1-4 %	3	
econazole nitrate external cream 1 %	1	
ECOZA EXTERNAL FOAM 1 % (econazole nitrate)	3	
ERTACZO EXTERNAL CREAM 2 % (sertaconazole nitrate)	3	
EXELDERM EXTERNAL CREAM 1 % (sulconazole nitrate)	2	
EXELDERM EXTERNAL SOLUTION 1 % (sulconazole nitrate)	2	

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FENOVIA EXTERNAL SOLUTION 4-2-1-4 %	3	
FRIVO EXTERNAL CREAM 1-4 %	3	
GYNAZOLE-1 VAGINAL CREAM 2 % (<i>butoconazole nitrate (1 dose)</i>)	3	
IMIOXIA EXTERNAL CREAM 1-4 %	3	
JUBLIA EXTERNAL SOLUTION 10 % (<i>efinaconazole</i>)	3	PA
<i>ketoconazole external cream 2 %</i>	1	
<i>ketoconazole external foam 2 %</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketodan external foam 2 %</i>	1	
LULICONAZOLE EXTERNAL CREAM 1 %	2	
LUZU EXTERNAL CREAM 1 % (<i>luliconazole</i>)	3	
<i>miconazole 3 vaginal suppository 200 mg</i>	1	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	3	
ORAVIG BUCCAL TABLET 50 MG (<i>miconazole</i>)	3	
<i>oxiconazole nitrate external cream 1 %</i>	1	
OXISTAT EXTERNAL LOTION 1 % (<i>oxiconazole nitrate</i>)	3	
PHEODOYO EXTERNAL CREAM 1-2.5-2 %	3	
PHEYO EXTERNAL CREAM 2.5-2 %	3	
SULCONAZOLE NITRATE EXTERNAL CREAM 1 %	2	
SULCONAZOLE NITRATE EXTERNAL SOLUTION 1 %	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	3	
BASIC LOTIONS AND LINIMENTS - Drugs for the Skin		
<i>ammonium lactate external cream 12 %</i>	1	

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ammonium lactate external lotion 12 %</i>	1	
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (<i>salicylic acid-lactic acid</i>)	3	
<i>lactic acid external lotion 10 %</i>	1	
<i>methyl salicylate external liquid</i>	1	
SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 % (<i>lido-capsaicin-men-methyl sal</i>)	3	
<i>turpentine external spirit</i>	1	
<i>urea hydrating external foam 35 %</i>	1	
BASIC OILS AND OTHER SOLVENTS - Drugs for the Skin		
<i>lactic acid e external cream 10-3500 %-unt/30gm</i>	1	
BASIC OINTMENTS AND PROTECTANTS - Drugs for the Skin		
ARTISS EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	3	
<i>calcipotriene external cream 0.005 %</i>	1	
CALCIPOTRIENE EXTERNAL FOAM 0.005 %	3	
<i>calcipotriene external ointment 0.005 %</i>	1	
<i>calcipotriene external solution 0.005 %</i>	1	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	1	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	1	
CALCITRENE EXTERNAL OINTMENT 0.005 % (<i>calcipotriene</i>)	3	
DIOCHLOY EXTERNAL SOLUTION 0.005-0.05 %	3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	
<i>hydrocortisone external cream 1 %</i>	1	
<i>iodoquinol-hc-aloe polysacch external gel 1-2-1 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lactic acid e external cream 10-3500 %-unt/30gm</i>	1	
<i>nitroglycerin rectal ointment 0.4 %</i>	1	
PROSILK EXTERNAL GEL (<i>silicone</i>)	3	
RECTIV RECTAL OINTMENT 0.4 % (<i>nitroglycerin</i>)	3	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	3	
SORILUX EXTERNAL FOAM 0.005 % (<i>calcipotriene</i>)	3	
TACHOSIL EXTERNAL PATCH 4.8 X 4.8 CM, 9.5 X 4.8 CM (<i>absorbable fibrin sealant</i>)	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	
TISSEEL EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	3	
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	3	PA
WYNZORA EXTERNAL CREAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG (<i>collagenase clostrid histolyt</i>)	OA	PA
CELL STIMULANTS AND PROLIFERANTS - Drugs for the Skin		
ADERMICA HP EXTERNAL GEL 2.5-1-2-0.05 %	3	
ALTRENO EXTERNAL LOTION 0.05 % (<i>tretinoin</i>)	3	AL (Max 29 Years)
ALURIS EXTERNAL GEL 4-0.05 %	3	
ATRALIN EXTERNAL GEL 0.05 % (<i>tretinoin</i>)	3	AL (Max 29 Years)
AVIDORA EXTERNAL CREAM 1-4-0.025 %	3	
AVIDORA EXTERNAL SOLUTION 1-4-0.025 %	3	
AVIDORA HP EXTERNAL CREAM 1-4-0.05 %	3	
AWANIS EXTERNAL CREAM 8.5-2-0.025 %	3	
AZALTA HP EXTERNAL GEL 2-5-0.05 %	3	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	1	AL (Max 29 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride-tadalafil</i>)	3	PA
FINAPOD EXTERNAL SOLUTION 0.1-7 %	3	
<i>finasteride oral tablet 5 mg</i>	1	
HARVIVA HP EXTERNAL SOLUTION 0.1-7 %	3	
HENTIS EXTERNAL SOLUTION 5-0.1-0.025 %	3	
HENTIS HP EXTERNAL SOLUTION 7-0.1-0.025 %	3	
HEVONA EXTERNAL SOLUTION 0.01-5-0.025 %	3	
HOLIZAR EXTERNAL SOLUTION 7-0.025 %	3	
HONISTA EXTERNAL SOLUTION 0.1-7-0.025 %	3	
HOVITRA EXTERNAL SOLUTION 7-4 %	3	
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 5.16 MG (<i>palifermin</i>)	OA	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
OXIATAR EXTERNAL CREAM 4-0.025 %	3	
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	3	
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (<i>tretinoin</i>)	3	AL (Max 29 Years)
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (<i>tretinoin</i>)	3	AL (Max 29 Years)
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	3	AL (Max 29 Years)
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	3	AL (Max 29 Years)
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % (<i>tretinoin microsphere</i>)	2	AL (Max 29 Years)
TARDEOXIA EXTERNAL CREAM 1-4-0.025 %	3	
TAROXIA EXTERNAL CREAM 4-0.025 %	3	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	AL (Max 29 Years)
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	1	AL (Max 29 Years)

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<i>tretinoin microsphere external gel 0.04 %, 0.08 %, 0.1 %</i>	1	AL (Max 29 Years)
<i>tretinoin microsphere pump external gel 0.04 %, 0.08 %, 0.1 %</i>	1	AL (Max 29 Years)
<i>tretinoin oral capsule 10 mg</i>	1	AC
TWYNEO EXTERNAL CREAM 0.1-3 % (<i>tretinoin-benzoyl peroxide</i>)	3	PA; QL (1 GM per 1 day)
VARDIMAXIA EXTERNAL GEL 2-5-0.05 %	3	
VAROXIA EXTERNAL GEL 4-0.05 %	3	
ZIANA EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	3	AL (Max 29 Years)
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ALA SCALP EXTERNAL LOTION 2 % (<i>hydrocortisone</i>)	3	
<i>ala-cort external cream 1 %</i>	1	
<i>alclometasone dipropionate external cream 0.05 %</i>	1	
<i>alclometasone dipropionate external ointment 0.05 %</i>	1	
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (<i>hydrocortisone</i>)	3	PA
<i>amcinonide external cream 0.1 %</i>	1	
<i>amcinonide external ointment 0.1 %</i>	1	
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	3	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	3	
ANUSOL-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	3	
APEXICON E EXTERNAL CREAM 0.05 % (<i>diflorasone diacet emoll base</i>)	3	
BENZOYL PEROX-HYDROCORTISONE EXTERNAL LOTION 5-0.5 %	3	

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BENZOYL PEROXIDE FORTE- HC EXTERNAL LOTION 7.5-1 %	3	
BETAMETHASONE COMBO INJECTION SUSPENSION 6 (3-3) MG/ML, 7 (4-3) MG/ML	OA	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1	
<i>betamethasone dipropionate external cream 0.05 %</i>	1	
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	
BETAMETHASONE SOD PHOS & ACET INJECTION SUSPENSION 7 (4-3) MG/ML	OA	
BETAMETHASONE SOD PHOS & ACET SUSPENSION 6 (3-3) MG/ML INJECTION	OA	
<i>betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection</i>	OA	
BETAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION 12 MG/2ML, 6 MG/ML	OA	
<i>betamethasone valerate external cream 0.1 %</i>	1	
<i>betamethasone valerate external foam 0.12 %</i>	1	
<i>betamethasone valerate external lotion 0.1 %</i>	1	
<i>betamethasone valerate external ointment 0.1 %</i>	1	
BRYHALI EXTERNAL LOTION 0.01 % (<i>halobetasol propionate</i>)	3	
<i>budesonide rectal foam 2 mg, 2 mg/lact</i>	1	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	1	

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calcipotriene-betameth diprop external suspension 0.005-0.064 %	1	
CELESTONE SOLUSPAN INJECTION SUSPENSION 6 (3-3) MG/ML (betamethasone sod phos & acet)	OA	
CHLOOXIA EXTERNAL CREAM 0.05-4 %	3	
CHLOOXIA EXTERNAL OINTMENT 0.05-4 %	3	
CHLOOXIA EXTERNAL SOLUTION 0.05-4 %	3	
clobetasol propionate e external cream 0.05 %	1	
clobetasol propionate emulsion external foam 0.05 %	1	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam 0.05 %	1	
clobetasol propionate external gel 0.05 %	1	
clobetasol propionate external liquid 0.05 %	1	
clobetasol propionate external lotion 0.05 %	1	
clobetasol propionate external ointment 0.05 %	1	
clobetasol propionate external shampoo 0.05 %	1	
clobetasol propionate external solution 0.05 %	1	
CLOBEX EXTERNAL LOTION 0.05 % (clobetasol propionate)	3	
CLOBEX EXTERNAL SHAMPOO 0.05 % (clobetasol propionate)	3	
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (clobetasol propionate)	3	
clocortolone pivalate external cream 0.1 %	1	
clodan external shampoo 0.05 %	1	
CLODERM EXTERNAL CREAM 0.1 % (clocortolone pivalate)	3	
clotrimazole-betamethasone external cream 1-0.05 %	1	
clotrimazole-betamethasone external lotion 1-0.05 %	1	

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CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (hc-pramoxine-chloroxylonol)	3	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (hydrocortisone)	3	
CORTENEMA RECTAL ENEMA 100 MG/60ML (hydrocortisone)	3	
CORTIFOAM EXTERNAL FOAM 10 % (hydrocortisone acetate)	2	
DAZINIA EXTERNAL CREAM 1-2.5-2 %	3	
DELIBON EXTERNAL CREAM 2-2.5 %	3	
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (fluocinolone acetonide)	3	QL (30 day supply per 1 fill)
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (fluocinolone acetonide)	3	
DERMOTIC OTIC OIL 0.01 % (fluocinolone acetonide)	3	
desonide external cream 0.05 %	1	
desonide external gel 0.05 %	1	
desonide external lotion 0.05 %	1	
desonide external ointment 0.05 %	1	
DESOWEN EXTERNAL CREAM 0.05 % (desonide)	3	
desoximetasone external cream 0.05 %, 0.25 %	1	
desoximetasone external gel 0.05 %	1	
desoximetasone external liquid 0.25 %	1	
desoximetasone external ointment 0.05 %, 0.25 %	1	
diflorasone diacetate external cream 0.05 %	1	
diflorasone diacetate external ointment 0.05 %	1	
DIOCHLOY EXTERNAL SOLUTION 0.005-0.05 %	3	
DIPROLENE EXTERNAL OINTMENT 0.05 % (betamethasone dipropionate aug)	3	

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DOMELA EXTERNAL CREAM 0.01-4 %	3	
DUOBRII EXTERNAL LOTION 0.01-0.045 % (<i>halobetasol prop-tazarotene</i>)	3	PA
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	
EPIFOAM EXTERNAL FOAM 1-1 % (<i>pramoxine-hc</i>)	3	
<i>flac otic oil 0.01 %</i>	1	
<i>fluocinolone acetonide body external oil 0.01 %</i>	1	QL (30 day supply per 1 fill)
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	1	QL (30 day supply per 1 fill)
<i>fluocinolone acetonide external ointment 0.025 %</i>	1	QL (30 day supply per 1 fill)
<i>fluocinolone acetonide external solution 0.01 %</i>	1	QL (30 day supply per 1 fill)
<i>fluocinolone acetonide otic oil 0.01 %</i>	1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	1	
<i>fluocinonide emulsified base external cream 0.05 %</i>	1	
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	1	
<i>fluocinonide external gel 0.05 %</i>	1	
<i>fluocinonide external ointment 0.05 %</i>	1	
<i>fluocinonide external solution 0.05 %</i>	1	
<i>flurandrenolide external cream 0.05 %</i>	1	
<i>flurandrenolide external lotion 0.05 %</i>	1	
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external lotion 0.05 %</i>	1	
<i>fluticasone propionate external ointment 0.005 %</i>	1	
<i>halcinonide external cream 0.1 %</i>	1	
<i>halobetasol propionate external cream 0.05 %</i>	1	
<i>halobetasol propionate external foam 0.05 %</i>	1	
<i>halobetasol propionate external ointment 0.05 %</i>	1	

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HALOG EXTERNAL CREAM 0.1 % (<i>halcinonide</i>)	3	
HALOG EXTERNAL OINTMENT 0.1 % (<i>halcinonide</i>)	3	
HALOG EXTERNAL SOLUTION 0.1 % (<i>halcinonide</i>)	3	
HAXCHLO EXTERNAL SHAMPOO 0.77-0.05 %	3	
HEVONA EXTERNAL SOLUTION 0.01-5-0.025 %	3	
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	1	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate external solution 0.1 %</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2 %, 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	
<i>hydrocortisone sod suc (pf) injection solution reconstituted 100 mg</i>	1	PA; QL (30 day supply per 1 fill)
<i>hydrocortisone valerate external cream 0.2 %</i>	1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	1	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	1	
<i>hydrocort-pramoxine (perianal) external cream 2.5-1 %</i>	1	
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG (<i>fluocinolone acetonide</i>)	OA	
IMPOYZ EXTERNAL CREAM 0.025 % (<i>clobetasol propionate</i>)	2	
<i>iodoquinol-hc-aloe polysacch external gel 1-2-1 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (<i>triamcinolone acetonide</i>)	3	
<i>kourzeq mouth/throat paste 0.1 %</i>	1	
LEXETTE EXTERNAL FOAM 0.05 % (<i>halobetasol propionate</i>)	3	
<i>lidocaine-hydrocort (perianal) external cream 3-0.5 %</i>	1	
LIDOCAINE-HYDROCORTISONE ACE EXTERNAL CREAM 1-1 %	3	
LIDOCAINE-HYDROCORTISONE ACE RECTAL GEL 2.8-0.55 %	3	
LIDOCORT EXTERNAL CREAM 3-0.5 % (<i>lidocaine-hydrocortisone ace</i>)	3	
LOCOID EXTERNAL LOTION 0.1 % (<i>hydrocortisone butyrate</i>)	3	
<i>mometasone furoate external cream 0.1 %</i>	1	
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	3	PA
NUCORT EXTERNAL LOTION 2 % (<i>hydrocortisone acetate</i>)	3	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
<i>oralone mouth/throat paste 0.1 %</i>	1	
PANDEL EXTERNAL CREAM 0.1 % (<i>hydrocortisone probutate</i>)	3	
PHEODOYO EXTERNAL CREAM 1-2.5-2 %	3	
PHEYO EXTERNAL CREAM 2.5-2 %	3	

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PRAMOSONE EXTERNAL CREAM 1-1 % (<i>pramoxine-hc</i>)	3	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (<i>pramoxine-hc</i>)	3	
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 % (<i>pramoxine-hc</i>)	3	
PROCORT EXTERNAL CREAM 1.85-1.15 % (<i>hydrocortisone ace-pramoxine</i>)	3	
PROCTOCORT EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	3	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	2	
<i>procto-med hc external cream 2.5 %</i>	1	
<i>proctosol hc external cream 2.5 %</i>	1	
<i>proctozone-hc external cream 2.5 %</i>	1	
RETISERT INTRAVITREAL IMPLANT 0.59 MG (<i>fluocinolone acetonide</i>)	OA	
SERNIVO EXTERNAL EMULSION 0.05 % (<i>betamethasone dipropionate</i>)	3	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG (<i>hydrocortisone sod succinate</i>)	3	PA; QL (30 day supply per 1 fill)
SYNALAR EXTERNAL CREAM 0.025 % (<i>fluocinolone acetonide</i>)	3	QL (30 day supply per 1 fill)
SYNALAR EXTERNAL OINTMENT 0.025 % (<i>fluocinolone acetonide</i>)	3	QL (30 day supply per 1 fill)
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	3	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (<i>desoximetasone</i>)	3	
TOPICORT EXTERNAL GEL 0.05 % (<i>desoximetasone</i>)	3	

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TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (<i>desoximetasone</i>)	3	
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (<i>desoximetasone</i>)	3	
<i>tovet external foam 0.05 %</i>	1	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	1	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	1	
<i>triamcinolone in absorbase external ointment 0.05 %</i>	1	
<i>triderm external cream 0.5 %</i>	1	
UCERIS RECTAL FOAM 2 MG/ACT (<i>budesonide</i>)	3	
ULTRAVATE EXTERNAL LOTION 0.05 % (<i>halobetasol propionate</i>)	3	PA
VANOS EXTERNAL CREAM 0.1 % (<i>fluocinonide</i>)	3	
VANOXIDE-HC EXTERNAL LOTION 5-0.5 % (<i>benzoyl peroxide-hydrocortisone</i>)	3	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	
XERESE EXTERNAL CREAM 5-1 % (<i>acyclovir-hydrocortisone</i>)	3	
YUTIQ INTRAVITREAL IMPLANT 0.18 MG (<i>fluocinolone acetonide</i>)	OA	
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS - Drugs for the Skin		
INOVA EXTERNAL KIT 4 & 5 % (<i>benzoyl peroxide-vitamin e</i>)	2	

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MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	3	
PREMIUM SCAR EXTERNAL PATCH 2-4-30 %	3	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	3	
XEROFORM OIL EMULSION STRIP EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	OA	
XEROFORM OIL ROLL 4"X9' EXTERNAL 3 % (<i>bismuth tribromoph-petrolatum</i>)	OA	
XEROFORM PETROLAT GAUZE 1"X8" EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	OA	
XEROFORM PETROLAT GAUZE 5"X9" EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	OA	
XEROFORM PETROLATUM ROLL 4"X9' EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	OA	
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
<i>ciclodan external solution 8 %</i>	1	
<i>ciclopirox external gel 0.77 %</i>	1	
<i>ciclopirox external shampoo 1 %</i>	1	
<i>ciclopirox external solution 8 %</i>	1	
<i>ciclopirox olamine external cream 0.77 %</i>	1	
<i>ciclopirox olamine external suspension 0.77 %</i>	1	
FERVINA EXTERNAL LOTION 3-5-20 %	3	
HAXCHLO EXTERNAL SHAMPOO 0.77-0.05 %	3	
IMMUNOMODULATORY AGENTS (84:06) - Drugs for the Skin		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>tralokinumab-ldrm</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	4	PA; SP; QL (30 day supply per 1 fill)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (<i>bimekizumab-bkzx</i>)	4	PA; SP; QL (30 day supply per 1 fill)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (<i>bimekizumab-bkzx</i>)	4	PA; SP; QL (30 day supply per 1 fill)
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML (<i>lebrikizumab-lbkz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML (<i>lebrikizumab-lbkz</i>)	3	PA
ELIDEL EXTERNAL CREAM 1 % (<i>pimecrolimus</i>)	3	
HOVYN EXTERNAL SOLUTION 0.1 %	3	
HYFTOR EXTERNAL GEL 0.2 % (<i>sirolimus</i>)	3	QL (10 GM per 30 days); AL (Min 6 Years)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	OA	PA
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG (<i>nemolizumab-ilto</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>pimecrolimus external cream 1 %</i>	1	
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	3	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>sirolimus</i>)	3	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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SPEVIGO INTRAVENOUS SOLUTION 450 MG/7.5ML (<i>spesolimab-sbzo</i>)	OA	PA
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>spesolimab-sbzo</i>)	OA	PA
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML (<i>guselkumab</i>)	OA	PA
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 200 MG/2ML (<i>guselkumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML (<i>guselkumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
JANUS KINASE INHIBITORS (84:06) - Drugs for the Skin		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	4	PA; SP; QL (30 day supply per 1 fill)
DALIRESP ORAL TABLET 250 MCG, 500 MCG (<i>roflumilast</i>)	3	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
LITFULO ORAL CAPSULE 50 MG (<i>ritlecitinib tosylate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OPZELURA EXTERNAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	3	ST; QL (6.67 GM per 1 day)
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZORYVE EXTERNAL CREAM 0.15 % (<i>roflumilast (dermatologic)</i>)	3	PA
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	3	PA
ZORYVE EXTERNAL FOAM 0.3 % (<i>roflumilast (antiseborrheic)</i>)	3	PA

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KERATOLYTIC AGENTS - Drugs for the Skin		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (<i>isotretinoin micronized</i>)	3	PA
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (<i>isotretinoin</i>)	3	PA
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	PA
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
<i>adapalene external cream 0.1 %</i>	1	PA
<i>adapalene external gel 0.1 %</i>	1	PA
<i>adapalene external gel 0.3 %</i>	1	AL (Max 29 Years)
ADAPALENE EXTERNAL PAD 0.1 %	3	PA
ADAPALENE EXTERNAL SOLUTION 0.1 %	3	PA
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %</i>	1	
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	3	PA; AL (Min 9 Years)
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	1	PA
ARAZLO EXTERNAL LOTION 0.045 % (<i>tazarotene</i>)	3	PA
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (<i>adapalene-benzoyl per-clindamy</i>)	3	PA
CANTHARIDIN EXTERNAL SOLUTION 0.7 %	OA	PA
CEM-UREA EXTERNAL SOLUTION 45 % (<i>urea</i>)	3	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	PA
CONDYLOX EXTERNAL GEL 0.5 % (<i>podofilox</i>)	3	
DIFFERIN EXTERNAL CREAM 0.1 % (<i>adapalene</i>)	3	PA
DIFFERIN EXTERNAL GEL 0.3 % (<i>adapalene</i>)	3	AL (Max 29 Years)
DIFFERIN EXTERNAL LOTION 0.1 % (<i>adapalene</i>)	3	PA
DRAXACEY EXTERNAL SUSPENSION 2-8 %	3	
DRIXECE EXTERNAL SUSPENSION 5-10 %	3	

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EPIDUO EXTERNAL GEL 0.1-2.5 % (<i>adapalene-benzoyl peroxide</i>)	3	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (<i>adapalene-benzoyl peroxide</i>)	3	
EXODERM EXTERNAL LOTION 25-1 % (<i>sod thiosulfate-salicylic acid</i>)	3	
FABIOR EXTERNAL FOAM 0.1 % (<i>tazarotene</i>)	3	PA
FERVINA EXTERNAL LOTION 3-5-20 %	3	
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (<i>salicylic acid-lactic acid</i>)	3	
HYDRO 40 EXTERNAL FOAM 40 % (<i>urea</i>)	3	
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	PA
NEXOBRID EXTERNAL GEL 8.8 % (<i>anacaulase-bcdb</i>)	OA	PA
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	3	
<i>podofilox external gel 0.5 %</i>	1	
<i>podofilox external solution 0.5 %</i>	1	
PROMISEB EXTERNAL CREAM (<i>antiseborrheic products, misc.</i>)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	3	
RESORCINOL-SULFUR EXTERNAL LOTION 2-5 %	3	
<i>salicylic acid er external solution 28.5 %</i>	1	
<i>salicylic acid external foam 6 %</i>	1	
<i>salicylic acid external shampoo 6 %</i>	1	
<i>salicylic acid external solution 26 %</i>	1	
<i>salicylic acid wart remover external liquid 27.5 %</i>	1	
SALIMEZ FORTE EXTERNAL CREAM 10 %	3	
SALVAX EXTERNAL FOAM 6 % (<i>salicylic acid</i>)	3	

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sulfacetamide sodium-sulfur external pad 9.8-4.8 %	1	
SUMAXIN EXTERNAL PAD 10-4 % (sulfacetamide sodium-sulfur)	3	
tazarotene external cream 0.05 %, 0.1 %	1	PA
TAZAROTENE EXTERNAL FOAM 0.1 %	3	PA
tazarotene external gel 0.05 %, 0.1 %	1	PA
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (tazarotene)	3	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (tazarotene)	3	PA
ULTRASAL-ER EXTERNAL SOLUTION 28.5 % (salicylic acid)	3	
UMECTA MOUSSE EXTERNAL FOAM 40 % (urea)	3	
URAMAXIN EXTERNAL GEL 45 % (urea)	3	
UREA EXTERNAL FOAM 35 %	3	
urea external lotion 40 %	1	
urea hydrating external foam 35 %	1	
urea nail external gel 45 %	1	
VEREGEN EXTERNAL OINTMENT 15 % (sinecatechins)	3	
VIRASAL EXTERNAL LIQUID 27.5 % (salicylic acid)	3	
XALIX EXTERNAL SOLUTION 28 % (salicylic acid)	3	
YCANTH EXTERNAL SOLUTION 0.7 % (cantharidin)	OA	PA
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	PA
KERATOPLASTIC AGENTS - Drugs for the Skin		
coal tar external solution 20 %	1	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS - Drugs for the Skin		
ACANYA EXTERNAL GEL 1.2-2.5 % (clindamycin phos-benzoyl perox)	3	
adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %	1	

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ADERMICA HP EXTERNAL GEL 2.5-1-2-0.05 %	3	
benzalkonium chloride external solution , 50 %	1	
BENZAMYCIN EXTERNAL GEL 5-3 % (benzoyl peroxide-erythromycin)	3	
BENZEPRO EXTERNAL FOAM 5.2 %, 9.7 % (benzoyl peroxide)	3	
BENZOYL PEROX-HYDROCORTISONE EXTERNAL LOTION 5-0.5 %	3	
benzoyl peroxide external foam 9.8 %	1	
BENZOYL PEROXIDE EXTERNAL GEL 6.5 %, 8 %	3	
BENZOYL PEROXIDE FORTE- HC EXTERNAL LOTION 7.5-1 %	3	
benzoyl peroxide-erythromycin external gel 5-3 %	1	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (adapalene-benzoyl per-clindamy)	3	PA
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	3	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	1	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (hc-pramoxine-chloroxyleneol)	3	
DAZINIA EXTERNAL CREAM 1-2.5-2 %	3	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (sulfuric acid-sulf phenolics)	3	
EPIDUO EXTERNAL GEL 0.1-2.5 % (adapalene-benzoyl peroxide)	3	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (adapalene-benzoyl peroxide)	3	
EPSOLAY EXTERNAL CREAM 5 % (benzoyl peroxide)	3	PA; QL (1 GM per 1 day)

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FEM PH VAGINAL GEL 0.9-0.025 % (acetic acid-oxyquinoline)	3	
hydrocortisone-iodoquinol external cream 1-1 %	1	
hydrogen peroxide solution 30 %	1	
INOVA EXTERNAL KIT 4 & 5 % (benzoyl peroxide-vitamin e)	2	
iodoquinol-hc-aloe polysacch external gel 1-2-1 %	1	
LUGOLS STRONG IODINE EXTERNAL SOLUTION 5-10 %	3	
mafenide acetate external packet 5 %	1	
neuac external gel 1.2-5 %	1	
ONEXTON EXTERNAL GEL 1.2-3.75 % (clindamycin phos-benzoyl perox)	3	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (chlorhexidine gluconate)	3	
periogard mouth/throat solution 0.12 %	1	
PHEODOYO EXTERNAL CREAM 1-2.5-2 %	3	
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	
TWYNEO EXTERNAL CREAM 0.1-3 % (tretinoin-benzoyl peroxide)	3	PA; QL (1 GM per 1 day)
VANOXIDE-HC EXTERNAL LOTION 5-0.5 % (benzoyl perox-hydrocortisone)	3	
ZACLIR CLEANSING EXTERNAL LOTION 8 %	3	
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin		
diclofenac sodium external gel 1 %	1	

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<i>diclofenac sodium external gel 3 %</i>	1	PA
<i>diclofenac sodium external solution 1.5 %</i>	1	PA; QL (1 ML per 30 days)
<i>diclofenac sodium external solution 2 %</i>	1	PA; QL (112 GM per 25 days)
DICLOFONO EXTERNAL GEL 1.6 % (<i>diclofenac sodium</i>)	3	
DIFMETIOXRIME EXTERNAL SOLUTION 4-2-1-4 %	3	
FENOVIA EXTERNAL SOLUTION 4-2-1-4 %	3	
PENNSAID EXTERNAL SOLUTION 2 % (<i>diclofenac sodium</i>)	3	PA; QL (112 GM per 25 days)
OXABOROLES - Drugs for the Skin		
<i>tavaborole external solution 5 %</i>	1	PA
PHOSPHODIESTERASE-4 INHIBITORS (84:06) - Drugs for the Skin		
DALIRESP ORAL TABLET 250 MCG, 500 MCG (<i>roflumilast</i>)	3	
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	3	ST
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	
ZORYVE EXTERNAL CREAM 0.15 % (<i>roflumilast (dermatologic)</i>)	3	PA
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	3	PA
PIGMENTING AGENTS - Drugs for the Skin		
<i>methoxsalen rapid oral capsule 10 mg</i>	1	
UVADEX EXTRACORPOREAL SOLUTION 20 MCG/ML (<i>methoxsalen (photopheresis)</i>)	OA	
POLYENES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>klayesta external powder 100000 unit/gm</i>	1	
<i>nyamyc external powder 100000 unit/gm</i>	1	
<i>nystatin external cream 100000 unit/gm</i>	1	

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<i>nystatin external ointment 100000 unit/gm</i>	1	
<i>nystatin external powder 100000 unit/gm</i>	1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
<i>nystop external powder 100000 unit/gm</i>	1	
SCABICIDES AND PEDICULICIDES - Drugs for the Skin		
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>)	3	
ELIMITE EXTERNAL CREAM 5 % (<i>permethrin</i>)	3	
<i>ivermectin external cream 1 %</i>	1	
<i>malathion external lotion 0.5 %</i>	1	
NATROBA EXTERNAL SUSPENSION 0.9 % (<i>spinosad</i>)	3	
OVIDE EXTERNAL LOTION 0.5 % (<i>malathion</i>)	3	
<i>permethrin external cream 5 %</i>	1	
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	3	
<i>spinosad external suspension 0.9 %</i>	1	
<i>sulfurated lime external solution</i>	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC. - Drugs for the Skin		
ABENOR HP EXTERNAL LOTION 4-15 %	3	
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (<i>isotretinoin micronized</i>)	3	PA
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (<i>isotretinoin</i>)	3	PA
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	PA
ACIOXIAY EXTERNAL CREAM 15-4 %	3	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	

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ACZONE EXTERNAL GEL 5 %, 7.5 % (<i>dapsone</i>)	3	PA
<i>adapalene external cream 0.1 %</i>	1	PA
<i>adapalene external gel 0.1 %</i>	1	PA
<i>adapalene external gel 0.3 %</i>	1	AL (Max 29 Years)
ADAPALENE EXTERNAL PAD 0.1 %	3	PA
ADAPALENE EXTERNAL SOLUTION 0.1 %	3	PA
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %</i>	1	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ADERMICA HP EXTERNAL GEL 2.5-1-2-0.05 %	3	
ADMIRAZOL EXTERNAL CREAM 6-2-5 %	3	
ADMIRAZOL HP EXTERNAL CREAM 8.5-2-5 %	3	
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	3	PA; AL (Min 9 Years)
ALIXI EXTERNAL CREAM 6-4 %	3	
ALIXI HP EXTERNAL CREAM 8.5-4 %	3	
ALURIS EXTERNAL GEL 4-0.05 %	3	
ALVOX EXTERNAL CREAM 4-0.05 %	3	
ALVOX HP EXTERNAL CREAM 4-0.1 %	3	
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	3	
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	1	PA
ARAZLO EXTERNAL LOTION 0.045 % (<i>tazarotene</i>)	3	PA
ARTISS EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	3	
AVIDORA EXTERNAL CREAM 1-4-0.025 %	3	
AVIDORA EXTERNAL SOLUTION 1-4-0.025 %	3	
AVIDORA HP EXTERNAL CREAM 1-4-0.05 %	3	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	OA	

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AWANIS EXTERNAL CREAM 8.5-2-0.025 %	3	
AZALTA HP EXTERNAL GEL 2-5-0.05 %	3	
azelaic acid external gel 15 %	1	
AZELEX EXTERNAL CREAM 20 % (azelaic acid)	3	
bexarotene external gel 1 %	4	PA; SP; QL (30 day supply per 1 fill)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (bimekizumab-bkzx)	4	PA; SP; QL (30 day supply per 1 fill)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (bimekizumab-bkzx)	4	PA; SP; QL (30 day supply per 1 fill)
brimonidine tartrate external gel 0.33 %	1	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (adapalene-benzoyl per-clindamy)	3	PA
calcipotriene external cream 0.005 %	1	
CALCIPOTRIENE EXTERNAL FOAM 0.005 %	3	
calcipotriene external ointment 0.005 %	1	
calcipotriene external solution 0.005 %	1	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	1	
calcipotriene-betameth diprop external suspension 0.005-0.064 %	1	
CALCITRENE EXTERNAL OINTMENT 0.005 % (calcipotriene)	3	
calcitriol external ointment 3 mcg/gm	1	
CARAC EXTERNAL CREAM 0.5 % (fluorouracil)	2	
CHLOOXIA EXTERNAL CREAM 0.05-4 %	3	
CHLOOXIA EXTERNAL OINTMENT 0.05-4 %	3	
CHLOOXIA EXTERNAL SOLUTION 0.05-4 %	3	

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CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (abrocitinib)	4	PA; SP; QL (30 day supply per 1 fill)
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	PA
clindamycin-tretinoin external gel 1.2-0.025 %	1	AL (Max 29 Years)
CONDYLOX EXTERNAL GEL 0.5 % (podofilox)	3	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (secukinumab)	4	PA; SP; QL (30 day supply per 1 fill)
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML (secukinumab)	OA	PA
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (secukinumab)	4	PA; SP; QL (30 day supply per 1 fill)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	4	PA; SP; QL (30 day supply per 1 fill)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (secukinumab)	4	PA; SP; QL (30 day supply per 1 fill)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (secukinumab)	4	PA; SP; QL (30 day supply per 1 fill)
dapsone external gel 5 %, 7.5 %	1	PA
DENVITA EXTERNAL CREAM 2-4 %	3	
DEOXIA EXTERNAL LOTION 1-4 %	3	
diclofenac sodium external gel 1 %	1	
diclofenac sodium external solution 1.5 %	1	PA; QL (1 ML per 30 days)
diclofenac sodium external solution 2 %	1	PA; QL (112 GM per 25 days)
DICLOFONO EXTERNAL GEL 1.6 % (diclofenac sodium)	3	
DIFFERIN EXTERNAL CREAM 0.1 % (adapalene)	3	PA
DIFFERIN EXTERNAL GEL 0.3 % (adapalene)	3	AL (Max 29 Years)
DIFFERIN EXTERNAL LOTION 0.1 % (adapalene)	3	PA

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DIMOXIA EXTERNAL GEL 4-5 %	3	
DIOCHLOY EXTERNAL SOLUTION 0.005-0.05 %	3	
DOMELA EXTERNAL CREAM 0.01-4 %	3	
doxycycline oral capsule delayed release 40 mg	1	PA
DUOBRII EXTERNAL LOTION 0.01-0.045 % (halobetasol prop-tazarotene)	3	PA
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML (dupilumab)	4	PA; SP; QL (30 day supply per 1 fill)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (dupilumab)	4	PA; SP; QL (30 day supply per 1 fill)
ECEOXIA EXTERNAL CREAM 4-10 %	3	
EFUDEX EXTERNAL CREAM 5 % (fluorouracil)	3	
ELIDEL EXTERNAL CREAM 1 % (pimecrolimus)	3	
ENDARI ORAL PACKET 5 GM (glutamine (sickle cell))	4	PA; SP; QL (30 day supply per 1 fill)
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (calcipotriene-betameth diprop)	3	
EPIDUO EXTERNAL GEL 0.1-2.5 % (adapalene-benzoyl peroxide)	3	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (adapalene-benzoyl peroxide)	3	
ESKATA EXTERNAL SOLUTION 40 % (hydrogen peroxide)	2	
ETHOXIA EXTERNAL CREAM 4-0.05 %	3	
FABIOR EXTERNAL FOAM 0.1 % (tazarotene)	3	PA
FEM PH VAGINAL GEL 0.9-0.025 % (acetic acid-oxyquinoline)	3	
FILSUEZ EXTERNAL GEL 10 % (birch triterpenes)	4	PA; SP; QL (30 day supply per 1 fill)
FINACEA EXTERNAL FOAM 15 % (azelaic acid)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FINAPOD EXTERNAL SOLUTION 0.1-7 %	3	
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
FRIVO EXTERNAL CREAM 1-4 %	3	
HARVIVA HP EXTERNAL SOLUTION 0.1-7 %	3	
HENTIS EXTERNAL SOLUTION 5-0.1-0.025 %	3	
HENTIS HP EXTERNAL SOLUTION 7-0.1-0.025 %	3	
HEVONA EXTERNAL SOLUTION 0.01-5-0.025 %	3	
HOLIXIA EXTERNAL SOLUTION 0.1-7 %	3	
HOLIZAR EXTERNAL SOLUTION 7-0.025 %	3	
HONISTA EXTERNAL SOLUTION 0.1-7-0.025 %	3	
HOVITRA EXTERNAL SOLUTION 7-4 %	3	
HOVYN EXTERNAL SOLUTION 0.1 %	3	
HPR PLUS EXTERNAL FOAM (dermatological products, misc.)	3	
HYFTOR EXTERNAL GEL 0.2 % (sirolimus)	3	QL (10 GM per 30 days); AL (Min 6 Years)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (tildrakizumab-asmn)	OA	PA
IMIOXIA EXTERNAL CREAM 1-4 %	3	
imiquimod external cream 3.75 %, 5 %	1	
imiquimod pump external cream 3.75 %	1	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (infliximab-dyyb)	OA	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	OA	
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ITHOXIA EXTERNAL CREAM 4-0.1 %	3	
KLISYRI (250 MG) EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	3	PA; QL (1 EA per 5 days)
KLISYRI (350 MG) EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	3	PA; QL (1 EA per 5 days)
KORSUVA INTRAVENOUS SOLUTION 65 MCG/1.3ML (<i>difelikefalin acetate</i>)	OA	PA
LEVATIO EXTERNAL PATCH 0.03-5 %	3	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>)	3	
<i>l-glutamine oral packet 5 gm</i>	4	PA; SP; QL (30 day supply per 1 fill)
LITFULO ORAL CAPSULE 50 MG (<i>ritlectinib tosylate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	PA
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (<i>minocycline hcl</i>)	3	PA
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	3	
MUSCUSOLICE EXTERNAL CREAM 2 %, 5 % (<i>baclofen</i>)	3	
NEOSALUS EXTERNAL FOAM (<i>dermatological products, misc.</i>)	3	
NEXOBRID EXTERNAL GEL 8.8 % (<i>anacaulase-bcdb</i>)	OA	PA
<i>nitroglycerin rectal ointment 0.4 %</i>	1	
OPZELURA EXTERNAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	3	ST; QL (6.67 GM per 1 day)
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (<i>doxycycline</i>)	3	PA
OTEZLA ORAL TABLET 20 MG, 30 MG (<i>apremilast</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG (<i>apremilast</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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OXIANUJO EXTERNAL OINTMENT 4-0.1 %	3	
OXIATAR EXTERNAL CREAM 4-0.025 %	3	
PANRETIN EXTERNAL GEL 0.1 % (<i>alitretinoin</i>)	2	PA
PENNSAID EXTERNAL SOLUTION 2 % (<i>diclofenac sodium</i>)	3	PA; QL (112 GM per 25 days)
<i>pimecrolimus external cream 1 %</i>	1	
<i>podofilox external gel 0.5 %</i>	1	
<i>podofilox external solution 0.5 %</i>	1	
PODPROG EXTERNAL SOLUTION 0.1-7 %	3	
PRAKETAMIDE EXTERNAL CREAM 5 % (<i>ketamine hcl</i>)	3	
PRESERA EXTERNAL FOAM (<i>dermatological products, misc.</i>)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	3	
QBREXZA EXTERNAL PAD 2.4 % (<i>glycopyrronium tosylate</i>)	3	PA
RECTIV RECTAL OINTMENT 0.4 % (<i>nitroglycerin</i>)	3	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	OA	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	OA	
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	3	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	3	
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (<i>afamelanotide acetate</i>)	OA	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 % (<i>lido-capsaicin-men-methyl sal</i>)	3	
SORILUX EXTERNAL FOAM 0.005 % (<i>calcipotriene</i>)	3	
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SPEVIGO INTRAVENOUS SOLUTION 450 MG/7.5ML (<i>spesolimab-sbzo</i>)	OA	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TACHOSIL EXTERNAL PATCH 4.8 X 4.8 CM, 9.5 X 4.8 CM (<i>absorbable fibrin sealant</i>)	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (<i>ixekizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TARDEOXIA EXTERNAL CREAM 1-4-0.025 %	3	
TARGRETIN EXTERNAL GEL 1 % (<i>bexarotene</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TAROXIA EXTERNAL CREAM 4-0.025 %	3	
<i>tazarotene external cream 0.05 %, 0.1 %</i>	1	PA
TAZAROTENE EXTERNAL FOAM 0.1 %	3	PA
<i>tazarotene external gel 0.05 %, 0.1 %</i>	1	PA
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (<i>tazarotene</i>)	3	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	3	PA

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TISSEEL EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	3	
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	2	
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	4	SP; QL (30 day supply per 1 fill)
VARDIMAXIA EXTERNAL GEL 2-5-0.05 %	3	
VAROXIA EXTERNAL GEL 4-0.05 %	3	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (<i>calcitriol</i>)	3	
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	3	
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	3	PA
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML (<i>beremagene geperpavec-svdt</i>)	OA	PA
WINLEVI EXTERNAL CREAM 1 % (<i>clascoterone</i>)	3	PA; QL (2 GM per 1 day)
WYNZORA EXTERNAL CREAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	PA
ZERUVIA EXTERNAL PATCH 4-1 %	3	
ZIANA EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	3	AL (Max 29 Years)
ZITHRANOL EXTERNAL SHAMPOO 1 % (<i>anthralin</i>)	3	
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	3	PA
ZORYVE EXTERNAL FOAM 0.3 % (<i>roflumilast (antiseborrheic)</i>)	3	PA
ZYCLARA EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	3	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % (<i>imiquimod</i>)	3	

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ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SUNSCREEN AGENTS - Drugs for the Skin		
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (<i>afamelanotide acetate</i>)	OA	
THIOCARBAMATES(SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
MYCOZYL AL EXTERNAL SOLUTION 1 % (<i>tolnaftate</i>)	3	
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles		
ANTIMUSCARINICS - Drugs for the Urinary System		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (<i>xanomeline-trospium chloride</i>)	3	PA
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG (<i>xanomeline-trospium chloride</i>)	3	PA
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	1	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (<i>tolterodine tartrate</i>)	3	
DETROL ORAL TABLET 1 MG, 2 MG (<i>tolterodine tartrate</i>)	3	
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	1	
<i>flavoxate hcl oral tablet 100 mg</i>	1	
GELNIQUE TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	3	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	1	

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<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	1	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (<i>oxybutynin</i>)	3	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	1	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>fesoterodine fumarate</i>)	3	
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	1	
<i>tropium chloride oral tablet 20 mg</i>	1	
VESICARE LS ORAL SUSPENSION 5 MG/5ML (<i>solifenacin succinate</i>)	3	PA
VESICARE ORAL TABLET 10 MG, 5 MG (<i>solifenacin succinate</i>)	3	
RESPIRATORY SMOOTH MUSCLE RELAXANTS - Drugs for Lungs		
<i>aminophylline intravenous solution 25 mg/ml</i>	OA	
<i>elixophyllin oral elixir 80 mg/15ml</i>	1	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (<i>sildenafil citrate</i>)	OA	
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	OA	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>sildenafil citrate oral tablet 20 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)

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THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	2	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
SELECTIVE BETA-3-ADRENERGIC AGONISTS - Drugs for the Urinary System		
GEMTESA ORAL TABLET 75 MG (<i>vibegron</i>)	3	QL (1 EA per 1 day)
<i>mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg</i>	1	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (<i>mirabegron</i>)	3	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>mirabegron</i>)	3	
VITAMINS		
MULTIVITAMIN PREPARATIONS		
INFUVITE ADULT INTRAVENOUS SOLUTION (<i>multiple vitamin</i>)	OA	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION (<i>pediatric multiple vitamins</i>)	OA	
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE 1 MG	3	PV
MASONATAL ORAL TABLET 28-0.8 MG	3	PV
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	PV
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	PV
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	PV

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Effective Date 12/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
multi-vitamin/fluorideliron oral solution 0.25-10 mg/ml	1	
NEONATAL PRENATAL ORAL TABLET 27-0.8 MG	3	PV
NESTABS ORAL TABLET 32-1 MG (prenat-fe bisgly-fa-w/o vit a)	3	PV
ONE VITE WOMENS ORAL TABLET 27-0.8 MG	3	PV
ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE 28-0.8-235 MG (prenat-fe carbonyl-fa-omega 3)	3	PV
prenatal multi +dha oral capsule 27-0.8-200 mg, 27-0.8-228 mg, 27-0.8-250 mg	1	PV
prenatal oral tablet 27-0.8 mg	1	PV
prenatal vitamins oral tablet 27-0.8 mg	1	PV
prenatal/folic acid+dha oral capsule 27-0.8-200 mg	1	PV
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (multi vit-min-fluoride-fe-fa)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	PV
tri-vitelfluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	PV
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	3	PV
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	3	PV
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	PV
VITAMIN A		
AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML (vitamin a)	OA	
tri-vitelfluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	PV
VITAMIN B COMPLEX		
BEYAZ ORAL TABLET 3-0.02-0.451 MG (drospiren-eth estrad-levomefol)	3	PV
CALCIFOL ORAL WAFER 1342-1.6 MG (ca carb-fa-d-b6-b12-boron-mg)	3	
cyanocobalamin injection solution 1000 mcg/ml	1	QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
<i>cyanocobalamin nasal solution 500 mcg/0.1ml</i>	1	
DEXPANTHENOL INJECTION SOLUTION 250 MG/ML	3	
DODEX INJECTION SOLUTION 1000 MCG/ML (<i>cyanocobalamin</i>)	3	QL (30 day supply per 1 fill)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	1	PV
<i>folate oral tablet 400 mcg</i>	1	PV
<i>folic acid injection solution 5 mg/ml</i>	OA	
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	1	PV
FOLIC D3 ORAL CAPSULE 1-3775 MG-UNIT	3	
FOLITE ORAL TABLET	3	
<i>ft folic acid oral tablet 400 mcg, 800 mcg</i>	1	PV
<i>hematinic/folic acid oral tablet 324-1 mg</i>	1	
<i>hydroxocobalamin acetate intramuscular solution 1000 mcg/ml</i>	OA	
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE 1 MG	3	PV
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG (<i>levoleucovorin</i>)	OA	
<i>leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml</i>	OA	
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	OA	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	AC
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	OA	
<i>levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml</i>	OA	
LIPO-C INTRAMUSCULAR SOLUTION	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MASONATAL ORAL TABLET 28-0.8 MG	3	PV
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED 10000 MCG, 50000 MCG	3	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	PV
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (cyanocobalamin)	3	
NEONATAL PRENATAL ORAL TABLET 27-0.8 MG	3	PV
NESTABS ORAL TABLET 32-1 MG (prenat-fe bisgly-fa-w/o vit a)	3	PV
niacin (antihyperlipidemic) oral tablet 500 mg	1	
niacor oral tablet 500 mg	1	
ONE VITE WOMENS ORAL TABLET 27-0.8 MG	3	PV
ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE 28-0.8-235 MG (prenat-fe carbonyl-fa-omega 3)	3	PV
prenatal multi +dha oral capsule 27-0.8-200 mg, 27-0.8-228 mg, 27-0.8-250 mg	1	PV
prenatal oral tablet 27-0.8 mg	1	PV
prenatal vitamins oral tablet 27-0.8 mg	1	PV
prenatal/folic acid+dha oral capsule 27-0.8-200 mg	1	PV
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (multi vit-min-fluoride-fe-fa)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	PV
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (drospiren-eth estrad-levomefol)	3	PV
thiamine hcl injection solution 100 mg/ml, 200 mg/2ml	1	
TRUE FOLIC ACID ORAL TABLET 1 MG	3	
TRUE FOLIC ACID ORAL TABLET 400 MCG	3	PV
tydemy oral tablet 3-0.03-0.451 mg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
vitamin b complex 100 injection solution	OA	
vitamin b-complex 100 injection solution	OA	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	3	PV
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	3	PV
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	PV
yl folic acid oral tablet 400 mcg	1	PV
VITAMIN C		
ASCOR INTRAVENOUS SOLUTION 25000 MG/50ML (ascorbic acid)	OA	
ASCORBIC ACID INJECTION SOLUTION 500 MG/ML	OA	
ASCORBIC ACID INTRAVENOUS SOLUTION 15000 MG/30ML	OA	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (peg-kcl-nacl-nasulf-na asc-c)	3	ST; QL (1 EA per 1 fill)
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	1	QL (1 EA per 1 fill)
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	1	QL (1 EA per 1 fill)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (peg-kcl-nacl-nasulf-na asc-c)	3	ST; QL (3 EA per 1 fill)
tri-vitelfluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	PV
VITAMIN D		
600+d3 oral tablet 600-20 mg-mcg	1	PV
CALCIFOL ORAL WAFER 1342-1.6 MG (ca carb-fa-d-b6-b12-boron-mg)	3	
calcitriol intravenous solution 1 mcg/ml	OA	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	
calcitriol oral solution 1 mcg/ml	1	
d3 high potency oral capsule 25 mcg, 25 mcg (1000 ut)	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
d3 oral capsule 25 mcg (1000 ut)	1	PV
doxercalciferol intravenous solution 4 mcg/2ml	OA	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (ergocalciferol)	3	
d-vite pediatric oral liquid 10 mcg/ml	1	PV
ergocalciferol oral capsule 1.25 mg (50000 ut)	1	
finest nutrition vitamin d3 oral capsule 25 mcg (1000 ut)	1	PV
FOLIC D3 ORAL CAPSULE 1-3775 MG-UNIT	3	
FOLITE ORAL TABLET	3	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (alendronate-cholecalciferol)	2	
ft calcium citrate/vit d3 oral tablet 315-6.25 mg-mcg	1	PV
ft calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg	1	PV
ft calcium+d3 oral tablet 600-20 mg-mcg	1	PV
ft vitamin d3 oral capsule 25 mcg	1	PV
ft vitamin d3 oral tablet 25 mcg (1000 ut)	1	PV
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2ML (doxercalciferol)	OA	
kids first vitamin d3 gummies oral tablet chewable 25 mcg (1000 ut)	1	PV
oyster shell calcium w/d oral tablet 500-5 mg-mcg	1	PV
oyster shell calcium/d3 oral tablet 500-5 mg-mcg	1	PV
oyster shell calcium/vit d oral tablet 500-5 mg-mcg	1	PV
oyster shell calcium/vit d3 oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg	1	PV
oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg	1	PV
paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	
pharmacist choice d-vitamin oral liquid 400 unit/ml	1	PV
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (calcifediol)	3	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (calcitriol)	3	
ROCALTROL ORAL SOLUTION 1 MCG/ML (calcitriol)	3	
sv vitamin d3 oral capsule 25 mcg	1	PV
sv vitamin d3 oral tablet chewable 25 mcg	1	PV
tri-vitelfluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	PV
TRUE VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT), 25 MCG (1000 UT)	3	
TRUE VITAMIN D3 ORAL TABLET 25 MCG (1000 UT)	3	
ultra calcium + vitamin d3 oral tablet 600-10 mg-mcg	1	PV
vitachew vitamin d3 oral tablet chewable 25 mcg (1000 ut)	1	PV
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML (paricalcitol)	OA	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (paricalcitol)	3	
VITAMIN E		
wheat germ oil oral oil	1	
VITAMIN K ACTIVITY		
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	OA	
phytonadione oral tablet 5 mg	1	
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	OA	

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Effective Date 12/01/2024

Index of Drugs

600+d3	335, 624	acetaminophen-codeine	214, 264, 270	ADALIMUMAB-ADB (2 PEN)	491, 517
abacavir sulfate	44	acetazolamide	152, 172, 218, 330, 365	ADALIMUMAB-ADB (2 SYRINGE).....	396, 491, 517, 526
abacavir sulfate-lamivudine ...	44	acetazolamide er	152, 172, 218, 330, 365	ADALIMUMAB- ADB (CD/UC/HS STRT).....	491, 517
ABECMA.....	62, 209	acetazolamide sodium	152, 172, 218, 330, 365	ADALIMUMAB-ADB (PS/UV STARTER).....	491, 517
ABELCET.....	57	acetic acid	331, 374	ADALIMUMAB-FKJP (2 PEN)	396, 491, 517, 526
ABENOR HP.....	574, 608	acetylcysteine ...	10, 12, 502, 561	ADALIMUMAB-FKJP (2 SYRINGE).....	396, 491, 517, 526
ABILIFY.....	226, 239	ACIOXIAY.....	574, 608	ADALIMUMAB-RYVK (2 PEN)	396, 491, 517, 526
ABILIFY ASIMTUFI.....	226, 238	ACIPHEX.....	405	ADALIMUMAB-RYVK (2 SYRINGE).....	396, 491, 517, 526
ABILIFY MAINTENA.....	226, 238	acitretin	602, 608	adapalene	547, 602, 609
ABILIFY MYCITE MAINTENANCE KIT.....	226, 238	ACTEMRA.....	486, 516, 525	ADAPALENE.....	547, 602, 609
ABILIFY MYCITE STARTER KIT.....	226, 239	ACTEMRA ACTPEN	486, 516, 525	adapalene-benzoyl peroxide	547, 602, 604, 609
abiraterone acetate	62	ACTHAR.....	310, 457	ADBRY.....	599, 600, 609
ABLYSINOL.....	155, 202	ACTHAR GEL.....	310, 457	ADCETRIS.....	62
ABRAXANE.....	62	ACTHIB.....	97	ADCIRCA.....	199, 200, 563, 569
ABRILADA (1 PEN)	395, 490, 516, 524	ACTIMMUNE.....	525	ADDERALL.....	213
ABRILADA (2 PEN)	395, 490, 516, 525	ACTIVASE.....	150, 353	ADDERALL XR.....	213
ABRILADA (2 SYRINGE)	395, 490, 516, 525	ACTIVELLA.....	439, 459	ADDYI.....	250
ABRYSVO.....	97	ACTONEL.....	508	adefovir dipivoxil	52
ABSORICA.....	602, 608	ACTOPLUS MET.....	425, 477	ADEMPAS.....	569, 571
ABSORICA LD.....	602, 608	ACTOS.....	477	ADENOCAINE.....	336
ACAM2000.....	97	ACULAR.....	376	adenosine	183, 314
acamprosate calcium	10, 250	ACULAR LS.....	376	adenosine (diagnostic)	314
ACANYA.....	48, 574, 604	ACUVAIL.....	376	ADERMICA HP	574, 588, 605, 609
acarbose	421	acyclovir	52, 583	ADIPEX-P.....	212
ACCOLATE.....	560	acyclovir sodium	52, 583	ADLARTY.....	123
ACCRUFER.....	146	ACZONE.....	27, 30, 574, 609	ADMELOG.....	470
ACCU-CHEK AVIVA.....	299	ADACEL.....	96, 97	ADMELOG SOLOSTAR.....	470
ACCU-CHEK AVIVA PLUS.....	314	ADAKVEO.....	135	ADMIRAZOL.....	574, 609
ACCU-CHEK GUIDE CONTROL.....	299	ADALIMUMAB-AACF (2 PEN)	395, 490, 516, 525	ADMIRAZOL HP.....	574, 609
ACCU-CHEK GUIDE TEST....	314	ADALIMUMAB-AACF (2 SYRINGE).....	395, 490, 516, 525	ADRENALIN.....	105, 551
ACCU-CHEK SMARTVIEW CONTROL.....	299	ADALIMUMAB- AACF (CD/UC/HS STRT)	395, 491, 516, 525	adriamycin	63
ACCU-CHEK SMARTVIEW TEST STRIPS.....	314	ADALIMUMAB-AACF (PS/UV STARTER).....	395, 491, 516, 525	ADSTILADRIN.....	63, 209
ACCUPRIL.....	160, 161	ADALIMUMAB-AATY (1 PEN)	395, 491, 516, 525	ADTHYZA.....	478
ACCURETIC.....	161, 349	ADALIMUMAB-AATY (2 PEN)	396, 491, 516, 525	ADVAIR DISKUS.....	126, 409
accutane	602, 608	ADALIMUMAB-AATY (2 SYRINGE).....	396, 491, 516, 525	ADVAIR HFA.....	126, 409
ACD FORMULA A.....	133	ADALIMUMAB-ADAZ	396, 491, 517, 525	ADVATE.....	139
ACD-A NOCLOT-50.....	133			ADVIN COVID-19 ANTIGEN TEST.....	317
acebutolol hcl	129, 164, 174, 179, 194			ADYNOVATE.....	139
ACETADOTE.....	12, 502			ADZENYS XR-ODT.....	213
acetaminophen	214, 231, 264			ADZYNMA.....	353
ACETAMINOPHEN.....	214, 231, 264			AEMCOLO.....	59

AEROCHAMBER HOLDING CHAMBER.....	299	AKYNZEO (READY-TO-USE).....	386, 402	<i>alprazolam er</i>	246
AEROCHAMBER MINI CHAMBER.....	299	AKYNZEO (TO-BE-DILUTED).....	386, 403	<i>alprazolam intensol</i>	246
AEROCHAMBER MV.....	299	ALA SCALP.....	366, 410, 590	<i>alprazolam xr</i>	246
AEROCHAMBER PLS FLOVU MTHPIECE.....	300	<i>ala-cort</i>	366, 410, 590	ALPROLIX.....	140
AEROCHAMBER PLUS FLO-VU INTERM.....	300	<i>albendazole</i>	26	ALREX.....	366
AEROCHAMBER PLUS FLO-VU LARGE.....	300	ALBUKED 25.....	131	ALTACAINA.....	378
AEROCHAMBER PLUS FLO-VU MEDIUM.....	300	ALBUKED 5.....	131	ALTACE.....	160, 161
AEROCHAMBER PLUS FLO-VU SMALL.....	300	ALBUMIN HUMAN.....	131	<i>altafrin</i>	379, 383
AEROCHAMBER PLUS FLOW VU.....	300	ALBUMINEX.....	131	<i>altavera</i>	428, 439, 459
AEROCHAMBER W/FLOWSIGNAL.....	300	ALBUMIN-ZLB.....	131	ALTOPREV.....	191
AFINITOR.....	63	ALBURX.....	131	ALTRENO.....	588
AFINITOR DISPERZ.....	63	ALBUTEIN.....	132	ALTUVIIIO.....	140
<i>afirmelle</i>	428, 439, 459	<i>albuterol sulfate</i>	127, 568	ALUNBRIG.....	63
AFLURIA.....	97	<i>albuterol sulfate hfa</i>	127, 567	ALURIS.....	588, 609
AFLURIA PRESERVATIVE FREE.....	98	ALBUTEROL SULFATE HFA.....	127, 567	ALVAIZ.....	136
AFREZZA.....	470	ALCAINE.....	378	ALVESCO.....	366, 410, 556
AFSTYLA.....	139	<i>alclometasone dipropionate</i>	590	<i>alvimopan</i>	386, 396
<i>aftera</i>	428, 459	ALCOHOL PREP PADS.....	300	ALVOX.....	609
AGAMATRIX CONTROL LEVEL 2.....	300	ALDACTONE.....	154, 193, 201, 203, 335	ALVOX HP.....	609
AGAMATRIX CONTROL LEVEL 4.....	300	ALDER.....	88, 310	<i>alyacen 1/35</i>	428, 439, 459
AGAMATRIX PRESTO TEST.....	314	ALDURAZYME.....	353	<i>alyacen 7/7/7</i>	428, 439, 459
AGAMREE.....	409	ALECENSA.....	63	ALYGLO.....	93
AGGRASTAT.....	148, 336	<i>alendronate sodium</i>	508	ALYMSYS.....	63, 382
AGRYLIN.....	150	<i>alfuzosin hcl er</i>	125	<i>alyq</i>	199, 200, 563, 569
AIMOVIG.....	249	ALIMTA.....	63	<i>amantadine hcl</i>	22, 212
AIRDUO RESPICLICK 113/14.....	126, 409	ALIQOPA.....	63	AMBIEN.....	236, 262
AIRDUO RESPICLICK 232/14.....	126, 409	<i>aliskiren fumarate</i>	202	AMBIEN CR.....	236, 262
AIRDUO RESPICLICK 55/14.....	127, 410	ALIXI.....	574, 609	AMBISOME.....	57
AIRSUPRA.....	127, 366, 410, 556, 562, 567	ALIXI HP.....	574, 609	<i>ambrisentan</i>	204, 558, 569
AJOVY.....	249, 250	ALKINDI SPRINKLE.....	366, 410, 590	<i>amcinonide</i>	590
AKEEGA.....	63	<i>allopurinol</i>	506	AMD FOAM DRESSING.....	300
<i>ak-fluor</i>	320	<i>allopurinol sodium</i>	506	AMELUZ.....	572, 609
AKLIEF.....	602, 609	ALLZITAL.....	214, 243, 264	AMERICAN BEECH.....	89, 310
AKOVAZ.....	105, 551	<i>almotriptan malate</i>	290	AMERICAN BEECH POLLEN.....	89, 310
AKTEN.....	378	ALOCRIAL.....	357, 561	AMERICAN COCKROACH.....	89, 310
AKYNZEO.....	386, 403	ALOGLIPTIN BENZOATE.....	437	AMERICAN ELM.....	89, 311
		ALOGLIPTIN-METFORMIN HCL.....	426, 437	<i>amethyst</i>	428, 439, 459
		ALOGLIPTIN-PIOGLITAZONE.....	437, 477	AMIDATE.....	257, 261
		ALOMIDE.....	19, 357, 561	<i>amikacin sulfate</i>	24
		ALOPRIM.....	506	<i>amiloride hcl</i>	154, 201, 335
		ALORA.....	439, 508	<i>amiloride-hydrochlorothiazide</i>	335, 349
		<i>alosetron hcl</i>	389	AMINO ACID.....	324
		ALPHAGAN P.....	356, 573	AMINO ACID-CALCIUM-HEP IN D10W.....	324
		ALPHA-LIPOIC ACID.....	539	<i>aminoamrms</i>	324
		ALPHANATE.....	140	<i>aminocaproic acid</i>	140
		ALPHANINE SD.....	140	<i>aminophylline</i>	619
		<i>alprazolam</i>	246	AMINOPMRMS.....	324
				AMINOPROTECT.....	324
				<i>aminoreliefrms</i>	324

AMINOSYN II.....	324	anagrelide hcl	150	AQUASTAT.....	336
AMINOSYN-PF.....	325	ANALPRAM HC.....		AQUASTAT SFR.....	336
AMINOSYN-PF 7%.....	324	.....	366, 410, 580, 590	AQUORAL.....	374
amiodarone hcl	182	ANALPRAM-HC.....		ARAKODA.....	28
AMIODARONE HCL IN.....		.....	366, 410, 580, 590	ARALAST NP.....	132, 566
DEXTROSE.....	182, 325	ANAPROX DS 231, 266, 284, 506.....		aranelle	428, 439, 459
AMITIZA.....	385, 396	ANASCORP.....	10, 93	ARANESP (ALBUMIN FREE).....	
amitriptyline hcl	294	ANASPAZ.....	10, 111	.....	132, 133, 136
AMJEVITA.....	396, 492, 517, 526	anastrozole	63, 424	ARAVA.....	488, 517, 526, 535
AMJEVITA-PED 10KG TO.....		ANAVIP.....	93, 502	ARAZLO.....	602, 609
<15KG.....	396, 492, 517, 526	ANCOBON.....	57	ARCALYST.....	540, 560
AMJEVITA-PED 15KG TO.....		ANDEXXA.....	134, 140	AREXVY.....	98
<30KG.....	396, 492, 517, 526	ANDROGEL PUMP.....	422	arformoterol tartrate	127, 568
amlodipine besylate		ANESTHESIA S/I-40A....	236, 257	argatroban	136
.....	184, 187, 204	ANESTHESIA S/I-40H....	236, 257	argatroban in sodium	
amlodipine besylate-		ANESTHESIA S/I-40S....	236, 257	chloride	136
benazepril hcl	161, 184	ANGELIQ.....	439, 459	ARGININE HCL.....	325
amlodipine besylate-		ANGIOMAX.....	136	ARGYLE STERILE SALINE....	331
valsartan	157, 184	ANKTIVA.....	63	argyle sterile water	331
amlodipine-atorvastatin	185, 191	ANNOVERA.....	428, 439, 459	ARICEPT.....	123
amlodipine-olmesartan	157, 185	ANORO ELLIPTA.....	111, 127	ARIKAYCE.....	24
amlodipine-valsartan-hctz		ANTICOAGULANT SODIUM.....		ARIMIDEX.....	63, 424
.....	157, 185, 349	CITRATE.....	133	aripiprazole	226, 239
ammonium lactate	586, 587	ANTIVENIN LATRODECTUS.....		ARISTADA.....	226, 239
AMMONUL.....	323	MACTANS.....	10, 93, 502	ARISTADA INITIO.....	226, 239
amnesteem	602, 609	ANTIVENIN MICRURUS.....		ARIXTRA.....	133, 146
AMONDYS 45.....	507	FULVIUS.....	10, 93, 502	ARIZONA CYPRESS.....	89
amoxapine	294	ANTIVERT.....	16, 389	armodafinil	296
amoxicillin	25, 391	ANUSOL-HC.....	366, 410, 590	ARMOUR THYROID.....	478
amoxicillin-potassium		ANZEMET.....	386	ARNUITY ELLIPTA.....	410, 556, 562
clavulanate	25	apap-caff-dihydrocodeine		AROMASIN.....	63, 424
amoxicillin-potassium.....		.....	214, 264, 270, 281	ARRANON.....	63
clavulanate er	25	APEXICON E.....	590	arsenic trioxide	63
AMPHADASE.....	353	APHEXDA.....	136	ARTESUNATE.....	28
amphetamine sulfate	213	APIDRA SOLOSTAR.....	470	ARTHROTEC.....	266, 404
amphetamine-		APIDRA VIAL.....	470	ARTICADENT DENTAL..	105, 496
dextroamphetamine	213	APLENZIN.....	225	ARTISS.....	587, 609
amphetamine-		APOKYN.....	263	ARZERRA.....	64
dextroamphetamine er	213	apomorphine hcl	263	ASCENIV.....	93
amphet-dextroamphet 3-		APONVIE.....	403	ASCLERA.....	155, 202
bead er	213	APP SLIM RMS.....	325	ascomp-codeine	
amphotericin b	57	apraclonidine hcl	356, 374	.....	243, 270, 281, 287
amphotericin b liposome	57	aprepitant	403	ASCOR.....	624
ampicillin	25	APRETUDE.....	42	ASCORBIC ACID.....	624
ampicillin sodium	26	apri	428, 439, 459	asenapine maleate	227, 239
ampicillin-sulbactam sodium	26	APRISO.....	389	ashlyna	428, 439, 459
AMPYRA.....	539, 548	APTENSIO XR.....	281	ASMANEX (120 METERED.....	
AMRIX.....	117	APTIOM.....	218, 259	DOSES).....	410
AMTAGVI.....	209	APTIVUS.....	46	ASMANEX (14 METERED.....	
AMVISC.....	374	AQ INSULIN SYRINGE.....	300	DOSES).....	410
AMVUTTRA.....	540	AQINJECT PEN NEEDLE.....	300	ASMANEX (30 METERED.....	
AMZEEQ.....	574	AQNEURSA.....	540	DOSES).....	410
ANAFRANIL.....	294	AQUASOL A.....	621		

ASMANEX (60 METERED DOSES).....	410	ATROPINE SULFATE	12, 111, 379, 502, 553	azathioprine	480, 518, 527, 536
ASMANEX HFA.....	411	ATROVENT HFA.....	111, 553	azathioprine sodium	480, 518, 527, 536
ASPARLAS.....	64, 354	AUBAGIO.....	479, 526	azelaic acid	574, 610
aspirin	149, 151, 231, 288	aubra eq	428, 439, 459	azelastine hcl	357, 567
aspirin 81	148, 150, 231, 287	AUGMENTIN.....	26	azelastine-fluticasone	357, 366, 556, 561, 567
aspirin adult low dose	148, 150, 231, 287	AUGMENTIN ES-600.....	26	AZELEX.....	574, 610
aspirin adult low strength	148, 150, 231, 287	AUGTYRO.....	64	AZILECT.....	260, 261
aspirin childrens	148, 150, 231, 288	AUM ALCOHOL PREP PADS	300	azithromycin	54, 55
aspirin ec adult low dose	149, 150, 231, 288	AUM INSULIN SAFETY PEN NEEDLE.....	301	AZOPT.....	365
aspirin ec low dose	149, 151, 231, 288	AUM MINI INSULIN PEN NEEDLE.....	301	AZOR.....	158, 185
aspirin ec low strength	149, 151, 231, 288	AUM PEN NEEDLE.....	301	AZSTARYS.....	281
aspirin low dose	149, 151, 231, 288	AUM READYGARD DUO PEN NEEDLE.....	301	aztreonam	49
aspirin regimen	149, 151, 231, 288	AUM SAFETY PEN NEEDLE.	301	AZULFIDINE	59, 389, 482, 518, 527
aspirin-dipyridamole er	149, 199, 288	AURLUMYN.....	564	AZULFIDINE EN-TABS	59, 389, 482, 518, 527
ASPRUZYO SPRINKLE.....	173	aurovela 1.5/30	428, 439, 459	azurette	428, 440, 459
ASPYRERX.....	540	aurovela 1/20	428, 439, 459	BABYBIG.....	93
ASSURE ID DUO PRO PEN NEEDLES.....	300	aurovela 24 fe	428, 439, 459	bac	215, 243, 264, 281
ASSURE ID PRO PEN NEEDLES.....	300	aurovela fe 1.5/30	428, 439, 459	bacitracin	358, 574
ASSURE PLATINUM.....	314	aurovela fe 1/20	428, 440, 459	bacitracin-polymyxin b	358, 574
ASTAGRAF XL.....	535	AURYXIA.....	334	bacitra-neomycin- polymyxin-hc	358, 366, 574
ASTERO.....	580	AUSTEDO.....	295	baclofen	118
ASTRINGYN.....	140	AUSTEDO XR.....	295	BACLOFEN.....	118
ATACAND.....	156, 157	AUSTEDO XR PATIENT TITRATION.....	295	BACTERIOSTATIC WATER(BENZ ALC).....	550
ATACAND HCT.....	157, 349	AUVELITY.....	225	BACTRIM.....	30, 59, 61
atazanavir sulfate	46	AUVI-Q.....	105, 551	BACTRIM DS.....	30, 59, 61
ATELVIA.....	508	AVALIDE.....	157, 349	BAFIERTAM.....	484, 527
atenolol ..	129, 164, 174, 179, 194	avanafil	199, 200	BAHIA.....	89, 311
atenolol-chlorthalidone	164, 174, 351	AVAPRO.....	156, 157	BALCOLTRA.....	428, 440, 460
ATGAM.....	489, 536	AVASTIN.....	64, 382	BALD CYPRESS.....	89
ATIVAN.....	245, 246	AVEED.....	422	BALFAXAR.....	140
atomoxetine hcl	250, 281	aviane	428, 440, 459	balsalazide disodium	389
ATORVALIQ.....	191	AVIDORA.....	48, 574, 588, 609	BALVERSA.....	64
atorvastatin calcium	191	AVIDORA HP ...	48, 574, 588, 609	balziva	428, 440, 460
atovaquone	30	avidoxy	28, 60, 574	BANZEL.....	218, 259
atovaquone-proguanil hcl	28	AVODART.....	501	BAQSIMI ONE PACK 10,	450, 502
atracurium besylate	119	AVONEX PEN.....	485, 526	BAQSIMI TWO PACK	10, 450, 502
ATRALIN.....	588	AVONEX PREFILLED ...	485, 526	BARACLUDE.....	52
atropine sulfate	10, 12, 111, 379, 502, 553	AVSOLA	397, 482, 492, 518, 526, 609	BARHEMSYS.....	388, 395
		AVYCAZ.....	21	BASAGLAR KWIKPEN.....	455
		AWANIS.....	574, 588, 610	BASAGLAR TEMPO PEN.....	455
		ayuna	428, 440, 459	BAVENCIO.....	64
		AYVAKIT.....	64	BAXDELA.....	57
		azacitidine	64	BAYER ASPIRIN	149, 151, 232, 288
		AZACTAM.....	49	BCG VACCINE.....	98
		AZALTA HP.....	588, 610		
		AZASAN.....	480, 518, 526, 536		
		AZASITE.....	358		

BD AUTOSHIELD DUO PEN NEEDLES..... 301	BETAMETHASONE COMBO 411, 591	<i>bisacodyl ec</i> 391
<i>bd heparin posiflush</i> 145	<i>betamethasone dipropionate</i> 411, 591	<i>bismuth/metronidaz/tetracyc lin</i> 27, 30, 60, 387, 390
BD POSIFLUSH..... 336	<i>betamethasone dipropionate</i> <i>aug</i> 411, 591	<i>bisoprolol fumarate</i> 129, 164, 174, 180, 194
BD POSIFLUSH SAFESCRUB 336	BETAMETHASONE SOD PHOS & ACET..... 411, 591	<i>bisoprolol- hydrochlorothiazide</i> 164, 174, 349
BD ULTRA-FINE INSULIN SYRINGES..... 301	<i>betamethasone sod phos & acet</i> 411, 591	BIVALIRUDIN TRIFLUOROACETATE..... 136
BD ULTRA-FINE PEN NEEDLES..... 301	BETAMETHASONE SODIUM PHOSPHATE..... 411, 591	<i>bivalirudin trifluoroacetate</i> ... 136
BELBUCA..... 279	<i>betamethasone valerate</i> 411, 591	BIVIGAM..... 93
BELEODAQ..... 64	BETAPACE 120, 164, 174, 179, 182, 194	<i>bleomycin sulfate</i> 65
BELRAPZO..... 64	BETAPACE AF 120, 164, 174, 179, 182, 194	BLINCYTO..... 65
BELSOMRA..... 236, 280	BETASERON..... 485, 527	<i>blisovi 24 fe</i> 428, 440, 460
<i>benazepril hcl</i> 160, 161	<i>betaxolol hcl</i> 129, 164, 174, 179, 194, 364	<i>blisovi fe 1.5/30</i> 428, 440, 460
<i>benazepril- hydrochlorothiazide</i> 161, 349	<i>bethanechol chloride</i> 123	<i>blisovi fe 1/20</i> 429, 440, 460
BENDAMUSTINE HCL..... 64	BETHKIS..... 24, 358	BLOOD GLUCOSE TEST..... 314
<i>bendamustine hcl</i> 64	BETIMOL..... 364	BLOOD GLUCOSE TEST STRIPS 333..... 314
BENDEKA..... 64	BETOPTIC-S..... 364	BLOXIVERZ..... 123, 320
BENEFIX..... 140	BEVACIZUMAB..... 65, 374, 382	BLUDIGO..... 319
BENICAR..... 156, 158	BEVESPI AEROSPHERE 111, 127, 583	BLULINK CONTROL HIGH & LOW..... 301
BENICAR HCT..... 158, 349	BEXAGLIFLOZIN..... 473	BLULINK GLUCOSE TEST.... 314
BENLYSTA..... 484, 536	<i>bexarotene</i> 65, 572, 610	BOCASAL..... 374
BENTYL..... 111	BEXSERO..... 98	BONJESTA..... 389
<i>benzalkonium chloride</i> . 584, 605	BEYAZ..... 428, 440, 460, 621	BOOSTRIX..... 96, 98
BENZAMYCIN..... 574, 605	BEYFORTUS..... 50	<i>bortezomib</i> 65
BENZEPRO..... 605	<i>bicalutamide</i> 65	<i>bosentan</i> 204, 558, 569
BENZNIDAZOLE..... 30, 51	BICILLIN C-R..... 50	BOSULIF..... 65
<i>benzonatate</i> 555	BICILLIN C-R 900/300..... 50	BOTOX..... 117, 131, 540
BENZOYL PEROX- HYDROCORTISONE..... 590, 605	BICILLIN L-A..... 50	BOTOX COSMETIC 117, 130, 540
<i>benzoyl peroxide</i> 605	BIDIL..... 188, 194, 197	BRAFTOVI..... 65
BENZOYL PEROXIDE..... 605	BIJUVA..... 440, 460	BREATHE EASE LARGE..... 301
BENZOYL PEROXIDE FORTE- HC..... 591, 605	BIKTARVY..... 42, 43, 44	BREATHE EASE MEDIUM..... 301
<i>benzoyl peroxide- erythromycin</i> 574, 605	BILTRICIDE..... 26	BREATHE EASE SMALL..... 301
<i>benztropine mesylate</i> ... 115, 218	<i>bimatoprost</i> 381	BREATHERITE VALVED MDI CHAMBER..... 301
BEOVU..... 382	BI-MIX..... 122, 188, 204	BRENZAVVY..... 474
<i>bepotastine besilate</i> 17, 357	BIMZELX..... 600, 610	BREO ELLIPTA..... 127, 411
BEPREVE..... 17, 357	BINAXNOW COVID-19 AG HOME TEST..... 317	BREVIBLOC 129, 164, 174, 180, 194
BEQVEZ..... 140, 209	BINOSTO..... 508	BREVIBLOC IN NACL 129, 164, 174, 180, 194, 336
BERINERT..... 514, 515	BIOFREQUENCY INSOLES... 301	BREVIBLOC PREMIXED 130, 164, 174, 180, 194, 336
BERMUDA GRASS..... 89, 311	BIORPHEN..... 108	BREVIBLOC PREMIXED DS 130, 164, 174, 180, 194, 336
BESIVANCE..... 358	BIOTHRAX..... 98	BREVITAL SODIUM..... 243, 244
BESPONSA..... 64	<i>bis subcit-metronid-tetracyc</i> 27, 30, 60, 387, 390	BREXAFEMME..... 27
BESREMI..... 47, 64, 527	<i>bisacodyl</i> 391	BREYANZI..... 65, 209
BETADINE OPHTHALMIC PREP..... 362		<i>breyana</i> 127, 411
<i>betaine</i> 540		

BREZTRI AEROSPHERE	111, 127, 411	buprenorphine hcl-naloxone hcl	278, 279	CALCIUM CHLORIDE	336
BRIDION	14, 502	bupropion hcl	225	calcium chloride	336
briellyn	429, 440, 460	bupropion hcl er (smoking det)	103, 225	calcium gluconate	336
BRILINTA	149	bupropion hcl er (sr)	225	CALCIUM GLUCONATE	337
brimonidine tartrate	356, 573, 610	bupropion hcl er (xl)	225	calcium gluconate-nacl	337
brimonidine tartrate-timolol	357, 364, 573	BUPROPION HCL ER (XL)	225	CALCIUM GLUCONATE-NACL	337
BRINEURA	354	buspirone hcl	236, 262	CALDOLOR	266, 285
brinzolamide	365	busulfan	65	CALIFORNIA PEPPER TREE	89
BRIUMVI	488, 527	BUSULFEX	65	CALQUENCE	65
BRIVIACT	218	butalbital-acetaminophen	215, 243, 264	CAMBIA	232, 266
BRIXADI	279	butalbital-apap-caff-cod	215, 244, 264, 270, 281	CAMCEVI	66, 450
BRIXADI (WEEKLY)	279	butalbital-apap-cafeine	215, 244, 264, 281	camila	429, 460
BROME	89, 311	butalbital-asa-caff-codeine	244, 270, 281, 288	CAMPTOSAR	66
bromfenac sodium	376	butalbital-aspirin-cafeine	244, 281, 288	camrese	429, 440, 460
bromfenac sodium (once-daily)	376	butorphanol tartrate	232, 279	camrese lo	429, 440, 460
bromocriptine mesylate	254	BUTRANS	279	CAMZYOS	173
BROMSITE	376	BYDUREON BCISE		CANASA	389
BRONCHITOL	566	AUTOINJECTOR	452	CANCIDAS	36
BRONCHITOL TOLERANCE TEST	566	BYETTA 10 MCG PEN	452	candesartan cilexetil	156, 158
BROVANA	127, 568	BYETTA 5 MCG PEN	452	candesartan cilexetil-hctz	158, 349
BRUKINSA	65	BYFAVO	246	CANTHARIDIN	583, 602
BRYHALI	591	BYLVAY	393, 397	CANVAS DX DIAGNOSIS AID	
BSS	374	BYLVAY (PELLETS)	393, 397	AUTISM	540
BSS PLUS	374	BYOOVIZ	382	capecitabine	66
budesonide	412, 556, 562, 591	BYSTOLIC	120, 164, 175, 180	CAPHOSOL	374
budesonide er	412	CABENUVA	42, 43	CAPLYTA	239
budesonide-formoterol fumarate	128, 412	cabergoline	254	CAPRELSA	66
bumetanide	153, 192, 333	CABLIVI	134, 152	captopril	160, 161
BUMEX	153, 192, 333	CABOMETYX	65	captopril-hydrochlorothiazide	161, 349
BUPHENYL	323	CABTREO	548, 575, 602, 605, 610	CAPVAXIVE	98
bupivacaine fisiopharma	496	CADUET	185, 191	CARAC	66, 572, 610
BUPIVACAINE HCL	496	caffeine citrate	232, 281	CARAFATE	404
bupivacaine hcl	496	CAFFEINE-SODIUM		CARBAGLU	323
bupivacaine hcl (pf)	496	BENZOATE	232, 281	carbamazepine	219, 227
BUPIVACAINE HCL-NACL	336, 496	CALCIFOL	336, 621, 624	carbamazepine er	218, 219, 227
bupivacaine in dextrose	325, 496	calcipotriene	587, 610	CARBATROL	219, 227
bupivacaine spinal	325, 496	CALCIPOTRIENE	587, 610	carbidopa	253
bupivacaine-epinephrine	105, 496	calcipotriene-betameth diprop	587, 591, 592, 610	carbidopa-levodopa	253
bupivacaine-epinephrine (pf)	105, 496	calcitonin (salmon)	425, 509	carbidopa-levodopa er	253
BUPIVILOG	412, 496	CALCITRENE	587, 610	carbidopa-levodopa-entacapone	250, 253
buprenorphine	279	calcitriol	610, 624	carbinoxamine maleate	15, 16, 559
buprenorphine hcl	279	calcium acetate	334, 336	CARBINOXAMINE MALEATE	15, 16, 559
		calcium acetate (phos binder)	334, 336	carboplatin	66
				carboprost tromethamine	550
				CARDENE IV	185, 187, 204
				CARDIOGEN-82	314

CARDIOPLEGIA DEL NIDO		CEREBYX.....	258
FORMULA.....	337	CEREZYME.....	354
CARDIOPLEGIA IND		CERVIDIL.....	550
PLAS/HIK/LIDO.....	337	cetirizine hcl	19, 567
CARDIOPLEGIA INDUCTION		CETRAXAL.....	358
HIGH K.....	337	cetrorelix acetate	424
CARDIOPLEGIA MAIN		CETROTIDE.....	424
PLASMA-TROME.....	337	cevimeline hcl	123
CARDIOPLEGIA		charlotte 24 fe	429, 440, 460
REPERFUSATE 4:1.....	337	chateal eq	429, 440, 460
cardioplegic	337	CHEMET.....	10, 407, 502
CARDIOPLEGIC SOLN W/		CHEMSTRIP BG LOG BOOK.....	302
LIDOCAINE.....	337	CHENODAL.....	393
CARDIZEM		CHIRHOSTIM.....	321
.....	168, 169, 171, 183, 204	CHLOOXIA.....	592, 610
CARDIZEM CD		chloramphenicol sod	
.....	167, 169, 171, 183, 204	succinate	36
CARDIZEM LA		chlordiazepoxide hcl	246
.....	168, 169, 171, 183, 204	chlordiazepoxide-	
CARDURA.....	121, 155, 156, 164	amitriptyline	246, 294
CARDURA XL.....	122, 156, 164	chlordiazepoxide-clidinium	
CARESENS CONTROL		.....	111, 247
SOLUTION A/B.....	302	chlorhexidine gluconate	
CARESENS LANCETS 30G...302		.....	23, 362, 364, 584, 605
CARESTART COVID-19		CHLORHEXIDINE	
HOME TEST.....	317	GLUCONATE....	23, 364, 584, 605
CARETOUCH CONTROL SOL		chloroprocaine hcl (pf)	496
LEVEL 2.....	302	chloroquine phosphate	28
CARETOUCH TEST.....	314	chlorothiazide sodium	
carglumic acid	323	.....	154, 203, 349
carisoprodol	117	chlorpromazine hcl	280
carmustine	66	chlorthalidone	154, 203, 351
CARNITOR.....	540	chlorzoxazone	117
CARNITOR SF.....	540	CHOLBAM.....	394, 397
CAROSPIR		cholestyramine	167
.....	154, 193, 201, 203, 335	cholestyramine light	167
carteolol hcl	364	CHONDROITIN SULFATE.....	374
cartia xt ..	168, 169, 171, 183, 204	CHORIONIC	
carvedilol		GONADOTROPIN.....	450
120, 125, 156, 164, 175, 180, 194		CHOSEN LANCETS 30G.....	302
carvedilol phosphate er		CHOSEN SAFETY LANCETS	
120, 125, 156, 164, 175, 180, 194		28G.....	302
CARVYKTI.....	66, 209	chromic chloride	337
CASGEVY.....	209	CIALIS.....	199, 200, 563
CASODEX.....	66	CIBINQO.....	488, 518, 601, 611
caspofungin acetate	36	ciclodan	599
CAT HAIR EXTRACT.....	89, 311	ciclopirox	599
CATAPRES-TTS-1. 108, 175, 188		ciclopirox olamine	599
CATAPRES-TTS-2. 108, 175, 188		cidofovir	52
CATAPRES-TTS-3. 109, 175, 188		cilostazol	149, 199, 200
CATHFLO ACTIVASE....	151, 354	CILOXAN.....	358
CATTLE EPITHELIUM.....	89, 311	CIMDUO.....	44
CAVERJECT.....	188, 204	CIMERLI.....	382
CAVERJECT IMPULSE..	188, 204		
CAYA.....	548		
CAYSTON.....	50		
CEDAR ELM.....	89, 311		
cefaclor	20		
cefaclor er	20		
cefadroxil	19, 20		
CEFALY KIT.....	302		
CEFAZOLIN IN SODIUM			
CHLORIDE.....	20, 337		
cefazolin sodium	20		
CEFAZOLIN SODIUM.....	20		
cefazolin sodium-dextrose			
.....	20, 325		
CEFAZOLIN SODIUM-			
DEXTROSE.....	20, 325		
cefdinir	21		
cefepime hcl	22		
cefepime-dextrose	22, 325		
cefixime	21		
CEFOTAN.....	20, 36		
CEFOTAXIME SODIUM.....	21		
cefotetan disodium	20, 36		
cefoxitin sodium	21, 36		
CEFOXITIN SODIUM-			
DEXTROSE.....	21, 36		
cefpodoxime proxetil	21		
cefprozil	21		
ceftazidime	21		
ceftriaxone sodium	22		
ceftriaxone sodium in			
dextrose	21, 325		
ceftriaxone sodium-dextrose			
.....	22, 325		
cefuroxime axetil	21		
cefuroxime sodium	21		
CELEBREX.....	252		
celecoxib	252		
CELESTONE SOLUSPAN			
.....	412, 592		
CELEXA.....	292		
CELLCEPT.....	480, 536		
CELLCEPT INTRAVENOUS..	536		
CELLUGEL.....	374		
CELONTIN.....	294		
CEM-UREA.....	602		
cephalexin	20		
CEPROTIN.....	133		
CEQUA.....	363, 373, 480		
CEQUR SIMPLICITY 2U.....	302		
CEQUR SIMPLICITY			
INSERTER.....	302		
CERDELGA.....	353, 540		

cimetidine	17, 402	clindacin-p	48, 575	clodan	592
cimetidine hcl	17, 402	CLINDAGEL.....	48, 575	CLODERM.....	592
CIMZIA....	397, 482, 492, 518, 527	clindamycin hcl	48, 575	clofarabine	66
CIMZIA (2 SYRINGE)		clindamycin palmitate hcl		CLOMID.....	438
.....	397, 482, 492, 518, 527	.....	48, 575	clomipramine hcl	294
CIMZIA-STARTER		clindamycin phos-benzoyl		clonazepam	245, 247
.....	397, 482, 492, 518, 527	perox	48, 575, 605	clonidine	109, 175, 189
cinacalcet hcl	425	clindamycin phosphate		CLONIDINE ER.....	109, 175, 188
CINQAIR.....	560	.....	49, 575, 576	clonidine hcl	109, 175, 189
CINRYZE.....	514, 515	clindamycin phosphate in		clonidine hcl (analgesia)	
CINVANTI.....	403	d5w	49, 325, 576	.....	109, 189
CIPRO.....	32, 57	CLINDAMYCIN PHOSPHATE		clonidine hcl er	109, 189
ciprofloxacin hcl	32, 58, 358	IN NACL.....	49, 337, 576	clopidogrel bisulfate	149
ciprofloxacin in d5w	32, 58	clindamycin-tretinoin		clorazepate dipotassium	
ciprofloxacin-		.....	49, 576, 588, 611	.....	245, 247
dexamethasone	358, 366	CLINDESSE.....	49, 576	CLOROTEKAL.....	497
CIPROFLOXACIN-		CLINIMIX E/DEXTROSE		clotrimazole	585
FLUOCINOLONE PF.....	358, 366	(2.75/5).....	325	clotrimazole-betamethasone	
cisatracurium besylate	119	CLINIMIX E/DEXTROSE		.....	585, 592
cisatracurium besylate (pf) ..	119	(4.25/10).....	325	clozapine	239
cisplatin	66	CLINIMIX E/DEXTROSE		CLOZARIL.....	239
CISPLATIN.....	66	(4.25/5).....	325	CNJ-016.....	93
CITALOPRAM		CLINIMIX E/DEXTROSE		COAGADEX.....	140
HYDROBROMIDE.....	292	(5/15).....	326	coal tar	604
citalopram hydrobromide	292	CLINIMIX E/DEXTROSE		COARTEM.....	28
citroma	391	(5/20).....	326	COBENFY.....	235, 618
CLADOSPORIUM		CLINIMIX E/DEXTROSE		COBENFY STARTER PACK	
CLADOSPORIODES.....	89, 311	(8/10).....	326	.....	235, 618
cladribine	66, 479	CLINIMIX E/DEXTROSE		COCAINE HCL.....	378
claravis	602, 611	(8/14).....	326	COCKLEBUR.....	89, 311
CLARINEX.....	19, 567	CLINIMIX/DEXTROSE		codeine sulfate	270, 555
CLARINEX-D 12 HOUR....	19, 105	(4.25/10).....	326	COENZYME Q-10.....	540
clarithromycin	32, 54, 55, 391	CLINIMIX/DEXTROSE (4.25/5)		COLAZAL.....	389
clarithromycin er	32, 54, 55, 391	.....	326	colchicine	506
CLEARDETECT COVID-19		CLINIMIX/DEXTROSE (5/15) ..	326	colchicine-probenecid ..	352, 506
AG HOME.....	317	CLINIMIX/DEXTROSE (5/20) ..	326	colesevelam hcl	167, 423
clearlax	391	CLINIMIX/DEXTROSE (6/5) ...	326	COLESTID.....	167
clemastine fumarate ..	15, 16, 559	CLINIMIX/DEXTROSE (8/10) ..	326	colestipol hcl	167
CLENPIQ.....	391	CLINIMIX/DEXTROSE (8/14) ..	326	colistimethate sodium (cba) ..	57
CLEOCIN.....	48, 575	CLINISOL SF.....	326	COLUMVI.....	66
CLEOCIN PHOSPHATE... ..	48, 575	CLINITEST RAPID COVID-19		COLY-MYCIN M.....	57
CLEOCIN-T.....	48, 575	TEST.....	318	COMBIGAN.....	357, 364, 573
CLEVER CHOICE COMFORT		CLINOLIPID.....	326	COMBIPATCH.....	440, 460
EZ.....	302	CLINPRO 5000.....	297, 512	COMBIVENT RESPIMAT	
CLEVER CHOICE HOLDING		clobazam	245, 247	.....	111, 128, 553
CHAMBER.....	302	CLOBETASOL PROPIONATE.....	366	COMBOGESIC.....	215, 232, 264
CLEVER CHOICE TENS UNIT		clobetasol propionate	592	COMETRIQ.....	66
.....	302	clobetasol propionate e	592	COMFORT EZ PRO PEN	
CLEVIPREX.....	185, 187	clobetasol propionate		NEEDLES.....	302
CLIMARA.....	440, 509	emulsion	592	COMFORT TOUCH TWIST	
CLIMARA PRO.....	440, 460	CLOBEX.....	592	LANCET 30G.....	302
clindacin	48, 575	CLOBEX SPRAY.....	592	COMIRNATY.....	98
clindacin etz	48, 575	clocortolone pivalate	592		

COMPACT SPACE			
CHAMBER.....	302		
COMPACT SPACE			
CHAMBER/LG MASK.....	302		
COMPACT SPACE			
CHAMBER/MED MASK.....	302		
COMPACT SPACE			
CHAMBER/SM MASK.....	302		
COMPLERA.....	43, 44, 52		
compro	280, 389		
CONCERTA.....	282		
CONDYLOX.....	602, 611		
CONJUPRI.....	185, 187, 204		
constulose	323		
CONTOUR CONTROL.....	302		
CONTOUR NEXT CONTROL.....	303		
CONTOUR NEXT TEST.....	314		
CONTOUR PLUS TEST.....	315		
CONTOUR TEST.....	315		
CONTRACE.....	217		
CONZIP.....	270		
COPAXONE.....	479, 527		
COPIKTRA.....	66		
COREG			
120, 125, 156, 165, 175, 180, 195			
COREG CR			
120, 125, 156, 165, 175, 180, 194			
CORIFACT.....	140		
CORLANOR.....	173, 205		
CORN POLLEN.....	89, 311		
CORTANE-B			
.....	367, 412, 580, 593, 605		
CORTEF.....	367, 412, 593		
CORTENEMA.....	367, 412, 593		
CORTIFOAM.....	367, 412, 593		
CORTISONE ACETATE.....	412		
CORTISPORIN-TC.....	358, 367		
CORTROPHIN.....	310, 457		
CORTROSYN.....	310		
CORVERT.....	182		
COSELA.....	14, 548		
COSENTYX (300 MG DOSE)			
.....	486, 518, 611		
COSENTYX 150 MG/ML			
.....	486, 518, 611		
COSENTYX SENSOREADY			
(300 MG).....	487, 518, 611		
COSENTYX SENSOREADY			
PEN.....	487, 518, 611		
COSENTYX UNOREADY			
.....	487, 518, 611		
COSOPT.....	364, 365		
COSOPT PF.....	365		
cosyntropin	310		
COTELLIC.....	66		
COTEMPLA XR-ODT.....	282		
COVID-19 AT HOME			
ANTIGEN TEST.....	318		
COVID-19 AT-HOME TEST.....	318		
COVID-19 OTC ANTIGEN 1-			
PACK.....	318		
COVID-19 OTC ANTIGEN 2-			
PACK.....	318		
COXANTO.....	266, 285		
COZAAR.....	157, 158		
CREON.....	354, 394		
CRESEMBA.....	34		
CRESTOR.....	191		
CREXONT.....	253		
CRINONE.....	460		
CROFAB.....	94, 502		
cromolyn sodium ..	357, 374, 561		
CROTAN.....	608		
CRYODOSE TA.....	580		
cryselle-28	429, 440, 460		
CRYSVITA.....	331		
cupric chloride	337		
CUPRIMINE.....	10, 407, 519		
curae	429, 460		
CURITY AMD			
ANTIMICROBIAL STRIP.....	303		
CURITY IODOFORM			
PACKING STRIP.....	303		
CURITY STERILE SALINE.....	331		
CUROSURF.....	565		
CUTAQUIG.....	94		
CUVPOSA.....	111, 583		
CUVRIOR.....	407		
cyanocobalamin	148, 621, 622		
CYANOCOBALAMIN.....	148, 622		
CYANOKIT.....	12, 503		
cyclobenzaprine hcl	117		
cyclobenzaprine hcl er	117		
CYCLOGYL.....	379, 380		
CYCLOMYDRIL.....	380, 383		
cyclopentolate hcl	380		
cyclophosphamide ..	67, 485, 536		
CYCLOPHOSPHAMIDE			
.....	67, 485, 536		
cycloserine	32		
CYCLOSET.....	423		
cyclosporine			
.....	363, 373, 480, 519, 527, 536		
cyclosporine modified			
.....	363, 480, 519, 527, 536		
CYKLOKAPRON.....	141		
CYLTEZO (2 PEN).....	492, 519		
CYLTEZO (2 SYRINGE)			
.....	397, 492, 519, 527		
CYLTEZO-CD/UC/HS			
STARTER.....	492, 519		
CYLTEZO-PSORIASIS/UV			
STARTER.....	492, 519		
CYMBALTA.....	254, 289		
cyproheptadine hcl	16, 559		
CYRAMZA.....	67		
cyred eq	429, 440, 460		
CYSTADANE.....	540		
CYSTADROPS.....	374, 379		
CYSTAGON.....	540		
CYSTARAN.....	374, 379		
CYSVIEW.....	318		
CYTALUX.....	320, 321		
cytarabine	67		
cytarabine (pf)	67		
CYTOGAM.....	94		
CYTOMEL.....	478		
CYTOTEC.....	404		
CYTOTINE.....	540		
cytra k crystals	322		
d3	625		
d3 high potency	624		
dabigatran etexilate			
mesylate	136		
dacarbazine	67		
dactinomycin	67		
dalfampridine er	541, 548		
DALIRESP.....	563, 601, 607		
DALVANCE.....	38		
danazol	422		
DANTRIUM.....	118		
dantrolene sodium	118		
DANYELZA.....	67		
DAPAGLIFLOZIN PRO-			
METFORMIN ER.....	426, 474		
DAPAGLIFLOZIN			
PROPANEDIOL.....	474		
dapsone	27, 30, 576, 611		
DAPTACEL.....	96, 98		
daptomycin	36		
DAPTOMYCIN-SODIUM			
CHLORIDE.....	36		
DARAPRIM.....	28		
darifenacin hydrobromide er	618		
darunavir	46		
DARZALEX.....	67		
DARZALEX FASPRO.....	67		
dasatinib	67		
dasetta 1/35	429, 441, 460		

dasetta 7/7/7	429, 441, 460	DEPO-ESTRADIOL.....	441, 509	DEXAMETHASONE-	
daunorubicin hcl	67	DEPO-MEDROL.....	412	MOXIFLOXACIN.....	32, 58, 367
DAURISMO.....	67	DEPO-PROVERA.....	429, 461	DEXAMETH-MOXIFLOX-	
DAXXIFY.....	117, 131, 541	DEPO-SUBQ PROVERA	104	KETOROLAC.....	32, 58, 266, 367
DAYBUE.....	251	.....	429, 461	DEXEDRINE.....	213
DAYPRO.....	266, 285	DEPO-TESTOSTERONE.....	422	DEXILANT.....	405
daysee	429, 441, 461	DERMA-SMOOTH/FS BODY		dexlansoprazole	405
DAYTRANA.....	282	.....	367, 593	DEXLIDO.....	414, 497
DAYVIGO.....	236, 280	DERMA-SMOOTH/FS		dexmedetomidine hcl ...	109, 236
DAZINIA....	23, 584, 585, 593, 605	SCALP.....	367, 593	dexmedetomidine hcl in nacl	
DDAVP.....	141, 457	DERMOTIC.....	367, 593	.....	109, 236, 337
DDAVP PF.....	141, 457	DESCOVY.....	45, 52	DEXMEDETOMIDINE HCL IN	
DEBACTEROL.....	374, 605	DESFERAL.....	11, 408, 503	NACL.....	109, 236, 338
deblitane	429, 461	desipramine hcl	294	DEXMEDETOMIDINE HCL-	
decitabine	67	desloratadine	19, 567	DEXTROSE.....	109, 236, 338
DEFENCATH.....	27, 145	desmopressin ace spray		dexmethylphenidate hcl	282
deferasirox	407	refrig	141, 457	dexmethylphenidate hcl er ...	282
deferasirox granules	407	desmopressin acetate ..	141, 457	DEXONTO 0.4%.....	414
deferiprone	407	DESMOPRESSIN ACETATE		DEXPANTHENOL.....	622
deferoxamine mesylate		.....	141, 457	dexrazoxane	14, 548
.....	10, 408, 503	desmopressin acetate pf		dexrazoxane hcl	14, 548
DEFITELIO.....	134, 152	.....	141, 457	DEXTENZA.....	367
deflazacort	412	desmopressin acetate spray		dextroamphetamine sulfate .	213
DELESTROGEN.....	441, 509	.....	141, 457	dextroamphetamine sulfate	
DELFLEX-LC/1.5%		desogestrel-ethinyl estradiol		er	213
DEXTROSE.....	331	.....	429, 441, 461	dextrose	326, 327
DELFLEX-LC/2.5%		desonide	593	DEXTROSE.....	326, 327
DEXTROSE.....	331	DESOWEN.....	593	DEXTROSE	
DELFLEX-LC/4.25%		desoximetasone	593	5%/ELECTROLYTE #48.	326, 338
DEXTROSE.....	331	DESOXYN.....	213	dextrose in lactated ringers	
DELFLEX-SM/1.5%		DESVENLAFAXINE ER.....	289	.....	326, 338
DEXTROSE.....	331	desvenlafaxine succinate er	289	dextrose-sodium chloride	
DELFLEX-SM/2.5%		DETROL.....	618	.....	327, 338
DEXTROSE.....	331	DETROL LA.....	618	DEXYCU.....	367
DELIBON.....	585, 593	DEX24.....	367	DHIVY.....	253
DELSTRIGO.....	43, 45	DEXABLISS.....	412	DIACOMIT.....	219, 255
delyla	429, 441, 461	DEXAMETH SOD PHOS-		DIANEAL LOW	
DELZICOL.....	390	BUPIV-EPIN.....	105, 412, 497	CALCIUM/1.5%.DEX.....	331
demeclocycline hcl	60	dexamethasone	413	DIANEAL LOW	
DEMEROL.....	270	DEXAMETHASONE (LA).....	413	CALCIUM/2.5%.DEX.....	332
DEMSEER.....	321, 541	DEXAMETHASONE ACE &		DIANEAL LOW	
DENAVIR.....	583	SOD PHOS.....	413	CALCIUM/4.25%.DEX.....	332
DENGVAIXA.....	98	dexamethasone intensol	413	DIANEAL PD-2/1.5%	
DENTA 5000 PLUS	296, 297, 512	dexamethasone sod phos		DEXTROSE.....	332
DENTAGEL.....	296, 297, 512	+rfid	413	DIANEAL PD-2/2.5%	
DENVITA.....	585, 611	DEXAMETHASONE SOD		DEXTROSE.....	332
DEOXIA.....	49, 576, 611	PHOS-NACL.....	337, 413	DIANEAL PD-2/4.25%	
DEPAKOTE....	219, 227, 232, 255	dexamethasone sod		DEXTROSE.....	332
DEPAKOTE ER		phosphate pf	413	DIASCREEN 10.....	303
.....	219, 227, 232, 255	dexamethasone sodium		DIASCREEN 1B.....	303
DEPAKOTE SPRINKLES		phosphate	367, 413, 414	DIASCREEN 1G.....	303
.....	219, 227, 232	DEXAMETHASONE SODIUM		DIASCREEN 1K.....	303
DEPEN TITRATABS.	10, 408, 519	PHOSPHATE.....	413	DIASCREEN 2GK.....	303

DIASCREEN 2GP	303	DILAUDID	270	DOMELA.....	594, 612
DIASCREEN 3	303	diltiazem hcl		donepezil hcl	123
DIASCREEN 4NL.....	303	..... 168, 170, 171, 183, 205		dopamine hcl	126, 173
DIASCREEN 4OBL.....	303	diltiazem hcl er		dopamine-dextrose	126, 173
DIASCREEN 4PH.....	303	..... 168, 169, 170, 171, 183, 205		DOPRAM.....	282
DIASCREEN 5.....	303	diltiazem hcl er beads		DOPTelet.....	137
DIASCREEN 6.....	303	..... 168, 169, 171, 183, 205		DORYX MPC.....	28, 60, 576
DIASCREEN 7.....	303	diltiazem hcl er coated		DORZOLAMIDE HCL.....	365
DIASCREEN 8.....	303	beads	168, 169, 171, 183, 205	dorzolamide hcl	365
DIASCREEN 9.....	303	DILTIAZEM HCL-DEXTROSE		dorzolamide hcl-timolol mal	
DIASCREEN LIQUID URINE		..... 168, 170, 171, 184, 205, 327		..... 365, 366	
CONTROL.....	303	DILTIAZEM HCL-SODIUM		dorzolamide hcl-timolol mal	
DIATHRIVE BLOOD		CHLORIDE		pf	365, 366
GLUCOSE TEST.....	315	..... 168, 170, 172, 184, 205, 338		dotti	441, 509
DIATHRIVE GLUCOSE		dilt-xr	168, 170, 172, 184, 205	DOUBLEDEX.....	414
CONTROL SOLN.....	303	diluent for treprostinil	550	DOVATO.....	42, 45
DIATHRIVE GLUCOSE TEST	315	dimenhydrinate	16, 389	doxazosin mesylate	
DIATHRIVE+ GLUCOSE		DIMERCAPTOPROPANE-		..... 122, 155, 156, 165	
TEST.....	315	SULFONATE.....	11, 408	doxepin hcl	294, 580
DIATRUST COVID-19 HOME		dimethyl fumarate	484, 527	doxercalciferol	625
TEST.....	318	dimethyl fumarate starter		DOXIL.....	68
diazepam	245, 247	pack	484, 528	doxorubicin hcl	68
DIAZEPAM.....	245, 247	DIMOXIA.....	612	doxorubicin hcl liposomal	68
diazepam intensol	245, 247	DIOCHLOY.....	587, 593, 612	doxy 100	28, 60, 576
diazoxide	425	DIOVAN.....	157, 158	doxycycline	29, 61, 358, 577, 612
DIBENZYLINE.....	122, 203	DIOVAN HCT.....	158, 350	doxycycline hyclate	28, 60, 576
dichlorphenamide	152, 512	DIPENTUM.....	390	DOXYCYCLINE HYCLATE	
DICLEGIS.....	389	diphenhydramine hcl		..... 28, 60, 576	
DICLOFENAC PATCH.....	266	... 15, 16, 115, 218, 236, 555, 559		doxycycline monohydrate	
diclofenac potassium	266	diphenoxylate-atropine	112, 387	..... 28, 60, 61, 576, 577	
diclofenac		DIPRIVAN.....	236, 257, 261	doxylamine-pyridoxine	389
potassium(migraine)	232, 266	DIPROLENE.....	414, 593	DRAXACEY.....	577, 602
diclofenac sodium		dipyridamole	149, 199, 205, 314	DRISDOL.....	625
..... 266, 296, 376, 606, 607, 611		DISCOVISC.....	373, 374	DRIXECE.....	577, 602
diclofenac sodium er	266	disopyramide phosphate	178	DRIZALMA SPRINKLE.....	289
diclofenac-misoprostol	266, 404	disulfiram	10, 501	dronabinol	388, 397
DICLOFONO.....	607, 611	DIURIL.....	154, 203, 350	droperidol	236, 395
dicloxacillin sodium	56	divalproex sodium		DROPERIDOL.....	236, 395
dicyclomine hcl	112	..... 219, 227, 232, 255		DROPLET MICRON.....	303
DIFFERIN.....	548, 602, 611	divalproex sodium er		DROPSAFE ALCOHOL PREP.....	303
DIFICID.....	54, 55	..... 219, 227, 232, 255		DROPSAFE SAFETY	
diflorasone diacetate	593	DIVIGEL.....	441, 509	SYRINGE/NEEDLE.....	304
DIFLUCAN.....	34	dobutamine hcl	126, 173	drospiren-eth estrad-	
diflunisal	266, 285	dobutamine-dextrose	126, 173	levomefol	429, 441, 461, 622
difluprednate	367	docetaxel	68	drospirenone-ethinyl	
DIFMETIOXRIME... 573, 585, 607		DOCIVYX.....	68	estradiol	430, 441, 461
DIGIFAB.....	11, 94, 503	DODEX.....	148, 622	DROXIA.....	68
digoxin	162, 173	dofetilide	182	droxidopa	105
dihydroergotamine mesylate		DOG EPITHELIUM.....	89, 311	DRYSOL.....	583
..... 122, 232		DOG FENNEL.....	89, 311	DSUVIA.....	270
DILANTIN.....	178, 258	DOJOLVI.....	327	DUAKLIR PRESSAIR	
DILANTIN INFATABS.....	178, 258	dolishale	429, 441, 461	..... 112, 128, 553	
DILANTIN-125.....	178, 258	DOLOBID.....	285	DUAVEE.....	438, 441

DUETACT	477	econtra one-step	430, 461	elixophyllin	190, 282, 330, 571, 619
DUEXIS	266, 285, 402	ECOZA	585	ELLA	430, 461
DULERA	128, 414	edaravone	211, 251	ELLENCE	68
duloxetine hcl	254, 289	EDARBI	157, 158	ELLIOTTS B	327, 338
DUOBRII	594, 612	EDARBYCLOR	158, 350	ELLUME COVID-19 HOME	
DUOPA	253	EDECRIN	153, 192, 333	TEST	318
DUOVISC	373, 374	EDETATE CALCIUM		ELMIRON	541
DUPIXENT	560, 612	DISODIUM	11, 408, 503	ELOCTATE	141
DURACLON	109, 189	EDETATE DISODIUM		ELREXFIO	68
DURAMORPH	270	.....	12, 408, 503	ELUCIREM	321
DUREZOL	367	EDEX	189, 205	eluryng	430, 441, 461
DUROLANE	541	EDLUAR	237, 263	ELYXYB	233, 253
DURYSTA	381	EDURANT	43	ELZONRIS	68
DUST MITE MIXED		efavirenz	44	EMBRACE PEN NEEDLES	304
ALLERGEN EXT	89, 90, 311	efavirenz-emtricitab-tenofo		EMBRACE TALK GLUCOSE	
dutasteride	501	df	44, 45	CONTROL	304
dutasteride-tamsulosin hcl		efavirenz-lamivudine-		EMBRACE TALK GLUCOSE	
.....	125, 501	tenofovir	44, 45	TEST	315
DUVYZAT	541	EFFER-K	338	EMBRACE WAVE BLOOD	
d-vite pediatric	625	effe-k	338	GLUCOSE	315
DYANAVEL XR	213	EFFEXOR XR	289	EMEND	403
DYCLOPRO	580	EFFIENT	149	EMEND TRI-PACK	403
DYMISTA 357, 367, 556, 561, 567		EFUDEX	68, 572, 612	EMERPHED	105, 551, 552
DYRENIUM	154, 201, 335	EGATEN	26	EMFLAZA	414
DYSPORT	117, 131, 541	EGRIFTA SV	475	EMGALITY	250
E.E.S. 400	37	EHA	580	EMJOI TENS	304
E.E.S. GRANULES	37	ELAHERE	68	EMPAVELI	514, 515
EASIVENT	304	ELAPRASE	354	EMPLICITI	69
EASTERN COTTONWOOD		ELCYS	327	EMSAM	260, 261
.....	90, 311	ELECTRODES 25MM	304	emtricitabine	45
EASY MAX BLOOD		ELECTRODES 50X100MM	304	emtricitabine-tenofovir df	45, 52
GLUCOSE TEST	315	ELECTRODES 50X50MM	304	EMTRIVA	45
EASY TALK PLUS II		ELECTRODES 50X90MM	304	EMVERM	26
CONTROL	304	ELECTRODES BUTTERFLY		emzahh	430, 461
EASY TALK PLUS II TEST		105X155MM	304	enalapril maleate	160, 161
STRIPS	315	ELECTRODES FACE		enalaprilat	160, 161
EASY TOUCH HEALTHPRO		30X50MM	304	enalapril-	
GLUCOSE	315	ELECTRODES JOINT 150MM	304	hydrochlorothiazide	161, 350
EASY TRAK II CONTROL	304	ELELYSO	354	ENBREL	493, 519, 528
EASY TRAK II GLUCOSE		ELEPSIA XR	219	ENBREL MINI	492, 519, 528
TEST	315	ELESTRIN	441, 509	ENBREL SURECLICK	
easygel	296, 298, 512	eletriptan hydrobromide	290	.....	493, 519, 528
EASYMAX 15 LEVEL 2-3		ELEVIDYS	210	ENCARE	548
CONTROL	304	ELFABRIO	354	ENDARI	541, 612
EASYMAX CONTROL	304	ELIDEL	536, 600, 612	ENDEAVORRX	541
EASYMAX CONTROL		ELIGARD	68, 450, 451	endocet	215, 264, 270
NORMAL/HIGH	304	ELIMITE	608	ENDOMETRIN	461
EBGLYSS	600	elinest	430, 441, 461	ENGERIX-B	98
ECEOXIA	577, 612	ELIQUIS	135	ENHERTU	69
EC-NAPROSYN		ELIQUIS DVT/PE STARTER		enilloring	430, 441, 461
.....	232, 266, 285, 506	PACK	135	ENJAYMO	135, 481
ec-naproxen	233, 266, 285, 506	ELITEK	354	enoxaparin sodium	145
econazole nitrate	585				

enpresse-28	430, 441, 461	eplerenone	154, 193, 201, 203, 335	estazolam	247
enskyce	430, 442, 461	EPOGEN.....	133, 137	ESTRACE.....	442, 509
ENSPRYNG.....	489, 528	epoprostenol sodium	205, 564, 569	ESTRADIOL.....	442, 509
ENSTILAR.....	587, 594, 612	EPRONTIA.....	219, 233	estradiol	442, 509, 510
entacapone	250	EPSOLAY.....	605	estradiol valerate	442, 510
ENTADFI.....	199, 200, 501, 589	eptifibatide	149	estradiol-norethindrone acet	442, 462
entecavir	53	EQUACARE JR.....	327	ESTRING.....	442, 510
ENTRESTO.....	158, 202	EQUETRO.....	219, 227	ESTROGEL.....	442, 510
ENTYVIO.....	385, 397, 482	ERAXIS.....	37	eszopiclone	237, 263
ENTYVIO PEN.....	385, 397, 482	ERBITUX.....	69	ethacrynate sodium	153, 192, 333
ENU PRO3 PLUS.....	327	ergocalciferol	625	ethacrynic acid	153, 192, 333
enulose	323	ergoloid mesylates	122	ethambutol hcl	32
ENVARBUS XR.....	537	ERGOMAR.....	122, 233	ETHAMOLIN.....	155, 202
EOHILIA.....	414	ergotamine-caffeine	122, 233, 282	ethosuximide	294
EPANED.....	160, 161	eribulin mesylate	69	ETHOXIA.....	612
EPCLUSA.....	40, 41	ERIVEDGE.....	69	ethyl chloride	580
EPHEDRINE SULFATE (PRESSORS).....	105, 106, 552	ERLEADA.....	69	ethynodiol diac-eth estradiol	430, 442, 462
ephedrine sulfate (pressors)	106, 552	erlotinib hcl	69	etodolac	267, 285
EPHEDRINE SULFATE-NACL	106, 338, 552	ERMEZA.....	478	etodolac er	267, 285
EPIDIOLEX.....	219	errin	430, 461	etomidate	257, 261
EPIDUO.....	548, 603, 605, 612	ERTACZO.....	585	etonogestrel-ethinyl estradiol	430, 442, 462
EPIDUO FORTE	548, 603, 605, 612	ertapenem sodium	35	ETOPOPHOS.....	69
EPIFOAM.....	580, 594	ERVEBO.....	98	etoposide	69
epinastine hcl	19, 357	ery	37, 358, 577	etravirine	44
epinephrine	106, 362, 380, 383, 384, 552	ERYGEL.....	37, 358, 577	EUCRISA.....	580, 607
EPINEPHRINE	106, 362, 380, 383, 552	ERYPED 200.....	37	EUFLEXXA.....	541
epinephrine (anaphylaxis)	106, 552	ERYPED 400.....	37	EULEXIN.....	69
epinephrine hcl (nasal)	106, 383, 552	ERY-TAB.....	37	euthyrox	478
EPINEPHRINE HCL- DEXTROSE	106, 327, 362, 380, 383, 552	ERYTHROCIN LACTOBIONATE.....	37	EVAMIST.....	443, 510
EPINEPHRINE HCL-NACL	106, 338, 362, 380, 383, 552	erythromycin	38, 358, 577	EVEKEO.....	213
epinephrine pf	106, 362, 380, 384, 552	erythromycin base	38	EVENITY.....	480, 508
EPINEPHRINE-DEXTROSE 106, 327, 362, 380, 384, 552, 553		erythromycin ethylsuccinate	38	everolimus	69, 537
EPINEPHRINE-NACL 106, 107, 338, 362, 380, 384, 553		erythromycin lactobionate	38	EVISTA.....	438, 510
EPIPEN 2-PAK.....	107, 553	ERZOFRI.....	239	EVKEEZA.....	162, 163
EPIPEN JR 2-PAK.....	107, 553	ESBRIET.....	554, 566	EVOMELA.....	69
epitol	219, 227	escitalopram oxalate	292	EVOTAZ.....	47, 541
EPIVIR.....	45	ESGIC.....	215, 244, 264, 282	EVOXAC.....	123
EPKINLY.....	69	ESKATA.....	612	EVRYSDI.....	541
		esmolol hcl	130, 165, 175, 180, 195	EXELDERM.....	585
		ESMOLOL HCL	130, 165, 175, 180, 195	EXELON.....	123
		esmolol hcl-sodium chloride	130, 165, 175, 180, 195, 338	exemestane	69, 424
		esomeprazole magnesium ...	405	EXFORGE.....	158, 185
		esomeprazole sodium	405	EXFORGE HCT.....	158, 185, 350
		ESPEROCT.....	141	EXJADE.....	408
		ESSENTIAL CARE JR.....	327	EXODERM.....	15, 579, 603
		estarylla	430, 442, 461	EXONDYS 51.....	507
				EXPAREL.....	497
				EXTAVIA.....	485, 528
				EXTRANEAL.....	332

EYLEA.....	374, 375, 382	FENTANYL-ROPIVACAINE-NACL.....	272, 339, 497	FLEXICHAMBER CHILD MASK/SMALL.....	305
EYLEA HD.....	382	FERAHEME.....	147	FLOLAN.....	205, 564, 569
EYSUVIS.....	368	FERRIPROX.....	408	FLOLIPID.....	191
EZALLOR SPRINKLE.....	191	FERRIPROX TWICE-A-DAY..	408	FLOMAX.....	125
ezetimibe	177	FERRLECIT.....	147	FLORAXIS.....	387
ezetimibe-simvastatin ...	177, 191	ferumoxytol	147	FLOWFLEX COVID-19 AG HOME TEST.....	318
FABHALTA.....	481, 514	FERVINA.....	34, 599, 603	floxuridine	70
FABIOR.....	603, 612	fesoterodine fumarate er	618	FLUAD.....	98
FABRAZYME.....	354	FETROJA.....	59	FLUARIX.....	99
falmina	430, 443, 462	FETZIMA.....	289	FLUBLOK.....	99
famciclovir	53	FETZIMA TITRATION.....	289	FLUCELVAX.....	99
famotidine	17, 18, 402	FEXMID.....	117	fluconazole	34
famotidine (pf)	17, 402	FIASP.....	470	fluconazole in sodium chloride	34, 339
famotidine premixed	18, 402	FIASP FLEXTOUCH.....	470	flucytosine	57
FANAPT.....	239	FIASP PENFILL.....	470	fludarabine phosphate	70
FANAPT TITRATION PACK...	239	FIASP PUMPCART.....	470	FLUDEOXYGLUCOSE F 18...318	
FARESTON.....	69, 439	FIBRICOR.....	190	fludrocortisone acetate	414
FARXIGA.....	474	FIBRYGA.....	141	FLULAVAL.....	99
FASENRA.....	560	FILSPARI.....	541, 558	flumazenil	12, 15, 251, 503
FASENRA PEN.....	560	FILSUVEZ.....	612	FLUMIST.....	99
FASLODEX.....	70	FINACEA.....	577, 612	flunisolid	368, 414, 556, 561
FASTEP COVID-19 ANTIGEN TEST.....	318	FINAPOD.....	501, 589, 613	fluocinolone acetonide	368, 594
FC2 FEMALE CONDOM.....	549	finasteride	501, 589	fluocinolone acetonide body	368, 594
febuxostat	506	finest nutrition vitamin d3	625	fluocinolone acetonide scalp	368, 594
FEIBA.....	141	ingolimod hcl	490, 528	fluocinonide	594
felbamate	219, 220	FINTEPLA.....	220	fluocinonide emulsified base	594
FELBATOL.....	220	finzala	430, 443, 462	fluorescein	320
felodipine er	185, 187	FIORICET.....	215, 244, 265, 282	FLUORESCITE.....	320
FEM PH.....	606, 612	FIORICET/CODEINE.....	215, 244, 265, 272, 282	FLUORIDEX.....	298, 512
FEMARA.....	70, 424	FIRAZYR.....	152, 512, 515	fluoridex daily renewal	296, 298, 512
FEMCAP.....	549	FIRDAPSE.....	124, 541	FLUORIDEX ENHANCED WHITENING.....	298, 512
FEMLYV.....	430, 443, 462	FIRE ANT.....	90	FLUORIMAX 5000.....	298, 512
FEMRING.....	443, 510	FIRMAGON.....	70, 424	fluorometholone	368
fenofibrate	190	FIRMAGON (240 MG DOSE).....	70, 424	fluorouracil	70, 572, 613
fenofibrate micronized	190	FIRST-LANSOPRAZOLE.....	405	fluoxetine hcl	292
fenofibric acid	190	FIRVANQ.....	38	fluoxetine hcl (pmdd)	292
FENOGLIDE.....	190	flac	368, 594	fluphenazine decanoate	280
fenoprofen calcium	267, 285	FLAGYL.....	23, 30, 51, 391, 577	fluphenazine hcl	280
FENOVIA.....	573, 586, 607	FLAREX.....	368	flurandrenolide	594
FENSOLVI (6 MONTH).....	451	flavoxate hcl	618	flurazepam hcl	247
fentanyl	272	FLEBOGAMMA DIF.....	94	flurbiprofen	267, 285
fentanyl citrate	271	flecainide acetate	179	flurbiprofen sodium	285, 376
FENTANYL CITRATE.....	271	FLECTOR.....	267	FLUTICASONE FUROATE-VILANTEROL.....	128, 414
fentanyl citrate (pf)	270	FLEQSUVY.....	118		
fentanyl citrate pf	271	FLEXBUMIN.....	132		
FENTANYL CITRATE-NACL.....	271, 338, 339	FLEXICHAMBER.....	305		
FENTANYL CIT-ROPIVACAINE-NACL.....	271, 339, 497	FLEXICHAMBER ADULT MASK/SMALL.....	304		
FENTANYL-BUPIVACAINE-NACL.....	272, 339, 497	FLEXICHAMBER CHILD MASK/LARGE.....	304		

fluticasone propionate			
.....	368, 414, 415, 556, 561, 594		
FLUTICASONE PROPIONATE			
DISKUS.....	414, 556, 562		
FLUTICASONE PROPIONATE			
HFA.....	415, 556, 562		
FLUTICASONE-			
SALMETEROL.....	128, 415		
fluticasone-salmeterol ..	128, 415		
fluvastatin sodium	191		
fluvastatin sodium er	191		
fluvoxamine maleate	292		
fluvoxamine maleate er	292		
FLUZONE.....	99		
FLUZONE HIGH-DOSE.....	99		
FML FORTE.....	368		
FML LIQUIFILM.....	368		
FOCALIN.....	282		
FOCALIN XR.....	282		
FOCINVEZ.....	403		
folate	622		
folic acid	622		
FOLIC D3.....	622, 625		
FOLITE.....	327, 339, 622, 625		
FOLLISTIM AQ.....	451		
FOLOTYN.....	70		
fomepizole	15, 503		
fondaparinux sodium ...	133, 146		
FORA 6 CONNECT.....	315		
FORA 6 CONNECT/GTEL			
TEST.....	315		
FORA GTEL BLOOD			
GLUCOSE TEST.....	315		
FORA TN'G ADVANCE PRO..	315		
FORFIVO XL.....	225		
formaldehyde	322		
formoterol fumarate	128, 568		
FORTEO.....	456, 508		
FOSAMAX.....	510		
FOSAMAX PLUS D.....	510, 625		
fosamprenavir calcium	47		
fosaprepitant dimeglumine ..	403		
foscarnet sodium	33		
FOSCAVIR.....	33		
fosfomycin tromethamine	61		
fosinopril sodium	160, 161		
fosinopril sodium-hctz ..	161, 350		
fosphenytoin sodium	258		
FOSRENOL.....	334, 503		
FOTIVDA.....	70		
FRAGMIN.....	145		
FREESTYLE INSULINX TEST	315		
FREESTYLE LITE TEST.....	315		
FREESTYLE PRECISION			
NEO TEST.....	315		
FREESTYLE TEST.....	316		
fresenius propoven			
.....	237, 257, 261		
FRIVO.....	586, 613		
FROVA.....	290		
frovatriptan succinate	290		
FRUZAQLA.....	70		
ft aspirin	149, 151, 233, 288		
ft aspirin low dose			
.....	149, 151, 233, 288		
ft calcium citrate/vit d3 ..	339, 625		
ft calcium citrate+d3 petites			
.....	339, 625		
ft calcium+d3	339, 625		
ft clearlax	392		
ft enteric coated aspirin			
.....	149, 151, 233, 288		
ft folic acid	622		
ft laxative	392		
ft magnesium citrate	392		
ft milk of magnesia	392		
ft nicotine	103, 115		
ft nicotine mini	103, 115		
ft vitamin d3	625		
FULPHILA.....	137		
fulvestrant	70		
FUNGIMEZ.....	579		
FUROSCIX.....	153, 192, 333		
furosemide	153, 193, 333		
FUROSEMIDE IN SODIUM			
CHLORIDE....	153, 193, 333, 339		
FUZEON.....	42		
FYARRO.....	70		
fyavolv	443, 462		
FYCOMPA.....	220		
FYLNETRA.....	137		
fyremadel	424		
gabapentin	215, 220, 255		
gabapentin (once-daily)			
.....	215, 220, 255		
GABLOFEN.....	119		
GADAVIST.....	321		
GALAFOLD.....	352, 541		
galantamine hydrobromide ..	124		
galantamine hydrobromide			
er	124		
gallifrey	462		
GALZIN.....	339		
GAMASTAN.....	94		
GAMIFANT.....	485, 537		
GAMMACORE.....	305		
GAMMACORE SAPPHIRE 31-			
DAY.....	305		
GAMMACORE SAPPHIRE D.	305		
GAMMACORE SAPPHIRE			
REFILL KIT.....	305		
GAMMAGARD.....	94		
GAMMAGARD S/D LESS IGA..	94		
GAMMAKED.....	94		
GAMMAPLEX.....	94		
GAMUNEX-C.....	94		
GANCICLOVIR.....	53, 364		
ganciclovir sodium	53, 364		
ganirelix acetate	424		
GARDASIL 9.....	99		
GASTROCROM.....	375, 561		
gatifloxacin	358		
GATTEX.....	394, 397		
gavilax	392		
gavilyte-c	392		
gavilyte-g	392		
gavilyte-n with flavor pack ...	392		
GAVRETO.....	70		
GAZYVA.....	70		
GEBAUERS PAIN EASE.....	580		
GEBAUERS SPRAY AND			
STRETCH.....	580		
gefitinib	71		
GELFILM.....	141		
GELNIQUE.....	618		
GEL-ONE.....	541		
GELSYN-3.....	542		
gemcitabine hcl	71		
gemfibrozil	191		
gemmily	430, 443, 462		
GEMTESA.....	620		
GENABIO COVID-19 RAPID			
TEST.....	318		
generlac	323		
gengraf ...	363, 480, 519, 528, 537		
GENOTROPIN.....	457, 476		
GENOTROPIN MINIQUEEK			
.....	457, 476		
gentamicin in saline	24, 339		
gentamicin sulfate ..	24, 359, 577		
gentle laxative	392		
gentlelax	392		
genuine aspirin			
.....	149, 151, 233, 288		
GENVISC 850.....	542		
GENVOYA.....	43, 45		
GEODON.....	227, 240		
GERMAN COCKROACH.....	90		
GIAPREZA.....	472		

GILENYA.....	490, 528	GOJJI BLOOD GLUCOSE		HALCION.....	247
GILOTTRIF.....	71	TEST.....	316	HALDOL DECANOATE.....	249
GIMOTI.....	404	GOJJI CONTROL.....	305	halobetasol propionate	594
GIVLAARI.....	542	GOLDENROD.....	90, 311	haloette	430, 443, 462
GLASSIA.....	132, 566	GOLYTELY.....	392	HALOG.....	595
glatiramer acetate	479, 528	GONAL-F.....	451	haloperidol	249
glatopa	479, 528	GONAL-F RFF.....	451	haloperidol decanoate	249
GLEEVEC.....	71	GONAL-F RFF REDIRECT.....	451	haloperidol lactate	249
GLEOLAN.....	321	goodsense aspirin		HARVIVA HP.....	501, 589, 613
GLEOSTINE.....	71	.....	150, 151, 233, 288	HARVONI.....	40, 41
GLIADEL WAFER.....	71	goodsense aspirin adults		HAVRIX.....	99
glimepiride	477	.....	149, 151, 233, 288	HAXCHLO.....	595, 599
glipizide	477	goodsense aspirin low dose		HEALON DUET PRO.....	375
glipizide er	477	.....	150, 151, 233, 288	HEALON GV PRO.....	375
glipizide xl	477	goodsense milk of magnesia		HEALON PRO.....	375
glipizide-metformin hcl	426, 477	.....	392	HEALON5 PRO.....	375
GLOPERBA.....	506	goodsense nicotine	103, 115	healthylax	392
glucagon emergency kit		GOPRELTO.....	378	heather	430, 462
.....	11, 450, 503	GORDOFILM.....	587, 603	HECTOROL.....	625
GLUCAGON EMERGENCY		GOTOKNOW COVID-19		HELIDAC THERAPY	
KIT.....	11, 450, 503	ANTIGEN RAPI.....	318	.....	27, 30, 51, 61, 387, 390
GLUCAGON HCL		GRALISE.....	215, 220, 255	HEMABATE.....	550
(DIAGNOSTIC).....	11, 450, 503	granisetron hcl	386	HEMADY.....	415
GLUCOCARD 01 SENSOR		GRANIX.....	137	HEMANGEOL	
PLUS.....	316	GRASS POLLEN MIXTURE		.....	120, 165, 175, 180, 195, 233
GLUCOCARD EXPRESSION		OF 6.....	90, 311	hematinic/folic acid	147, 622
TEST.....	316	GRASS POLLEN(K-O-R-T-		HEMGENIX.....	142, 210
GLUCOCARD SHINE TEST...	316	SWT VERN).....	90, 311	HEMLIBRA.....	142
GLUCOCARD VITAL TEST....	316	GRASTEK.....	90	HEMOFIL M.....	142
GLUCOTROL XL.....	477	griseofulvin microsize	27	HENTIS.....	462, 589, 613
GLUMETZA.....	426	griseofulvin ultramicrosize	27	HENTIS HP.....	462, 589, 613
glutaraldehyde	322	guaifenesin-codeine	555, 559	HEPAGAM B.....	94
GLUTATHIONE.....	327	guanfacine hcl	175, 189, 251	heparin (porcine) in nacl	
glyburide	477	guanfacine hcl er	251	.....	145, 340
glyburide micronized	477	GVOKE HYPOPEN 1-PACK		HEPARIN (PORCINE) IN	
glyburide-metformin	426, 477	.....	11, 450, 503	NACL.....	145, 146, 340
GLYCATÉ.....	112, 583	GVOKE HYPOPEN 2-PACK		heparin na (pork) lock flsh pf	
GLYCINE.....	327	.....	11, 450, 503	.....	146
glycine	332	GVOKE KIT.....	11, 450, 503	heparin sod (porcine) in d5w	
glycine urologic	332	GVOKE PFS.....	11, 450, 503	.....	146, 327
glycolax	392	GYNAZOLE-1.....	586	heparin sod (pork) lock flush	
GLYCOPHOS.....	340	habitrol	103, 115	.....	146
glycopyrrolate	112, 583, 584	HACKBERRY.....	90, 312	heparin sodium (porcine)	146
GLYCOPYRROLATE		HADLIMA.....	397, 493, 520, 528	heparin sodium (porcine) pf	146
.....	112, 583, 584	HADLIMA PUSH TOUCH		HEPLISAV-B.....	99
glycopyrrolate pf	112, 584	.....	397, 493, 519, 528	her style	430, 462
GLYCOPYRROLATE PF	112, 584	HAEGARDA.....	514, 515	HERCEPTIN.....	71
glydo	580	hailey 1.5/30	430, 443, 462	HERCEPTIN HYLECTA.....	71
GLYRX-PF.....	112, 584	hailey 24 fe	430, 443, 462	HERZUMA.....	71
GLYXAMBI.....	437, 474	hailey fe 1.5/30	430, 443, 462	hetastarch-nacl	340
GOCOVRI.....	23, 115, 212	hailey fe 1/20	430, 443, 462	HETLIOZ.....	237, 260
GOHIBIC.....	50	HALAVEN.....	71	HETLIOZ LQ.....	237, 260
		halcinonide	594	HEVONA.....	501, 589, 595, 613

HEXATRIONE.....	415	HUMULIN R VIAL.....	473	hydroxyzine hcl	16, 18, 237
HEXTEND.....	340	HW EMBRACE PRO		hydroxyzine pamoate	16, 18, 237
HIBERIX.....	99	GLUCOSE TEST.....	316	HYFTOR.....	489, 537, 600, 613
HIDEX 6-DAY.....	415	HW EMBRACE TALK		HYLENEX.....	354
HIPREX.....	61	GLUCOSE TEST.....	316	HYMOVIS.....	542
HISTATROL.....	321	HYALGAN.....	542	HYMPAVZI.....	142
HIZENTRA.....	95	HYCAMTIN.....	71	hyoscyamine sulfate	11, 113
HOLIXIA.....	462, 613	HYCODAN.....	112, 113, 555	hyosyne	11, 113
HOLIZAR.....	589, 613	hydralazine hcl	189	HYPERHEP B.....	95
HOMATROPAIRE.....	380	HYDREA.....	71	HYPERRAB.....	95
HONEY BEE VENOM		HYDRO 40.....	603	HYPERRHO S/D.....	95
PROTEIN.....	90, 312	hydrochlorothiazide		HYPERSAL.....	561
HONISTA.....	501, 589, 613	.....	154, 203, 350	HYPERTET.....	95
HORIZANT.....	215, 220, 255	hydrocod poli-chlorphe poli		HYQVIA.....	95, 354
HORSE EPITHELIUM.....	90, 312	er	16, 19, 555	HYRIMOZ.....	398, 493, 520, 529
HOVITRA.....	589, 613	hydrocodone bitartrate er	272	HYRIMOZ-CROHNS/UC	
HOVYN.....	537, 600, 613	hydrocodone bit-homatrop		STARTER.....	398, 494, 520, 529
HPR PLUS.....	613	mbr	113, 555	HYRIMOZ-PED<40KG	
HULIO (2 PEN).....	397, 493, 520, 528	hydrocodone-		CROHN STARTER	
HULIO (2 SYRINGE)		acetaminophen	215, 265, 272	.....	398, 494, 520, 529
.....	398, 493, 520, 529	hydrocodone-ibuprofen		HYRIMOZ-PED>=40KG	
HUMALOG.....	470, 471	.....	267, 272, 285	CROHN START	
HUMALOG KWIKPEN.....	470	hydrocortisone		.....	398, 494, 520, 529
HUMALOG MIX 50/50		.....	368, 369, 415, 416, 587, 595	HYRIMOZ-PLAQ	
KWIKPEN.....	470	hydrocortisone (perianal)		PSOR/UEIT START	
HUMALOG MIX 50/50 VIAL....	470	.....	368, 415, 595	.....	398, 494, 521, 529
HUMALOG MIX 75/25		hydrocortisone ace-		HYRIMOZ-PLAQUE	
KWIKPEN.....	471	pramoxine	368, 415, 580, 595	PSORIASIS START	
HUMALOG MIX 75/25 VIAL....	471	hydrocortisone butyrate		.....	398, 494, 521, 530
HUMALOG TEMPO PEN.....	471	.....	368, 415, 595	HYSINGLA ER.....	273
HUMALOG U-100 JUNIOR		hydrocortisone sod suc (pf)		HYZAAR.....	158, 350
KWIKPEN.....	471	.....	369, 416, 595	ibandronate sodium	510
HUMATE-P.....	142	hydrocortisone valerate		IBRANCE.....	71, 72
HUMATIN.....	23, 24	.....	369, 416, 595	IBSRELA.....	399
HUMATROPE.....	457, 476	hydrocortisone-acetic acid		ibuprofen	233, 267, 285
HUMATROPEN FOR 12MG...	305	.....	369, 375, 416, 595	ibuprofen lysine	233, 267, 285
HUMATROPEN FOR 24MG...	305	hydrocortisone-iodoquinol		ibuprofen-famotidine	
HUMATROPEN FOR 6MG.....	305	.....	23, 585, 595, 606	.....	267, 285, 402
HUMIRA (2 PEN)		hydrocort-pramoxine		ibutilide fumarate	182
.....	398, 493, 520, 529	(perianal)	369, 416, 580, 595	icatibant acetate	152, 512, 515
HUMIRA (2 SYRINGE)		hydrogen peroxide	606	iclevia	431, 443, 462
.....	398, 493, 520, 529	hydromet	113, 555	ICLUSIG.....	72
HUMIRA-CD/UC/HS		hydromorphone hcl	272, 273	icosapent ethyl	163, 198
STARTER.....	398, 493, 520, 529	HYDROMORPHONE HCL.....	273	IDACIO (2 PEN)	
HUMIRA-PSORIASIS/UEIT		hydromorphone hcl er	272	.....	399, 494, 521, 530
STARTER.....	398, 493, 520, 529	hydromorphone hcl pf	273	IDACIO (2 SYRINGE)	
HUMULIN 70/30 KWIKPEN		HYDROMORPHONE HCL-		.....	399, 494, 521, 530
.....	454, 472	NACL.....	273, 340	IDACIO-CROHNS/UC	
HUMULIN 70/30 VIAL.....	454, 473	hydroxocobalamin acetate		STARTER.....	399, 494, 521, 530
HUMULIN N KWIKPEN.....	454	.....	148, 622	IDACIO-PSORIASIS	
HUMULIN N VIAL.....	454	hydroxychloroquine sulfate		STARTER.....	399, 494, 521, 530
HUMULIN R U-500 KWIKPEN	473	.....	29, 482, 520, 529	IDAMYCIN PFS.....	72
HUMULIN R U-500 VIAL.....	473	hydroxyurea	71	idarubicin hcl	72

IDELVION.....	142
IDHIFA.....	72
IDOSE TR.....	381
IFEX.....	72
ifosfamide	72
IGALMI.....	109, 237
IGLOVE.....	305
IHEALTH BLOOD GLUCOSE TEST STR.....	316
IHEALTH CONTROL SOLUTION.....	305
IHEALTH COVID-19 RAPID TEST.....	318
IHEEZO.....	378
ILARIS.....	50, 216, 542, 560
ILEVRO.....	376
ILUMYA.....	600, 613
ILUVIEN.....	369, 595
imatinib mesylate	72
IMBRUVICA.....	72
IMCIVREE.....	217, 409
IMDELLTRA.....	72
IMFINZI.....	72
IMIOXIA.....	586, 613
imipenem-cilastatin	35
imipramine hcl	294
imipramine pamoate	294
imiquimod	572, 613
imiquimod pump	572, 613
IMITREX.....	290
IMITREX STATDOSE REFILL	290
IMITREX STATDOSE SYSTEM.....	290
IMJUDO.....	72
IMLYGIC.....	72, 21
IMMPHENTIV.....	109
IMOGAM RABIES-HT.....	95
IMOVAX RABIES.....	99
IMPAVIDO.....	30, 51
IMPOYZ.....	595
IMURAN.....	480, 521, 530, 537
IMVEXXY MAINTENANCE PACK.....	443
IMVEXXY STARTER PACK...	443
INBRIJA.....	253
incassia	431, 462
INCONTROL ULTICARE PEN NEEDLES.....	305
INCRELEX.....	476
INCRUSE ELLIPTA.....	113
indapamide	154, 203, 351

INDERAL LA	
.....	121, 165, 176, 180, 195, 233
INDERAL XL	
.....	121, 165, 176, 181, 195, 233
INDICAID COVID-19 RAPID	
TEST	318
INDOCIN	267, 285, 506
indocyanine green	314, 320
indomethacin	267, 285, 286, 506
indomethacin er	267, 285, 506
indomethacin sodium	
.....	267, 286, 506
INFANRIX	96, 99
INFASURF	341, 565
INFED	147
INFINITY BLOOD GLUCOSE	
TEST	316
INFLECTRA	
.....	399, 482, 494, 521, 530, 613
INFLIXIMAB	
.....	399, 482, 494, 521, 530, 613
INFUMORPH 200	273
INFUMORPH 500	274
INFUVITE ADULT	620
INFUVITE PEDIATRIC	620
INGREZZA	295
INJECTAFER	147
INLYTA	73
INNOPRAN XL	
.....	121, 165, 176, 181, 195, 233
INOVA	598, 606
INPEFA	154, 474
INQOVI	73
INREBIC	73
INSPIREASE RESERVOIR	
BAGS	305
INSPIRA... 154, 193, 201, 203, 335	
INSULIN ASP PROT & ASP	
FLEXPEN	471
INSULIN ASPART	471
INSULIN ASPART FLEXPEN	471
INSULIN ASPART PENFILL ...	471
INSULIN ASPART PROT &	
ASPART	471
INSULIN DEGLUDEC	455
INSULIN DEGLUDEC	
FLEXTOUCH	455
INSULIN GLARGINE MAX	
SOLOSTAR	455
INSULIN GLARGINE	
SOLOSTAR	455
INSULIN GLARGINE-YFGN ...	455
INSULIN LISPRO	471

INSULIN LISPRO (1 UNIT DIAL).....	471
INSULIN LISPRO JUNIOR KWIKPEN.....	471
INSULIN LISPRO PROT & LISPRO.....	471
INSULIN PEN NEEDLES.....	305
INSULIN SYRINGES.....	306
INTELENCE.....	44
INTELISWAB COVID-19 RAPID TEST.....	318
INTRALIPID.....	327
INTRAROSA.....	416
introvale	431, 443, 462
INTUNIV.....	251
INVEGA.....	240
INVEGA HAFYERA.....	240
INVEGA SUSTENNA.....	240
INVEGA TRINZA.....	240
INVELTYS.....	369
INVOKAMET.....	426, 474
INVOKAMET XR.....	426, 474
INVOKANA.....	474
iodine strong	11, 27, 425, 559, 585
iodoquinol-hc-aloe polysacch	587, 595, 606
IONOSOL-MB IN D5W ...	328, 341
IOPIDINE.....	357, 375
IPOL.....	100
ipratropium bromide	113, 553, 554
ipratropium-albuterol	113, 128, 554
IQIRVO.....	394, 399
irbesartan	157, 159
irbesartan-hydrochlorothiazide	159, 350
IRESSA.....	73
irinotecan hcl	73
ISENTRESS.....	43
ISENTRESS HD.....	43
isibloom	431, 443, 462
ISOCK.....	306
ISOLYTE-P IN D5W.....	328, 341
ISOLYTE-S.....	341
ISOLYTE-S PH 7.4.....	341
isoniazid	32
isoproterenol hcl	123, 562
ISOPROTERENOL-SODIUM CHLORIDE.....	123, 341
ISORDIL TITRADOSE....	195, 197

isosorb dinitrate-hydralazine	JUBLIA.....	586	KERLIX AMD SUPER	
..... 189, 195, 197	juleber	431, 443, 463	SPONGES.....	306
isosorbide dinitrate	JULUCA.....	43, 44	KESIMPTA.....	530
isosorbide mononitrate	JUNE GRASS POLLEN		KETALAR.....	257, 262
isosorbide mononitrate er	STANDARDIZED.....	90, 312	KETAMINE HCL.....	257, 262
..... 195, 197	junel 1.5/30	431, 444, 463	ketamine hcl	257, 262
isosulfan blue	junel 1/20	431, 444, 463	KETAMINE HCL-SODIUM	
isotretinoin	junel fe 1.5/30	431, 444, 463	CHLORIDE....	257, 258, 262, 341
isradipine	junel fe 1/20	431, 444, 463	ketoconazole	34, 586
ISTALOL.....	junel fe 24	431, 444, 463	ketodan	586
ISTODAX.....	JUST RIGHT 5000.....	298, 512	ketoprofen	234, 267
ISTURISA.....	JUXTAPID.....	163, 194	ketoprofen er	233, 267
ITHOXIA.....	JYLAMVO.....	73, 483, 521, 530, 537	ketorolac tromethamine	
ITOVEBI.....	JYNARQUE.....	352	.....	267, 268, 286, 377
itraconazole	JYNNEOS.....	100	KETOROLAC	
ivabradine hcl	KABIVEN.....	328	TROMETHAMINE...	268, 286, 377
ivermectin	KADCYLA.....	73	KETOROLAC-BUPIV-	
IWILFIN.....	kaitlib fe	431, 444, 463	KETAMINE.....	258, 268, 286, 497
IXEMPRA KIT.....	KALBITOR.....	152, 515, 539	KEVEYIS.....	152, 512
IXIARO.....	KALETRA.....	47	KEVZARA.....	487, 521
IXINITY.....	kalliga	431, 444, 463	KEYTRUDA.....	74
IYUZEH.....	KALYDECO.....	557, 558	KHAPZORY.....	14, 504, 622
IZERVAY.....	KANJINTI.....	74	kids first vitamin d3	
JADENU.....	KANUMA.....	354	gummies	625
JADENU SPRINKLE.....	KAPSPARGO SPRINKLE		KIMMTRAK.....	74
jaimiess.....	.....	130, 165, 176, 181, 195	KIMYRSA.....	38
JAKAFI.....	KARBINAL ER.....	16, 17, 559	KINERET.....	487, 521, 530
jantoven	kariva	431, 444, 463	KINEVAC.....	319
JANUMET.....	KATERZIA.....	185, 187, 206	KINRIX.....	97, 100
JANUMET XR.....	KCENTRA.....	142	KIONEX.....	12, 334, 504
JANUVIA.....	kcl (0.149%) in nacl	341	KIPROFEN.....	234, 268
JARDIANCE.....	kcl (0.298%) in nacl	341	KISQALI (200 MG DOSE).....	74
jasmiel	KCL (IN NACL 0.9%).....	341	KISQALI (400 MG DOSE).....	74
JATENZO.....	kcl in dextrose-nacl	328, 341	KISQALI (600 MG DOSE).....	74
JAVYGTOR.....	kcl-lactated ringers-d5w		KISUNLA.....	488
JAYPIRCA.....	.....	328, 341	KLARITY-A.....	359
JELMYTO.....	KCL-LIDOCAINE-NACL..	341, 497	KLARITY-L.....	369
JEMPERLI.....	KEDBUMIN.....	132	KLARON.....	577
jencycla	KEDRAB.....	95	klayesta	607
JENLIVA	kelnor 1/35	431, 444, 463	KLISYRI (250 MG).....	572, 614
PRENATAL/POSTNATAL	kelnor 1/50	431, 444, 463	KLISYRI (350 MG).....	572, 614
..... 147, 341, 620, 622	KENALOG.....	596	KLONOPIN.....	245, 247
JENTADUETO.....	KENALOG-10.....	416	klor-con	342
JENTADUETO XR.....	KENALOG-40.....	416	klor-con 10	341
JESDUVROQ.....	KENALOG-80.....	416	klor-con m10	342
JEVTANA.....	KENGREAL.....	150	klor-con m15	342
jinteli	KEPIVANCE.....	589	klor-con m20	342
JIVI.....	KEPPRA.....	220	klor-conlef	342
JOENJA.....	KEPPRA XR.....	220	KLOXXADO.....	278
JOHNSON GRASS.....	KERENDIA.....	193	KNEESTIM.....	306
jolessa	KERLIX AMD		KOATE.....	143
JORNAY PM.....	ANTIMICROBIAL.....	306	KOATE-DVI.....	143
joyeaux			KOCHIA.....	90, 312

KOGENATE FS.....	143	LANCETS.....	306, 316	<i>levobunolol hcl</i>	365
KONVOMEP.....	385, 405	LANCETS SUPER THIN.....	306	LEVOCARNITINE.....	542
KORLYM.....	424	LANOXIN.....	163, 174	<i>levocarnitine</i>	542
KORSUVA.....	581, 614	LANOXIN PEDIATRIC....	163, 174	<i>levocarnitine sf</i>	542
KOSELUGO.....	74	<i>lanreotide acetate</i>	475	<i>levocetirizine</i>	
<i>kourzeq</i>	596	<i>lansoprazole</i>	405	<i>dihydrochloride</i>	19
KOVALTRY.....	143	<i>lanthanum carbonate</i>	334, 504	<i>levofloxacin</i>	32, 58, 359, 577
K-PHOS NO 2.....	322	LANTIDRA.....	209	<i>levofloxacin in d5w</i> ...	32, 58, 577
K-PHOS-NEUTRAL.....	342	LANTUS SOLOSTAR.....	455	<i>levoleucovorin calcium</i>	
<i>k-prime</i>	342	LANTUS U-100 VIAL.....	455	.....	14, 504, 622
KRAZATI.....	74	<i>lapatinib ditosylate</i>	74	<i>levoleucovorin calcium pf</i>	
KRINTAFEL.....	29	<i>larin 1.5/30</i>	431, 444, 463	.....	14, 504, 622
KRISTALOSE.....	323	<i>larin 1/20</i>	431, 444, 463	<i>levonest</i>	432, 444, 463
KROGER HEALTHPRO		<i>larin 24 fe</i>	431, 444, 463	<i>levonorgest-eth est & eth est</i>	
GLUCOSE TEST.....	316	<i>larin fe 1.5/30</i>	431, 444, 463	.....	432, 444, 464
KRYSTEXXA.....	506	<i>larin fe 1/20</i>	432, 444, 463	<i>levonorgest-eth estrad 91-</i>	
<i>kurvelo</i>	431, 444, 463	LASIX.....	153, 193, 333	<i>day</i>	432, 444, 464
KUVAN.....	352, 542	<i>latanoprost</i>	381	<i>levonorgest-eth estradiol-</i>	
KYLEENA.....	431, 463	LATUDA.....	240	<i>iron</i>	432, 444, 464
KYMRIAH.....	210	<i>layolis fe</i>	432, 444, 463	<i>levonorgestrel</i>	432, 464
KYPROLIS.....	74	LAZCLUZE.....	74	<i>levonorgestrel-ethinyl estrad</i>	
KYZATREX.....	422	LDO PLUS.....	581	.....	432, 444, 464
L.E.T. (RACEPINEPHRINE)		LEDIPASVIR-SOFOSBUVIR		<i>levonorg-eth estrad triphasic</i>	
.....	384, 581	.....	40, 41	.....	432, 444, 464
LABETALOL HCL		<i>leena</i>	432, 444, 463	LEVOPHED.....	107
121, 125, 126, 156, 165, 176, 181,		<i>leflunomide</i>	488, 521, 530, 537	<i>levora 0.15/30 (28)</i> ..	432, 445, 464
195, 196		LEMTRADA.....	488, 530	<i>levorphanol tartrate</i>	274
<i>labetalol hcl</i>		<i>lenalidomide</i>	74, 530	<i>levo-t</i>	478
121, 125, 126, 156, 165, 176, 181,		LENMELDY.....	210	<i>levothyroxine sodium</i>	478
196		LENVIMA.....	74	LEVOTHYROXINE SODIUM..	478
<i>lacosamide</i>	220, 259	LEQEMBI.....	251, 488	<i>levoxyl</i>	478
<i>lactated ringers</i>	332, 342	LEQVIO.....	163, 199	LEVSIN.....	11, 113
<i>lactic acid</i>	587	LESCOL XL.....	192	LEVSIN/SL.....	12, 113
<i>lactic acid e</i>	587, 588	<i>lessina</i>	432, 444, 463	LEVULAN KERASTICK..	572, 614
<i>lactulose</i>	323	LETAIRIS.....	206, 558, 569	LEXAPRO.....	292
<i>lactulose encephalopathy</i>	323	<i>letrozole</i>	74, 424	LEXETTE.....	596
LAGEVRIO.....	53	<i>leucovorin calcium</i> ..	14, 504, 622	LEXISCAN.....	314
LAMICTAL.....	221, 228	LEUKERAN.....	74	<i>l-glutamine</i>	543, 614
LAMICTAL ODT.....	220, 228	LEUKINE.....	137	LIALDA.....	390
LAMICTAL STARTER.....	221, 228	<i>leuprolide acetate</i>	75, 451	LIBERVANT.....	245, 247
LAMICTAL XR.....	221, 228	LEUPROLIDE ACETATE (3		LIBRAX.....	113, 247
<i>lamivudine</i>	45	MONTH).....	74, 451	LIBTAYO.....	75
<i>lamivudine-zidovudine</i>	45	LEUPROLIDE ACETATE-		LICART.....	268
<i>lamotrigine</i>	221, 228	BUPIVACAINE.....	451, 497	<i>lidocaine</i>	581
<i>lamotrigine er</i>	221, 228	<i>levalbuterol hcl</i>	128, 568	<i>lidocaine hcl</i> ..	378, 497, 498, 581
<i>lamotrigine starter kit-blue</i>		LEVALBUTEROL HFA....	128, 568	LIDOCAINE HCL.....	498
.....	221, 228	LEVAMLODIPINE MALEATE		LIDOCAINE HCL (CARDIAC)	
<i>lamotrigine starter kit-green</i>		.....	185, 187, 206	.....	178, 179
.....	221, 228	LEVATIO.....	581, 614	<i>lidocaine hcl (cardiac)</i> ..	178, 179
<i>lamotrigine starter kit-</i>		LEVEMIR U-100 VIAL.....	455	<i>lidocaine hcl (cardiac) pf</i>	178
<i>orange</i>	221, 228	<i>levetiracetam</i>	221, 222	<i>lidocaine hcl (pf)</i>	497
LAMPIT.....	30	<i>levetiracetam er</i>	221	<i>lidocaine hcl</i>	
LAMZEDE.....	354	<i>levetiracetam in nacl</i>	221, 342	<i>urethral/mucosal</i>	581

LIDOCAINE IN D5W.....	179, 328	lisinopril-		LOTRONEX.....	390
lidocaine in d5w	179, 328	hydrochlorothiazide	161, 350	lovastatin	192
lidocaine viscous hcl	378	LITFULO.....	601, 614	LOVAZA.....	163, 198
lidocaine-epinephrine ...	107, 498	lithium	229	LOVENOX.....	146
LIDOCAINE-EPINEPHRINE		lithium carbonate	229	low-ogestrel	433, 445, 464
.....	378, 380	lithium carbonate er	228	loxapine succinate	235, 253
LIDOCAINE-EPINEPHRINE		LITHOBID.....	229	lo-zumandimine	433, 445, 464
(PF).....	107, 498	LITHOSTAT.....	323	lubiprostone	385, 399
lidocaine-epinephrine (pf)		LIVALO.....	192	LUCEMYRA.....	109
.....	107, 498	LIVDELZI.....	394	LUCENTIS.....	375, 382
lidocaine-hydrocort		LIVMARLI.....	394, 399	LUGOLS STRONG IODINE	
(perianal)	581, 596	LIVTENCITY.....	33	.....	585, 606
LIDOCAINE-		LMD IN D5W.....	139, 328, 342	LULICONAZOLE.....	586
HYDROCORTISONE ACE		LMD IN NACL.....	139, 342	LUMAKRAS.....	75
.....	581, 596	LO LOESTRIN FE...432, 445, 464		LUMIGAN.....	381
LIDOCAINE-		LOCOID.....	369, 416, 596	LUMINOPIA.....	543
PHENYLEPHRINE.....	378, 384	LODINE.....	268, 286	LUMISIGHT.....	318
LIDOCAINE-		LODOCO.....	134, 543	LUMIZYME.....	355
PHENYLEPHRINE-BSS		LODOSYN.....	254	LUMRYZ.....	251, 296, 507
.....	375, 378, 384	LOESTRIN 1.5/30 (21)		LUMRYZ STARTER PACK	
lidocaine-prilocaine	581	.....	432, 445, 464	.....	296, 507
LIDOCAINE-SODIUM		LOESTRIN 1/20 (21)		LUNESTA.....	237, 263
BICARBONATE.....	322, 498	.....	432, 445, 464	LUNSUMIO.....	75
LIDOCAN.....	581	LOESTRIN FE 1.5/30		LUPKYNIS.....	490, 537
LIDOCIDEX I.....	416, 498	.....	432, 445, 464	LUPRON DEPOT (1-MONTH)	
LIDOCORT.....	581, 596	LOESTRIN FE 1/20	432, 445, 464	.....	75, 451
LIDODERM.....	581	LOFENA.....	268	LUPRON DEPOT (3-MONTH)	
LIDOLOG.....	416, 498	lofexidine hcl	109	.....	75, 451
LIDOMAR.....	498	lojaimiess	432, 445, 464	LUPRON DEPOT (4-MONTH)	
lidopin	581	LOKELMA.....	335	INTRAMUSCULAR KIT 30MG	
LIDOPIN.....	581	LOMAIRA.....	212	.....	75, 451
LIDO-RACEPINEPHRINE-		LOMOTIL.....	113, 387	LUPRON DEPOT (6-MONTH)	
TETRACAINE.....	384, 581	LONSURF.....	75	INTRAMUSCULAR KIT 45MG	
LIDOTRAL 1.....	581	loperamide hcl	388	.....	75, 451
LIKMEZ.....	23, 30, 51, 391, 577	LOPID.....	191	LUPRON DEPOT-PED (1-	
LILETTA (52 MG).....	432, 464	lopinavir-ritonavir	47	MONTH).....	452
LINCOCIN.....	49	LOPRESSOR		LUPRON DEPOT-PED (3-	
lincomycin hcl	49	.....	130, 165, 176, 181, 196	MONTH).....	452
linezolid	56	LOQTORZI.....	75	LUPRON DEPOT-PED (6-	
linezolid in sodium chloride		lorazepam	245, 247	MONTH).....	452
.....	56, 342	lorazepam intensol	245, 247	lurasidone hcl	240
LINZESS.....	385, 399	LORBRENA.....	75	LUTATHERA.....	75, 551
LIORESAL.....	119	LOREEV XR.....	246, 248	luter a.....	433, 445, 464
liothyronine sodium	478	loryna	432, 445, 464	LUXTURNA.....	210
LIPITOR.....	192	losartan potassium	157, 159	LUZU.....	586
LIPO.....	402	losartan potassium-hctz		LYBALVI.....	240
LIPO-C.....	402, 622	.....	159, 350	LYFGENIA.....	210
LIPOFEN.....	191	LOTEMAX.....	369	lyleq	433, 464
LIRAGLUTIDE.....	217, 453	LOTEMAX SM.....	369	lyllana	445, 510
lisdexamfetamine dimesylate		LOTENSIN.....	160, 162	LYMPHOSEEK.....	319
.....	214	LOTENSIN HCT.....	161, 350	LYNPARZA.....	75
lisinopril	160, 161	loteprednol etabonate	369	LYRICA.....	222, 254, 256
		LOTREL.....	162, 185	LYRICA CR.....	216, 254, 255

LYSINE HCL.....	328	maxi-tuss ac	555, 559	methadone hcl intensol	274
LYSODREN.....	75	MAYZENT.....	490, 531	METHADONE HCL-NACL	
LYTGOBI (12 MG DAILY		MAYZENT STARTER PACK		.....	274, 342
DOSE).....	75	.....	490, 531	METHADONE HCL-SODIUM	
LYTGOBI (16 MG DAILY		melnaphos/mbhlhyo	162, 113, 543	CHLORIDE.....	274, 342
DOSE).....	75	MEADOW FESCUE GRASS		METHADOSE.....	274
LYTGOBI (20 MG DAILY		POLLEN.....	90, 312	methadose	274
DOSE).....	76	meclizine hcl	17, 389	METHADOSE SUGAR-FREE.....	274
LYUMJEV KWIKPEN.....	471	meclofenamate sodium	268, 286	methamphetamine hcl	214
LYUMJEV TEMPO PEN.....	471	MEDROL.....	416	methazolamide	152, 173, 366
LYUMJEV VIAL.....	472	medroxyprogesterone		methenamine hippurate	62
LYVISPAH.....	119	acetate	433, 465	methergine	550
lyza	433, 464	mefenamic acid	268, 286	methimazole	425
MACI.....	543	mefloquine hcl	29	METHITEST.....	422
MACROBID.....	61	megestrol acetate	76, 465	methocarbamol	44, 117
MACRODANTIN.....	62	MEKINIST.....	76	METHOHEXITAL SODIUM	
mafenide acetate	577, 606	MEKTOVI.....	76	.....	243, 244
magnesium chloride	342	MELALEUCA.....	90, 312	methotrexate sodium	
magnesium citrate	392	MELATOL PEDIATRIC		.....	76, 483, 521, 522, 531, 537
magnesium sulfate		SLEEP/CALM.....	543	methotrexate sodium (pf)	
.....	12, 13, 163, 222, 504	meloxicam	268, 286	.....	76, 483, 521, 531, 537
magnesium sulfate in d5w		MELOXICAM.....	268, 286	methoxsalen rapid	607
.....	12, 163, 328, 342, 504	melpalan hcl	76	methscopolamine bromide ..	113
MAGNESIUM SULFATE-		memantine hcl	251	methsuximide	294
NACL.....	13, 163, 342, 504	memantine hcl er	251	methyl salicylate	587
MAHANA IBS.....	543	MENEST.....	445, 510	METHYLCOBALAMIN....	148, 623
MALARONE.....	29	MENOPUR.....	452	METHYLDOPA.....	109, 176, 189
malathion	608	MENOSTAR.....	445, 510	methylene blue	13, 504
MANGANESE CHLORIDE....	342	MENQUADFI.....	100	methylergonovine maleate ..	550
mannitol	153, 198, 333, 381	MENVEO.....	100	METHYLIN.....	283
maraviroc	42	meperidine hcl	274	methylphenidate	283
MARCAINE.....	498	meprobamate	237, 262	methylphenidate hcl	283
MARCAINE PRESERVATIVE		MEPRON.....	30	methylphenidate hcl er	283
FREE.....	498	MEPSEVII.....	355	methylphenidate hcl er (cd) ..	283
MARCAINE SPINAL.....	328, 498	mercaptapurine	76, 485, 537	methylphenidate hcl er (la) ..	283
MARCAINE/EPINEPHRINE		meropenem	35	methylphenidate hcl er	
.....	107, 499	MEROPENEM-SODIUM		(osm)	283
MARCAINE/EPINEPHRINE		CHLORIDE.....	35	METHYLPHENIDATE HCL ER	
PF.....	107, 499	merzee	433, 445, 465	(OSM)	283
MARGENZA.....	76	mesalamine	390	methylphenidate hcl er (xr) ..	283
MARINOL.....	388, 399	mesalamine er	390	methylprednisolone	417
marlissa	433, 445, 465	mesna	548	METHYLPREDNISOLONE	
MARPLAN.....	261	MESNEX.....	548	ACE-LIDO.....	416, 499
MAS CARE-PAK.....	416	MESQUITE.....	90, 312	METHYLPREDNISOLONE	
MASONATAL.....	147, 620, 623	MESTINON.....	124	ACETATE.....	417
MATULANE.....	76	METADATE CD.....	282	methylprednisolone acetate	417
matzim la	168, 170, 172, 184, 206	metaxalone	117	methylprednisolone sodium	
MAVENCLAD....	76, 480, 530, 537	metformin hcl	427	succ	417
MAVYRET.....	41	metformin hcl er	427	METHYLPREDNISOLONE-	
MAXALT.....	290	metformin hcl er (mod)	426	BUPIVACAINE.....	417, 499
MAXALT-MLT.....	290	metformin hcl er (osm)	426	methyltestosterone	422
MAXIDEX.....	369	METHACHOLINE CHLORIDE	319	metoclopramide hcl	404
MAXITROL.....	359, 369	methadone hcl	274	metolazone	154, 203, 351

metoprolol succinate er 130, 166, 176, 181, 196	miglustat 353, 543	mondoxyne nl.....29, 61, 578
metoprolol tartrate 130, 166, 176, 181, 196	MIGRANAL..... 122, 234	MONJUVI.....77
metoprolol-hydrochlorothiazide 166, 176, 350	mili.....433, 446, 465	MONOFERRIC..... 147
METROCREAM..... 23, 51, 577	milk of magnesia.....392	MONOJECT FLUSH SYRINGE.....343
METROGEL.....23, 51, 577	milk of magnesia concentrate.....392	MONOJECT SODIUM CHLORIDE FLUSH.....343
METROLOTION.....23, 51, 577	milrinone lactate 174	mono-lynyah.....433, 446, 465
metronidazole 23, 30, 31, 52, 391, 577, 578	milrinone lactate in dextrose 174, 328	MONOVISC..... 543
metyrosine.....321, 543	mimvey.....446, 465	MONSELS FERRIC SUBSULFATE..... 143
mexiletine hcl 179	mineral oil heavy.....392	montelukast sodium 560
MI PASTE..... 298	MINIVELLE..... 446, 511	MORPHINE SULFATE..... 275
MI PASTE PLUS..... 298	MINOCIN..... 29, 61	morphine sulfate 275
MIACALCIN..... 425, 510	minocycline hcl 29, 61	morphine sulfate (concentrate) 274
mibelas 24 fe 433, 445, 465	minocycline hcl er 61, 614	morphine sulfate (pf) 274, 275
micafungin sodium 37	MINOLIRA..... 61, 614	morphine sulfate er.....275
MICAFUNGIN SODIUM-NACL. 37	minoxidil 189, 589	morphine sulfate er beads ... 275
MICARDIS..... 157, 159	MIOCHOL-E.....379	MORPHINE SULFATE-NACL 275, 343
MICARDIS HCT..... 159, 350	MIOSTAT..... 379	MOTTEGRITY.....399
MIC-L-CARNITINE.....402	MIPLYFFA..... 352	MOTOFEN..... 113, 388
miconazole 3 586	mirabegron er 620	MOTPOLY XR..... 222, 259
MICONAZOLE-ZINC OXIDE- PETROLAT..... 584, 586, 599	MIRALAX MIX-IN PAX.....392	MOUNJARO..... 453
MICRHOGAM ULTRA- FILTERED PLUS..... 95	MIRAPEX ER..... 263	MOVANTIK..... 386, 399
MICROCHAMBER..... 306	MIRCERA..... 137	MOVIPREP..... 392, 624
MICRODOT TEST..... 316	MIRENA (52 MG).....433, 465	MOXIFLOXACIN HCL 32, 33, 58, 359, 578
microgestin 1.5/30.....433, 445, 465	mirtazapine 225, 293	moxifloxacin hcl 33, 58, 359, 578
microgestin 1/20....433, 445, 465	MIRVASO..... 357, 573, 614	moxifloxacin hcl (2x day) 58, 359
microgestin fe 1.5/30 433, 445, 465	misoprostol 404	moxifloxacin hcl in nacl 32, 58, 578
microgestin fe 1/20 433, 445, 465	MITE (D. FARINAE).....90, 312	MOXIFLOXACIN HCL-BSS 58, 359
MIDAZOLAM.....248	MITE (D. PTERONYSSINUS) 90, 312	MOZOBIL..... 137
midazolam hcl 248	MITIGARE.....507	MRESVIA..... 100
MIDAZOLAM HCL..... 248	mitigo 274	MS CONTIN.....275
midazolam hcl (pf) 248	mitomycin 76	MUCOR..... 91
MIDAZOLAM HCL-SODIUM CHLORIDE..... 248, 343	mitoxantrone hcl 76	MUGWORT.....91, 312
midazolam-sodium chloride 248, 343	MIXED FEATHERS..... 91, 312	MULPLETA..... 137
MIDAZOLAM-SODIUM CHLORIDE..... 248, 343	MIXED RAGWEED..... 91, 312	MULTAQ..... 182
midazolam-sodium chloride (pf) 248, 343	MIXED VESPID VENOM PROTEIN..... 91, 312	multiple electro type 1 ph 5.5 343
midodrine hcl 109	mm aspirin 150, 151, 234, 288	multiple electro type 1 ph 7.4 343
MIEBO..... 363, 375	MM BLULINK GLUCOSE TEST.....316	MULTITRACE-4 PEDIATRIC..344
MIFEPREX.....550	mm clearlax 392	multivitamin w/fluoride 296, 298, 512, 620
mifepristone 424, 550	M-M-R II..... 100	multivitaminlfluoride 297, 298, 513, 620, 623
MIGERGOT..... 122, 234, 283	modafinil.....296	
miglitol 422	MODERNA COVID-19 VAC 6M-11Y..... 100	
	MODIA..... 543	
	moexipril hcl 160, 162	
	molindone hcl.....235, 253	
	mometasone furoate 370, 417, 556, 561, 596	
	MONARCH ETNS SYSTEM... 306	

multi-vitamin/fluoride	297, 298, 512, 620	naltrexone hcl	10, 13, 103, 278, 502, 504	neostigmine methylsulfate	124, 320
multi-vitamin/fluoride/iron	147, 513, 621	NAMENDA TITRATION PAK	251	NEOSTIGMINE	
MULTRY	344	NAMZARIC	124, 251	METHYLSULFATE	124, 320
mupirocin	578	NAPRELAN	234, 268, 286, 507	NEO-SYNALAR	578, 596
mupirocin calcium	578	NAPROSYN	234, 268, 286, 507	NERIVIO	306
MUSCUSOLICE	614	naproxen	234, 268, 269, 287, 507	NERLYNX	77
mutamycin	77	naproxen dr	234, 268, 286, 507	NESACAINE	499
MVASI	77, 382	naproxen sodium	234, 269, 287, 507	NESACAINE-MPF	499
my choice	433, 465	naproxen sodium er	234, 269, 287, 507	NESTABS	147, 621, 623
my way	433, 465	naproxen-esomeprazole mg	269, 287, 405	neuac	49, 578, 606
MYALEPT	455	naratriptan hcl	290	NEULASTA	137
MYCAMINE	37	NARCAN	278	NEULASTA ONPRO	137
MYCAPSSA	399, 475	NARDIL	261	NEUPOGEN	137, 138
mycophenolate mofetil	480, 537, 538	NAROPIN	499	NEUPRO	263
mycophenolate mofetil hcl	537	NASCOBAL	148, 623	NEUROLITE	319
mycophenolate sodium	538	NATACYN	361	NEURONTIN	216, 222, 256
mycophenolic acid	538	NATAZIA	433, 446, 465	NEVANAC	377
MYCOZYL AL	618	nateglinide	456	nevirapine	44
MYDAYIS	214	NATESTO	422	nevirapine er	44
MYDCOMBI	380, 384	NATROBA	608	new day	433, 466
MYFEMBREE	425, 446, 465	NAYZILAM	246, 248	NEXAVAR	77
MYFORTIC	538	nebivolol hcl	121, 166, 176, 181	NEXAVIR	543
MYHIBBIN	538	NEBUPENT	31	NEXICLON XR	110, 176, 189
MYLERAN	77	NEBUSAL	561	NEXIUM	405
MYLOTARG	77	necon 0.5/35 (28)	433, 446, 465	NEXIUM I.V.	405
MYOBLOC	117, 131, 543	nefazodone hcl	293	NEXLETOL	154, 163
MYRBETRIQ	620	NEFFY	107	NEXLIZET	155, 163, 177
MYSOLINE	243	nelarabine	77	NEXOBRID	355, 603, 614
MYTESI	388	NEMLUVIO	600	NEXPLANON	433, 466
MYXREDLIN	344, 473	NEOKE ALCAR	328	NEXTERONE	182, 328
na ferric gluc cplx in sucrose	147	neomycin sulfate	24, 359, 578	NEXTSTELLIS	434, 446, 466
na sulfate-k sulfate-mg sulf	393	neomycin-bacitracin zn-polymyx	359	NEXVIAZYME	355
NABI-HB	95	neomycin-polymyxin b gu	578	NGENLA	457
nabumetone	268, 286	neomycin-polymyxin-dexameth	359, 370	niacin (antihyperlipidemic)	623
nadolol	121, 130, 155, 166, 176, 181, 196	neomycin-polymyxin-gramicidin	359	niacin er (antihyperlipidemic)	163
nafcillin sodium	56	neomycin-polymyxin-hc	359, 370	niacor	623
NAFCILLIN SODIUM IN				nicardipine hcl	186, 187, 206
DEXTROSE	56, 328			NICARDIPINE HCL IN NACL	186, 187, 206, 344
naftifine hcl	573			NICORETTE	103, 116
NAFTIN	574			NICORETTE MINI	103, 115
NAGLAZYME	355			nicotine	104, 116
nalbuphine hcl	279			nicotine mini	103, 116
NALFON	268, 286	neo-polycin	360	nicotine polacrilex	104, 116
NALMEFENE HCL	278	neo-polycin hc	360, 370, 578	nicotine polacrilex mini	104, 116
NALOCET	216, 265, 275	NEOPROFEN	234, 269, 287	nicotine step 1	104, 116
naloxone hcl	13, 278, 504	NEORAL	363, 481, 522, 531, 538	nicotine step 2	104, 116
		NEOSALUS	614	nicotine step 3	104, 116
				NICOTROL	104, 116
				NICOTROL NS	104, 116
				nifedipine	186, 187, 206

nifedipine er	186, 187, 206	norethindron-ethinyl estrad- fe	434, 446, 466	NOVOLIN R VIAL.....	473
nifedipine er osmotic release	186, 187, 206	norethin-eth estradiol-fe	434, 446, 466	NOVOLOG 70/30 FLEXPEN RELION.....	472
nikki	434, 446, 466	NORGESIC.....	119, 131, 283, 289	NOVOLOG FLEXPEN.....	472
NILANDRON.....	77	NORGESIC FORTE	119, 131, 283, 288	NOVOLOG FLEXPEN RELION.....	472
nilutamide	77	norgestimate-eth estradiol	434, 446, 466	NOVOLOG MIX 70/30 FLEXPEN.....	472
nimodipine	186, 187, 206	norgestimate-ethinyl estradiol triphasic	434, 447, 466	NOVOLOG MIX 70/30 RELION.....	472
NINLARO.....	77	NORITATE.....	23, 52, 578	NOVOLOG MIX 70/30 VIAL....	472
NIPENT.....	77	NORLIQVA.....	186, 188, 206	NOVOLOG PENFILL.....	472
NIPRIDE RTU.....	189, 344	norlyroc	434, 466	NOVOLOG RELION.....	472
nisoldipine er	186, 188	normal saline flush	344	NOVOLOG U-100 VIAL.....	472
nitazoxanide	30, 31	NORMOSOL-M IN D5W.....	329, 344	NOVOSEVEN RT.....	143
NITHIODOTE.....	408	NORMOSOL-R.....	344	NOXAFIL.....	34, 35
nitisinone	353, 543	NORMOSOL-R IN D5W.....	329, 344	NOZIN NASAL SANITIZER	
NITRO-BID.....	196, 198	NORMOSOL-R PH 7.4.....	344	POPSWAB.....	306
NITRO-DUR.....	196, 198	NORPACE.....	178	np thyroid	479
nitrofurantoin	62	NORPACE CR.....	178	NPLATE.....	138
NITROFURANTOIN.....	62	NORPRAMIN.....	295	NS-2 ELECTRIC PATCH	
nitrofurantoin macrocrystal ... nitrofurantoin monohydrate macrocrystals	62	NORTHERA.....	108	POUCH.....	306
nitroglycerin ..	196, 198, 588, 614	nortrel 0.5/35 (28) ..	434, 447, 466	NUBEQA.....	77
nitroglycerin in d5w	196, 198, 329	nortrel 1/35 (21)	434, 447, 467	NUCALA.....	554, 555
NITROLINGUAL.....	196, 198	nortrel 1/35 (28)	434, 447, 467	NUCORT.....	370, 417, 596
nitroprusside sodium	189	nortrel 7/7/7	434, 447, 467	NUCYNTA.....	276
nitroprusside sodium-nacl	189, 344	nortriptyline hcl	295	NUCYNTA ER.....	275
NITROSTAT.....	196, 198	NORVASC.....	186, 188, 206	NUEDEXTA.....	251
NITRO-TIME.....	197, 198	NORVIR.....	47	NULIBRY.....	543
NITYR.....	353, 543	NOURIANZ.....	212, 251	NULOJIX.....	490, 538
NIVESTYM.....	138	NOVAREL.....	452	NUMBRINO.....	378
nizatidine	18, 402	NOVAVAX COVID-19 VACCINE.....	100	NUMOISYN.....	375
NOC DURNA.....	143, 457	NOVOEIGHT.....	143	NUPLAZID.....	240
nora-be	434, 466	NOVOFINE PEN NEEDLE.....	306	NURTEC.....	250
NORDITROPIN FLEXPEN	458, 476	NOVOFINE PLUS PEN NEEDLE.....	306	NUTRILIPID.....	329
norelgestromin-eth estradiol	434, 446, 466	NOVOLIN 70/30 FLEXPEN	454, 473	NUTROPIN AQ NUSPIN 10	458, 476
norepinephrine bitartrate	107	NOVOLIN 70/30 FLEXPEN RELION.....	454, 473	NUTROPIN AQ NUSPIN 20	458, 476
NOREPINEPHRINE- DEXTROSE.....	107, 329	NOVOLIN 70/30 RELION.....	454, 473	NUTROPIN AQ NUSPIN 5	458, 476
NOREPINEPHRINE-SODIUM CHLORIDE.....	107, 108, 344	NOVOLIN 70/30 VIAL.....	454, 473	NUVARING.....	434, 447, 467
norethin ace-eth estrad-fe	434, 446, 466	NOVOLIN N FLEXPEN.....	454	NUVESSA.....	23, 52, 578
norethindrone	434, 466	NOVOLIN N FLEXPEN RELION.....	454	NUVIGIL.....	296
norethindrone acetate	466	NOVOLIN N RELION.....	454	NUWIQ.....	143
norethindrone acet-ethinyl est	434, 446, 466	NOVOLIN N VIAL.....	454	NUZYRA.....	25
norethindrone-eth estradiol	446, 466	NOVOLIN R FLEXPEN.....	473	nyamyc	607
		NOVOLIN R FLEXPEN RELION.....	473	nylia 1/35	434, 447, 467
		NOVOLIN R RELION.....	473	nylia 7/7/7	435, 447, 467
				NYMALIZE.....	186, 188, 206
				nystatin	57, 607, 608
				nystatin-triamcinolone	596, 608
				nystop	608

NYVEPRIA.....	138	OMEPRAZOLE+SYRSPEND		OPDIVO.....	78
OBIZUR.....	143	SF ALKA.....	406	OPDUALAG.....	78
OCALIVA.....	394, 399	omeprazole-sodium		OPFOLDA.....	353, 544
ocella	435, 447, 467	bicarbonate	385, 406	OPILL.....	435, 467
OCREVUS.....	531	OMIDRIA.....	377, 381	OPSUMIT.....	206, 558, 569
OCREVUS ZUNOVO.....	531	OMISIRGE.....	209	OPSYNVI.....	558, 563
OCTAGAM.....	95	OMNARIS.....	370	OPTICHAMBER DIAMOND....	307
OCTAPLAS BLOOD GROUP		OMNIPOD 5 DEXG7G6		OPTICHAMBER DIAMOND-	
A.....	132	INTRO GEN 5.....	306	LG MASK.....	307
OCTAPLAS BLOOD GROUP		OMNIPOD 5 DEXG7G6 PODS		OPTICHAMBER DIAMOND-	
AB.....	132	GEN 5.....	306	MD MASK.....	307
OCTAPLAS BLOOD GROUP		OMNIPOD 5 LIBRE2 PLUS G6		OPTICHAMBER DIAMOND-	
B.....	132	.....	306	SM MASK.....	307
OCTAPLAS BLOOD GROUP		OMNIPOD 5 LIBRE2 PLUS G6		option 2	435, 467
O.....	132	PODS.....	307	OPTIONS GYNOL II	
octreotide acetate	400, 475	OMNIPOD DASH INTRO		CONTRACEPTIVE.....	549
OCUFLOX.....	58, 360	(GEN 4).....	307	OPVEE.....	278
ODACTRA.....	91	OMNIPOD DASH PDM (GEN		OPZELURA.....	78, 601, 614
ODEFSEY.....	44, 45, 53	4).....	307	ORABLOC.....	108, 499
ODOMZO.....	77	OMNIPOD DASH PODS (GEN		ORACEA.....	29, 61, 360, 578, 614
OFEV.....	554	4).....	307	ORALAIR.....	91
ofloxacin	58, 360	OMNITROPE.....	458, 476	ORALAIR ADULT STARTER	
OGIVRI.....	77	OMVOH.....	385, 386, 400	PACK.....	91
OGSIVEO.....	77	ON/GO COVID-19 ANTIGEN		ORALAIR CHILDRENS	
OHC COVID-19 ANTIGEN		TEST.....	319	STARTER PACK.....	91
SELF TEST.....	319	ON/GO ONE COVID-19		oralone	596
OHTUVAYRE.....	551	HOME TEST.....	319	ORAPRED ODT.....	370, 417
OJEMDA.....	77, 78	ONCASPAR.....	78	ORAVIG.....	586
OJJAARA.....	78	ondansetron hcl	386, 387	ORBACTIV.....	39
olanzapine	229, 240, 241	ondansetron odt	387	ORCHARD GRASS POLLEN	
olanzapine-fluoxetine hcl		ONE DROP TEST.....	316	.....	91, 312
.....	241, 292	ONE VITE WOMENS		ORENCIA.....	482, 522, 531
OLINVYK.....	276	.....	147, 621, 623	ORENCIA CLICKJECT	
OLIVE TREE.....	91	ONE-A-DAY WOMENS		.....	482, 522, 531
olmesartan medoxomil	157, 159	PRENATAL 1..	147, 543, 621, 623	ORENITRAM.....	207, 565, 569
olmesartan medoxomil-hctz		ONETOUCH DELICA SAFETY		ORENITRAM MONTH 1	
.....	159, 350	LANCING.....	307	.....	206, 564, 569
olmesartan-amlodipine-hctz		ONETOUCH ULTRA.....	307, 316	ORENITRAM MONTH 2	
.....	159, 186, 351	ONETOUCH ULTRA BLUE		.....	207, 564, 569
olopatadine hcl	18, 357	TEST.....	316	ORENITRAM MONTH 3	
OLPRUVA (2 GM DOSE).....	323	ONETOUCH ULTRA TEST....	316	.....	207, 564, 569
OLPRUVA (3 GM DOSE).....	323	ONETOUCH VERIO.....	307, 316, 317	ORFADIN.....	353, 544
OLPRUVA (4 GM DOSE).....	324	ONEXTON.....	49, 578, 606	ORGOVYX.....	78, 425
OLPRUVA (5 GM DOSE).....	324	ONFI.....	246, 248, 249	ORIAHNN.....	425, 447, 467
OLPRUVA (6 GM DOSE).....	324	ONGENTYS.....	250	ORILISSA.....	425
OLPRUVA (6.67 GM DOSE)..	324	ONGLYZA.....	438	ORKAMBI.....	557, 558
OLUMIANT.....	488, 522	ONIVYDE.....	78	ORLADEYO.....	153, 515, 539
OMECLAMOX-PAK		ONPATTRO.....	543	ORMALVI.....	152, 512
.....	26, 54, 55, 406	ONTRUZANT.....	78	orphenadrine citrate	
omega-3-acid ethyl esters		ONUREG.....	78	.....	119, 131, 218
.....	163, 198	ONYDA XR.....	110	orphenadrine citrate er	
OMEGAVEN.....	329	ONZETRA XSAIL.....	291	.....	119, 131, 218
omeprazole	406	opcicon one-step	435, 467		

orphenadrine-aspirin-caffeine	119, 131, 283, 289
ORPHENGESIC FORTE	119, 131, 283, 289
ORSERDU	78
ORTHOVISC	544
OSCIMIN	12, 113, 114
oseltamivir phosphate	51
OSMITROL.....	153, 198, 334, 381
OSMOLEX ER.....	23, 115, 212
OSPHENA.....	439
OTEZLA..	489, 522, 531, 532, 614
OTOVEL.....	360, 370
OTREXUP.....	483, 522
OVACE PLUS.....	578, 579
OVIDE.....	608
OVIDREL.....	452
oxacillin sodium	56
OXACILLIN SODIUM IN DEXTROSE	56, 329
oxaliplatin	78
OXAPROZIN.....	269, 287
oxaprozin	269, 287
oxazepam	249
oxcarbazepine	222, 259
oxcarbazepine er	222, 259
OXERVATE.....	363, 375
OXIANUJO.....	538, 615
OXIATAR.....	589, 615
oxiconazole nitrate	586
OXISTAT.....	586
OXLUMO.....	544
OXTELLAR XR.....	222, 259
oxybutynin chloride	618, 619
oxybutynin chloride er	618
oxycodone hcl	276
OXYCODONE HCL.....	276
OXYCODONE-ACETAMINOPHEN.....	216, 265, 276
oxycodone-acetaminophen	216, 265, 276
OXYCONTIN.....	276
oxymorphone hcl	276
oxymorphone hcl er	276
oxytocin	550
OXYTOCIN-LACTATED RINGERS.....	344, 550
OXYTOCIN-SODIUM CHLORIDE.....	344, 550
OXYTROL.....	619
oyster shell calcium w/d	345, 625
oyster shell calcium/d3	345, 625
oyster shell calcium/vit d	345, 625
oyster shell calcium/vit d3	345, 625
oyster shell calcium/vitamin d	345, 625
OZEMPIC.....	453
OZOBAX DS.....	119
OZURDEX.....	370
PACERONE.....	182
paclitaxel	78
paclitaxel protein-bound part	78
PADCEV.....	79
PAIN AIDE.....	307
PAIN RELIEF WITH TENS S2000.....	307
PALFORZIA.....	91
paliperidone er	241
palonosetron hcl	387
PALYNZIQ.....	355
PAMELOR.....	295
pamidronate disodium	511
PANCREAZE.....	355, 394
PANDA MASK LARGE.....	307
PANDA MASK MEDIUM.....	307
PANDA MASK SMALL.....	307
PANDEL.....	370, 417, 596
PANHEMATIN.....	132
PANRETIN.....	572, 615
pantoprazole sodium	406
PANTOPRAZOLE SODIUM-NACL.....	345, 406
PANZYGA.....	96
PARAGARD INTRAUTERINE COPPER.....	549
PARAPLATIN.....	79
PARI VORTEX ADULT MASK.....	307
paricalcitol	625, 626
PARLODEL.....	254
PARNATE.....	261
paroxetine hcl	292
paroxetine hcl er	292
paroxetine mesylate	292
PARSABIV.....	425
PAVBLU.....	383
PAXIL.....	293
PAXIL CR.....	292
PAXLOVID (150/100).....	33
PAXLOVID (300/100).....	33
pazopanib hcl	79
P-CARE K40.....	417
P-CARE K80.....	417
PEDIAPRED.....	370, 417
PEDIARIX.....	97, 100
PEDIATRIC PANDA MASK....	307
PEDMARK.....	15, 504, 548
PEDVAX HIB.....	100
peg 3350	393
peg 3350-kcl-na bicarb-nacl	393
peg-3350/electrolytes	393
peg-3350/electrolytes/ascorbat	393, 624
PEGASYS.....	47, 48, 79, 532
peg-kcl-nacl-nasulf-na asc-c	393, 624
PEMAZYRE.....	79
PEMETREXED.....	79
PEMETREXED DISODIUM.....	79
pemetrexed disodium	79
PEMETREXED DITROMETHAMINE.....	79
PEMFEXY.....	79
PEMRYDI RTU.....	79
PEN NEEDLE/5-BEVEL TIP ..	307
PENBRAYA.....	100
penciclovir	583
penicillamine	12, 408, 522
PENICILLIN G POT IN DEXTROSE.....	50, 329
penicillin g potassium	50
penicillin g sodium	50
penicillin v potassium	50
PENNSAID.....	607, 615
PENTACEL.....	97, 100
PENTAM.....	31
pentamidine isethionate	31
PENTASA.....	390
pentazocine-naloxone hcl	278, 280
PENTETATE CALCIUM TRISODIUM.....	408
PENTETATE ZINC TRISODIUM.....	408
PENTIPS GENERIC PEN NEEDLES.....	308
pentobarbital sodium	244
PENTOSAN POLYSULFATE SODIUM.....	544
pentoxifylline er	139
PEPCID.....	18, 402
PERCOCET.....	216, 265, 276
PERENNIAL RYE GRASS POLLEN.....	91, 312
PERFECT EMS.....	308

PERFECT POINT SAFETY		
LANCETS	308	
PERFOROMIST	128, 568	
PERIDEX	24, 362, 364, 585, 606	
PERIKABIVEN	329	
perindopril erbumine	160, 162	
perio gard	24, 362, 364, 585, 606	
PERJETA	79	
permethrin	608	
perphenazine	280	
perphenazine-amitriptyline	280, 295	
PERSERIS	229, 241	
PERTZYE	355, 394	
PFIZER COVID-19 VAC-TRIS		
5-11Y	101	
PFIZER COVID-19 VAC-TRIS		
6M-4Y	101	
PFIZERPEN	50	
pharmacist choice d-vitamin	626	
PHEBURANE	324	
phenazo	581	
phenazopyridine hcl	581	
phenelzine sulfate	261	
PHENERGAN		
	17, 18, 237, 388, 559	
phenobarbital	243, 244	
phenobarbital sodium	243, 244	
phenoxybenzamine hcl	122, 203	
phentermine hcl	212	
phentolamine mesylate	122, 204	
PHENYLEPHRINE HCL	110	
phenylephrine hcl	381, 384	
PHENYLEPHRINE HCL		
(PRESSORS)	110	
phenylephrine hcl (pressors)	110	
PHENYLEPHRINE HCL-NACL		
	110, 345	
phenytek	179, 258	
phenytoin	179, 258	
phenytoin infatabs	179, 258	
phenytoin sodium	179, 258	
phenytoin sodium extended	179, 258	
PHEODOYO		
	24, 585, 586, 596, 606	
PHESGO	79	
PHEXXI	549	
PHEYO	586, 596	
philith	435, 447, 467	
PHOSPHA 250 NEUTRAL	345	
PHOSPHOLINE IODIDE	379	
phosphorous	345	
phospho-trin 250 neutral	345	
PHOTOFRIN	79	
PHOXILLUM B22K4/0	345	
PHOXILLUM BK4/2.5	345	
PHYSICIANS EZ USE		
JOINT/TUNNEL	284, 417, 499	
PHYSICIANS EZ USE M-		
PRED	417, 499	
PHYSIOLYTE	332	
PHYSIOSOL IRRIGATION	332	
phytonadione	12, 505, 626	
PIASKY	481, 514	
PIFELTRO	44	
pilocarpine hcl	124, 379	
PILOT COVID-19 AT-HOME		
TEST	319	
pimecrolimus	538, 600, 615	
pimozide	235, 253	
pimtrea	435, 447, 467	
pindolol	121, 166, 176, 181, 197	
pioglitazone hcl	477	
pioglitazone hcl-glimepiride	477	
pioglitazone hcl-metformin hcl	427, 478	
PIP BLOOD GLUCOSE TEST		
STRIP	317	
PIP GLUCOSE CONTROL		
SOLUTION	308	
PIP PEN NEEDLES 32G X		
4MM	308	
piperacillin sod-tazobactam so	38	
PIQRAY	80	
pirfenidone	554, 566	
piroxicam	269, 287	
pitavastatin calcium	192	
PITOCIN	550	
PLAQUENIL	29, 483, 522, 532	
PLASMA-LYTE A	345	
PLAVIX	150	
PLEGISOL	345	
PLEGRIDY	532	
PLEGRIDY STARTER PACK	532	
PLENAMINE	329	
PLENVU	393, 624	
plerixafor	138	
PLEXION CLEANSING		
CLOTH	579, 603	
PLUVICTO	80, 551	
PNEUMOVAX 23	101	
POCKET SPACER	308	
POD-CARE 100K	417	
podofilox	603, 615	
PODPROG	467, 615	
POGO AUTOMATIC TEST		
CARTRIDGES	317	
POKONZA	345	
POLIDOCANOL	155, 202	
POLIVY	80	
POLOCAINE	499	
POLOCAINE-MPF	499	
polycin	360, 579	
polyethylene glycol 3350	393	
polymyxin b sulfate	57, 360, 579	
polymyxin b-trimethoprim	57, 360, 579	
POMALYST	80, 532	
POMBILITI	355	
PONS MOUTHPIECE	308	
PONS SYSTEM	308	
PONVORY	532	
PONVORY STARTER PACK	532	
portia-28	435, 447, 467	
PORTRAZZA	80	
posaconazole	35	
POSFREA	387	
POSIMIR	499	
POSLUMA	321	
potassium acetate	345	
POTASSIUM ACETATE	346	
potassium chloride	346	
potassium chloride crys er	346	
potassium chloride er	346	
potassium chloride in nacl	346	
potassium citrate er	322	
potassium citrate-citric acid	322	
potassium cl in dextrose 5%	329, 346	
potassium phosphates	346	
potassium phosphates(66 meq k)	346	
potassium phosphates(71 meq k)	346	
POTASSIUM PHOSPHATES-		
NACL	346	
POTELIGEO	80	
POVIDONE-IODINE	362	
PRADAXA	136	
PRAKETAMIDE	615	
PRALUENT	199	
pramipexole dihydrochloride	263	
pramipexole dihydrochloride er	263	
PRAMOSONE	582, 597	

PRAMOTIC.....	363, 378	prenatalfolic acid+dha	..... 147, 347, 544, 621, 623	prochlorperazine edisylate	..... 281, 389
prasugrel hcl	150	PRE-PEN.....	319	prochlorperazine maleate	..... 281, 389
pravastatin sodium	192	PREPIDIL.....	550	PROCORT.....	371, 419, 582, 597
PRAXBIND.....	13, 134	PRESERA.....	615	PROCRIT.....	133, 138
praziquantel	27	PRESTALIA.....	160, 186	PROCTOCORT.....	371, 419, 597
prazosin hcl ... 122, 155, 156, 166		PRETOMANID.....	33	PROCTOFOAM HC	..... 372, 419, 582, 597
PRECEDEX.....	110, 237, 346	PREVACID.....	406	procto-med hc	372, 419, 597
PRECISION XTRA BLOOD		PREVACID SOLUTAB.....	406	proctosol hc	372, 419, 597
GLUCOSE.....	317	prevalite	167	proctozone-hc	372, 419, 597
PRED FORTE.....	370, 418	PREVDUO.....	114, 125	PROCYSBI.....	544
PRED MILD.....	370, 418	PREVIDENT.....	297, 298, 513	PROFILNINE.....	143
PREDNISOL ACE-		PREVIDENT 5000 BOOSTER		progesterone	467
MOXIFLOX-BROMFEN		PLUS.....	298, 513	PROGLYCEM.....	425
..... 360, 370, 377, 418		PREVIDENT 5000 DRY		PROGRAF.....	538
prednisolone	371, 418	MOUTH.....	297, 298, 513	PROLASTIN-C.....	132, 566
prednisolone acetate	370, 418	PREVIDENT 5000 KIDS. 298, 513		PROLATE.....	216, 265, 276, 277
PREDNISOLONE ACETATE		PREVIDENT 5000 ORTHO		PROLENSA.....	377
P-F.....	371, 418	DEFENSE.....	298, 513	PROLEUKIN.....	80, 532
PREDNISOLONE ACETATE-		PREVIDENT 5000 PLUS		PROLIA.....	480, 511
NEPAFENAC.....	371, 377, 418	..... 297, 298, 513		PROLIXUS.....	308
PREDNISOLONE ACET-		PREVNAR 20.....	101	PROMACTA.....	138
MOXIFLOXACIN.....	360, 371, 418	PREVYMIS.....	34	promethazine hcl	..... 15, 17, 18, 237, 388, 559
prednisolone sodium		PREZCOBIX.....	47, 544	promethazine vc	17, 18, 110
phosphate	371, 418	PREZISTA.....	47	promethazine-codeine	..... 17, 18, 555
PREDNISOLONE-		PRIALT.....	216, 265	promethazine-dm	17, 18, 555
BROMFENAC.....	371, 377, 418	PRIFTIN.....	33, 59	promethazine-phenylephrine	..... 17, 18, 111
PREDNISOLONE-		PRILOSEC.....	406	promethegan	..... 17, 18, 237, 388, 559
GATIFLOXACIN.....	360, 371, 418	primaquine phosphate	29	PROMETRIUM.....	467
PREDNISOLONE-		PRIMAXIN IV.....	36	PROMISEB.....	603
MOXIFLOXACIN.....	360, 371, 418	primidone	243	propafenone hcl	179
PREDNISOLON-GATIFLOX-		PRIORIX.....	101	propafenone hcl er	179
BROMFENAC. 360, 371, 377, 418		PRISMASOL B22GK 4/0.....	347	proparacaine hcl	378
PREDNISOLON-MOXIFLOX-		PRISMASOL BGK 0/2.5.....	347	propofol	238, 258, 262
BROMFENAC. 360, 371, 377, 419		PRISMASOL BGK 2/0.....	347	propofol-lipuro	238, 258, 262
PREDNISOLON-MOXIFLOX-		PRISMASOL BGK 2/3.5.....	347	propranolol hcl	..... 121, 166, 177, 181, 197, 234
NEPAFENAC.. 360, 371, 377, 419		PRISMASOL BGK 4/0/1.2.....	347	propranolol hcl er	..... 121, 166, 177, 181, 197, 234
prednisone	419	PRISMASOL BGK 4/2.5.....	347	propylthiouracil	425
prednisone intensol	419	PRISMASOL BK 0/0/1.2.....	347	PROQUAD.....	101
pregabalin	222, 254, 256	PRISTIQ.....	289	PROSCAR.....	501, 502, 589
pregabalin er	216, 254, 256	PRIVET.....	91, 312	PROSILK.....	588
PREGNYL.....	452	PRIVIGEN.....	96	PROSOL.....	329
PREHEVBRIO.....	101	PRO COMFORT TENS UNIT. 308		PROSTIN VR.....	189, 207
PREMARIN.....	447, 511	PROAIR RESPICLICK.... 128, 568		protamine sulfate	13, 134, 505
PREMASOL.....	329	probenecid	352, 507	PROTONIX.....	406
premium lidocaine	582	procainamide hcl	178		
PREMIUM SCAR.... 582, 584, 599		PROCARDIA XL.....	186, 188, 207		
PREMPHASE.....	447, 467	PROCARE TENS & EMS.....	308		
PREMPRO.....	447, 467	PRO-C-DURE 5.....	419		
prenatal	147, 621, 623	PRO-C-DURE 6.....	419		
prenatal multi +dha		PROCENTRA.....	214		
..... 147, 346, 544, 621, 623		prochlorperazine	281, 389		
prenatal vitamins ..	147, 621, 623				

PROTOPAM CHLORIDE..	15, 505	quetiapine fumarate	229, 241	reclipsen	435, 447, 468
protriptyline hcl	295	quetiapine fumarate er	229, 241	RECOMBIMATE.....	144
PROVAYBLUE.....	13, 505	QUFLORA FE		RECOMBIVAX HB.....	101
PROVENGE.....	80, 209	147, 297, 298, 347, 513, 621, 623		RECORLEV.....	420, 544
PROVERA.....	467	QUICKVUE AT-HOME		RECOTHROM.....	144
PROVIGIL.....	296	COVID-19 TEST.....	319	RECOTHROM SPRAY KIT.....	144
PROVISC.....	375	QUILLICHEW ER.....	284	RECTIV.....	197, 588, 615
PROVOCHOLINE.....	319	QUILLIVANT XR.....	284	RECURA.....	579
PROXIVOL.....	582	quinapril hcl	160, 162	RED MAPLE.....	92
PROZAC.....	293	quinapril-		RED MULBERRY.....	92, 313
PRUDOXIN.....	582	hydrochlorothiazide	162, 351	RED TOP GRASS POLLEN	
pseudoephedrine-		quinidine gluconate er	29, 178	.....	92, 313
bromphen-dm	17, 19, 108, 555	quinidine sulfate	29, 178	regadenoson	314
PTS PANELS CHOL+GLU		quinine sulfate	29	REGLAN.....	404
TEST.....	319	QULIPTA.....	250	REGONOL.....	125
PTS PANELS EGLU TEST.....	317	QUVIVIQ.....	280	REJOYN.....	544
PULMICORT FLEXHALER		QUZYTIR.....	19, 567	RELAFEN DS.....	269, 287
.....	419, 556, 563	QVAR REDHALER	420, 557, 563	RELENZA DISKHALER.....	51
PULMICORT SUSPENSION		RABAVERT.....	101	RELEUKO.....	138
.....	419, 557, 563	RABBIT EPITHELIUM.....	92, 312	RELEXXII.....	284
PULMOZYME.....	355, 561	RABEPRAZOLE SODIUM.....	406	RELION GLUCOSE TEST	
PURE COMFORT SAFETY		rabeprazole sodium	406	STRIPS.....	317
PEN NEEDLE.....	308	RADICAVA.....	212, 252	RELION PREMIER TEST.....	317
PURIXAN.....	80, 485, 538	RADICAVA ORS.....	212, 252	RELISTOR.....	278, 386, 400
PYLERA.....	27, 31, 61, 388, 390	RADICAVA ORS STARTER		RELNATE DHA	
pyrazinamide	33	KIT.....	212, 252	.....	148, 544, 621, 623
PYRIDIUM.....	582	RADIOGARDASE.....	13, 334, 505	RELPAK.....	291
pyridostigmine bromide	125	RAGWITEK.....	92	RELTONE.....	394
pyridostigmine bromide er	125	raloxifene hcl	439, 511	REMERON.....	225, 293
pyrimethamine	29	ramelteon	238, 260	REMERON SOLTAB.....	225, 293
PYROGALLIC ACID.....	550, 603, 615	ramipril	160, 162	REMESENSE.....	298
PYRUKYND.....	135	ranolazine er	173	REMICADE	
PYRUKYND TAPER PACK.....	135	RAPAFLO.....	126	.....	400, 483, 494, 523, 533, 615
QALSODY.....	211, 252, 507	RAPAMUNE.....	489, 538, 600	remifentanil hcl	277
QBRELIS.....	162	RAPIVAB.....	51	REMODULIN.....	207, 565, 570
QBREXZA.....	114, 584, 615	rasagiline mesylate	260, 261	RENACIDIN.....	332
QDOLO.....	277	RASUVO.....	483, 522	RENFLEXIS	
QELBREE.....	252, 284	RAVICTI.....	324	.....	400, 483, 494, 523, 533, 615
QINLOCK.....	80	RAYA SURE PEN NEEDLE.....	308	REVELA.....	13, 334, 505
QNASL.....	372, 420, 557, 562	RAYALDEE.....	626	repaglinide	456
QNASL CHILDRENS		RAYOS.....	420	REPATHA.....	199
.....	372, 419, 557, 562	react	435, 467	REPATHA PUSHTRONEX	
QSYMIA.....	217	REBIF.....	486, 533	SYSTEM.....	199
QTERN.....	438, 474	REBIF REBIDOSE.....	485, 532	REPATHA SURECLICK.....	199
QUAD-MIX		REBIF REBIDOSE		RESET.....	544
.....	114, 122, 189, 207, 554	TITRATION PACK.....	486, 533	RESET NON-MONETARY CM	
QUADRACEL.....	97, 101	REBIF TITRATION PACK		.....	544
QUALAQUIN.....	29	.....	486, 533	RESET-O.....	544
quazepam	249	REBINYN.....	143	RESET-O NON-MONETARY	
QUDEXY XR.....	222	REBLOZYL.....	138	CM.....	545
QUEEN PALM.....	91, 312	REBYOTA.....	400, 544	RESORCINOL-SULFUR.....	603
QUESTRAN.....	167	RECARBRIO.....	36	RESTASIS.....	363, 373, 481
QUESTRAN LIGHT.....	167	RECLAST.....	511		

RESTASIS MULTIDOSE 363, 373, 481	<i>risperidone</i> 229, 241	RYDAPT..... 81
RESTORIL..... 249	<i>risperidone microspheres er</i> 229, 241	RYKINDO..... 230, 241
RETACRIT..... 133, 138	RITALIN..... 284	RYLAZE..... 81, 355
RETEVMO..... 80	RITALIN LA..... 284	RYPLAZIM..... 132
RETHYMIC..... 209, 545	<i>ritonavir</i> 47	RYSTIGGO..... 489, 533
RETIN-A..... 589	RITUXAN..... 81	RYTARY..... 254
RETIN-A MICRO..... 589	RITUXAN HYCELA..... 80	RYTELO..... 81
RETIN-A MICRO PUMP..... 589	<i>rivastigmine</i> 125	<i>ryvent</i> 16, 17, 559
RETISERT..... 372, 597	<i>rivastigmine tartrate</i> 125	S.T. GENESIS NERVE
RETROVIR..... 45	<i>rivelsa</i> 435, 447, 468	STIMULATOR..... 308
REVATIO 199, 200, 563, 570, 619	RIVFLOZA..... 545	SABRIL..... 222, 223, 256
REVCovi..... 355	RIVIVE..... 278	SAFETY PEN NEEDLES..... 308
REVLIMID..... 80, 533	RIXUBIS..... 144	SAFYRAL..... 435, 448, 468, 623
<i>revonto</i> 118	<i>rizatriptan benzoate</i> 291	<i>sajazir</i> 152, 512, 515
REXTOVY..... 278	ROBAXIN..... 118	SALAGEN..... 125
REXULTI..... 241	ROBINUL..... 114, 584	<i>salicylic acid</i> 603
REYATAZ..... 47	ROBINUL-FORTE..... 114, 584	<i>salicylic acid er</i> 603
REYVOW..... 291	ROCALTROL..... 626	<i>salicylic acid wart remover</i> .. 603
REZDIFFRA..... 479	ROCKLATAN..... 381, 382	SALIMEZ FORTE..... 603
REZIPRES..... 108, 553	ROCTAVIAN..... 144, 211	<i>saline bacteriostatic</i> 347
REZLIDHIA..... 80	<i>rocuronium bromide</i> 120	<i>saline flush</i> 347
REZUROCK..... 545	ROCURONIUM BROMIDE..... 120	SALINE-PHENOL..... 347
REZVOGLAR KWIKPEN..... 455	<i>roflumilast</i> 563, 601, 607	<i>salsalate</i> 289
REZZAYO..... 37	ROLVEDON..... 138	SALVAX..... 603
R-GENE 10..... 321	<i>romidepsin</i> 81	SAMSCA..... 352
RHOFADE..... 384, 573, 615	<i>ropinirole hcl</i> 264	SANCUSO..... 387
RHOGAM ULTRA-FILTERED PLUS..... 96	<i>ropinirole hcl er</i> 264	SANDIMMUNE 363, 481, 523, 533, 538, 539
RHOPHYLAC..... 96	ROPIVACAINE HCL..... 499, 500	SANDOSTATIN..... 400, 475
RHOPRESSA..... 382	<i>ropivacaine hcl</i> 499, 500	SANDOSTATIN LAR DEPOT 400, 475
RIABNI..... 80, 523	ROPIVACAINE HCL-NACL 347, 500	SANTYL..... 355, 588, 615
RIASTAP..... 144	<i>rosuvastatin calcium</i> 192	SAPHNELO..... 484, 539
<i>ribavirin</i> 53	ROTARIX..... 101	SAPHRIS..... 230, 241
RIDAURA..... 407, 483, 523, 533	ROTATEQ..... 101	<i>sapropterin dihydrochloride</i> 352, 545
<i>rifabutin</i> 33, 59	ROUGH MARSH ELDER.. 92, 313	SARCLISA..... 81
RIFADIN..... 33, 59	<i>roweepra</i> 222	SAVAYSA..... 135
<i>rifampin</i> 33, 59	ROXICODONE..... 277	SAVELLA..... 255, 290
RIGHTEST GT333 BLOOD GLUCOSE..... 317	ROXYBOND..... 277	SAVELLA TITRATION PACK 255, 290
RIGHTEST GT333 GLUCOSE TEST..... 317	ROZEREM..... 238, 260	<i>saxagliptin hcl</i> 438
<i>riluzole</i> 212, 252	ROZLYTREK..... 81	<i>saxagliptin-metformin er</i> 427, 438
<i>rimantadine hcl</i> 23	RUBRACA..... 81	SAXENDA..... 217, 453
RIMSO-50..... 545	RUCONEST..... 514, 515	SCSEMBLIX..... 81
<i>ringers</i> 347	<i>rufinamide</i> 222, 259	SCENESSE... 409, 548, 615, 618
<i>ringers irrigation</i> 332	RUKOBIA..... 42	SCLEROSOL
RINVOQ..... 488, 523	RUSSIAN THISTLE..... 92, 313	INTRAPLEURAL..... 155, 202
RINVOQ LQ..... 488	RUXIENCE..... 81	<i>scopolamine</i> 114, 388, 402
RIOMET..... 427	RYALTRIS 18, 357, 372, 420, 557, 562	SECREFLO..... 321
<i>risedronate sodium</i> 511	RYANODEX..... 118	SECUADO..... 230, 242
RISPERDAL..... 229, 241	RYBELSUS..... 453	SEGLENTIS..... 253, 277
RISPERDAL CONSTA..... 229, 241	RYBREVANT..... 81	
	RYCLORA..... 17, 19	

SEGLUROMET.....	427, 474	SIMLANDI (2 PEN)	400, 495, 523, 533	sodium nitrite	15, 409
selegiline hcl	260, 261	.....	400, 495, 523, 533	sodium nitroprusside	189
SELENIOS ACID.....	347	simliya	435, 448, 468	SODIUM OXYBATE.....	252, 296, 507
selenium sulfide	585, 606	simpesse	435, 448, 468	sodium phenylbutyrate	324
SELZENTRY.....	42	SIMPONI.....	400, 401, 495, 523, 533	sodium phosphates	348
SEMGLEE (YFGN).....	455, 456	SIMPONI ARIA.....	400, 495, 523, 533	sodium polystyrene	
SENSIPAR.....	425	SIMULECT.....	486, 539	sulfonate	13, 335, 505
SENSORCAINE.....	500	simvastatin	192	sodium saccharin	349
SENSORCAINE/EPINEPHRIN		SINCALIDE.....	319	sodium tetradecyl sulfate	
E.....	108, 500	SINEMET.....	254	.....	155, 202
SENSORCAINE-MPF.....	500	SINGULAIR.....	560	sodium thiosulfate ..	15, 409, 505
SENSORCAINE-		SINUVA.....	372, 420, 557, 562	SOFDRA.....	584
MPF/EPINEPHRINE.....	108, 500	sirolimus	489, 539, 600	SOFOSBUVIR-VELPATASVIR	
SEREVENT DISKUS.....	129, 568	SIRTURO.....	33	.....	40, 41
SERNIVO.....	420, 597	SITAGLIPTIN.....	438	SOGROYA.....	458
SEROQUEL.....	230, 242	SITAGLIPTIN BASE-		SOHONOS.....	545
SEROQUEL XR.....	230, 242	METFORMIN HCL.....	427, 438	SOLESTA.....	545
SEROSTIM.....	458, 476	SITAVIG.....	53, 583	solifenacin succinate	619
SERTRALINE HCL.....	293	SIVEXTRO.....	56	SOLIQUA.....	453, 456
sertraline hcl	293	SKYCLARYS.....	545	SOLIRIS.....	481, 514, 515
setlakin	435, 448, 468	SKYLA.....	435, 468	SOLOSEC.....	31
sevelamer carbonate		SKYRIZI.....	401, 600, 615	SOLTAMOX.....	81, 439
.....	13, 334, 505	SKYRIZI PEN.....	600, 615	SOLU-CORTEF.....	372, 420, 597
sevelamer hcl	13, 334, 505	SKYSONA.....	211	SOLU-MEDROL.....	420
SEVENFACT.....	144	SKYTROFA.....	458	SOLU-MEDROL (PF).....	420
SEYSARA.....	25	SLYND.....	435, 468	SOLUVITA.....	297, 299, 513
SEZABY.....	243, 244	sm milk of magnesia	393	SOMA.....	118
sf	297, 299, 513	SMOFLIPID.....	329	SOMATULINE DEPOT.....	475
sf 5000 plus	297, 298, 513	SOAANZ.....	153, 193, 333	SOMAVERT.....	476
SFROWASA.....	390	sod benz-sod phenylacet	324	SOMRYST.....	545
SHAGBARK HICKORY.....	92, 313	sod citrate-citric acid	322	SOOLANTRA.....	608
sharobel	435, 468	sodium acetate	322	SOOTHEE.....	378, 582, 587, 616
SHEEP SORREL.....	92	sodium bicarbonate	322	sorafenib tosylate	81
SHINGRIX.....	101	SODIUM BICARBONATE.....	322	SORBITOL.....	332
SHORT RAGWEED POLLEN		sodium chloride	332, 348, 561	sorbitol-mannitol	332
EXT.....	92, 313	SODIUM CHLORIDE.....	348	SORILUX.....	588, 616
SHORT-GIANT RAGWEED		sodium chloride (pf)	347	SOTALOL HCL	
(DIAGNOST).....	92, 313	sodium chloride		.....	121, 166, 177, 182, 197
SIGNIFOR.....	475	bacteriostatic	347	sotalol hcl	
SIGNIFOR LAR.....	475	sodium chloride flush	347	.....	121, 166, 177, 182, 183, 197
SIKLOS.....	81	SODIUM CHLORIDE FLUSH.....	348	sotalol hcl (af)	
sildenafil citrate		SODIUM CITRATE.....	134	.....	121, 166, 177, 181, 182, 197
.....	199, 200, 201, 564, 570, 619	SODIUM CITRATE LOCK		SOTRADECOL.....	155, 202
SILENOR.....	295	FLUSH.....	134	SOTYKTU.....	601, 616
SILIQ.....	600, 615	SODIUM CITRATE-		SOTYLIZE	
silodosin	126	GENTAMICIN SULF.....	24, 134	.....	121, 166, 177, 182, 183, 197
SILVADENE.....	585, 606	sodium fluoride	297, 299, 513	SOVALDI.....	40
silver nitrate	363	sodium fluoride 5000 plus		SOVUNA.....	29, 483, 523, 534
silver sulfadiazine	585, 606	.....	297, 299, 513	SPABUDDY SPORT ELITE....	308
SIMBRINZA.....	357, 366	sodium fluoride 5000 ppm		SPEEDY SWAB COVID-19	
SIMLANDI (1 PEN)		.....	297, 299, 513	ANTIGEN.....	319
.....	400, 495, 523, 533	SODIUM FLUORIDE F 18.....	321	SPEVIGO.....	601, 616
		SODIUM IODIDE I-131.....	425	SPIKEVAX.....	102

spinosad	608	SUBLOCADE.....	280	SUSVIMO (IMPLANT 1ST	
SPINRAZA.....	507	SUBOXONE.....	278, 280	FILL).....	375, 383
SPINY PIGWEED.....	92, 313	subvenite	223, 230	SUSVIMO (IMPLANT REFILL)	
SPIRIVA HANDIHALER..	114, 554	subvenite starter kit-blue		.....	376, 383
SPIRIVA RESPIMAT.....	114, 554	.....	223, 230	SUSVIMO OCULAR IMPLANT	
spironolactone		subvenite starter kit-green		.....	308
.....	154, 193, 194, 201, 203, 335	.....	223, 230	SUTAB.....	393
spironolactone-hctz		subvenite starter kit-orange		SUTENT.....	82
.....	193, 203, 351	.....	223, 230	sv vitamin d3	626
SPORANOX.....	35	SUCCINYLCHOLINE		SWEET GUM.....	92
SPORTS TENS 2.....	308	CHLORIDE.....	120	SWEET VERNAL GRASS	
SPRAVATO (56 MG DOSE)		SUCRAID.....	356	POLLEN.....	92, 313
.....	225, 261	sucralfate	404	syeda	435, 448, 468
SPRAVATO (84 MG DOSE)		sufentanil citrate	277	SYFOVRE.....	376, 379
.....	225, 261	SUFLAVE.....	393	SYLVANT.....	82
sprintec 28	435, 448, 468	SULAR.....	186, 188	SYMBICORT.....	129, 420
SPRITAM.....	223	SULCONAZOLE NITRATE.....	586	SYMBYAX.....	242, 293
SPRIX.....	269, 287, 378	sulfacetamide sodium	361	SYMDEKO.....	557, 558
SPRYCEL.....	81	sulfacetamide sodium (acne)		SYMFI.....	44, 46
SPS (SODIUM		.....	579	SYMFI LO.....	44, 46
POLYSTYRENE SULF)		sulfacetamide sodium-sulfur		SYMLINPEN 120.....	422
.....	13, 335, 505	.....	579, 604	SYMLINPEN 60.....	422
sronyx	435, 448, 468	sulfacetamide-prednisolone		SYMPAZAN.....	246, 249
ssd	585, 606	.....	361, 372	SYMPROIC.....	386, 401
ST JOSEPH LOW DOSE		sulfadiazine	59	SYMTUZA.....	46, 47, 545
.....	150, 151, 234, 235, 289	sulfamethoxazole-		SYNAGIS.....	50
STAMARIL.....	102	trimethoprim	31, 59, 60, 62	SYNALAR.....	372, 597
STEGLATRO.....	474	SULFAMYLON.....	579, 606	SYNAREL.....	452
STEGLUJAN.....	438, 474	sulfasalazine		SYNDROS.....	388, 401
STELARA.....	401, 487, 616	.....	60, 390, 483, 523, 534	SYNJARDY.....	427, 474
STENDRA.....	200, 201	sulfatrim pediatric	31, 60, 62	SYNJARDY XR.....	427, 474
STERILE DILUENT FLOLAN		sulfurated lime	608	SYNOJOYNT.....	546
PH 12.....	550	sulindac	269, 287	SYNTHROID.....	479
STERILE DILUENT FOR		sumatriptan	291	SYNVISC.....	546
REMODULIN.....	550	sumatriptan succinate	291	SYNVISC ONE.....	546
STERILE TALC POWDER		sumatriptan succinate refill		SYPRINE.....	409
.....	155, 202	subcutaneous solution		TABLOID.....	82
STERILE TOPICAL L.E.T.		cartridge	291	TABRECTA.....	82
GEL.....	384, 582	sumatriptan-naproxen		TACHOSIL.....	588, 616
sterile water for injection	551	sodium	269, 287, 291	TACLONEX.....	588, 597, 616
sterile water for irrigation	332	SUMAXIN.....	579, 604	tacrolimus	539, 601, 616
STERITALC.....	155, 202	sunitinib malate	82	tadalafil	200, 201, 564
STIMUFEND.....	138	SUNLENCA.....	31, 42	tadalafil (pah)	200, 201, 564, 570
STIOLTO RESPIMAT.....	114, 129	SUNOSI.....	296	TADLIQ.....	200, 201, 564, 570
STIVARGA.....	82	SUPARTZ FX.....	545	TAFINLAR.....	82
STRATTERA.....	252, 284	SUPER BI-MIX.....	122, 190, 207	tafluprost (pf)	381
STRENSIQ.....	355	SUPER QUAD-MIX		TAGRISSO.....	82
streptomycin sulfate	24, 33	.....	114, 123, 190, 207, 554	take action	435, 468
STRIBILD.....	43, 46, 545	SUPER TRI-MIX.....	123, 190, 207	TAKHZYRO.....	153, 515, 539
STRIVERDI RESPIMAT..	129, 568	SUPPRELIN LA.....	452	TALICIA.....	391
STROMECTOL.....	27	SUPREP BOWEL PREP KIT..	393	TALL RAGWEED.....	92, 313
STRONTIUM CHLORIDE SR-		SURVANTA.....	565	TALTZ.....	487, 616
89.....	82, 551	SUSTOL.....	387	TALVEY.....	82

TALZENNA.....	82	TEMODAR.....	83	THROMBATE III.....	134
TAMIFLU.....	51	temozolomide	83	THROMBIN-JMI.....	144
tamoxifen citrate	82, 439	temsirolimus	83	THROMBOGEN.....	144
tamsulosin hcl	126	TENCON.....	216, 244, 265	THYMOGLOBULIN.....	489, 539
TANLOR.....	118	TENIVAC.....	97	thyroid	479
TAPERDEX 12-DAY.....	420	tenofovir disoproxil fumarate	46	tiadylt er	168, 170, 172, 184, 207
TAPERDEX 6-DAY.....	421	TENORETIC 100.....	166, 177, 351	tiagabine hcl	223, 256
TAPERDEX 7-DAY.....	421	TENORETIC 50.....	166, 177, 351	TIAZAC... ..	169, 170, 172, 184, 207
TARCEVA.....	82	TENORMIN.....	130, 166, 177, 182, 197	TIBSOVO.....	83
TARDEOXIA.....	49, 579, 589, 616	TENS WIRED PAIN MANAGEMENT.....	308	TICE BCG.....	83, 102
TARGADOX.....	29, 61, 579	TEPADINA.....	83	TICOVAC.....	102
TARGRETIN.....	82, 572, 573, 616	TEPEZZA.....	363, 376	TIGAN.....	389
tarina 24 fe	435, 448, 468	TEPMETKO.....	83	tigecycline	40
tarina fe 1/20 eq	435, 448, 468	terazosin hcl ..	122, 155, 156, 166	TIKOSYN.....	183
TAROXIA.....	589, 616	terbinafine hcl	23	tilia fe	436, 448, 468
TARPEYO.....	421	terbutaline sulfate	129, 568	timolol maleate 121, 166, 177, 182, 197, 235, 365	
TASCENSO ODT.....	490, 534	terconazole	586	timolol maleate (once-daily)	365
TASIGNA.....	83	teriflunomide	480, 534	timolol maleate ocudose	365
tasimelteon	238, 260	teriparatide	456, 508	timolol maleate pf	365
TASMAR.....	250	TERIPARATIDE.....	456, 508	TIMOPTIC OCUDOSE.....	365
TAURINE.....	329	TERLIVAZ.....	458	TIMOTHY GRASS POLLEN ALLERGEN.....	92, 313
TAUVID.....	322	TESTIM.....	422	tinidazole	31
tavaborole	607	TESTOPEL.....	422	tiopronin	546
TAVALISSE.....	135	TESTOSTERONE.....	423	tiotropium bromide monohydrate	114, 554
TAVNEOS.....	481, 514, 515	testosterone	423	tirofiban hcl in nacl	150, 348
taysofy	435, 448, 468	testosterone cypionate	423	TIROSINT.....	479
TAYTULLA.....	436, 448, 468	testosterone enanthate	423	TIROSINT-SOL.....	479
tazarotene	604, 616	TETANUS-DIPHThERIA.....		TISSEEL.....	588, 617
TAZAROTENE.....	604, 616	TOXOIDS TD.....	97	TISSUEBLUE.....	320
tazicef	22	tetrabenazine	295	TIS-U-SOL.....	332
TAZICEF.....	22, 330	tetracaine hcl	378	TIVDAK.....	84
TAZORAC.....	604, 616	tetracycline hcl	29, 61, 391	TIVICAY.....	43
TAZVERIK.....	83	TETRACYCLINE HCL.....	29, 61, 391	TIVICAY PD.....	43
TDVAX.....	97	TEVIMBRA.....	83	tizanidine hcl	118
TECARTUS.....	83, 211	TEXACORT.....	372, 421, 597	TLANDO.....	423
TECELRA.....	83, 211	TEZSPIRE.....	560, 566	TNKASE.....	151, 356
TECENTRIQ.....	83	THALITONE.....	154, 203, 351	TOBI NEBULIZER.....	24, 361
TECENTRIQ HYBREZA.....	83	THALOMID.....	534	TOBI PODHALER.....	24, 361
TECFIDERA.....	484, 534	THAM.....	322	TOBRADEX.....	361, 372
TECHLITE LANCETS 26G.....	308	THE LIQUILIFT TRACE.....	348	TOBRADEX ST.....	361, 372
TECVAYLI.....	83	THEO-24.....	190, 284, 331, 571, 620	tobramycin	24, 361
TEFLARO.....	22	theophylline	190, 284, 331, 572, 620	TOBRAMYCIN.....	25, 361
TEGLUTIK.....	212, 252	theophylline er	190, 284, 331, 572, 620	tobramycin sulfate	25, 361
TEGRETOL.....	223, 230	thiamine hcl	623	tobramycin-dexamethasone	361, 372
TEGRETOL-XR.....	223, 230	THIOLA.....	546	TOBREX.....	361
TEKTURN.....	202	THIOLA EC.....	546	TODAY SPONGE.....	549
TELFA AMD ISLAND DRESSING.....	308	thioridazine hcl	281	TOFIDENCE.....	487, 523, 534
telmisartan	157, 159	thiotepa	83	TOLAK.....	84, 573, 617
telmisartan-amlodipine	159, 186	thiothixene	294	tolcapone	250
telmisartan-hctz	159, 351				
temazepam	249				
TEMBEXA.....	53				

TOLECTIN 600.....	269	TRECATOR.....	33	TRILURON.....	546
tolmetin sodium	269	TRELEGY ELLIPTA 114, 129, 421		trimethobenzamide hcl	389
TOLSURA.....	35	TRELSTAR MIXJECT.....	84, 452	trimethoprim	62
tolterodine tartrate	619	TREMFYA.....	483, 601, 617	tri-mili	436, 448, 469
tolterodine tartrate er	619	treprostinil	208, 565, 570	trimipramine maleate	295
tolvaptan	352	TRESIBA.....	456	TRI-MIX.....	123, 190, 208
TOPAMAX.....	223, 235	TRESIBA FLEXTOUCH.....	456	TRINTELLIX.....	293
TOPAMAX SPRINKLE.....	223, 235	TRESNI.....	269	TRIPTODUR.....	452
TOPICAL L.E.T.....	384, 582	tretinoin	84, 589, 590	TRISENOX.....	84
TOPICORT.....	597, 598	tretinoin microsphere	590	TRISODIUM CITRATE/CRRT	348
TOPICORT SPRAY.....	598	tretinoin microsphere pump	590	tri-sprintec	436, 448, 469
TOPIDEX.....	421	TRETEN.....	144	TRIUMEQ.....	43, 46
topiramate	223, 235	TREXALL..	84, 483, 524, 534, 539	TRIUMEQ PD.....	43, 46
topiramate er	223, 235	TREXIMET.....	269, 287, 291	TRIVISC.....	546
topotecan hcl	84	TREZIX.....	217, 265, 277, 284	tri-vitelfluoride	
TOPROL XL		TRIAMCINOLONE		.....	297, 299, 514, 621, 624, 626
.....	130, 167, 177, 182, 197	ACETONIDE.....	421	trivora (28)	436, 448, 469
toremifene citrate	84, 439	triamcinolone acetanide		tri-vylibra	436, 448, 469
TORISEL.....	84	.....	421, 598	tri-vylibra lo	436, 448, 469
torpenz	84	TRIAMCINOLONE		TRODELVY.....	84
torsemide	153, 193, 333	DIACETATE.....	421	TROGARZO.....	42
TOSYMRA.....	291	triamcinolone in absorbase	598	TROKENDI XR.....	224, 235
TOUJEO MAX SOLOSTAR....	456	TRIAMCINOLONE-		TROPHAMINE.....	330
TOUJEO SOLOSTAR.....	456	BUPIVACAINE.....	421, 500	TROPICAMIDE-	
tovet	598	TRIAMCINOLONE-		CYCLOPENTOLATE-PE	381, 384
TOVIAZ.....	619	MOXIFLOXACIN.....	33, 59, 373	TROPICAMIDE-	
TPN ELECTROLYTES.....	348	TRI-AMINO.....	330	PHENYLEPHRINE.....	381, 384
TPOXX.....	34	triamterene	154, 201, 335	TROPIC-PROPARACA-PE-	
TRACLEER.....	207, 558, 570	triamterene-hctz	335, 351	KETOROLAC.....	378, 381, 385
TRADJENTA.....	438	triazolam	249	trospium chloride	619
TRALEMENT.....	348	TRIBENZOR.....	159, 187, 351	trospium chloride er	619
TRAMADOL HCL.....	277	TRICITRASOL.....	134	TRUDHESA.....	123, 235
tramadol hcl	277	tricitrates	323	TRUE FOLIC ACID.....	623
TRAMADOL HCL (ER		TRICOR.....	191	true laxative	393
BIPHASIC).....	277	TRIDACAINE II.....	582	TRUE METRIX BLOOD	
tramadol hcl (er biphasic)	277	TRIDACAINE III.....	582	GLUCOSE TEST.....	317
tramadol hcl er	277	triderm	598	TRUE METRIX LEVEL 1.....	309
tramadol-acetaminophen		trientine hcl	409	TRUE METRIX LEVEL 2.....	309
.....	216, 265, 277	TRIESENCE.....	373	TRUE METRIX LEVEL 3.....	309
trandolapril	160, 162	tri-estarylla	436, 448, 468	TRUE METRIX PRO BLOOD	
trandolapril-verapamil hcl er		trifluoperazine hcl	281	GLUCOSE.....	317
.....	162, 172	trifluridine	364	TRUE VITAMIN D3.....	626
tranexamic acid	144	trihexyphenidyl hcl	115, 218	TRUETRACK TEST.....	317
tranexamic acid-nacl	144	TRIJARDY XR.....	427, 438, 475	TRULANCE.....	385, 401
TRANSDERM-SCOP		TRIKAFTA.....	557, 558	TRULICITY.....	453
.....	114, 388, 402	tri-legest fe	436, 448, 468	TRUMENBA.....	102
tranylcypromine sulfate	261	TRILEPTAL.....	223, 259	TRUQAP.....	84
TRAVASOL.....	330	tri-linyah	436, 448, 468	TRUVADA.....	46, 53
TRAVATAN Z.....	381	TRILIPIX.....	191	TRUXIMA.....	85
travoprost (bak free)	381	tri-lo-estarylla	436, 448, 468	TRYVIO.....	559
TRAZIMERA.....	84	tri-lo-marzia	436, 448, 468	TUDORZA PRESSAIR...	114, 554
trazodone hcl	293	tri-lo-mili	436, 448, 468	TUKYSA.....	85
TREANDA.....	84	tri-lo-sprintec	436, 448, 468	TURALIO.....	85

turpentine	587	UNDECATREX.....	423	VANCOMYCIN HCL IN NACL	39, 348
turqoz	436, 448, 469	UNIFINE PROTECT PEN		VANDAZOLE.....	24, 52, 579
TUXARIN ER.....	17, 19, 555	NEEDLE.....	309	VANFLYTA.....	85
TWINRIX.....	102	UNISTRIIP CONTROL.....	309	VANOS.....	598
TWIRLA.....	436, 449, 469	unithroid	479	VANOXIDE-HC.....	598, 606
TWYNEO.....	590, 606	UNITUXIN.....	85	VAQTA.....	102
TYBLUME.....	436, 449, 469	UPLIZNA.....	489, 534	vardenafil hcl	200, 201
TYBOST.....	546	UPNEEQ.....	385	VARDIMAXIA.....	590, 617
tydemy	436, 449, 469, 623	UPTRAVI.....	571	varenicline tartrate	104, 116
TYENNE.....	487, 524, 534	UPTRAVI TITRATION.....	571	varenicline tartrate (starter)	104, 116
TYGACIL.....	40	URAMAXIN.....	604	varenicline tartrate(continue)	104, 117
TYKERB.....	85	UREA.....	604	VARITHENA.....	155, 202
TYMLOS.....	456, 508	urea	604	VARIVAX.....	102
TYPHIM VI.....	102	urea hydrating	587, 604	VARIZIG.....	96
TYRVAYA.....	376	urea nail	604	VAROXIA.....	590, 617
TYSABRI.....	534	UROCIT-K 10.....	323	VARUBI (180 MG DOSE).....	403
TYVASO.....	208, 565, 570	UROCIT-K 15.....	323	VASCEPA.....	163, 198
TYVASO DPI INSTITUTIONAL		UROGESIC-BLUE....	62, 114, 546	VASERETIC.....	162, 351
KIT.....	208, 565, 570	UROXATRAL.....	126	vasopressin	458
TYVASO DPI MAINTENANCE		URSO FORTE.....	394	vasopressin +rfid	458
KIT.....	208, 565, 570	URSODIOL.....	394	VASOPRESSIN-SODIUM	
TYVASO DPI TITRATION KIT		ursodiol	394	CHLORIDE.....	349, 458
.....	208, 565, 570	UVADEX.....	607	VASOSTRICT.....	330, 458
TYVASO REFILL KIT		UZEDY.....	242	VASOTEC.....	160, 162
.....	208, 565, 571	VABOMERE.....	36	VAXELIS.....	97, 102
TYVASO STARTER KIT		VABYSMO.....	383	VAXNEUVANCE.....	102
.....	208, 565, 571	VAFSEO.....	139	VAZCULEP.....	111
TZIELD.....	424	VAGIFEM.....	449, 511	VCF VAGINAL	
UBRELVY.....	250	valacyclovir hcl	53	CONTRACEPTIVE.....	549
UCERIS.....	421, 598	VALCHLOR.....	573, 617	VECAMYL.....	204
UDENYCA.....	139	VALCYTE.....	53	VECTIBIX.....	85
UDENYCA ONBODY.....	139	valganciclovir hcl	53	VECTICAL.....	617
ULORIC.....	507	VALIUM.....	246, 249	VECURONIUM BROMIDE.....	120
ULTIGUARD SAFEPACK		valproate sodium	224, 230, 235, 256	vecuronium bromide	120
SYR/NEEDLE.....	309	valproic acid ..	224, 230, 235, 256	VEGZELMA.....	85, 383
ULTIVA.....	277	valrubicin	85	VEKLURY.....	54
ULTOMIRIS.....	514, 515	VALSARTAN.....	157, 159	VELCADE.....	85
ultra calcium + vitamin d3	348, 626	valsartan	157, 159	VELETRI.....	208, 565, 571
ULTRABAG/DIANEAL PD-		valsartan-		velivet	436, 449, 469
2/1.5% DEX.....	332	hydrochlorothiazide	159, 351	VELPHORO.....	334
ULTRABAG/DIANEAL PD-		VALSTAR.....	85	VELSIPITY.....	386, 534
2/2.5% DEX.....	333	VALTOCO.....	246	VELTASSA.....	335
ULTRABAG/DIANEAL PD-		VALTREX.....	53	VEMLIDY.....	54
2/4.25%DEX.....	333	VANCOCIN.....	39	VENCLEXTA.....	85
ULTRABAG/DIANEAL/2.5%		vancomycin hcl	39, 40	VENCLEXTA STARTING	
DEXTROSE.....	333	VANCOMYCIN HCL IN		PACK.....	85
ULTRABAG/DIANEAL/4.25%		DEXTROSE.....	39, 330	VENLAFAXINE BESYLATE	
DEX.....	333	vancomycin hcl in dextrose	39, 330	ER.....	290
ULTRASAL-ER.....	604	vancomycin hcl in nacl ...	39, 348	venlafaxine hcl	290
ULTRAVATE.....	598			venlafaxine hcl er	290
UMECTA MOUSSE.....	604				
UNASYN.....	26				

VENOFER.....	148	VILTEPSO.....	508	VOSEVI.....	40, 41
VENOMIL MIXED VESPID		VIMIZIM.....	356	VOTRIENT.....	86
VENOM.....	92, 313	VIMOVO.....	269, 287, 407	VOWST.....	401, 547
VENTAVIS.....	208, 565, 571	VIMPAT.....	224, 259	VOXZOGO.....	547
VENTOLIN HFA.....	129, 568	vinblastine sulfate	86	VOYDEYA.....	514
VEOPOZ.....	514	vincristine sulfate	86	VPRIV.....	356
VEOZAH.....	252	vinorelbine tartrate	86	VRAYLAR.....	242
verapamil hcl		VIOKACE.....	356, 394	VTAMA.....	580, 588, 617
.....	169, 170, 172, 184, 208	viorele	436, 449, 469	VUEWAY.....	322
verapamil hcl er		VIRACEPT.....	47	VUITY.....	125, 379
.....	169, 170, 172, 184, 208	VIRASAL.....	604	VUMERITY.....	484, 534
VEREGEN.....	604, 617	VIRAZOLE.....	54	VUSION.....	584, 586, 599
VERELAN.....	169, 170, 172, 184, 208	VIREAD.....	46	VYALEV.....	254
VERELAN PM		VISCO-3.....	546	VYEPTI.....	250
.....	169, 171, 172, 184, 208	VISCOAT.....	373, 376	vyfemla	436, 449, 469
VERIFINE INSULIN PEN		VISIONBLUE.....	320	VYJUVEK.....	144, 211, 617
NEEDLE.....	309	VISTOGARD.....	15, 505	VYLEESI.....	252, 409
VERIFINE INSULIN SYRINGE		VISUDYNE.....	376, 379	vylibra	436, 449, 469
.....	309	vitachew vitamin d3	626	VYLOY.....	86
VERIFINE PLUS PEN		vitamin b complex 100	624	VYNDAMAX.....	173, 252, 547
NEEDLE.....	309	vitamin b-complex 100	624	VYNDAQEL.....	173, 547
VERIFINE SAFE LANCET		vitamin d (ergocalciferol)	626	VYONDYS 53.....	508
MINI 21G.....	309	vitamin k1	12, 505, 626	VYTORIN.....	178, 192
VERIFINE SAFE LANCET		VITRAKVI.....	86	VYVANSE.....	214
MINI 23G.....	309	VIVAGUARD INO CONTROL		VYVGART.....	489, 535
VERIFINE SAFE LANCET		SOLUTION.....	309	VYVGART HYTRULO.....	489, 534
MINI 28G.....	309	VIVAGUARD INO TEST		VYXEOS.....	86
VERIFINE SAFE LANCET		STRIPS.....	317	VYZULTA.....	381
MINI 30G.....	309	VIVAGUARD LANCETS 30G.....	309	WAINUA.....	508
VERKAZIA.....	364, 373, 481	VIVAGUARD SAFETY		WAKIX.....	296
VERQUVO.....	177, 209	LANCETS 28G.....	309	warfarin sodium	135
VERSACLOZ.....	242	VIVELLE-DOT.....	449, 511	WASP VENOM PROTEIN.....	92, 313
VERZENIO.....	85	VIVITROL		water for irrigation, sterile	333
VESICARE.....	619	.....	10, 14, 104, 279, 502, 505	WEGOVI.....	453
VESICARE LS.....	619	VIVJOA.....	35	WELCHOL.....	167, 424
vestura	436, 449, 469	VIVOTIF.....	102	WELIREG.....	86
VEVYE.....	364, 373, 481	VIZIMPRO.....	86	WELLBUTRIN SR.....	225
VFEND.....	35	VOCABRIA.....	43	WELLBUTRIN XL.....	225
VFEND IV.....	35	VOGELXO.....	423	wera	437, 449, 469
VIAGRA.....	200, 201, 564, 571	VOGELXO PUMP.....	423	WESCAP-C DHA	
VIBATIV.....	40	volnea	436, 449, 469	.....	148, 547, 621, 624
VIBERZI.....	388, 401	VONJO.....	86	WESNATAL DHA COMPLETE	
VICTOZA.....	217, 453	VONVENDI.....	144	.....	148, 349, 547, 621, 624
VIDAZA.....	85	VOQUEZNA.....	404, 407	WESNATE DHA	
vienna	436, 449, 469	VOQUEZNA DUAL PAK.....	26, 404	.....	148, 547, 621, 624
vigabatrin	224, 256	VOQUEZNA TRIPLE PAK		wes-phos 250 neutral	349
vigadrone	224, 256	.....	26, 54, 55, 404	WESTERN JUNIPER.....	93, 313
VIGAFYDE.....	256	VORANIGO.....	86	wheat germ oil	626
VIGAMOX.....	59, 361	VORAXAZE.....	14, 356, 505	WHITE BIRCH.....	93
vigpoder	224, 257	voriconazole	35	WHITE MULBERRY.....	93, 313
VIIBRYD.....	293	VORTEX VALVED HOLDING		WHITE OAK.....	93, 313
VIJOICE.....	546	CHAMBER.....	310	WHITE PINE.....	93, 313
vilazodone hcl	293	VORVIDA.....	547		

WHITE-FACED HORNET		YELLOW DOCK.....93
VENOM.....	93, 313	YELLOW HORNET VENOM
WIDE-SEAL DIAPHRAGM 60	549	PROTEIN.....
WIDE-SEAL DIAPHRAGM 65	549	93, 314
WIDE-SEAL DIAPHRAGM 70	549	YELLOW JACKET VENOM
WIDE-SEAL DIAPHRAGM 75	549	PROTEIN.....
WIDE-SEAL DIAPHRAGM 80	549	93, 314
WIDE-SEAL DIAPHRAGM 85	549	YERVOY.....
WIDE-SEAL DIAPHRAGM 90	549	87
WIDE-SEAL DIAPHRAGM 95	549	YESCARTA.....
WILATE.....	145	87, 211
WINLEVI.....	580, 617	YF-VAX.....
WINREVAIR.....	566	103
WINRHO SDF.....	96	yl folic acid
wixela inhub	129, 421	624
wymzya fe	437, 449, 469	YONDELIS.....
WYNZORA.....	588, 598, 617	87
XACDURO.....	56	YONSA.....
XACIATO.....	49, 579	87
XADAGO.....	260, 261	YORVIPATH.....
XALATAN.....	381	456
XALIX.....	604	YOSPRALA.....
XALKORI.....	86	150, 407
XANAX.....	249	YUFLYMA (1 PEN)
XANAX XR.....	249	.....
XARACOLL.....	500	401, 495, 524, 535
XARELTO.....	135	YUFLYMA (2 PEN)
XARELTO STARTER PACK...	135	.....
XATMEP... 86, 484, 524, 535, 539		401, 495, 524, 535
XCOPRI.....	224, 259, 260	YUFLYMA (2 SYRINGE)
XDEMVI.....	363	.....
XELJANZ.....	488, 524	401, 495, 524, 535
XELJANZ XR.....	488, 524	YUFLYMA-CD/UC/HS
XELODA.....	86	STARTER.....
XELPROS.....	381	401, 495, 524, 535
XELSTRYM.....	214	YUPELRI.....
XEMBIFY.....	96	114
XENAZINE.....	296	YUSIMRY.....
XENPOZYME.....	356	401, 495, 524, 535
XEOMIN.....	117, 131, 547	YUTIQ.....
XERAC AC.....	584	373, 598
XERAVA.....	38	yuvafem
XERESE.....	54, 583, 598	449, 511
XERMELO.....	388	ZACLIR CLEANSING.....
XEROFORM OIL EMULSION		606
STRIP.....	310, 599	zafemy
XEROFORM OIL ROLL 4"X9'		437, 449, 469
.....	310, 599	zafirlukast
XEROFORM PETROLAT		560
GAUZE 1"X8".....	310, 599	zaleplon
XEROFORM PETROLAT		238, 263
GAUZE 5"X9".....	310, 599	ZALTRAP.....
		87
XEROFORM PETROLATUM		ZANAFLEX.....
ROLL 4"X9'.....	310, 599	118
XEROSTOMIA RELIEF		ZANOSAR.....
SPRAY.....	376	88
XGEVA.....	480, 511	ZARONTIN.....
XHANCE.....	373, 421, 557, 562	294
XIAFLEX.....	356, 588	ZARXIO.....
XIFAXAN.....	59	139
XIGDUO XR.....	427, 475	ZAVESCA.....
XIIDRA.....	364, 373	353, 547
XIPERE.....	373	ZAVZPRET.....
XOFIGO.....	551	250
XOFLUZA (40 MG DOSE)..	34, 37	ZEGALOGUE....
XOFLUZA (80 MG DOSE)..	34, 37	14, 450, 505, 506
XOLAIR.....	486, 566, 567	ZEGERID.....
XOLREMDI.....	139	385, 407
XOPENEX HFA.....	129, 568	ZEJULA.....
XOSPATA.....	87	88
XPHOZAH.....	334, 335, 401	ZELAPAR.....
XPOVIO (100 MG ONCE		260, 261
WEEKLY).....	87	ZELBORAF.....
XPOVIO (40 MG ONCE		88
WEEKLY).....	87	ZEMAIRA.....
XPOVIO (40 MG TWICE		132, 567
WEEKLY).....	87	ZEMBRACE SYMTOUCH.....
XPOVIO (60 MG ONCE		291
WEEKLY).....	87	ZEMDRI.....
XPOVIO (60 MG TWICE		25
WEEKLY).....	87	ZEMPLAR.....
XPOVIO (80 MG ONCE		626
WEEKLY).....	87	zenatane
XPOVIO (80 MG TWICE		604, 617
WEEKLY).....	87	ZENPEP.....
XTAMPZA ER.....	278	356, 395
XTANDI.....	87	ZENZEDI.....
xulane	437, 449, 469	214
XULTOPHY.....	453, 456	ZEPATIER.....
XURIDEN.....	547	41, 42
XYLOCAINE.....	500	ZEPBOUND.....
XYLOCAINE/EPINEPHRINE		217, 453
.....	108, 500	ZEPOSIA.....
XYLOCAINE-MPF.....	500	535
XYLOCAINE-		ZEPOSIA 7-DAY STARTER
MPF/EPINEPHRINE.....	108, 500	PACK.....
XYNTHA.....	145	535
XYNTHA SOLOFUSE.....	145	
XYOSTED.....	423	
XYREM.....	252, 296, 508	
XYWAV.....	252	
yargesa	353, 547	
YASMIN 28.....	437, 449, 469	
YAZ.....	437, 449, 469	
YCANTH.....	583, 604	

ZEPOSIA STARTER KIT	535	ZONISADE	224, 260
ZEPZELCA	88	zonisamide	224, 260
ZERBAXA	22	ZONTIVITY	150
ZERUVIA	582, 617	ZORTRESS	539
ZERVIATE	19, 358, 567	ZORYVE	563, 601, 607, 617
ZESTORETIC	162, 351	ZOSYN	38, 330
ZESTRIL	160, 162	zovia 1/35 (28)	437, 449, 469
ZETIA	178	ZOVIRAX	54, 583
ZEVALIN Y-90	88	ZTALMY	224, 257
ZEWA DIGITAL TENS UNIT ...	310	ZTLIDO	501, 582
ZEWA TENS/EMS COMBO		ZUBSOLV	279, 280
UNIT	310	ZULRESSO	226, 255
ZIAGEN	46	zumandimine	437, 449, 469
ZIANA	49, 579, 590, 617	ZURZUVAE	226
zidovudine	46	ZYCLARA	573, 617
ZIEXTENZO	139	ZYCLARA PUMP	573, 617
ZILBRYSQ	481, 514	ZYDELIG	88
zileuton er	560	ZYFLO	560
ZILRETTA	421	ZYKADIA	88
ZILXI	579	ZYLET	361, 373
ZIMHI	14, 279, 506	ZYMFENTRA (1 PEN)	
zinc chloride	349	.....	401, 484, 495, 524, 535, 618
zinc sulfate	349	ZYMFENTRA (2 PEN)	
ZINPLAVA	96	.....	401, 484, 495, 524, 535, 618
ZIOPTAN	382	ZYMFENTRA (2 SYRINGE)	
ziprasidone hcl	230, 242	.....	402, 484, 495, 524, 535, 618
ziprasidone mesylate	230, 242	ZYNLONTA	88
ZIPSOR	269	ZYNRELEF	269, 287, 501
ZIRABEV	88, 383	ZYNTGLO	211
ZIRGAN	364	ZYNYZ	88
ZITHRANOL	617	ZYPITAMAG	192
ZITHROMAX	54, 55	ZYPREXA	230, 231, 242, 243
ZITHROMAX TRI-PAK	55	ZYPREXA RELPREVV ...	231, 243
ZITHROMAX Z-PAK	55, 56	ZYPREXA ZYDIS	231, 243
ZITUVIMET	427, 438	ZYTIGA	88
ZITUVIMET XR	427, 438	ZYVOX	56
ZITUVIO	438		
ZOCOR	192		
ZOKINVY	353, 547		
ZOLADEX	88, 452		
zoledronic acid	511		
ZOLGENSMA	211		
ZOLINZA	88		
ZOLMITRIPTAN	291		
zolmitriptan	291		
ZOLOFT	293		
ZOLPIDEM TARTRATE	238, 263		
zolpidem tartrate	238, 263		
zolpidem tartrate er	238, 263		
ZOMACTON	459, 476		
ZOMIG	291, 292		
ZONALON	582		
ZONEGRAN	224, 260		

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Eden Prairie, MN 55344



1-800-562-6223, TTY 711



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Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>



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



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

This information is available in other formats like large print. To ask for another format, please call the telephone number listed on your member ID card.

Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

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

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

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

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

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ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (French), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (Polish), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (Portuguese), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

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

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

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ(Khmer)សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti Ilocano (Ilocano), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yáníiti'go, saad bee áka'anída'awo'ígíí, t'áá jíí'k'eh, bee ná'ahóót'i'. T'áá shqódí ninaaltsoos nít'i'izí bee nééhozinígíí bine'déé' t'áá jíí'k'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

