



Traditional Drug List

Drug list — Four Tier Drug Plan

Your prescription benefit comes with a drug list, which is also called a formulary. This list is made up of brand-name and generic prescription drugs approved by the U.S. Food & Drug Administration (FDA).

The following is a list of plan names to which this formulary may apply. Additional plans may be applicable. If you are a current Anthem member with questions about your pharmacy benefits, we're here to help. Just call us at the Pharmacy Member Services number on your ID card.

Solution PPO 1500/15/20	\$5/\$15/\$50/\$65/30% to \$250 after deductible
Solution PPO 2000/20/20	\$5/\$20/\$30/\$50/30% to \$250
Solution PPO 2500/25/20	\$5/\$20/\$40/\$60/30% to \$250
Solution PPO 3500/30/30	\$5/\$20/\$40/\$60/30% to \$250 Rx ded \$150
Solution PPO 4500/30/30	\$5/\$20/\$40/\$75/30% to \$250
Solution PPO 5500/30/30	\$5/\$20/\$40/\$75/30% to \$250 Rx ded \$250
\$5/\$15/\$25/\$45/30% to \$250	\$5/\$20/\$50/\$65/30% to \$250 Rx ded \$500
\$5/\$15/\$30/\$50/30% to \$250	\$5/\$20/\$50/\$70/30% to \$250
\$5/\$15/\$40/\$60/30% to \$250	\$5/\$20/\$50/\$70/30% to \$250 after deductible

Here are a few things to remember:

- You can view and search our current drug lists when you visit [anthem.com/ca](https://www.anthem.com/ca) and choose Prescription Benefits. Please note: The formulary is subject to change and all previous versions of the formulary are no longer in effect.
- Additional tools and resources are available for current Anthem members to view the most up-to-date list of drugs for your plan - including drugs that have been added, generic drugs and more – by logging in at [anthem.com/ca](https://www.anthem.com/ca).
- Your coverage has limitations and exclusions, which means there are certain rules about what's covered by your plan and what isn't. Already a member? You can view your Certificate/Evidence of Coverage or your Summary Plan Description by logging in at [anthem.com/ca](https://www.anthem.com/ca) and go to **My Plan ->Benefits-> Plan Documents**.
- You and your doctor can use this list as a guide to choose drugs that are best for you. Drugs that aren't on this list may not be covered by your plan and may cost you more out of pocket. To help you see how the drug list works with your drug benefit, we've included some frequently asked questions (FAQ) in this document about how the list is set up and what to do if a drug you take isn't on it.

Traditional Drug List

Four Tier

Table of Contents

INFORMATIONAL SECTION	4
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS FOR THE NERVOUS SYSTEM	11
ALLERGENIC EXTRACTS/BIOLOGICALS MISC - BIOLOGICAL AGENTS	16
AMEBICIDES - DRUGS FOR INFECTIONS	17
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS	17
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER	18
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER	25
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER	27
ANDROGENS-ANABOLIC - HORMONES	32
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS	33
ANTHELMINTICS - DRUGS FOR INFECTIONS	34
ANTIANGINAL AGENTS - DRUGS FOR THE HEART	34
ANTIANKXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM	34
ANTIARRHYTHMICS - DRUGS FOR THE HEART	35
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS	36
ANTICOAGULANTS - DRUGS FOR THE BLOOD	41
ANTICONVULSANTS - DRUGS FOR THE NERVOUS SYSTEM	43
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM	49
ANTIDIABETICS - HORMONES	54
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS FOR THE STOMACH	62
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING	62
ANTIEMETICS - DRUGS FOR THE STOMACH	64
ANTIFUNGALS - DRUGS FOR INFECTIONS	66
ANTIHIISTAMINES - DRUGS FOR THE LUNGS	67
ANTIHYPERLIPIDEMICS - DRUGS FOR THE HEART	68
ANTIHYPERTENSIVES - DRUGS FOR THE HEART	71
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS	78
ANTIMALARIALS - DRUGS FOR INFECTIONS	81
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES	82
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS	82
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER	82
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS FOR THE NERVOUS SYSTEM	104
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM	106
ANTISEPTICS & DISINFECTANTS - ANTISEPTICS AND DISINFECTANTS	112
ANTIVIRALS - DRUGS FOR INFECTIONS	112
BETA BLOCKERS - DRUGS FOR THE HEART	118
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART	120
CARDIOTONICS - DRUGS FOR THE HEART	123
CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART	124
CEPHALOSPORINS - DRUGS FOR INFECTIONS	127
CONTRACEPTIVES - DRUGS FOR WOMEN	129
CORTICOSTEROIDS - HORMONES	135
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS	137
DERMATOLOGICALS - DRUGS FOR THE SKIN	138
DIAGNOSTIC PRODUCTS	153
DIGESTIVE AIDS - DRUGS FOR THE STOMACH	157
DIURETICS - DRUGS FOR THE HEART	158
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES	159
ESTROGENS - HORMONES	168
FLUOROQUINOLONES - DRUGS FOR INFECTIONS	169
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH	170
GENERAL ANESTHETICS - DRUGS FOR PAIN AND FEVER	174
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM	175
GOUT AGENTS - DRUGS FOR PAIN AND FEVER	177
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD	177
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION	183
HEMOSTATICS - DRUGS FOR THE BLOOD	186
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS FOR THE NERVOUS SYSTEM	188

LAXATIVES - DRUGS FOR THE STOMACH	189
LOCAL ANESTHETICS-PARENTERAL - DRUGS FOR PAIN AND FEVER	193
MACROLIDES - DRUGS FOR INFECTIONS	194
MEDICAL DEVICES AND SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT	195
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM	216
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION	218
MISCELLANEOUS THERAPEUTIC CLASSES - VITAMINS AND MINERALS	222
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT	226
MULTIVITAMINS - DRUGS FOR NUTRITION	228
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES	237
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE	239
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES	240
NUTRIENTS - DRUGS FOR NUTRITION	241
OPHTHALMIC AGENTS - DRUGS FOR THE EYE	243
OTIC AGENTS - DRUGS FOR THE EAR	251
OXYTOCICS - HORMONES	251
PASSIVE IMMUNIZING AND TREATMENT AGENTS - BIOLOGICAL AGENTS	252
PENICILLINS - DRUGS FOR INFECTIONS	253
PROGESTINS - HORMONES	255
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM	255
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS	263
SULFONAMIDES - DRUGS FOR INFECTIONS	264
TETRACYCLINES - DRUGS FOR INFECTIONS	264
THYROID AGENTS - HORMONES	265
TOXOIDS - BIOLOGICAL AGENTS	266
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR THE STOMACH	267
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM	270
VACCINES - BIOLOGICAL AGENTS	271
VAGINAL AND RELATED PRODUCTS - DRUGS FOR WOMEN	274
VASOPRESSORS - DRUGS FOR THE HEART	275
VITAMINS - DRUGS FOR NUTRITION	276



Traditional Drug List – Informational Section

Definitions

“**\$0**” next to a drug means this is a preventive drug. For some members, this product may be covered at 100% with \$0 cost share with a prescription from your provider if specified criteria are met.

“**BRAND name drug**” means a drug that is marketed under a proprietary, trademark-protected name. A BRAND name drug is listed in this formulary in all CAPITAL letters.

“**Coinsurance**” means 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**” means 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**” means 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.

“**Dose Optimization (DO)**” means dose optimization. Usually, this means you may have to switch from taking a drug twice a day to taking it once a day at a higher strength.

“**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 this formulary template shall also include subscriber 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**” means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

“**Formulary**” or “**prescription drug list**” 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.

“**Limited Distribution (LD)**” means limited distribution. These drugs are available only through certain pharmacies or wholesalers, depending on what the manufacturer decides.

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

“**Nonformulary drug**” is a prescription drug that is not listed on the health plan’s formulary.

“**Oral Chemotherapy (OC)**” Notwithstanding any deductible, the total amount of copayments and coinsurance an insured is required to pay shall not exceed two hundred dollars (\$250) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered by the policy.



“Out-of-pocket costs” 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 (PA)” 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.

“Quantity limit (QL)” means a restriction on the number of doses of a prescription drug covered by a health insurance product during a specific time period, or any other limitation on the quantity of a drug that is covered.

“Specialty Drugs (SP)” means specialty drugs. Specialty drugs are used to treat difficult, long-term conditions. You may need to get this drug through a specialty pharmacy.

“Step therapy (ST)” 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.

“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.



Frequently Asked Questions

How do I know what drugs are covered under my benefits?

This is a complete listing of all the drugs on the drug list. But, it's possible a drug(s) on this list may not be covered, depending on your plan's design.

Your pharmacy benefit covers prescription drugs, including Specialty Drugs, that may be administered to you as part of a doctor's visit, home care visit, or at an outpatient Facility when they are Covered Services. Benefits that are administered to you in your provider's office are typically covered under your medical benefit. This may include Drugs for infusion therapy, chemotherapy, blood products, certain injectables and any drug that must be administered by a Provider.

How can I find a drug on the list?

- (A) A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the BRAND name or **generic** name of the drug in the alphabetical index; and
- (B) If a **generic** equivalent for a BRAND name drug is not available on the market or is not covered, the drug will not be separately listed by its **generic** name.

You can search the PDF drug list by:

- Drug name, using Ctrl + F on your keyboard, then type in the name of the drug you're looking for.
- Drug class, using the categories listed in alphabetical order.

How are drugs shown on the list?

- A drug is listed alphabetically by its BRAND name and **generic** names in the therapeutic category and class to which it belongs;
- The **generic** name for a BRAND name drug is included after the BRAND name in parentheses and all **bold and italicized lowercase** letters;

PSEUDOBLBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS TYPE - DRUGS FOR SEVERE MENTAL DISORDERS

<i>NUEDEXTA ORAL CAPSULE (dextromethorphan)</i>
--

- If a **generic** equivalent for a BRAND name drug is both available and covered, the **generic** drug will be listed separately from the BRAND name drug in all **bold and italicized lowercase letters**; and

AMINOPENICILLIN ANTIBIOTIC - ANTIBIOTICS

<i>amoxicillin oral capsule</i>
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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 with the first letter of each word capitalized.

<i>levonorgestrel-ethinyl estrad (Portia 28 Oral Tablet)</i>

The "Under Coverage Requirements and Limits" section will indicate if you need preapproval before you can take the drug (called prior authorization or PA), or if you need to try other drugs first for your treatment (called step therapy or ST).

Note: The presence of a prescription drug on the formulary does not guarantee that your doctor will prescribe that prescription drug for a particular medical condition



What are my options for getting my prescriptions?

You have plenty of choices about how and where to get your prescription medicines, including local pharmacies in your plan, convenient home delivery or specialty pharmacies. Most plans include our home delivery program at no extra cost to you.

Current Anthem members can find out more by logging in at [anthem.com/ca](https://www.anthem.com/ca) and choose Prescription Benefits or call 833-203-1739. For more details about your coverage, you can call the phone number on your member ID card.

What if my drug isn't on the list?

We understand that only you and your doctor know what is best for you. If you want to take a drug that's not on the drug list, you may have to pay the full cost for it. You can also talk to your doctor or pharmacist to see if there's another drug covered by your plan that will work just as well, or if generic or OTC drugs are an option. Only you and your doctor can decide what drugs are right for you.

If a drug you're taking isn't covered, your doctor can ask us to review the coverage. This process is called preapproval or prior authorization.

Your doctor can get the process started by completing an electronic Prior Authorization, calling the Member Services number on the back of your member ID card or by downloading a prior authorization form from our website and submitting it. If your request is approved, the amount you pay for the drug will depend on your plan's benefit.

There are a few options for your doctor to start the Prior Authorization (PA) process:

1. Submit an electronic PA request by going to <https://www.covermy meds.com/main/partners/anthem>.
2. Log in at [anthem.com/ca](https://www.anthem.com/ca) and choose **Pharmacy**.
 - o Go to **Pharmacy Resources** and **Search Your Drug List** for your medication.
 - o Choose the correct medication strength and form.
 - o Scroll down to **Definition of Restrictions** and locate the applicable Fax Form in the table.
 - o Your doctor [completes and faxes the form](#) to us at 844-474-3347.
3. Calling Member Services number on the back of your member ID card.

If the contraceptive you are taking is not on the formulary, your doctor can contact us if it is medically necessary because the preferred contraceptives are inappropriate for you, and we will waive your cost share.

Who decides what drugs are on the list?

The drugs on the list are reviewed through our Pharmacy and Therapeutics (P&T) process. In this process, a group of independent doctors, pharmacists and other health care professionals decides which drugs we include on our lists. This group meets regularly to look at new and existing drugs and recommends drugs based on how safe they are, how well they work and the value they offer our members.

What is a specialty drug and how do I get them?

If you're taking a medicine that is considered a specialty drug, you may need to use a specialty pharmacy in order for your drug to be covered. Specialty drugs come in many forms like pills, liquids, injections (shots), infusions or inhalers and may need special storage and handling. Typically benefits for specialty drugs that are self-administered will be covered under the pharmacy benefit. Benefits for specialty drugs that are administered to you in your provider's office are typically covered under your medical benefit. If you use pharmacies that are not in the network, your medicine may not be covered and you may have to pay the full cost. For more details about your coverage, you can call the phone number on your member ID card.

Does the drug list change, and how will I know if it does?

Drugs on our list are reviewed and updated on a monthly basis. Sometimes, drugs are added, removed, change tiers or have updated requirements. The changes will usually go into effect the first day of the month. But don't worry, we'll let you know if a drug you take is taken off the list and, in some cases, if a drug you take is moved to a higher tier.

You can always check the drug list to make sure medicines you take are still on it. You'll find the most up-to-date drug list when you log in at [anthem.com/ca](https://www.anthem.com/ca).



What kind of drugs can I find on the formulary?

We cover FDA-approved preventive care drugs with zero cost share in compliance with the Affordable Care Act (ACA) and California state regulations. Your doctor may need to write a prescription for these preventive services to be covered by your plan, even if they are listed as over-the-counter. The availability or coverage of these medications without cost-sharing may be subject to criteria established by the health plan.

We cover FDA-approved equipment and supplies for the management and treatment of insulin-using diabetes, non-insulin-using diabetes and gestational diabetes as medically necessary. Medication encompasses insulin, insulin pumps, and oral hypoglycemic agents. Covered supplies and equipment are limited to glucose monitors, test strips, syringes and lancets. Covered benefits also include outpatient self-management and educational services used to treat diabetes if services are provided through a program authorized by the State's Diabetes Control Project within the Bureau of Health.

What drugs can I find in each tier?

We place drugs on different tiers based on how well they work to improve health, whether there are over-the-counter (OTC) options and their costs compared to other drugs used for the same type of treatment. The lower the tier, the lower your share of the cost. Here's a breakdown of the tiers in your plan:

- Tier 1 drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions. Some plans split Tier 1 into Tier 1a and Tier 1b:
 - Tier 1a drugs have the lowest cost share. These are often generic drugs that offer the greatest value compared to others that treat the same conditions.
 - Tier 1b drugs have a low cost share. These are typically generic drugs that offer the greatest value compared to others that treat the same conditions.
- Tier 2 drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they're newer to the market.
- Tier 3 drugs have the highest cost share. They often include brand and generic drugs that may cost more than drugs on lower tiers that are used to treat the same condition. Tier 3 may also include drugs that were recently approved by the FDA or specialty drugs that are used to treat serious, long-term health conditions and that may need special handling.
- Tier 4 drugs have the highest cost share and usually include specialty BRAND and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 4 may also include drugs recently approved by the FDA or specialty drugs used to treat serious, long-term health conditions and that may need special handling.

How will I know if my drug is covered and how much will it cost?

You can go online and with the [Price a Medication](#) tool, get pharmacy-specific drug coverage details and pricing from a number of local retail pharmacies in your zip code.

Note: For oral chemotherapy drugs - Notwithstanding any deductible, the total amount of copayments and coinsurance an insured is required to pay shall not exceed two hundred dollars (\$250) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered by the policy.

How does Anthem promote safety?

When you go to a pharmacy, the pharmacist will get an electronic message from Anthem if a drug needs prior authorization, requires step therapy or has a limit on the amount that can be given. Here's a closer look at all of the programs we've put into place to help make sure you get the care you need, while helping to keep you safe.¹



Our clinical edit programs are:

- Prior authorization, which requires you to get approval before taking a medicine. This helps make sure a drug is used properly and focuses on drugs that may have:
 - Risk of side effects.
 - Risk of harmful effects when taken with other drugs.
 - Potential for incorrect use or abuse.
 - Rules for use with certain conditions.
- Step therapy, which requires that other drugs be tried first. It focuses on whether a drug is right for your condition.
- Dose optimization, which involves changing from taking a dose twice a day to once a day, when medically appropriate. Taking fewer doses may lower your costs; a single higher dose of a drug taken once a day may cost less than a lower dose taken twice a day.
- Quantity Limits impose a limit on the amount in a prescription and how often it can be refilled.
 - If a refill request is submitted too soon or the doctor prescribes an amount that's higher than what is allowed, the drug won't be covered at that time.
 - If there are medical reasons to prescribe the drug as originally dosed, the doctor can ask for review by our Prior Authorization Center.

Also, If you're taking a medicine that is considered a specialty drug, you may need to use a specialty pharmacy in order for your drug to be covered.

How does my doctor start the Prior Authorization process?

If your drug is on our formulary but requires a PA or Step Therapy, there are a few options for your doctor to start the Prior Authorization (PA) process:

1. Submit an electronic PA request by going to <https://www.covermymeds.com/main/partners/anthem>.
2. Log in at anthem.com/ca and choose Pharmacy.
 - Go to Pharmacy Resources and Search Your Drug List for your medication.
 - Choose the correct medication strength and form.
 - Scroll down to Definition of Restrictions and locate the applicable Fax Form in the table.
 - Your doctor completes the form and faxes it to Anthem at 844-474-3347.
3. Calling Pharmacy Member Services number on the back of your member ID card.

If the contraceptive you are taking is not on the formulary, your doctor can contact us if it is medically necessary because the preferred contraceptives are inappropriate for you, and we will waive your cost share.

What is Step Therapy? How does it work?

Step therapy requires trying other drugs before certain medications may be covered. The pharmacy will let you know if step therapy is required, and you must first try the drug or treatment included in the program. If the drug or treatment does not treat the condition well, the doctor can contact our Prior Authorization Center to ask that we approve the original drug.¹

A few more notes about the exception process:

- If we fail to respond to a completed prior authorization 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 we may not deny any subsequent requests for this medication.
- Don't worry, if you've changed policies, we won't ask you to repeat an approved step therapy request that is already being used to treat a medical condition provided that the drug is still appropriately prescribed and is considered safe and effective.

A note about opioid analgesics. The member cost share for certain abuse-deterrent opioid analgesics may be lower in some states because of laws in those states. Opioid analgesics are a type of painkiller. In response to the global opioid epidemic, the U.S. Food and Drug Administration (FDA) has encouraged drug manufacturers to develop opioids with properties that help deter their misuse and abuse.

Drug(s) may be excluded from the list based on your plan's benefit design.

¹ If the Prior Authorization Center concludes the prescription claim should be denied, members and their doctors will get letters that explain the appeals and/or grievance process.

KEY

Here are some terms and notes you'll find on the drug list.

BRAND name drugs are in UPPER CASE, plain type.

generic drugs are in lower case, italic bold type.

\$0 = preventive drugs. For some members, this product may be covered at 100% with \$0 cost share with a prescription from your provider if specified criteria are met.

BE = benefit exclusion. This drug may not be covered depending on your plans design. To find out if your drug is covered, log into your member portal or use the Sydney app to [Price a Medication](#) and refer to your plan documents.

DO = dose optimization. Usually, this means you may have to switch from taking a drug twice a day to taking it once a day at a higher strength.

LD = limited distribution. These drugs are available only through certain pharmacies or wholesalers, depending on what the manufacturer decides.

OC = oral chemotherapy. These drugs after deductible shall not exceed \$250 per an individual prescription for up to a 30 day supply.

PA = prior authorization. You may need to get benefits approved before certain prescriptions can be filled.

QL = quantity limits. There are limits on the amount of medicine covered within a certain amount of time.

SP = specialty drugs. Specialty drugs are used to treat difficult, long-term conditions. You may need to get this drug through a specialty pharmacy.

ST = step therapy. You may need to use another recommended drug first before a prescribed drug is covered.

Tier 1 = drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions.

Tier 1a = drugs have the lowest cost share. These are often generic drugs that offer the greatest value compared to others that treat the same conditions.

Tier 1b = drugs have a low cost share. These are typically generic drugs that offer the greatest value compared to others that treat the same conditions.

Tier 2 = drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they're newer to the market.

Tier 3 = drugs have a higher cost share. They often include brand and generic drugs that may cost more than drugs on lower tiers that are used to treat the same condition.

Tier 4 = Tier 4 drugs have a higher cost share and usually include preferred specialty brand and generic drugs.

Four Tier

CURRENT AS OF 1/1/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS FOR THE NERVOUS SYSTEM		
*ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>clonidine hcl er oral tablet extended release 12 hour</i>	1 or 1b*	PA
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	1 or 1b*	PA
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>guanfacine hcl</i>)	3	PA
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE (<i>clonidine hcl</i>)	3	ST
*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>atomoxetine hcl oral capsule</i>	1 or 1b*	PA
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>viloxazine hcl</i>)	3	ST
STRATTERA ORAL CAPSULE (<i>atomoxetine hcl</i>)	3	PA
*AMPHETAMINE MIXTURES*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (<i>amphetamine-dextroamphetamine</i>)	3	ST; DO
ADDERALL ORAL TABLET 20 MG (<i>amphetamine-dextroamphetamine</i>)	3	ST; QL (3 tablets per 1 day)
ADDERALL ORAL TABLET 30 MG (<i>amphetamine-dextroamphetamine</i>)	3	ST; QL (2 tablets per 1 day)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	3	ST; DO
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 30 MG (<i>amphetamine-dextroamphetamine</i>)	3	ST; QL (1 capsule per 1 day)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1 or 1b*	PA; DO
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg</i>	1 or 1b*	PA; DO
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>amphetamine-dextroamphetamine</i>)	3	ST; QL (1 capsule per 1 day)

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*AMPHETAMINES*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE (<i>amphetamine</i>)	3	ST; QL (1 tablet per 1 day)
<i>amphetamine sulfate oral tablet 10 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>amphetamine sulfate oral tablet 5 mg</i>	1 or 1b*	DO
DESOXYN ORAL TABLET (<i>methamphetamine hcl</i>)	3	ST; QL (5 tablets per 1 day)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>dextroamphetamine sulfate</i>)	3	ST; QL (4 capsules per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	1 or 1b*	PA; QL (4 capsules per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1 or 1b*	PA; DO
<i>dextroamphetamine sulfate oral solution</i>	1 or 1b*	PA; QL (60 mL per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 7.5 mg</i>	1 or 1b*	PA; QL (6 tablets per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 5 mg</i>	1 or 1b*	PA; DO
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE (<i>amphetamine</i>)	3	ST; QL (8 mL per 1 day)
DYANAVAL XR ORAL TABLET EXTENDED RELEASE 10 MG, 5 MG (<i>amphetamine</i>)	3	ST; DO
DYANAVAL XR ORAL TABLET EXTENDED RELEASE 15 MG, 20 MG (<i>amphetamine</i>)	3	ST; QL (1 tablet per 1 day)
EVEKEO ORAL TABLET 10 MG (<i>amphetamine sulfate</i>)	3	PA; QL (6 tablets per 1 day)
EVEKEO ORAL TABLET 5 MG (<i>amphetamine sulfate</i>)	3	PA; DO
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg</i>	1 or 1b*	PA; DO
<i>lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg</i>	1 or 1b*	PA; DO
<i>lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
<i>methamphetamine hcl oral tablet</i>	3	ST; QL (5 tablets per 1 day)
<i>procentra oral solution</i>	1 or 1b*	PA; QL (60 mL per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	2	PA; DO
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	2	PA; QL (1 capsule per 1 day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	2	PA; DO
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	2	PA; QL (1 tablet per 1 day)
XELSTRYM TRANSDERMAL PATCH (<i>dextroamphetamine</i>)	3	ST; QL (1 patch per 1 day)
<i>zenzedi oral tablet 10 mg, 7.5 mg</i>	1 or 1b*	PA; QL (6 tablets per 1 day)
<i>zenzedi oral tablet 15 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)

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zenedi oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; DO
zenedi oral tablet 20 mg, 30 mg	1 or 1b*	PA; QL (2 tablets per 1 day)
*ANALEPTICS*** - DRUGS FOR THE NERVOUS SYSTEM		
caffeine citrate intravenous solution	3	
caffeine citrate oral solution	1 or 1b*	
DOPRAM INTRAVENOUS SOLUTION (<i>doxapram hcl</i>)	3	
*ANOREXIANT COMBINATIONS*** - DRUGS FOR THE NERVOUS SYSTEM		
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>phentermine-topiramate</i>)	3	PA; BE; QL (1 capsule per 1 day)
*ANOREXIANTS NON-AMPHETAMINE*** - DRUGS FOR THE NERVOUS SYSTEM		
ADIPEX-P ORAL TABLET (<i>phentermine hcl</i>)	3	PA; BE; QL (1 tablet per 1 day)
<i>benzphetamine hcl oral tablet</i>	1 or 1b*	PA; BE; QL (3 tablets per 1 day)
<i>diethylpropion hcl er oral tablet extended release 24 hour</i>	1 or 1b*	PA; BE; QL (1 tablet per 1 day)
<i>diethylpropion hcl oral tablet</i>	1 or 1b*	PA; BE; QL (3 tablets per 1 day)
LOMAIRA ORAL TABLET (<i>phentermine hcl</i>)	3	PA; BE; QL (3 tablets per 1 day)
PHENDIMETRAZINE TARTRATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; BE; QL (1 capsule per 1 day)
<i>phendimetrazine tartrate oral tablet</i>	1 or 1b*	PA; BE; QL (6 tablets per 1 day)
<i>phentermine hcl oral capsule</i>	1 or 1b*	PA; BE; QL (1 capsule per 1 day)
<i>phentermine hcl oral tablet</i>	1 or 1b*	PA; BE; QL (1 tablet per 1 day)
*ANTI-OBESITY - GIP & GLP-1 RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>tirzepatide-weight management</i>)	2	PA; BE; QL (1 pen per 1 week)
*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>liraglutide - weight management</i>)	3	PA; BE; QL (3 mg per 1 day)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>semaglutide-weight management</i>)	2	PA; BE; QL (1 pen per 1 week)
*ANTI-OBESITY AGENT COMBINATIONS** - DRUGS FOR THE NERVOUS SYSTEM		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>naltrexone-bupropion hcl</i>)	3	PA; BE; QL (4 tablets per 1 day)
*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRI)*** - DRUGS FOR SLEEP DISORDER		
SUNOSI ORAL TABLET 150 MG (<i>solriamfetol hcl</i>)	3	PA; QL (1 tablet per 1 day)
SUNOSI ORAL TABLET 75 MG (<i>solriamfetol hcl</i>)	3	PA; DO

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*HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS*** - DRUGS FOR SLEEP DISORDER		
WAKIX ORAL TABLET 17.8 MG (<i>pitolisant hcl</i>)	4	PA; LD; QL (2 tablets per 1 day); SP
WAKIX ORAL TABLET 4.45 MG (<i>pitolisant hcl</i>)	4	PA; LD; DO; SP
*LIPASE INHIBITORS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>orlistat oral capsule</i>	1 or 1b*	PA; BE; QL (3 capsules per 1 day)
XENICAL ORAL CAPSULE (<i>orlistat</i>)	3	PA; BE; QL (3 capsules per 1 day)
*MELANOCORTIN 4 (MC4) RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
IMCIVREE SUBCUTANEOUS SOLUTION (<i>setmelanotide acetate</i>)	4	PA; LD; BE; QL (9 vials per 30 days)
*STIMULANT COMBINATIONS*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
AZSTARYS ORAL CAPSULE (<i>serdexmethylphen-dexmethylphen</i>)	3	ST; QL (1 capsule per 1 day)
*STIMULANTS - MISC.*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG (<i>methylphenidate hcl</i>)	3	ST; DO
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	3	ST; QL (1 capsule per 1 day)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
<i>armodafinil oral tablet 50 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG (<i>methylphenidate hcl</i>)	3	ST; DO
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG (<i>methylphenidate hcl</i>)	3	ST; QL (2 tablets per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 54 MG (<i>methylphenidate hcl</i>)	3	ST; QL (1 tablet per 1 day)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE (<i>methylphenidate</i>)	3	ST; QL (2 tablets per 1 day)
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR (<i>methylphenidate</i>)	3	ST; DO
DAYTRANA TRANSDERMAL PATCH 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	3	ST; QL (1 patch per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg</i>	1 or 1b*	ST; DO
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg</i>	1 or 1b*	ST; QL (1 capsule per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 35 mg, 40 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg</i>	1 or 1b*	PA; DO
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	1 or 1b*	PA; DO

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FOCALIN ORAL TABLET 10 MG (<i>dexmethylphenidate hcl</i>)	3	ST; QL (2 tablets per 1 day)
FOCALIN ORAL TABLET 2.5 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	3	ST; DO
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	3	ST; DO
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 30 MG, 35 MG, 40 MG (<i>dexmethylphenidate hcl</i>)	3	ST; QL (1 capsule per 1 day)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	3	ST; QL (1 capsule per 1 day)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG (<i>methylphenidate hcl</i>)	3	ST; DO
METADATE CD ORAL CAPSULE EXTENDED RELEASE (<i>methylphenidate hcl</i>)	3	PA; DO
METHYLIN ORAL SOLUTION 10 MG/5ML (<i>methylphenidate hcl</i>)	3	ST; QL (30 mL per 1 day)
METHYLIN ORAL SOLUTION 5 MG/5ML (<i>methylphenidate hcl</i>)	3	ST; QL (60 mL per 1 day)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	1 or 1b*	PA; QL (2 capsules per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 54 mg</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 72 MG	1 or 1b*	PA; QL (1 tablet per 1 day)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	1 or 1b*	PA; QL (30 mL per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	1 or 1b*	PA; QL (60 mL per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl oral tablet 20 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl oral tablet chewable 2.5 mg</i>	1 or 1b*	ST; DO

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<i>methylphenidate hcl oral tablet chewable 5 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr</i>	1 or 1b*	ST; DO
<i>methylphenidate transdermal patch 20 mg/9hr, 30 mg/9hr</i>	1 or 1b*	ST; QL (1 patch per 1 day)
<i>modafinil oral tablet 100 mg</i>	1 or 1b*	PA; DO
<i>modafinil oral tablet 200 mg</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG (<i>armodafinil</i>)	3	PA; QL (1 tablet per 1 day)
NUVIGIL ORAL TABLET 50 MG (<i>armodafinil</i>)	3	PA; QL (2 tablets per 1 day)
PROVIGIL ORAL TABLET 100 MG (<i>modafinil</i>)	3	PA; DO
PROVIGIL ORAL TABLET 200 MG (<i>modafinil</i>)	3	PA; QL (1 tablet per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG (<i>methylphenidate hcl</i>)	3	ST; DO
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG (<i>methylphenidate hcl</i>)	3	ST; QL (2 tablets per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 40 MG (<i>methylphenidate hcl</i>)	3	ST; QL (1 tablet per 1 day)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER (<i>methylphenidate hcl</i>)	3	ST; QL (12 mL per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG (<i>methylphenidate hcl</i>)	3	ST; DO
RELEXXII ORAL TABLET EXTENDED RELEASE 36 MG (<i>methylphenidate hcl</i>)	3	ST; QL (2 tablets per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 54 MG, 63 MG, 72 MG (<i>methylphenidate hcl</i>)	3	ST; QL (1 tablet per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG (<i>methylphenidate hcl</i>)	3	ST; DO
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG (<i>methylphenidate hcl</i>)	3	ST; QL (2 capsules per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (<i>methylphenidate hcl</i>)	3	ST; QL (1 capsule per 1 day)
RITALIN ORAL TABLET 10 MG, 5 MG (<i>methylphenidate hcl</i>)	3	ST; DO
RITALIN ORAL TABLET 20 MG (<i>methylphenidate hcl</i>)	3	ST; QL (3 tablets per 1 day)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC - BIOLOGICAL AGENTS		
*ALLERGENIC EXTRACTS*** - BIOLOGICAL AGENTS		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL (<i>timothy grass pollen allergen</i>)	3	PA; QL (1 tablet per 1 day)
PALFORZIA (12 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	4	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (120 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	4	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (160 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	4	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (20 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	4	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (200 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	4	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (240 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	4	PA; LD; QL (1 kit per 1 fill)

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PALFORZIA (3 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	4	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET (<i>peanut powder-dnfp</i>)	4	PA; LD; QL (1 packet per 1 day)
PALFORZIA (300 MG TITRATION) ORAL PACKET (<i>peanut powder-dnfp</i>)	4	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (40 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	4	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (6 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	4	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (80 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	4	PA; LD; QL (1 kit per 1 fill)
PALFORZIA INITIAL ESCALATION ORAL (<i>peanut powder-dnfp</i>)	4	PA; LD; QL (1 kit per 1 fill)
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL (<i>short ragweed pollen ext</i>)	3	PA; QL (1 tablet per 1 day)
*MIXED ALLERGENIC EXTRACTS*** - BIOLOGICAL AGENTS		
ODACTRA SUBLINGUAL TABLET SUBLINGUAL (<i>dust mite mixed allergen ext</i>)	3	PA; QL (1 tablet per 1 day)
ORALAIR SUBLINGUAL TABLET SUBLINGUAL (<i>grass mix pollens allergen ext</i>)	3	PA; QL (1 tablet per 1 day)
AMEBICIDES - DRUGS FOR INFECTIONS		
*AMEBICIDES*** - DRUGS FOR PARASITES		
SOLOSEC ORAL PACKET (<i>secnidazole</i>)	3	PA; QL (2 grams per 1 fill)
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS		
*AMINOGLYCOSIDES*** - ANTIBIOTICS		
<i>amikacin sulfate injection solution</i>	1 or 1b*	
ARIKAYCE INHALATION SUSPENSION (<i>amikacin sulfate liposome</i>)	4	PA; LD; QL (1 kit per 28 days)
BETHKIS INHALATION NEBULIZATION SOLUTION (<i>tobramycin</i>)	4	LD; QL (224 mL per 28 days); SP
<i>gentamicin in saline intravenous solution</i>	1 or 1b*	
<i>gentamicin sulfate injection solution</i>	1 or 1b*	
HUMATIN ORAL CAPSULE (<i>paromomycin sulfate</i>)	3	PA
KITABIS PAK INHALATION NEBULIZATION SOLUTION (<i>tobramycin</i>)	4	LD; QL (10 mL per 1 day); SP
<i>neomycin sulfate oral tablet</i>	1 or 1a*	
<i>streptomycin sulfate intramuscular solution reconstituted</i>	1 or 1b*	
TOBI INHALATION NEBULIZATION SOLUTION (<i>tobramycin</i>)	4	LD; QL (10 mL per 1 day); SP
TOBI PODHALER INHALATION CAPSULE (<i>tobramycin</i>)	4	LD; QL (224 capsules per 28 days); SP
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	4	LD; QL (224 mL per 28 days); SP
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	4	LD; QL (10 mL per 1 day); SP
<i>tobramycin sulfate injection solution 1.2 gm/30ml</i>	1 or 1b*	QL (900 mL per 30 days)
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	1 or 1b*	QL (180 mL per 30 days)
<i>tobramycin sulfate injection solution 2 gm/50ml</i>	1 or 1b*	QL (1500 mL per 30 days)
<i>tobramycin sulfate injection solution reconstituted</i>	1 or 1b*	QL (30 vials per 30 days)
ZEMDRI INTRAVENOUS SOLUTION (<i>plazomicin sulfate</i>)	3	

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER		
*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS**** - ARTHRITIS AND PAIN DRUGS		
OLUMIANT ORAL TABLET (<i>baricitinib</i>)	4	PA; LD; QL (1 tablet per 1 day); SP
RINVOQ LQ ORAL SOLUTION (<i>upadacitinib</i>)	4	PA; LD; QL (12 mL per 1 day); SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>upadacitinib</i>)	4	PA; LD; QL (1 tablet per 1 day); SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (<i>upadacitinib</i>)	4	PA; LD; QL (84 tablets per 12 weeks); SP
XELJANZ ORAL SOLUTION (<i>tofacitinib citrate</i>)	4	PA; LD; QL (10 mL per 1 day); SP
XELJANZ ORAL TABLET (<i>tofacitinib citrate</i>)	4	PA; LD; QL (2 tablets per 1 day); SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>tofacitinib citrate</i>)	4	PA; LD; QL (1 tablet per 1 day); SP
*ANTIRHEUMATIC ANTIMETABOLITES**** - ARTHRITIS AND PAIN DRUGS		
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>methotrexate (anti-rheumatic)</i>)	4	PA; LD; QL (4 auto-injector per 28 days); SP
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>methotrexate (anti-rheumatic)</i>)	4	PA; LD; QL (4 auto-injector per 28 days); SP
*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*** - ARTHRITIS AND PAIN DRUGS		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (<i>adalimumab-afzb</i>)	4	PA; LD; QL (2 pens per 28 days); SP
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (<i>adalimumab-afzb</i>)	4	PA; LD; QL (2 pens per 28 days); SP
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>adalimumab-afzb</i>)	4	PA; LD; QL (2 pens per 28 days); SP
<i>adalimumab-aacf (2 pen) subcutaneous auto-injector kit</i>	4	PA; LD; QL (2 pens per 28 days); SP
<i>adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit</i>	4	PA; LD; QL (2 pens/syringes per 28 days); SP
<i>adalimumab-aacf(cd/uc/hs strt) subcutaneous auto-injector kit</i>	4	PA; LD; QL (1 kit per 1 lifetime); SP
<i>adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit</i>	4	PA; LD; QL (1 kit per 1 lifetime); SP
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	4	PA; LD; QL (2 auto-injectors per 28 days); SP
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml</i>	4	PA; LD; QL (1 pack per 1 one-time fill); SP
<i>adalimumab-aaty (2 pen) subcutaneous auto-injector kit</i>	4	PA; LD; QL (2 auto-injectors per 28 days); SP

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<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml</i>	4	PA; LD; QL (2 syringes per 28 days); SP
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml</i>	4	PA; LD; QL (2 auto-injectors per 28 days); SP
<i>adalimumab-adaz subcutaneous solution auto-injector</i>	4	PA; LD; QL (2 auto-injectors per 28 days); SP
<i>adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	4	PA; LD; QL (2 syringes per 28 days); SP
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit</i>	4	PA; LD; QL (2 auto-injectors per 28 days)
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit</i>	4	PA; LD; QL (2 syringes per 28 days)
<i>adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.4ml</i>	4	PA; LD; QL (1 month per 6 one-time fills)
<i>adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.8ml</i>	4	PA; LD; QL (1 kit per 1 one-time fill)
<i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.4ml</i>	4	PA; LD; QL (1 month per 6 one-time fills)
<i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.8ml</i>	4	PA; LD; QL (1 kit per 1 one-time fill)
<i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit</i>	4	PA; LD; QL (2 pens/syringes per 28 days); SP
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml</i>	4	PA; LD; QL (2 syringes per 28 days); SP
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml</i>	4	PA; LD; QL (2 pens/syringes per 28 days); SP
<i>adalimumab-ryvk (2 pen) subcutaneous auto-injector kit</i>	4	PA; LD; QL (2 pens per 28 days); SP
<i>adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit</i>	4	PA; LD; QL (2 syringes per 28 days)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (<i>adalimumab-atto</i>)	4	PA; LD; QL (2 syringes per 28 days); SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-atto</i>)	4	PA; LD; QL (2 autoinjector per 28 days); SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>adalimumab-atto</i>)	4	PA; LD; QL (2 syringes per 28 days (QL exception needed for maintenance therapy)); SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>adalimumab-atto</i>)	4	PA; LD; QL (2 syringes per 28 days); SP
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>adalimumab-atto</i>)	4	PA; LD; QL (2 syringes per 28 days); SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>adalimumab-atto</i>)	4	PA; LD; QL (2 syringes per 28 days); SP
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (<i>adalimumab-adbm</i>)	4	PA; LD; QL (2 auto-injectors per 28 days)

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CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>adalimumab-adbm</i>)	4	PA; LD; QL (2 syringes per 28 days)
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-adbm</i>)	4	PA; LD; QL (1 kit per 6 months)
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-adbm</i>)	4	PA; LD; QL (1 kit per 1 one-time fill)
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-adbm</i>)	4	PA; LD; QL (1 kit per 6 months)
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-adbm</i>)	4	PA; LD; QL (1 kit per 1 one-time fill)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>adalimumab-bwwd</i>)	4	PA; LD; QL (2 autoinjectors per 28 days); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>adalimumab-bwwd</i>)	4	PA; LD; QL (2 syringes per 28 days); SP
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (<i>adalimumab-fkjp</i>)	4	PA; LD; QL (2 pens/syringes per 28 days); SP
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML (<i>adalimumab-fkjp</i>)	4	PA; LD; QL (2 syringes per 28 days); SP
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	4	PA; LD; QL (2 pens/syringes per 28 days); SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	4	PA; LD; QL (2 pens per 28 days); SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; LD; QL (2 pens per 28 days (QL exception needed for maintenance therapies); SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>adalimumab</i>)	4	PA; LD; QL (2 syringes per 28 days); SP
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (<i>adalimumab</i>)	4	PA; LD; QL (1 kit per 1 one-time fill); SP
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (<i>adalimumab</i>)	4	PA; LD; QL (1 kit per 1 one-time fill); SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; LD; QL (2 auto-injectors per 28 days); SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; LD; QL (2 auto-injector per 28 days (QL exception needed for maintenance therapies); SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-adaz</i>)	4	PA; LD; QL (2 syringes per 28 days); SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; LD; QL (2 auto-injectors per 28 days); SP
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>adalimumab-adaz</i>)	4	PA; LD; QL (1 kit per 1 one-time fill); SP
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>adalimumab-adaz</i>)	4	PA; LD; QL (1 kit per 1 one-time fill); SP

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HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>adalimumab-adaz</i>)	4	PA; LD; QL (1 kit per 1 one-time fill); SP
HYRIMOZ-PLAQ PSOR/UEVIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>adalimumab-adaz</i>)	4	PA; LD; QL (1 kit per 1 one-time fill); SP
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>adalimumab-adaz</i>)	4	PA; LD; QL (1 kit per 1 one-time fill); SP
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (<i>adalimumab-aacf</i>)	4	PA; LD; QL (2 pens/syringes per 28 days); SP
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>adalimumab-aacf</i>)	4	PA; LD; QL (2 pens/syringes per 28 days); SP
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (<i>adalimumab-aacf</i>)	4	PA; LD; QL (1 pack per 1 fill); SP
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (<i>adalimumab-aacf</i>)	4	PA; LD; QL (1 pack per 1 fill); SP
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (<i>adalimumab-ryvk</i>)	4	PA; LD; QL (2 pens per 28 days); SP
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (<i>adalimumab-ryvk</i>)	4	PA; LD; QL (2 pens per 28 days); SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>adalimumab-ryvk</i>)	4	PA; LD; QL (2 syringes per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION (<i>golimumab</i>)	4	PA; LD; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>golimumab</i>)	4	PA; LD; QL (1 pen per 28 days); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>golimumab</i>)	4	PA; LD; QL (1 syringe per 28 days); SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-aaty</i>)	4	PA; LD; QL (2 auto-injectors per 28 days); SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab-aaty</i>)	4	PA; LD; QL (1 kit per 1 one-time fill); SP
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (<i>adalimumab-aaty</i>)	4	PA; LD; QL (2 auto-injectors per 28 days); SP
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML (<i>adalimumab-aaty</i>)	4	PA; LD; QL (2 syrgines per 28 days); SP
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (<i>adalimumab-aaty</i>)	4	PA; LD; QL (1 kit per 28 days); SP
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (<i>adalimumab-aaty</i>)	4	PA; LD; QL (1 kit per 1 one-time fill); SP
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>adalimumab-aqvh</i>)	4	PA; LD; QL (2 pens per 28 days); SP
*CYCLOOXYGENASE 2 (COX-2) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG (<i>celecoxib</i>)	3	ST; QL (2 capsules per 1 day)
CELEBREX ORAL CAPSULE 400 MG (<i>celecoxib</i>)	3	ST; QL (1 capsule per 1 day)
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>celecoxib oral capsule 400 mg</i>	1 or 1b*	QL (1 capsule per 1 day)

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*GOLD COMPOUNDS*** - ARTHRITIS AND PAIN DRUGS		
RIDAURA ORAL CAPSULE (<i>auranofin</i>)	2	QL (3 capsules per 1 day)
*INTERLEUKIN-1 BLOCKERS*** - ARTHRITIS AND PAIN DRUGS		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>rilonacept</i>)	4	PA; LD; QL (4 vials per 28 days); SP
*INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)*** - ARTHRITIS AND PAIN DRUGS		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>anakinra</i>)	4	PA; LD; QL (1 syringe per 1 day)
*INTERLEUKIN-1BETA BLOCKERS*** - ARTHRITIS AND PAIN DRUGS		
ILARIS SUBCUTANEOUS SOLUTION (<i>canakinumab</i>)	4	PA; LD; QL (2 vials per 28 days); SP
*INTERLEUKIN-6 RECEPTOR INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>tocilizumab</i>)	4	PA; LD; QL (4 autoinjectors per 28 days); SP
ACTEMRA INTRAVENOUS SOLUTION (<i>tocilizumab</i>)	4	PA; LD; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>tocilizumab</i>)	4	PA; LD; QL (4 syringes per 28 days); SP
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>sarilumab</i>)	4	PA; LD; QL (2 injection per 28 days); SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>sarilumab</i>)	4	PA; LD; QL (2 injection per 28 days); SP
TOFIDENCE INTRAVENOUS SOLUTION (<i>tocilizumab-bavi</i>)	4	PA; LD; SP
TYENNE INTRAVENOUS SOLUTION (<i>tocilizumab-aazg</i>)	4	PA; LD; SP
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>tocilizumab-aazg</i>)	4	PA; LD; QL (4 auto-injectors per 28 days); SP
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>tocilizumab-aazg</i>)	4	PA; LD; QL (4 syringes per 28 days); SP
*NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG (<i>diclofenac-misoprostol</i>)	3	ST; QL (4 tablet per 1 day)
ARTHROTEC ORAL TABLET DELAYED RELEASE 75-0.2 MG (<i>diclofenac-misoprostol</i>)	3	ST; QL (2 tablets per 1 day)
COMBOGESIC INTRAVENOUS SOLUTION (<i>ibuprofen-acetaminophen</i>)	3	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>diclofenac-misoprostol oral tablet delayed release 75-0.2 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
DUEXIS ORAL TABLET (<i>ibuprofen-famotidine</i>)	3	ST; QL (3 tablets per 1 day)
<i>ibuprofen-famotidine oral tablet</i>	3	ST; QL (3 tablets per 1 day)
<i>naproxen-esomeprazole mg oral tablet delayed release</i>	3	ST; QL (2 tablets per 1 day)
VIMOVO ORAL TABLET DELAYED RELEASE (<i>naproxen-esomeprazole</i>)	3	ST; QL (2 tablets per 1 day)

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*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*** - ARTHRITIS AND PAIN DRUGS		
ANAPROX DS ORAL TABLET (<i>naproxen sodium</i>)	3	QL (2 tablets per 1 day)
CALDOLOR INTRAVENOUS SOLUTION (<i>ibuprofen</i>)	3	
COXANTO ORAL CAPSULE (<i>oxaprozin</i>)	3	QL (4 capsules per 1 day)
DAYPRO ORAL TABLET (<i>oxaprozin</i>)	3	QL (2 tablets per 1 day)
<i>diclofenac potassium oral capsule</i>	3	ST; QL (4 capsule per 1 day)
<i>diclofenac potassium oral tablet 25 mg</i>	3	ST; QL (4 tablets per 1 day)
<i>diclofenac potassium oral tablet 50 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	1 or 1b*	QL (5 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 50 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
EC-NAPROSYN ORAL TABLET DELAYED RELEASE (<i>naproxen</i>)	3	ST
<i>ec-naproxen oral tablet delayed release</i>	1 or 1b*	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>etodolac er oral tablet extended release 24 hour 600 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>etodolac oral capsule 200 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>etodolac oral capsule 300 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>etodolac oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
FENOPROFEN CALCIUM ORAL CAPSULE 200 MG	3	ST; QL (6 capsule per 1 day)
<i>fenopropfen calcium oral capsule 400 mg</i>	3	ST; QL (4 capsule per 1 day)
<i>fenopropfen calcium oral tablet</i>	3	ST; QL (4 tablets per 1 day)
<i>flurbiprofen oral tablet 100 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>flurbiprofen oral tablet 50 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>ibu oral tablet</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>ibuprofen lysine intravenous solution</i>	1 or 1b*	
<i>ibuprofen oral suspension</i>	1 or 1a*	QL (4 mL per 1 day)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1 or 1a*	QL (4 tablets per 1 day)
INDOCIN ORAL SUSPENSION (<i>indomethacin</i>)	3	ST; QL (40 mL per 1 day)
INDOCIN RECTAL SUPPOSITORY (<i>indomethacin</i>)	3	ST; QL (4 suppositories per 1 day)
<i>indomethacin er oral capsule extended release</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>indomethacin oral capsule 25 mg</i>	1 or 1b*	QL (3 capsule per 1 day)
<i>indomethacin oral capsule 50 mg</i>	1 or 1b*	QL (4 capsule per 1 day)
<i>indomethacin oral suspension</i>	3	ST; QL (40 mL per 1 day)
<i>indomethacin rectal suppository 50 mg</i>	3	ST; QL (4 suppositories per 1 day)
<i>indomethacin sodium intravenous solution reconstituted</i>	3	
<i>ketoprofen er oral capsule extended release 24 hour</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>ketoprofen oral capsule 25 mg</i>	3	ST; QL (8 capsules per 1 day)

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ketoprofen oral capsule 50 mg</i>	3	ST; QL (4 capsules per 1 day)
<i>ketorolac tromethamine injection solution 15 mg/ml</i>	1 or 1b*	QL (4 mL per 30 days)
KETOROLAC TROMETHAMINE INJECTION SOLUTION 30 MG/ML	1 or 1b*	QL (2 mL per 30 days)
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	1 or 1b*	QL (2 mL per 30 days)
<i>ketorolac tromethamine oral tablet</i>	1 or 1a*	QL (20 tablets per 30 days)
KIPROFEN ORAL CAPSULE (<i>ketoprofen</i>)	3	ST; QL (8 capsules per 1 day)
LODINE ORAL TABLET (<i>etodolac</i>)	3	QL (2 tablets per 1 day)
<i>lofena oral tablet</i>	3	ST; QL (4 tablets per 1 day)
<i>meclofenamate sodium oral capsule</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>mefenamic acid oral capsule</i>	1 or 1b*	QL (29 capsule per 1 fill)
<i>meloxicam oral capsule</i>	3	ST; QL (1 capsule per 1 day)
<i>meloxicam oral suspension</i>	3	ST; QL (10 mL per 1 day)
<i>meloxicam oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>nabumetone oral tablet 500 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>nabumetone oral tablet 750 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
NALFON ORAL CAPSULE (<i>fenoprofen calcium</i>)	3	ST; QL (4 capsule per 1 day)
NALFON ORAL TABLET (<i>fenoprofen calcium</i>)	3	ST; QL (4 tablets per 1 day)
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>naproxen sodium</i>)	3	ST; QL (2 tablets per 1 day)
NAPROSYN ORAL SUSPENSION (<i>naproxen</i>)	3	QL (60 mL per 1 day)
NAPROSYN ORAL TABLET (<i>naproxen</i>)	3	ST; QL (2 tablets per 1 day)
<i>naproxen dr oral tablet delayed release</i>	1 or 1b*	
<i>naproxen oral suspension</i>	3	ST; QL (60 mL per 1 day)
<i>naproxen oral tablet 250 mg, 375 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>naproxen oral tablet 500 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>naproxen oral tablet delayed release</i>	1 or 1b*	
<i>naproxen sodium er oral tablet extended release 24 hour</i>	3	ST; QL (2 tablets per 1 day)
<i>naproxen sodium oral tablet 275 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>naproxen sodium oral tablet 550 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
NEOPROFEN INTRAVENOUS SOLUTION (<i>ibuprofen lysine</i>)	3	
<i>oxaprozin oral capsule</i>	3	QL (4 capsules per 1 day)
<i>oxaprozin oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>piroxicam oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
RELAFEN DS ORAL TABLET (<i>nabumetone</i>)	3	ST; QL (2 tablets per 1 day)
SPRIX NASAL SOLUTION (<i>ketorolac tromethamine</i>)	3	ST; QL (5 bottle per 30 days)
<i>sulindac oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
TOLECTIN 600 ORAL TABLET (<i>tolmetin sodium</i>)	3	ST
<i>tolmetin sodium oral capsule</i>	1 or 1b*	QL (3 capsules per 1 day)
ZIPSOR ORAL CAPSULE (<i>diclofenac potassium</i>)	3	ST; QL (4 capsule per 1 day)

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
OTEZLA ORAL TABLET (<i>apremilast</i>)	4	PA; LD; QL (2 tablets per 1 day); SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	4	PA; LD; QL (1 pack per 365 days); SP
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (<i>apremilast</i>)	4	PA; LD; QL (1 pack per 1 one-time fill); SP
*PYRIMIDINE SYNTHESIS INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
ARAVA ORAL TABLET (<i>leflunomide</i>)	3	QL (1 tablet per 1 day)
<i>leflunomide oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
*SELECTIVE COSTIMULATION MODULATORS*** - ARTHRITIS AND PAIN DRUGS		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>abatacept</i>)	4	PA; LD; QL (4 Syringes per 28 days); SP
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED (<i>abatacept</i>)	4	PA; LD; QL (4 vials per 28 days); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>abatacept</i>)	4	PA; LD; QL (4 syringes per 28 days); SP
*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS*** - ARTHRITIS AND PAIN DRUGS		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE (<i>etanercept</i>)	4	PA; LD; QL (4 cartridge per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION (<i>etanercept</i>)	4	PA; LD; QL (8 injections per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>etanercept</i>)	4	PA; LD; QL (8 syringes per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (<i>etanercept</i>)	4	PA; LD; QL (4 syringes per 28 days); SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>etanercept</i>)	4	PA; LD; QL (4 pens per 28 days); SP
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER		
*ANALGESICS OTHER*** - ARTHRITIS AND PAIN DRUGS		
<i>acetaminophen intravenous solution</i>	1 or 1b*	
*ANALGESICS-SEDATIVES*** - ARTHRITIS AND PAIN DRUGS		
ALLZITAL ORAL TABLET (<i>butalbital-acetaminophen</i>)	3	QL (12 tablets per 1 day)
<i>bac oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>butalbital-acetaminophen oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	3	QL (6 tablets per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	3	QL (6 capsules per 1 day)

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<i>butalbital-apap-caffeine oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>butalbital-aspirin-caffeine oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)
ESGIC ORAL TABLET (<i>butalbital-apap-caffeine</i>)	3	QL (6 tablets per 1 day)
FIORICET ORAL CAPSULE (<i>butalbital-apap-caffeine</i>)	3	QL (6 capsules per 1 day)
<i>tencon oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
*SALICYLATES*** - ARTHRITIS AND PAIN DRUGS		
<i>aspirin 81 oral tablet chewable</i>	1 or 1a*; \$0	
<i>aspirin 81 oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin adult low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin adult low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin childrens oral tablet chewable</i>	1 or 1a*; \$0	
<i>aspirin ec adult low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin ec low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin ec low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>aspirin oral tablet delayed release 81 mg</i>	1 or 1a*; \$0	
<i>aspirin regimen oral tablet delayed release</i>	1 or 1a*; \$0	
<i>bayer aspirin ec low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>bayer low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>bayer low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>cvs aspirin adult low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>cvs aspirin adult low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs aspirin low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>diflunisal oral tablet</i>	1 or 1b*	
DOLOBID ORAL TABLET (<i>diflunisal</i>)	3	ST; QL (3 tablets per 1 day)
<i>ecotrin low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eq aspirin adult low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eq aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>eql aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>eql aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ft aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ft aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>gnp adult aspirin low strength oral tablet chewable</i>	1 or 1a*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gnp aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gnp aspirin oral tablet delayed release 81 mg</i>	1 or 1a*; \$0	
<i>goodsense aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>goodsense aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>h-e-b aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>kls aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>kp aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>mm aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>qc aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>qc aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>qc childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>ra aspirin adult low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>ra aspirin adult low strength oral tablet chewable</i>	1 or 1a*; \$0	
<i>ra aspirin childrens oral tablet chewable</i>	1 or 1a*; \$0	
<i>ra aspirin ec adult low st oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ra aspirin ec oral tablet delayed release 81 mg</i>	1 or 1a*; \$0	
<i>sb childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>sb low dose asa ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm aspirin adult low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm aspirin ec low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>sm aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>st joseph aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>st joseph low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>st joseph low dose oral tablet delayed release</i>	1 or 1a*; \$0	
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER		
*CODEINE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>acetaminophen-codeine oral solution</i>	1 or 1a*	AL; QL (30 mL per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1 or 1a*	AL; QL (6 tablets per 1 day)
<i>acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg</i>	1 or 1a*	AL; QL (6 tablet per 1 day)
<i>ascomp-codeine oral capsule</i>	1 or 1b*	AL; QL (6 capsule per 1 day)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	1 or 1b*	AL; QL (6 capsules per 1 day)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	1 or 1b*	AL; QL (6 capsule per 1 day)
<i>butalbital-asa-caff-codeine oral capsule</i>	1 or 1b*	AL; QL (6 capsule per 1 day)
FIORICET/CODEINE ORAL CAPSULE (<i>butalbital-apap-caff-cod</i>)	3	AL; QL (6 capsules per 1 day)
*DIHYDROCODEINE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>apap-caff-dihydrocodeine oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>trezix oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*HYDROCODONE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>hydrocodone-acetaminophen oral solution</i>	1 or 1b*	QL (90 mL per 1 day)
<i>hydrocodone-acetaminophen oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet</i>	1 or 1b*	QL (5 tablets per 1 day)
*OPIOID AGONISTS*** - ARTHRITIS AND PAIN DRUGS		
CODEINE SULFATE ORAL TABLET 15 MG	3	AL; QL (6 tablets per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>	1 or 1b*	AL; QL (6 tablets per 1 day)
CODEINE SULFATE ORAL TABLET 60 MG	3	AL; QL (6 tablet per 1 day)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>tramadol hcl</i>)	3	PA; QL (1 capsule per 1 day)
DEMEROL INJECTION SOLUTION (<i>meperidine hcl</i>)	3	
DILAUDID INJECTION SOLUTION (<i>hydromorphone hcl</i>)	3	
DILAUDID ORAL LIQUID (<i>hydromorphone hcl</i>)	3	QL (24 mL per 1 day)
DILAUDID ORAL TABLET (<i>hydromorphone hcl</i>)	3	QL (6 tablets per 1 day)
DSUVIA SUBLINGUAL TABLET SUBLINGUAL (<i>sufentanil citrate</i>)	3	
<i>duramorph injection solution</i>	1 or 1b*	
FENTANYL CITRATE (PF) INJECTION SOLUTION 100 MCG/2ML, 250 MCG/5ML	1 or 1b*	
<i>fentanyl citrate (pf) injection solution 1000 mcg/20ml, 2500 mcg/50ml, 500 mcg/10ml</i>	1 or 1b*	
FENTANYL CITRATE (PF) INJECTION SOLUTION 50 MCG/ML	3	
<i>fentanyl citrate buccal lozenge on a handle</i>	1 or 1b*	PA; QL (4 lozenge per 1 day)
<i>fentanyl citrate buccal tablet</i>	1 or 1b*	PA; QL (4 tablet per 1 day)
<i>fentanyl citrate pf injection solution prefilled syringe 25 mcg/0.5ml</i>	3	
FENTANYL CITRATE PF INJECTION SOLUTION PREFILLED SYRINGE 50 MCG/ML	3	
<i>fentanyl transdermal patch 72 hour</i>	1 or 1b*	PA; QL (15 patches per 30 days)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg</i>	3	PA; QL (2 capsules per 1 day)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 30 mg, 40 mg, 50 mg</i>	3	PA; QL (2 capsule per 1 day)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
<i>hydromorphone hcl injection solution 0.25 mg/0.5ml</i>	3	
<i>hydromorphone hcl injection solution 4 mg/ml</i>	1 or 1b*	
<i>hydromorphone hcl oral liquid</i>	1 or 1b*	QL (24 mL per 1 day)
<i>hydromorphone hcl oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2 MG/ML, 4 MG/ML	3	
<i>hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml</i>	1 or 1b*	

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HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT (<i>hydrocodone bitartrate</i>)	3	PA; QL (1 tablet per 1 day)
INFUMORPH 200 INJECTION SOLUTION (<i>morphine sulfate microinfusion</i>)	3	
INFUMORPH 500 INJECTION SOLUTION (<i>morphine sulfate microinfusion</i>)	3	
<i>levorphanol tartrate oral tablet 2 mg</i>	3	PA; QL (6 tablets per 1 day)
<i>levorphanol tartrate oral tablet 3 mg</i>	1 or 1b*	PA; QL (6 tablets per 1 day)
<i>meperidine hcl injection solution</i>	1 or 1b*	
<i>meperidine hcl oral solution</i>	1 or 1b*	QL (7 days per 1 fill)
<i>meperidine hcl oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
METHADONE HCL INJECTION SOLUTION	3	PA; QL (1 mL per 1 day)
<i>methadone hcl intensol oral concentrate</i>	1 or 1b*	PA; QL (6 mL per 1 day)
<i>methadone hcl oral concentrate</i>	1 or 1b*	PA; QL (6 mL per 1 day)
<i>methadone hcl oral solution</i>	1 or 1b*	PA; QL (30 mL per 1 day)
<i>methadone hcl oral tablet 10 mg</i>	1 or 1b*	PA; QL (6 tablet per 1 day)
<i>methadone hcl oral tablet 5 mg</i>	1 or 1b*	PA; QL (6 tablets per 1 day)
<i>methadone hcl oral tablet soluble</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	3	PA; QL (6 mL per 1 day)
<i>methadose oral tablet soluble</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
METHADOSE SUGAR-FREE ORAL CONCENTRATE (<i>methadone hcl</i>)	3	PA; QL (6 mL per 1 day)
<i>mitigo injection solution</i>	1 or 1b*	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1 or 1b*	QL (6 mL per 1 day)
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1 or 1b*	
MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML	3	
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION	3	
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	1 or 1b*	PA; QL (2 capsules per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	1 or 1b*	PA; QL (3 tablet per 1 day)
MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML, 4 MG/ML	3	
<i>morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	1 or 1b*	
<i>morphine sulfate intravenous solution 50 mg/ml</i>	3	
<i>morphine sulfate oral solution</i>	1 or 1b*	QL (30 mL per 1 day)
<i>morphine sulfate oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG (<i>morphine sulfate</i>)	3	PA; QL (2 tablets per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	3	PA; QL (3 tablet per 1 day)

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>tapentadol hcl</i>)	3	PA; QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 100 MG (<i>tapentadol hcl</i>)	3	QL (181 tablets per 30 days)
NUCYNTA ORAL TABLET 50 MG (<i>tapentadol hcl</i>)	3	QL (6 tablets per 1 day)
NUCYNTA ORAL TABLET 75 MG (<i>tapentadol hcl</i>)	3	QL (8 tablet per 1 day)
OLINVYK INTRAVENOUS SOLUTION (<i>oliceridine fumarate</i>)	3	
<i>oxycodone hcl oral capsule</i>	1 or 1b*	QL (7 days per 1 fill)
<i>oxycodone hcl oral concentrate</i>	1 or 1b*	QL (6 mL per 1 day)
<i>oxycodone hcl oral solution</i>	1 or 1b*	QL (30 mL per 1 day)
<i>oxycodone hcl oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>oxycodone hcl oral tablet abuse-deterrent</i>	1 or 1b*	PA; QL (6 tablets per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG (<i>oxycodone hcl</i>)	3	PA; QL (2 tablets per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG, 80 MG (<i>oxycodone hcl</i>)	3	PA; QL (2 tablet per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>	1 or 1b*	QL (6 tablet per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
QDOLO ORAL SOLUTION (<i>tramadol hcl</i>)	3	AL; QL (80 mL per 1 day)
<i>remifentanil hcl intravenous solution reconstituted</i>	1 or 1b*	
ROXICODONE ORAL TABLET (<i>oxycodone hcl</i>)	3	QL (6 tablets per 1 day)
ROXYBOND ORAL TABLET ABUSE-DETERRENT (<i>oxycodone hcl</i>)	3	PA; QL (6 tablets per 1 day)
SUFENTANIL CITRATE INTRAVENOUS SOLUTION	1 or 1b*	
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
<i>tramadol hcl er oral tablet extended release 24 hour</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
TRAMADOL HCL ORAL SOLUTION	3	AL; QL (80 mL per 1 day)
<i>tramadol hcl oral tablet 100 mg</i>	1 or 1b*	AL; QL (4 tablets per 1 day)
<i>tramadol hcl oral tablet 25 mg</i>	1 or 1b*	PA; QL (16 tablets per 1 day)
<i>tramadol hcl oral tablet 50 mg</i>	1 or 1b*	AL; QL (8 tablets per 1 day)
<i>tramadol hcl oral tablet 75 mg</i>	3	PA; QL (5 tablets per 1 day)
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED (<i>remifentanil hcl</i>)	3	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 9 MG (<i>oxycodone</i>)	3	PA; QL (2 capsules per 1 day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG, 36 MG (<i>oxycodone</i>)	3	PA; QL (2 capsule per 1 day)
*OPIOID COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
APADAZ ORAL TABLET (<i>benzhydrocodone-acetaminophen</i>)	3	QL (6 tablets per 1 day)
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET	3	QL (6 tablets per 1 day)

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Effective 01012025

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<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>endocet oral tablet 5-325 mg</i>	1 or 1b*	QL (6 tablet per 1 day)
NALOCET ORAL TABLET	3	QL (6 tablet per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	QL (30 mL per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	1 or 1b*	QL (30 ML per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	3	QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	3	QL (6 tablet per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	1 or 1b*	QL (6 tablet per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	3	QL (6 tablets per 1 day)
PERCOCET ORAL TABLET 5-325 MG (<i>oxycodone-acetaminophen</i>)	3	QL (6 tablet per 1 day)
PROLATE ORAL SOLUTION (<i>oxycodone-acetaminophen</i>)	3	QL (30 mL per 1 day)
PROLATE ORAL TABLET (<i>oxycodone-acetaminophen</i>)	3	QL (6 tablets per 1 day)
*OPIOID PARTIAL AGONISTS*** - ARTHRITIS AND PAIN DRUGS		
BELBUCA BUCCAL FILM (<i>buprenorphine hcl</i>)	3	PA; QL (2 film per 1 day)
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>buprenorphine</i>)	4	LD; QL (4 syringes per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>buprenorphine</i>)	4	LD; QL (1 syringe per 28 days)
<i>buprenorphine hcl injection solution</i>	1 or 1b*	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	1 or 1b*	QL (12 tablets per 90 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	1 or 1b*	QL (3 tablets per 90 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1 or 1b*	QL (2 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	1 or 1b*	QL (16 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	1 or 1b*	QL (8 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	1 or 1b*	QL (4 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1 or 1b*	QL (16 tablets per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>buprenorphine transdermal patch weekly</i>	1 or 1b*	PA; QL (1 package per 28 days)
<i>butorphanol tartrate injection solution</i>	1 or 1b*	
<i>butorphanol tartrate nasal solution</i>	1 or 1b*	QL (2 bottles per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY (<i>buprenorphine</i>)	3	PA; QL (1 package per 28 days)
<i>nalbuphine hcl injection solution</i>	1 or 1b*	QL (2 mL per 1 day)
<i>pentazocine-naloxone hcl oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>buprenorphine</i>)	4	LD; QL (1 syringe per 28 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (2 films per 1 day)

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Effective 01012025

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SUBOXONE SUBLINGUAL FILM 2-0.5 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (16 films per 1 day)
SUBOXONE SUBLINGUAL FILM 4-1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (8 films per 1 day)
SUBOXONE SUBLINGUAL FILM 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (4 films per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (23 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (12 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (1 tablet per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (5 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (3 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (2 tablets per 1 day)
*TRAMADOL COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
SEGLENTIS ORAL TABLET (<i>celecoxib-tramadol hcl</i>)	3	AL; QL (4 tablets per 1 day)
<i>tramadol-acetaminophen oral tablet</i>	1 or 1b*	AL; QL (8 tablet per 1 day)
ANDROGENS-ANABOLIC - HORMONES		
*ANDROGENS*** - DRUGS FOR MEN		
ANDROGEL PUMP TRANSDERMAL GEL (<i>testosterone</i>)	3	PA; QL (1 bottle per 30 days)
AVEED INTRAMUSCULAR SOLUTION (<i>testosterone undecanoate</i>)	3	PA; LD; SP
AZMIRO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>testosterone cypionate</i>)	3	PA
<i>danazol oral capsule 100 mg, 50 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>danazol oral capsule 200 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION (<i>testosterone cypionate</i>)	1 or 1b*	PA
JATENZO ORAL CAPSULE 158 MG, 198 MG (<i>testosterone undecanoate</i>)	3	PA; QL (4 capsules per 1 day)
JATENZO ORAL CAPSULE 237 MG (<i>testosterone undecanoate</i>)	3	PA; QL (2 capsules per 1 day)
KYZATREX ORAL CAPSULE 100 MG, 150 MG (<i>testosterone undecanoate</i>)	3	PA; QL (2 capsules per 1 day)
KYZATREX ORAL CAPSULE 200 MG (<i>testosterone undecanoate</i>)	3	PA; QL (4 capsules per 1 day)
METHITEST ORAL TABLET	3	PA
<i>methyltestosterone oral capsule</i>	3	PA
NATESTO NASAL GEL (<i>testosterone</i>)	3	PA; QL (3 pump bottles per 30 days)
TESTIM TRANSDERMAL GEL (<i>testosterone</i>)	3	PA; QL (1 packet per 1 day)
TESTOPEL IMPLANT PELLETT (<i>testosterone</i>)	3	PA; LD
<i>testosterone cypionate intramuscular solution</i>	1 or 1b*	PA

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<i>testosterone enanthate intramuscular solution</i>	1 or 1b*	PA
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)</i>	1 or 1b*	PA; QL (1 bottle per 30 days)
<i>testosterone transdermal gel 10 mg/act (2%)</i>	1 or 1b*	PA; QL (1 pump per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	1 or 1b*	PA; QL (2 bottles per 30 days)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1 or 1b*	PA; QL (1 packet per 1 day)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	1 or 1b*	PA; QL (2 packet per 1 day)
<i>testosterone transdermal solution</i>	1 or 1b*	PA; QL (1 pump bottle per 30 days)
TLANDO ORAL CAPSULE (<i>testosterone undecanoate</i>)	3	PA; QL (4 capsules per 1 day)
UNDECATREX ORAL CAPSULE (<i>testosterone undecanoate</i>)	3	PA; QL (4 capsules per 1 day)
VOGELXO PUMP TRANSDERMAL GEL (<i>testosterone</i>)	3	PA; QL (2 bottles per 30 days)
VOGELXO TRANSDERMAL GEL (<i>testosterone</i>)	3	PA; QL (1 tube per 1 day)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>testosterone enanthate</i>)	3	PA
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS		
*INTRARECTAL STEROIDS*** - RECTAL PREPARATIONS		
<i>budesonide rectal foam 2 mg</i>	1 or 1b*	QL (4.78 gm per 1 day)
<i>budesonide rectal foam 2 mg/act</i>	1 or 1b*	QL (4.78 grams per 1 day)
CORTENEMA RECTAL ENEMA (<i>hydrocortisone</i>)	3	
CORTIFOAM EXTERNAL FOAM (<i>hydrocortisone acetate</i>)	3	QL (2.15 gram per 1 day)
<i>hydrocortisone rectal enema</i>	1 or 1b*	
UCERIS RECTAL FOAM (<i>budesonide</i>)	3	QL (4.78 gm per 1 day)
*NITRATE VASODILATING AGENTS*** - RECTAL PREPARATIONS		
<i>nitroglycerin rectal ointment</i>	1 or 1b*	QL (1 unit per 1 day)
RECTIV RECTAL OINTMENT (<i>nitroglycerin</i>)	3	QL (1 unit per 1 day)
*RECTAL ANESTHETIC/STEROIDS*** - RECTAL PREPARATIONS		
ANALPRAM-HC EXTERNAL CREAM (<i>hydrocortisone ace-pramoxine</i>)	3	
ANALPRAM-HC EXTERNAL LOTION (<i>hydrocortisone ace-pramoxine</i>)	3	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1 or 1b*	
PROCTOFOAM HC EXTERNAL FOAM (<i>hydrocortisone ace-pramoxine</i>)	3	
*RECTAL STEROIDS*** - RECTAL PREPARATIONS		
ANUSOL-HC EXTERNAL CREAM (<i>hydrocortisone</i>)	3	
<i>hydrocortisone (perianal) external cream</i>	1 or 1b*	
PROCTOCORT EXTERNAL CREAM (<i>hydrocortisone</i>)	1 or 1b*	
<i>procto-med hc external cream</i>	1 or 1b*	
<i>proctosol hc external cream</i>	1 or 1b*	
<i>proctozone-hc external cream</i>	1 or 1b*	

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ANTHELMINTICS - DRUGS FOR INFECTIONS		
*ANTHELMINTICS*** - DRUGS FOR PARASITES		
<i>albendazole oral tablet</i>	1 or 1b*	PA; QL (4 tablets per 1 day)
BENZNIDAZOLE ORAL TABLET	3	
BILTRICIDE ORAL TABLET (<i>praziquantel</i>)	3	
EMVERM ORAL TABLET CHEWABLE (<i>mebendazole</i>)	3	
<i>ivermectin oral tablet</i>	1 or 1b*	QL (9 tablets per 1 fill)
<i>praziquantel oral tablet</i>	1 or 1b*	
STROMEKTOL ORAL TABLET (<i>ivermectin</i>)	3	QL (9 tablets per 1 fill)
ANTIANGINAL AGENTS - DRUGS FOR THE HEART		
*ANTIANGINALS-OTHER*** - DRUGS FOR ANGINA		
ASPRUZYO SPRINKLE ORAL PACKET (<i>ranolazine</i>)	3	PA; QL (2 sachets per 1 day)
<i>ranolazine er oral tablet extended release 12 hour</i>	1 or 1b*	QL (2 tablets per 1 day)
*NITRATES*** - DRUGS FOR ANGINA		
ISORDIL TITRADOSE ORAL TABLET (<i>isosorbide dinitrate</i>)	3	
<i>isosorbide dinitrate oral tablet</i>	1 or 1b*	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>isosorbide mononitrate oral tablet</i>	1 or 1b*	
NITRO-BID TRANSDERMAL OINTMENT (<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</i>	1 or 1b*	
NITROGLYCERIN INTRAVENOUS SOLUTION	3	
<i>nitroglycerin sublingual tablet sublingual</i>	1 or 1b*	
<i>nitroglycerin transdermal patch 24 hour</i>	1 or 1b*	
<i>nitroglycerin translingual solution</i>	1 or 1b*	
NITROLINGUAL TRANSLINGUAL SOLUTION (<i>nitroglycerin</i>)	3	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL (<i>nitroglycerin</i>)	3	
ANTIANGIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIANGIETY AGENTS - MISC.*** - DRUGS FOR ANXIETY		
<i>bupirone hcl oral tablet</i>	1 or 1b*	
<i>droperidol injection solution</i>	1 or 1b*	
<i>hydroxyzine hcl intramuscular solution</i>	1 or 1b*	
<i>hydroxyzine hcl oral syrup</i>	1 or 1b*	
<i>hydroxyzine hcl oral tablet</i>	1 or 1b*	
<i>hydroxyzine pamoate oral capsule</i>	1 or 1a*	
<i>meprobamate oral tablet</i>	3	

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*BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	1 or 1b*	DO
<i>alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE (<i>alprazolam</i>)	3	QL (4 mL per 1 day)
<i>alprazolam oral tablet</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>alprazolam oral tablet dispersible</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	1 or 1b*	DO
<i>alprazolam xr oral tablet extended release 24 hour 2 mg, 3 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
ATIVAN INJECTION SOLUTION (<i>lorazepam</i>)	3	
ATIVAN ORAL TABLET 0.5 MG (<i>lorazepam</i>)	3	DO
ATIVAN ORAL TABLET 1 MG, 2 MG (<i>lorazepam</i>)	3	QL (3 tablets per 1 day)
<i>chlordiazepoxide hcl oral capsule</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>clorazepate dipotassium oral tablet</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>diazepam injection solution 10 mg/2ml</i>	1 or 1a*	
<i>diazepam intensol oral concentrate</i>	1 or 1a*	QL (8 mL per 1 day)
<i>diazepam oral concentrate</i>	1 or 1a*	QL (8 mL per 1 day)
<i>diazepam oral solution</i>	1 or 1a*	
<i>diazepam oral tablet</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>lorazepam injection solution</i>	1 or 1b*	
<i>lorazepam intensol oral concentrate</i>	1 or 1b*	QL (3 mL per 1 day)
<i>lorazepam oral concentrate 2 mg/ml</i>	1 or 1b*	QL (3 mL per 1 day)
<i>lorazepam oral tablet 0.5 mg</i>	1 or 1b*	DO
<i>lorazepam oral tablet 1 mg, 2 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG (<i>lorazepam</i>)	3	ST; DO
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 2 MG, 3 MG (<i>lorazepam</i>)	3	ST; QL (2 capsule per 1 day)
<i>oxazepam oral capsule</i>	1 or 1b*	QL (4 capsules per 1 day)
VALIUM ORAL TABLET (<i>diazepam</i>)	3	QL (4 tablets per 1 day)
XANAX ORAL TABLET (<i>alprazolam</i>)	3	QL (4 tablets per 1 day)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG (<i>alprazolam</i>)	3	DO
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG, 3 MG (<i>alprazolam</i>)	3	QL (2 tablets per 1 day)
ANTIARRHYTHMICS - DRUGS FOR THE HEART		
*ANTIARRHYTHMICS - MISC.*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>adenosine intravenous solution 12 mg/4ml, 6 mg/2ml</i>	1 or 1b*	

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Effective 01012025

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*ANTIARRHYTHMICS TYPE I-A*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>disopyramide phosphate oral capsule</i>	1 or 1b*	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR (<i>disopyramide phosphate</i>)	2	
NORPACE ORAL CAPSULE (<i>disopyramide phosphate</i>)	3	
<i>procainamide hcl injection solution</i>	1 or 1b*	
<i>quinidine gluconate er oral tablet extended release</i>	1 or 1b*	
<i>quinidine sulfate oral tablet</i>	1 or 1a*	
*ANTIARRHYTHMICS TYPE I-B*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml</i>	1 or 1b*	
LIDOCAINE HCL (CARDIAC) PF INTRAVENOUS SOLUTION	3	
<i>lidocaine hcl (cardiac) pf intravenous solution prefilled syringe</i>	1 or 1b*	
<i>lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%</i>	1 or 1b*	
<i>mexiletine hcl oral capsule</i>	1 or 1b*	
*ANTIARRHYTHMICS TYPE I-C*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>flecainide acetate oral tablet 100 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>flecainide acetate oral tablet 150 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>flecainide acetate oral tablet 50 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>propafenone hcl er oral capsule extended release 12 hour</i>	1 or 1b*	
<i>propafenone hcl oral tablet</i>	1 or 1b*	
*ANTIARRHYTHMICS TYPE III*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>amiodarone hcl intravenous solution</i>	1 or 1b*	
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	1 or 1b*	
<i>amiodarone hcl oral tablet 200 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
CORVERT INTRAVENOUS SOLUTION (<i>ibutilide fumarate</i>)	3	
<i>dofetilide oral capsule</i>	1 or 1b*	LD
<i>ibutilide fumarate intravenous solution</i>	1 or 1b*	
MULTAQ ORAL TABLET (<i>dronedarone hcl</i>)	3	QL (2 tablets per 1 day)
NEXTERONE INTRAVENOUS SOLUTION (<i>amiodarone hcl in dextrose</i>)	3	
<i>pacerone oral tablet 100 mg, 400 mg</i>	1 or 1b*	
<i>pacerone oral tablet 200 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
TIKOSYN ORAL CAPSULE (<i>dofetilide</i>)	3	LD
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS		
*5-LIPOXYGENASE INHIBITORS*** - DRUGS FOR ASTHMA/COPD		
<i>zileuton er oral tablet extended release 12 hour</i>	3	PA; QL (4 tablets per 1 day)

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ZYFLO ORAL TABLET (<i>zileuton</i>)	3	PA; QL (4 tablets per 1 day)
*ADRENERGIC COMBINATIONS*** - DRUGS FOR ASTHMA/COPD		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone-salmeterol</i>)	3	ST; QL (1 package per 30 days)
ADVAIR HFA INHALATION AEROSOL (<i>fluticasone-salmeterol</i>)	3	ST; QL (1 inhaler per 30 days)
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone-salmeterol</i>)	3	ST; QL (1 inhaler per 30 days)
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone-salmeterol</i>)	3	ST; QL (1 inhaler per 30 days)
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone-salmeterol</i>)	3	ST; QL (1 inhaler per 30 days)
AIRSUPRA INHALATION AEROSOL (<i>albuterol-budesonide</i>)	3	PA; QL (3 inhalers per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>umeclidinium-vilanterol</i>)	2	QL (1 inhaler per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL (<i>glycopyrrolate-formoterol</i>)	3	ST; QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone furoate-vilanterol</i>)	2	QL (1 inhaler per 30 days)
<i>budesonide-formoterol fumarate</i> (Breyna Inhalation Aerosol)	1 or 1b*	QL (1.03 grams per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL (<i>budeson-glycopyrrol-formoterol</i>)	2	QL (1 inhaler per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol</i>	1 or 1b*	QL (1.03 grams per 1 day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION (<i>ipratropium-albuterol</i>)	2	QL (2 inhalers per 30 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>aclidinium br-formoterol fum</i>)	3	ST; QL (1 unit per 25 days)
DULERA INHALATION AEROSOL (<i>mometasone furo-formoterol fum</i>)	3	ST; QL (1 inhaler per 30 days)
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated</i>	1 or 1b*	QL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol</i>	1 or 1b*	QL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1 or 1b*	QL (1 package per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	1 or 1b*	QL (1 inhaler per 30 days)
<i>ipratropium-albuterol inhalation solution</i>	1 or 1b*	QL (540 mL per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION (<i>tiotropium bromide-olodaterol</i>)	2	QL (1 inhaler per 30 days)
SYMBICORT INHALATION AEROSOL (<i>budesonide-formoterol fumarate</i>)	3	ST; QL (1.03 grams per 1 day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	2	QL (1 inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	2	QL (2 EA per 1 day)
<i>wixela inhub inhalation aerosol powder breath activated</i>	1 or 1b*	QL (1 package per 30 days)

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Effective 01012025

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*ANTI-IGE MONOCLONAL ANTIBODIES*** - DRUGS FOR ASTHMA/COPD		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>omalizumab</i>)	4	PA; LD; QL (4 auto-injectors per 28 days); SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML, 75 MG/0.5ML (<i>omalizumab</i>)	4	PA; LD; QL (2 auto-injectors per 28 days); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	4	PA; LD; QL (4 prefilled syringes per 28 days); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML, 75 MG/0.5ML (<i>omalizumab</i>)	4	PA; LD; QL (2 prefilled syringes per 28 days); SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>omalizumab</i>)	4	PA; LD; QL (4 vials/syringes/autoinjectors per 28 days); SP
*ANTI-INFLAMMATORY AGENTS*** - DRUGS FOR ASTHMA/COPD		
<i>cromolyn sodium inhalation nebulization solution</i>	1 or 1b*	
*BETA ADRENERGICS*** - DRUGS FOR ASTHMA/COPD		
<i>albuterol sulfate hfa inhalation aerosol solution</i>	1 or 1b*	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	1 or 1b*	QL (360 mL per 30 days)
ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	1 or 1b*	QL (4 boxes per 30 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	1 or 1b*	QL (4 boxes per 30 days)
<i>albuterol sulfate oral syrup</i>	1 or 1b*	
<i>albuterol sulfate oral tablet</i>	1 or 1b*	
<i>arformoterol tartrate inhalation nebulization solution</i>	1 or 1b*	QL (60 vial per 30 days)
BROVANA INHALATION NEBULIZATION SOLUTION (<i>arformoterol tartrate</i>)	3	QL (60 vial per 30 days)
<i>formoterol fumarate inhalation nebulization solution</i>	1 or 1b*	QL (120 ML per 30 days)
<i>isoproterenol hcl injection solution</i>	1 or 1b*	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	1 or 1b*	QL (90 vials per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	1 or 1b*	QL (90 mL per 30 days)
<i>levalbuterol tartrate inhalation aerosol</i>	1 or 1b*	ST; QL (2 inhalers per 30 days)
PERFORMIST INHALATION NEBULIZATION SOLUTION (<i>formoterol fumarate</i>)	3	QL (120 ML per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>albuterol sulfate</i>)	2	QL (2 inhalers per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>salmeterol xinafoate</i>)	2	QL (1 inhaler per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION (<i>olodaterol hcl</i>)	3	QL (1 inhaler per 30 days)
<i>terbutaline sulfate injection solution</i>	1 or 1b*	

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<i>terbutaline sulfate oral tablet</i>	1 or 1b*	
VENTOLIN HFA INHALATION AEROSOL SOLUTION (<i>albuterol sulfate</i>)	3	ST; QL (2 inhalers per 30 days)
XOPENEX HFA INHALATION AEROSOL (<i>levalbuterol tartrate</i>)	3	ST; QL (2 inhalers per 30 days)
*BRONCHODILATORS - ANTICHOLINERGICS*** - DRUGS FOR ASTHMA/COPD		
ATROVENT HFA INHALATION AEROSOL SOLUTION (<i>ipratropium bromide hfa</i>)	2	QL (2 inhalers per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>umeclidinium bromide</i>)	3	ST; QL (1 inhaler per 30 days)
<i>ipratropium bromide inhalation solution</i>	1 or 1b*	QL (300 ML per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE (<i>tiotropium bromide monohydrate</i>)	2	QL (1 capsule per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION (<i>tiotropium bromide monohydrate</i>)	2	QL (1 inhaler per 30 days)
<i>tiotropium bromide monohydrate inhalation capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>aclidinium bromide</i>)	3	ST; QL (0.04 EA per 1 day)
YUPELRI INHALATION SOLUTION (<i>revefenacin</i>)	3	ST; QL (1 vial per 1 day)
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** - DRUGS FOR ASTHMA/COPD		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>benralizumab</i>)	4	PA; LD; QL (1 autoinjector per 8 weekss); SP
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML (<i>benralizumab</i>)	4	PA; LD; QL (1 syringe per 8 weeks); SP
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (<i>benralizumab</i>)	4	PA; LD; QL (1 syringes per 8 weekss); SP
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>mepolizumab</i>)	4	PA; LD; QL (1 autoinjector per 4 weekss); SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	4	PA; LD; QL (1 syringe per 4 weekss); SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>mepolizumab</i>)	4	PA; LD; QL (1 injection per 28 days); SP
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>mepolizumab</i>)	4	PA; LD; QL (1 injections per 28 days); SP
*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)*** - DRUGS FOR ASTHMA/COPD		
CINQAIR INTRAVENOUS SOLUTION (<i>reslizumab</i>)	4	PA; LD; SP
*LEUKOTRIENE RECEPTOR ANTAGONISTS*** - DRUGS FOR ASTHMA/COPD		
ACCOLATE ORAL TABLET (<i>zafirlukast</i>)	3	QL (2 tablets per 1 day)
<i>montelukast sodium oral packet</i>	1 or 1b*	QL (1 packet per 1 day)
<i>montelukast sodium oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>montelukast sodium oral tablet chewable</i>	1 or 1b*	QL (1 tablet per 1 day)

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SINGULAIR ORAL PACKET (<i>montelukast sodium</i>)	3	QL (1 packet per 1 day)
SINGULAIR ORAL TABLET (<i>montelukast sodium</i>)	3	QL (1 tablet per 1 day)
SINGULAIR ORAL TABLET CHEWABLE (<i>montelukast sodium</i>)	3	QL (1 tablet per 1 day)
<i>zafirlukast oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
*PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS**** - DRUGS FOR THE LUNGS		
OHTUVAYRE INHALATION SUSPENSION (<i>ensifentrine</i>)	4	PA; LD; QL (1 carton per 30 days); SP
*SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**** - DRUGS FOR ASTHMA/COPD		
DALIRESP ORAL TABLET (<i>roflumilast</i>)	3	PA; QL (1 tablet per 1 day)
<i>roflumilast oral tablet</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
*STEROID INHALANTS**** - DRUGS FOR ASTHMA/COPD		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT (<i>ciclesonide</i>)	3	ST; QL (2 inhalers per 30 days)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT (<i>ciclesonide</i>)	3	ST; QL (1 inhaler per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone furoate</i>)	2	QL (1 inhaler per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	3	ST; QL (1 inhaler per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	3	ST; QL (1 inhaler per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT (<i>mometasone furoate</i>)	3	ST; QL (0.04 EA per 1 day)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	3	ST; QL (1 inhaler per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	3	ST; QL (1 inhaler per 30 days)
ASMANEX HFA INHALATION AEROSOL (<i>mometasone furoate</i>)	3	ST; QL (1 inhaler per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	1 or 1b*	QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	1 or 1b*	QL (60 ML per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	1 or 1b*	QL (1 inhaler per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	1 or 1b*	QL (4 inhalers per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 44 mcg/act</i>	1 or 1b*	QL (1 inhaler per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	1 or 1b*	QL (2 inhalers per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>budesonide</i>)	3	ST; QL (0.07 EA per 1 day)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML (<i>budesonide</i>)	3	QL (120 ML per 30 days)
PULMICORT INHALATION SUSPENSION 1 MG/2ML (<i>budesonide</i>)	3	QL (60 ML per 30 days)

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QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (<i>beclomethasone diprop hfa</i>)	2	QL (1 inhaler per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	2	QL (2 inhalers per 30 days)
*THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS*** - DRUGS FOR ASTHMA/COPD		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>tezepelumab-ekko</i>)	4	PA; LD; QL (1 syringe per 28 days); SP
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>tezepelumab-ekko</i>)	4	PA; LD; QL (1 syringe per 28 days); SP
*XANTHINES*** - DRUGS FOR ASTHMA/COPD		
<i>aminophylline intravenous solution</i>	1 or 1b*	
ELIXOPHYLLIN ORAL ELIXIR (<i>theophylline</i>)	1 or 1b*	QL (112.5 mL per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (<i>theophylline</i>)	2	QL (4 tablets per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG (<i>theophylline</i>)	2	QL (3 capsules per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 400 MG (<i>theophylline</i>)	2	QL (2 capsules per 1 day)
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg</i>	1 or 1b*	
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>theophylline er oral tablet extended release 24 hour</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>theophylline oral elixir</i>	1 or 1b*	QL (112.5 mL per 1 day)
<i>theophylline oral solution</i>	1 or 1b*	QL (112.5 mL per 1 day)
ANTICOAGULANTS - DRUGS FOR THE BLOOD		
*COUMARIN ANTICOAGULANTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>jantoven oral tablet</i>	1 or 1a*	
<i>warfarin sodium oral tablet</i>	1 or 1a*	
*DIRECT FACTOR XA INHIBITORS*** - DRUGS TO PREVENT BLOOD CLOTS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK (<i>apixaban</i>)	2	QL (74 tablets per 365 days)
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	2	QL (2 tablets per 1 day)
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	2	QL (74 tablets per 30 days)
SAVAYSA ORAL TABLET (<i>edoxaban tosylate</i>)	3	QL (1 tablet per 1 day)
XARELTO ORAL SUSPENSION RECONSTITUTED (<i>rivaroxaban</i>)	2	QL (20 mL per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (<i>rivaroxaban</i>)	2	QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (<i>rivaroxaban</i>)	2	QL (2 tablets per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK (<i>rivaroxaban</i>)	2	QL (1 pack per 365 days)

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*HEPARINS AND HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>bd heparin posiflush intravenous solution</i>	1 or 1b*	
<i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%</i>	1 or 1b*	
HEPARIN (PORCINE) IN NAACL INTRAVENOUS SOLUTION 12500-0.45 UT/250ML-%, 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%	3	
<i>heparin na (pork) lock flsh pf intravenous solution</i>	1 or 1b*	
HEPARIN SOD (PORCINE) IN D5W INTRAVENOUS SOLUTION 100 UNIT/ML, 25000-5 UT/500ML-%	3	
<i>heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-%</i>	1 or 1b*	
<i>heparin sod (pork) lock flush intravenous solution</i>	1 or 1b*	
<i>heparin sodium (porcine) injection solution</i>	1 or 1b*	
HEPARIN SODIUM (PORCINE) INJECTION SOLUTION PREFILLED SYRINGE	3	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml</i>	1 or 1b*	
HEPARIN SODIUM (PORCINE) PF INJECTION SOLUTION 5000 UNIT/ML	3	
*LOW MOLECULAR WEIGHT HEPARINS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>enoxaparin sodium injection solution</i>	1 or 1b*	QL (30 syringes per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe</i>	1 or 1b*	QL (2 syringes per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML (<i>dalteparin sodium</i>)	3	QL (8 mL per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	3	QL (6 vials per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>dalteparin sodium</i>)	3	QL (30 syringes per 30 days)
LOVENOX INJECTION SOLUTION (<i>enoxaparin sodium</i>)	3	QL (30 syringes per 30 days)
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE (<i>enoxaparin sodium</i>)	3	QL (2 syringes per 1 day)
*SYNTHETIC HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS		
ARIXTRA SUBCUTANEOUS SOLUTION (<i>fondaparinux sodium</i>)	3	QL (30 syringes per 30 days)
<i>fondaparinux sodium subcutaneous solution</i>	1 or 1b*	QL (30 syringes per 30 days)
*THROMBIN INHIBITORS - HIRUDIN TYPE*** - DRUGS TO PREVENT BLOOD CLOTS		
ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED (<i>bivalirudin trifluoroacetate</i>)	3	
<i>bivalirudin trifluoroacetate intravenous solution</i>	1 or 1b*	
<i>bivalirudin trifluoroacetate intravenous solution reconstituted</i>	1 or 1b*	

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE*** - DRUGS TO PREVENT BLOOD CLOTS		
ARGATROBAN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
ARGATROBAN INTRAVENOUS SOLUTION	3	
<i>dabigatran etexilate mesylate oral capsule</i>	3	QL (2 capsules per 1 day)
PRADAXA ORAL CAPSULE (<i>dabigatran etexilate mesylate</i>)	3	QL (2 capsules per 1 day)
PRADAXA ORAL PACKET 110 MG, 30 MG, 40 MG, 50 MG (<i>dabigatran etexilate mesylate</i>)	3	QL (4 packets per 1 day)
PRADAXA ORAL PACKET 150 MG, 20 MG (<i>dabigatran etexilate mesylate</i>)	3	QL (2 packets per 1 day)
ANTICONVULSANTS - DRUGS FOR THE NERVOUS SYSTEM		
*AMPA GLUTAMATE RECEPTOR ANTAGONISTS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
FYCOMPA ORAL SUSPENSION (<i>perampanel</i>)	3	QL (24 mL per 1 day)
FYCOMPA ORAL TABLET (<i>perampanel</i>)	3	QL (1 tablet per 1 day)
*ANTICONVULSANTS - BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>clobazam oral suspension</i>	1 or 1b*	QL (16 mL per 1 day)
<i>clobazam oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>clonazepam oral tablet</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>clonazepam oral tablet dispersible</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>diazepam rectal gel</i>	1 or 1b*	QL (2 syringes per 1 fill)
KLONOPIN ORAL TABLET (<i>clonazepam</i>)	3	QL (3 tablets per 1 day)
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG (<i>diazepam</i>)	3	PA; QL (10 films per 30 days)
LIBERVANT BUCCAL FILM 5 MG, 7.5 MG (<i>diazepam</i>)	3	PA; DO
NAYZILAM NASAL SOLUTION (<i>midazolam (anticonvulsant)</i>)	3	PA; QL (10 mL per 30 days)
ONFI ORAL SUSPENSION (<i>clobazam</i>)	3	QL (16 mL per 1 day)
ONFI ORAL TABLET (<i>clobazam</i>)	3	QL (2 tablets per 1 day)
SYMPAZAN ORAL FILM 10 MG, 20 MG (<i>clobazam</i>)	3	QL (2 film strips per 1 day)
SYMPAZAN ORAL FILM 5 MG (<i>clobazam</i>)	3	QL (1 film strip per 1 day)
VALTOCO 10 MG DOSE NASAL LIQUID (<i>diazepam</i>)	3	PA; QL (10 blister packs per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK (<i>diazepam</i>)	3	PA; QL (10 blister packs per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK (<i>diazepam</i>)	3	PA; QL (10 blister packs per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID (<i>diazepam</i>)	3	PA; QL (10 blister packs per 30 days)
*ANTICONVULSANTS - MISC.*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
APTIOM ORAL TABLET 200 MG, 400 MG (<i>eslicarbazepine acetate</i>)	3	DO
APTIOM ORAL TABLET 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	3	QL (2 tablets per 1 day)

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Effective 01012025

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BANZEL ORAL SUSPENSION (<i>rufinamide</i>)	3	QL (80 mL per 1 day)
BANZEL ORAL TABLET 200 MG (<i>rufinamide</i>)	3	DO
BANZEL ORAL TABLET 400 MG (<i>rufinamide</i>)	3	QL (8 tablets per 1 day)
BRIVIACT INTRAVENOUS SOLUTION (<i>brivaracetam</i>)	3	
BRIVIACT ORAL SOLUTION (<i>brivaracetam</i>)	3	QL (20 mL per 1 day)
BRIVIACT ORAL TABLET (<i>brivaracetam</i>)	3	QL (2 tablets per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 300 mg</i>	1 or 1b*	QL (5 capsules per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>carbamazepine oral suspension</i>	1 or 1b*	QL (50 mL per 1 day)
<i>carbamazepine oral tablet</i>	1 or 1b*	QL (8 tablets per 1 day)
<i>carbamazepine oral tablet chewable 100 mg</i>	1 or 1b*	QL (10 tablets per 1 day)
<i>carbamazepine oral tablet chewable 200 mg</i>	1 or 1b*	QL (8 tablets per 1 day)
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG (<i>carbamazepine</i>)	3	QL (2 capsules per 1 day)
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG (<i>carbamazepine</i>)	3	QL (5 capsules per 1 day)
DIACOMIT ORAL CAPSULE 250 MG (<i>stiripentol</i>)	4	PA; LD; DO
DIACOMIT ORAL CAPSULE 500 MG (<i>stiripentol</i>)	4	PA; LD; QL (6 capsules per 1 day)
DIACOMIT ORAL PACKET 250 MG (<i>stiripentol</i>)	4	PA; LD; DO
DIACOMIT ORAL PACKET 500 MG (<i>stiripentol</i>)	4	PA; LD; QL (6 packets per 1 day)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>levetiracetam</i>)	3	QL (2 tablets per 1 day)
EPIDIOLEX ORAL SOLUTION (<i>cannabidiol</i>)	4	PA; LD; SP
<i>epitol oral tablet</i>	1 or 1b*	QL (8 tablets per 1 day)
EPRONTIA ORAL SOLUTION (<i>topiramate</i>)	3	QL (16 mL per 1 day)
FINTEPLA ORAL SOLUTION (<i>fenfluramine hcl</i>)	4	PA; LD; QL (26 mg per 1 day)
<i>gabapentin oral capsule</i>	1 or 1b*	DO
<i>gabapentin oral solution</i>	1 or 1b*	QL (72 mL per 1 day)
<i>gabapentin oral tablet 600 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>gabapentin oral tablet 800 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
KEPPRA INTRAVENOUS SOLUTION (<i>levetiracetam</i>)	3	
KEPPRA ORAL SOLUTION (<i>levetiracetam</i>)	3	QL (30 mL per 1 day)
KEPPRA ORAL TABLET 1000 MG (<i>levetiracetam</i>)	3	QL (3 tablets per 1 day)
KEPPRA ORAL TABLET 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	3	DO
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (<i>levetiracetam</i>)	3	QL (6 tablets per 1 day)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG (<i>levetiracetam</i>)	3	QL (4 tablets per 1 day)

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Effective 01012025

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<i>lacosamide intravenous solution</i>	1 or 1b*	
<i>lacosamide oral solution</i>	1 or 1b*	QL (40 mL per 1 day)
<i>lacosamide oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG (<i>lamotrigine</i>)	3	QL (1 kit per 28 days)
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (<i>lamotrigine</i>)	3	QL (1 kit per 35 days)
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG (<i>lamotrigine</i>)	3	QL (2 tablets per 1 day)
LAMICTAL ODT ORAL TABLET DISPERSIBLE 25 MG (<i>lamotrigine</i>)	3	QL (3 tablets per 1 day)
LAMICTAL ODT ORAL TABLET DISPERSIBLE 50 MG (<i>lamotrigine</i>)	3	DO
LAMICTAL ORAL TABLET (<i>lamotrigine</i>)	3	DO
LAMICTAL ORAL TABLET CHEWABLE 25 MG (<i>lamotrigine</i>)	3	QL (2 tablets per 1 day)
LAMICTAL ORAL TABLET CHEWABLE 5 MG (<i>lamotrigine</i>)	3	QL (4 tablets per 1 day)
LAMICTAL STARTER ORAL KIT 35 X 25 MG (<i>lamotrigine</i>)	3	QL (1 kit per 28 days)
LAMICTAL STARTER ORAL KIT 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (<i>lamotrigine</i>)	3	QL (1 kit per 35 days)
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG (<i>lamotrigine</i>)	3	QL (28 tablets per 28 days)
LAMICTAL XR ORAL KIT 25 & 50 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	3	QL (35 tablets per 35 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	3	DO
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG (<i>lamotrigine</i>)	3	QL (3 tablets per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 300 MG (<i>lamotrigine</i>)	3	QL (2 tablets per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	1 or 1b*	DO
<i>lamotrigine er oral tablet extended release 24 hour 200 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg</i>	1 or 1b*	QL (1 kit per 28 days)
<i>lamotrigine oral kit 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	1 or 1b*	QL (1 kit per 35 days)
<i>lamotrigine oral tablet</i>	1 or 1b*	DO
<i>lamotrigine oral tablet chewable 25 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet chewable 5 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 25 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 50 mg</i>	1 or 1b*	DO
<i>lamotrigine starter kit-blue oral kit</i>	1 or 1b*	QL (1 kit per 28 days)
<i>lamotrigine starter kit-green oral kit</i>	1 or 1b*	QL (1 kit per 35 days)
<i>lamotrigine starter kit-orange oral kit</i>	1 or 1b*	QL (1 kit per 35 days)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	1 or 1b*	QL (6 tablets per 1 day)

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<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
LEVETIRACETAM IN NA CL INTRAVENOUS SOLUTION	3	
<i>levetiracetam intravenous solution</i>	1 or 1b*	
<i>levetiracetam oral solution</i>	1 or 1b*	QL (30 mL per 1 day)
<i>levetiracetam oral tablet 1000 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>levetiracetam oral tablet 250 mg, 500 mg, 750 mg</i>	1 or 1b*	DO
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>pregabalin</i>)	3	QL (3 capsule per 1 day)
LYRICA ORAL CAPSULE 225 MG, 300 MG (<i>pregabalin</i>)	3	QL (2 capsules per 1 day)
LYRICA ORAL CAPSULE 75 MG (<i>pregabalin</i>)	3	QL (3 capsules per 1 day)
LYRICA ORAL SOLUTION (<i>pregabalin</i>)	3	QL (30 mL per 1 day)
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (<i>lacosamide</i>)	3	DO
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG (<i>lacosamide</i>)	3	QL (2 capsules per 1 day)
MYSOLINE ORAL TABLET 250 MG (<i>primidone</i>)	3	QL (8 tablets per 1 day)
MYSOLINE ORAL TABLET 50 MG (<i>primidone</i>)	3	QL (4 tablets per 1 day)
NEURONTIN ORAL CAPSULE (<i>gabapentin</i>)	3	DO
NEURONTIN ORAL SOLUTION (<i>gabapentin</i>)	3	QL (72 mL per 1 day)
NEURONTIN ORAL TABLET 600 MG (<i>gabapentin</i>)	3	QL (6 tablets per 1 day)
NEURONTIN ORAL TABLET 800 MG (<i>gabapentin</i>)	3	QL (4 tablets per 1 day)
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg</i>	1 or 1b*	DO
<i>oxcarbazepine er oral tablet extended release 24 hour 600 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>oxcarbazepine oral suspension</i>	1 or 1b*	QL (40 mL per 1 day)
<i>oxcarbazepine oral tablet 150 mg, 300 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>oxcarbazepine oral tablet 600 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (<i>oxcarbazepine</i>)	3	DO
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG (<i>oxcarbazepine</i>)	3	QL (4 tablets per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1 or 1b*	QL (3 capsule per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>pregabalin oral capsule 75 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>pregabalin oral solution</i>	1 or 1b*	QL (30 mL per 1 day)
<i>primidone oral tablet 125 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>primidone oral tablet 250 mg</i>	1 or 1b*	QL (8 tablets per 1 day)
<i>primidone oral tablet 50 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 50 MG (<i>topiramate</i>)	3	ST; QL (1 capsule per 1 day)

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QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 150 MG, 200 MG (<i>topiramate</i>)	3	ST; QL (2 capsules per 1 day)
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 25 MG (<i>topiramate</i>)	3	ST; DO
<i>roweepra oral tablet</i>	1 or 1b*	DO
<i>rufinamide oral suspension</i>	1 or 1b*	QL (80 mL per 1 day)
<i>rufinamide oral tablet 200 mg</i>	1 or 1b*	DO
<i>rufinamide oral tablet 400 mg</i>	1 or 1b*	QL (8 tablets per 1 day)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG (<i>levetiracetam</i>)	3	QL (2 tablets per 1 day)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG (<i>levetiracetam</i>)	3	QL (4 tablets per 1 day)
<i>subvenite oral tablet</i>	1 or 1b*	DO
<i>subvenite starter kit-blue oral kit</i>	1 or 1b*	QL (1 kit per 28 days)
<i>subvenite starter kit-green oral kit</i>	1 or 1b*	QL (1 kit per 35 days)
<i>subvenite starter kit-orange oral kit</i>	1 or 1b*	QL (1 kit per 35 days)
TEGRETOL ORAL SUSPENSION (<i>carbamazepine</i>)	3	QL (50 mL per 1 day)
TEGRETOL ORAL TABLET (<i>carbamazepine</i>)	3	QL (8 tablets per 1 day)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG (<i>carbamazepine</i>)	3	QL (2 tablets per 1 day)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 400 MG (<i>carbamazepine</i>)	3	QL (4 tablets per 1 day)
TOPAMAX ORAL TABLET 100 MG, 25 MG, 50 MG (<i>topiramate</i>)	3	DO
TOPAMAX ORAL TABLET 200 MG (<i>topiramate</i>)	3	QL (2 tablets per 1 day)
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE (<i>topiramate</i>)	3	QL (2 capsules per 1 day)
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 50 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>topiramate er oral capsule er 24 hour sprinkle 150 mg, 200 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>topiramate er oral capsule er 24 hour sprinkle 25 mg</i>	1 or 1b*	DO
<i>topiramate er oral capsule extended release 24 hour 100 mg, 50 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>topiramate er oral capsule extended release 24 hour 200 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>topiramate er oral capsule extended release 24 hour 25 mg</i>	1 or 1b*	DO
<i>topiramate oral capsule sprinkle</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>topiramate oral tablet 100 mg, 25 mg, 50 mg</i>	1 or 1b*	DO
<i>topiramate oral tablet 200 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
TRILEPTAL ORAL SUSPENSION (<i>oxcarbazepine</i>)	3	QL (40 mL per 1 day)
TRILEPTAL ORAL TABLET 150 MG, 300 MG (<i>oxcarbazepine</i>)	3	QL (2 tablets per 1 day)
TRILEPTAL ORAL TABLET 600 MG (<i>oxcarbazepine</i>)	3	QL (4 tablets per 1 day)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 50 MG (<i>topiramate</i>)	3	ST; QL (1 capsule per 1 day)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG (<i>topiramate</i>)	3	ST; QL (2 capsules per 1 day)

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG (<i>topiramate</i>)	3	ST; DO
VIMPAT INTRAVENOUS SOLUTION (<i>lacosamide</i>)	3	
VIMPAT ORAL SOLUTION (<i>lacosamide</i>)	3	QL (40 mL per 1 day)
VIMPAT ORAL TABLET (<i>lacosamide</i>)	3	QL (2 tablets per 1 day)
ZONEGRAN ORAL CAPSULE (<i>zonisamide</i>)	3	QL (6 capsule per 1 day)
ZONISADE ORAL SUSPENSION (<i>zonisamide</i>)	3	QL (6 bottles per 30 days)
<i>zonisamide oral capsule</i>	1 or 1b*	QL (6 capsule per 1 day)
ZTALMY ORAL SUSPENSION (<i>ganaxolone</i>)	4	LD; QL (10 bottles per 30 days)
*CARBAMATES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>felbamate oral suspension</i>	1 or 1b*	QL (30 mL per 1 day)
<i>felbamate oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
FELBATOL ORAL TABLET (<i>felbamate</i>)	3	QL (6 tablets per 1 day)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>cenobamate</i>)	3	QL (1 blister pack per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>cenobamate</i>)	3	QL (1 pack per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG (<i>cenobamate</i>)	3	QL (1 tablet per 1 day)
XCOPRI ORAL TABLET 200 MG (<i>cenobamate</i>)	3	QL (2 tablets per 1 day)
XCOPRI ORAL TABLET THERAPY PACK (<i>cenobamate</i>)	3	QL (1 pack per 28 days)
*GABA MODULATORS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
SABRIL ORAL PACKET (<i>vigabatrin</i>)	3	LD; QL (6 packets per 1 day); SP
SABRIL ORAL TABLET (<i>vigabatrin</i>)	3	LD; QL (6 tablets per 1 day); SP
<i>tiagabine hcl oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>vigabatrin oral packet</i>	1 or 1b*	LD; QL (6 packets per 1 day); SP
<i>vigabatrin oral tablet</i>	1 or 1b*	LD; QL (6 tablets per 1 day); SP
<i>vigadrone oral packet</i>	1 or 1b*	LD; QL (6 packets per 1 day)
<i>vigabatrin</i> (Vigadrone Oral Tablet)	1 or 1b*	LD; QL (6 tablets per 1 day); SP
VIGAFYDE ORAL SOLUTION (<i>vigabatrin</i>)	4	LD; QL (25 mL per 1 day)
<i>vigabatrin</i> (Vigpoder Oral Packet)	1 or 1b*	LD; QL (6 packets per 1 day)
*HYDANTOINS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
CEREBYX INJECTION SOLUTION (<i>fosphenytoin sodium</i>)	3	
DILANTIN INFATABS ORAL TABLET CHEWABLE (<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 (<i>phenytoin</i>)	3	
DILANTIN-125 ORAL SUSPENSION (<i>phenytoin</i>)	3	

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fosphenytoin sodium injection solution</i>	1 or 1b*	
PHENYTEK ORAL CAPSULE (<i>phenytoin sodium extended</i>)	1 or 1b*	
<i>phenytoin infatabs oral tablet chewable</i>	1 or 1b*	
<i>phenytoin oral suspension</i>	1 or 1b*	
<i>phenytoin oral tablet chewable</i>	1 or 1b*	
<i>phenytoin sodium extended oral capsule</i>	1 or 1b*	
<i>phenytoin sodium injection solution</i>	1 or 1b*	
*SUCCINIMIDES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
CELONTIN ORAL CAPSULE (<i>methsuximide</i>)	3	QL (4 capsules per 1 day)
<i>ethosuximide oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>ethosuximide oral solution</i>	1 or 1b*	QL (30 mL per 1 day)
<i>methsuximide oral capsule</i>	1 or 1b*	QL (4 capsules per 1 day)
ZARONTIN ORAL CAPSULE (<i>ethosuximide</i>)	3	QL (6 capsules per 1 day)
ZARONTIN ORAL SOLUTION (<i>ethosuximide</i>)	3	QL (30 mL per 1 day)
*VALPROIC ACID*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG (<i>divalproex sodium</i>)	3	QL (2 tablets per 1 day)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (<i>divalproex sodium</i>)	3	QL (7 tablets per 1 day)
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG (<i>divalproex sodium</i>)	3	QL (2 tablets per 1 day)
DEPAKOTE ORAL TABLET DELAYED RELEASE 500 MG (<i>divalproex sodium</i>)	3	QL (7 tablets per 1 day)
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE (<i>divalproex sodium</i>)	3	QL (8 capsules per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour 500 mg</i>	1 or 1b*	QL (7 tablets per 1 day)
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1 or 1b*	QL (8 capsules per 1 day)
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>divalproex sodium oral tablet delayed release 500 mg</i>	1 or 1b*	QL (7 tablets per 1 day)
<i>valproate sodium intravenous solution 100 mg/ml</i>	1 or 1b*	
<i>valproic acid oral capsule</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>valproic acid oral solution</i>	1 or 1b*	
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM		
*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)*** - DRUGS FOR DEPRESSION		
<i>mirtazapine oral tablet</i>	1 or 1b*	
<i>mirtazapine oral tablet dispersible</i>	1 or 1b*	
REMERON ORAL TABLET (<i>mirtazapine</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REMERON SOLTAB ORAL TABLET DISPERSIBLE (<i>mirtazapine</i>)	3	
*ANTIDEPRESSANT - MISCELLANEOUS COMBINATIONS*** - DRUGS FOR DEPRESSION		
AUVELITY ORAL TABLET EXTENDED RELEASE (<i>dextromethorphan-bupropion</i>)	3	ST; QL (2 tablets per 1 day)
*ANTIDEPRESSANTS - MISC.*** - DRUGS FOR DEPRESSION		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG (<i>bupropion hbr</i>)	3	ST; DO
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG, 522 MG (<i>bupropion hbr</i>)	3	ST; QL (1 tablet per 1 day)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1 or 1b*	DO
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1 or 1b*	DO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	1 or 1b*	QL (4.5 tablet per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	1 or 1b*	DO
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>bupropion hcl</i>)	3	ST; QL (1 tablet per 1 day)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG (<i>bupropion hcl</i>)	3	ST; DO
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG (<i>bupropion hcl</i>)	3	ST; QL (2 tablets per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG (<i>bupropion hcl</i>)	3	ST; DO
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG (<i>bupropion hcl</i>)	3	ST; QL (1 tablet per 1 day)
*GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID*** - DRUGS FOR DEPRESSION		
ZULRESSO INTRAVENOUS SOLUTION (<i>brexanolone</i>)	4	PA; LD; SP
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG (<i>zuranolone</i>)	4	PA; LD; QL (28 capsules per 1 fill)
ZURZUVAE ORAL CAPSULE 30 MG (<i>zuranolone</i>)	4	PA; LD; QL (14 capsules per 1 fill)
*MONOAMINE OXIDASE INHIBITORS (MAOIS)*** - DRUGS FOR DEPRESSION		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	3	QL (1 patch per 1 day)
EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR (<i>selegiline</i>)	3	DO
MARPLAN ORAL TABLET (<i>isocarboxazid</i>)	3	QL (6 tablets per 1 day)
NARDIL ORAL TABLET (<i>phenelzine sulfate</i>)	3	QL (6 tablets per 1 day)
PARNATE ORAL TABLET (<i>tranylcypromine sulfate</i>)	3	QL (6 tablets per 1 day)
<i>phenelzine sulfate oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>tranylcypromine sulfate oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)

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*N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS*** - DRUGS FOR DEPRESSION		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK (<i>esketamine hcl</i>)	4	PA; LD; QL (4 kits per 28 days)
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK (<i>esketamine hcl</i>)	4	PA; LD; QL (4 kits per 28 days)
*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)*** - DRUGS FOR DEPRESSION		
CELEXA ORAL TABLET (<i>citalopram hydrobromide</i>)	3	ST
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	3	ST
<i>citalopram hydrobromide oral solution</i>	1 or 1b*	
<i>citalopram hydrobromide oral tablet</i>	1 or 1b*	
<i>escitalopram oxalate oral solution</i>	1 or 1b*	
<i>escitalopram oxalate oral tablet</i>	1 or 1b*	
<i>fluoxetine hcl oral capsule</i>	1 or 1b*	
<i>fluoxetine hcl oral capsule delayed release</i>	1 or 1b*	
<i>fluoxetine hcl oral solution</i>	1 or 1b*	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	1 or 1b*	
FLUOXETINE HCL ORAL TABLET 60 MG	3	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	1 or 1b*	
<i>fluvoxamine maleate oral tablet</i>	1 or 1b*	
LEXAPRO ORAL TABLET (<i>escitalopram oxalate</i>)	3	ST
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>paroxetine hcl oral suspension</i>	1 or 1b*	
<i>paroxetine hcl oral tablet</i>	1 or 1b*	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>paroxetine hcl</i>)	3	ST
PAXIL ORAL SUSPENSION (<i>paroxetine hcl</i>)	3	ST
PAXIL ORAL TABLET (<i>paroxetine hcl</i>)	3	ST
PROZAC ORAL CAPSULE (<i>fluoxetine hcl</i>)	3	ST
SERTRALINE HCL ORAL CAPSULE	3	ST
<i>sertraline hcl oral concentrate</i>	1 or 1b*	
<i>sertraline hcl oral tablet</i>	1 or 1b*	
ZOLOFT ORAL CONCENTRATE (<i>sertraline hcl</i>)	3	ST
ZOLOFT ORAL TABLET (<i>sertraline hcl</i>)	3	ST
*SEROTONIN MODULATORS**** - DRUGS FOR DEPRESSION		
<i>nefazodone hcl oral tablet 100 mg, 50 mg</i>	1 or 1b*	DO
<i>nefazodone hcl oral tablet 150 mg, 250 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>nefazodone hcl oral tablet 200 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1 or 1a*	DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>trazodone hcl oral tablet 300 mg</i>	1 or 1a*	QL (2 tablets per 1 day)
TRINTELLIX ORAL TABLET 10 MG, 5 MG (<i>vortioxetine hbr</i>)	2	DO
TRINTELLIX ORAL TABLET 20 MG (<i>vortioxetine hbr</i>)	2	QL (1 tablet per 1 day)
VIIBRYD ORAL TABLET 10 MG, 20 MG (<i>vilazodone hcl</i>)	3	ST; DO
VIIBRYD ORAL TABLET 40 MG (<i>vilazodone hcl</i>)	3	ST; QL (1 tablet per 1 day)
<i>vilazodone hcl oral tablet 10 mg, 20 mg</i>	1 or 1b*	DO
<i>vilazodone hcl oral tablet 40 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)*** - DRUGS FOR DEPRESSION		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG (<i>duloxetine hcl</i>)	3	PA; QL (6 capsules per 1 day)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG (<i>duloxetine hcl</i>)	3	PA; QL (4 capsules per 1 day)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 60 MG (<i>duloxetine hcl</i>)	3	PA; QL (2 capsules per 1 day)
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	3	ST; QL (1 tablet per 1 day)
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	3	ST; DO
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	1 or 1b*	DO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG (<i>duloxetine hcl</i>)	3	QL (2 capsules per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG (<i>duloxetine hcl</i>)	3	DO
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	1 or 1b*	QL (3 capsule per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG (<i>venlafaxine hcl</i>)	3	ST; QL (1 capsule per 1 day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG (<i>venlafaxine hcl</i>)	3	ST; QL (6 capsules per 1 day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 75 MG (<i>venlafaxine hcl</i>)	3	ST; QL (3 capsules per 1 day)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>levomilnacipran hcl</i>)	3	ST; QL (1 capsule per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK (<i>levomilnacipran hcl</i>)	3	ST; QL (28 pack per 365 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG (<i>desvenlafaxine succinate</i>)	3	ST; QL (1 tablet per 1 day)

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PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	3	ST; DO
<i>venlafaxine besylate er oral tablet extended release 24 hour</i>	3	ST; QL (2 tablets per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg</i>	3	ST; QL (1 tablet per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg</i>	3	ST; QL (6 tablets per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 75 mg</i>	3	ST; QL (3 tablets per 1 day)
<i>venlafaxine hcl oral tablet</i>	1 or 1b*	QL (3 tablet per 1 day)
*TRICYCLIC AGENTS*** - DRUGS FOR DEPRESSION		
<i>amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg</i>	1 or 1a*	DO
<i>amitriptyline hcl oral tablet 100 mg</i>	1 or 1a*	QL (3 tablets per 1 day)
<i>amitriptyline hcl oral tablet 150 mg</i>	1 or 1a*	QL (2 tablets per 1 day)
<i>amoxapine oral tablet 100 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>amoxapine oral tablet 150 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>amoxapine oral tablet 25 mg, 50 mg</i>	1 or 1b*	DO
ANAFRANIL ORAL CAPSULE 25 MG (<i>clomipramine hcl</i>)	3	DO
ANAFRANIL ORAL CAPSULE 50 MG (<i>clomipramine hcl</i>)	3	QL (5 capsules per 1 day)
ANAFRANIL ORAL CAPSULE 75 MG (<i>clomipramine hcl</i>)	3	QL (3 capsules per 1 day)
<i>clomipramine hcl oral capsule 25 mg</i>	1 or 1b*	DO
<i>clomipramine hcl oral capsule 50 mg</i>	1 or 1b*	QL (5 capsules per 1 day)
<i>clomipramine hcl oral capsule 75 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>desipramine hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg</i>	1 or 1b*	DO
<i>desipramine hcl oral tablet 100 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>desipramine hcl oral tablet 150 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>doxepin hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1 or 1b*	DO
<i>doxepin hcl oral capsule 100 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>doxepin hcl oral capsule 150 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>doxepin hcl oral concentrate</i>	1 or 1b*	QL (30 mL per 1 day)
<i>imipramine hcl oral tablet 10 mg, 25 mg</i>	1 or 1b*	DO
<i>imipramine hcl oral tablet 50 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>imipramine pamoate oral capsule 100 mg, 75 mg</i>	1 or 1b*	DO
<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
NORPRAMIN ORAL TABLET (<i>desipramine hcl</i>)	3	DO
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	1 or 1b*	DO
<i>nortriptyline hcl oral capsule 50 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>nortriptyline hcl oral capsule 75 mg</i>	1 or 1b*	QL (2 capsules per 1 day)

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<i>nortriptyline hcl oral solution</i>	1 or 1b*	QL (75 mL per 1 day)
PAMELOR ORAL CAPSULE 10 MG, 25 MG (<i>nortriptyline hcl</i>)	3	DO
PAMELOR ORAL CAPSULE 50 MG (<i>nortriptyline hcl</i>)	3	QL (3 capsules per 1 day)
PAMELOR ORAL CAPSULE 75 MG (<i>nortriptyline hcl</i>)	3	QL (2 capsules per 1 day)
<i>protriptyline hcl oral tablet 10 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>protriptyline hcl oral tablet 5 mg</i>	1 or 1b*	DO
<i>trimipramine maleate oral capsule 100 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
ANTIDIABETICS - HORMONES		
*ALPHA-GLUCOSIDASE INHIBITORS*** - DRUGS FOR DIABETES		
<i>acarbose oral tablet</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>miglitol oral tablet</i>	1 or 1b*	QL (3 tablets per 1 day)
*ANTIDIABETIC - AMYLIN ANALOGS*** - DRUGS FOR DIABETES		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>pramlintide acetate</i>)	2	QL (4 pens per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>pramlintide acetate</i>)	2	QL (2 boxes per 30 days)
*ANTIDIABETIC-ANTI-CD3 ANTIBODIES*** - HORMONES		
TZIELD INTRAVENOUS SOLUTION (<i>teplizumab-mzvw</i>)	4	PA; LD
*BIGUANIDES*** - DRUGS FOR DIABETES		
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG (<i>metformin hcl</i>)	3	ST; QL (2 tablets per 1 day)
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (<i>metformin hcl</i>)	3	ST; QL (4 tablets per 1 day)
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	3	ST; QL (2 tablets per 1 day)
<i>metformin hcl er (mod) oral tablet extended release 24 hour 500 mg</i>	3	ST; QL (4 tablets per 1 day)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i>	3	ST; QL (2 tablets per 1 day)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i>	3	ST; QL (4 tablets per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>metformin hcl oral solution</i>	3	PA; QL (2 bottles per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>metformin hcl oral tablet 500 mg</i>	1 or 1b*	QL (5 tablets per 1 day)
METFORMIN HCL ORAL TABLET 625 MG	3	PA; QL (4 tablets per 1 day)
<i>metformin hcl oral tablet 850 mg</i>	1 or 1b*; \$0	QL (3 tablets per 1 day)
RIOMET ORAL SOLUTION (<i>metformin hcl</i>)	3	PA; QL (2 bottles per 30 days)
*DIABETIC OTHER*** - DRUGS FOR DIABETES		
BAQSIMI ONE PACK NASAL POWDER (<i>glucagon</i>)	3	QL (2 packs per 30 days)
BAQSIMI TWO PACK NASAL POWDER (<i>glucagon</i>)	3	QL (1 pack per 30 days)
<i>diazoxide oral suspension</i>	1 or 1b*	

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCAGON EMERGENCY INJECTION KIT	1 or 1b*	QL (2 kits per 30 days)
GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED	3	QL (2 kits per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>glucagon</i>)	3	QL (2 packs per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>glucagon</i>)	3	QL (1 pack per 30 days)
GVOKE KIT SUBCUTANEOUS SOLUTION (<i>glucagon</i>)	3	QL (2 kits per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>glucagon</i>)	3	QL (2 packs per 30 days)
PROGLYCEM ORAL SUSPENSION (<i>diazoxide</i>)	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>dasiglucagon hcl</i>)	3	QL (1.2 mL per 30 days)
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>dasiglucagon hcl</i>)	3	QL (1.2 mL per 30 days)
*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** - DRUGS FOR DIABETES		
<i>alogliptin benzoate oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
JANUVIA ORAL TABLET (<i>sitagliptin phosphate</i>)	2	ST; QL (1 tablet per 1 day)
ONGLYZA ORAL TABLET (<i>saxagliptin hcl</i>)	3	ST; QL (1 tablet per 1 day)
<i>saxagliptin hcl oral tablet</i>	3	ST; QL (1 tablet per 1 day)
<i>sitagliptin oral tablet</i>	3	ST; QL (1 tablet per 1 day)
TRADJENTA ORAL TABLET (<i>linagliptin</i>)	3	ST; QL (1 tablet per 1 day)
ZITUVIO ORAL TABLET (<i>sitagliptin</i>)	3	ST; QL (1 tablet per 1 day)
*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>alogliptin-metformin hcl oral tablet</i>	1 or 1b*	ST; QL (2 tablets per 1 day)
JANUMET ORAL TABLET (<i>sitagliptin-metformin hcl</i>)	2	ST; QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (<i>sitagliptin-metformin hcl</i>)	2	ST; QL (1 tablet per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	2	ST; QL (2 tablets per 1 day)
JENTADUETO ORAL TABLET (<i>linagliptin-metformin hcl</i>)	3	ST; QL (2 tablets per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>linagliptin-metformin hcl</i>)	3	ST; QL (2 tablets per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>linagliptin-metformin hcl</i>)	3	ST; QL (1 tablet per 1 day)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg</i>	3	ST; QL (2 tablets per 1 day)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg</i>	3	ST; QL (1 tablet per 1 day)
<i>sitagliptin base-metformin hcl oral tablet</i>	3	ST; QL (2 tablets per 1 day)
ZITUVIMET ORAL TABLET (<i>sitagliptin base-metformin hcl</i>)	3	ST; QL (2 tablets per 1 day)

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Effective 01012025

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ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (<i>sitagliptin base-metformin hcl</i>)	3	ST; QL (1 tablet per 1 day)
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (<i>sitagliptin base-metformin hcl</i>)	3	ST; QL (2 tablets per 1 day)
*DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES*** - DRUGS FOR DIABETES		
CYCLOSET ORAL TABLET (<i>bromocriptine mesylate</i>)	3	
*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>alogliptin-pioglitazone oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
*HUMAN INSULIN*** - DRUGS FOR DIABETES		
ADMELOG INJECTION SOLUTION (<i>insulin lispro</i>)	3	ST; QL (30 mL per 30 days)
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	3	ST; QL (30 mL per 30 days)
AFREZZA INHALATION POWDER 12 UNIT (<i>insulin regular human</i>)	3	PA; QL (9 cartridges per 1 day)
AFREZZA INHALATION POWDER 4 UNIT, 90 X 4 UNIT & 90X8 UNIT (<i>insulin regular human</i>)	3	PA; QL (18 cartridges per 1 day)
AFREZZA INHALATION POWDER 60X4 & 60X8 & 60X12 UNIT, 8 UNIT (<i>insulin regular human</i>)	3	PA; QL (12 cartridges per 1 day)
AFREZZA INHALATION POWDER 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	3	PA; QL (1 EA per 12 days)
APIDRA INJECTION SOLUTION (<i>insulin glulisine</i>)	3	ST; QL (30 mL per 30 days)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glulisine</i>)	3	ST; QL (30 mL per 30 days)
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	3	ST; QL (30 mL per 30 days)
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	3	ST; QL (1 mL per 1 day)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin aspart (w/niacinamide)</i>)	3	ST; QL (30 mL per 30 days)
FIASP INJECTION SOLUTION (<i>insulin aspart (w/niacinamide)</i>)	3	ST; QL (30 mL per 30 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (<i>insulin aspart (w/niacinamide)</i>)	3	ST; QL (30 mL per 30 days)
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE (<i>insulin aspart (w/niacinamide)</i>)	3	ST; QL (30 mL per 30 days)
HUMALOG INJECTION SOLUTION (<i>insulin lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	2	QL (30 mL per 30 days)

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Effective 01012025

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HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (<i>insulin lispro prot & lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE (<i>insulin lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	3	ST; QL (1 mL per 1 day)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph isophane & regular</i>)	2	QL (30 mL per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (<i>insulin nph isophane & regular</i>)	2	QL (30 mL per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	2	QL (30 mL per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION (<i>insulin nph human (isophane)</i>)	2	QL (30 mL per 30 days)
HUMULIN R INJECTION SOLUTION (<i>insulin regular human</i>)	2	QL (30 mL per 30 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION (<i>insulin regular human</i>)	2	PA; QL (20 mL per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	2	PA; QL (18 mL per 30 days)
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST; QL (30 mL per 30 days)
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL (30 mL per 30 days)
INSULIN ASPART INJECTION SOLUTION	3	ST; QL (30 mL per 30 days)
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	ST; QL (30 mL per 30 days)
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION	3	ST; QL (30 mL per 30 days)
<i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml</i>	3	ST; QL (30 mL per 30 days)
<i>insulin degludec flextouch subcutaneous solution pen-injector 200 unit/ml</i>	3	ST; QL (18 mL per 30 days)
<i>insulin degludec subcutaneous solution</i>	3	ST; QL (30 mL per 30 days)
<i>insulin glargine max solostar subcutaneous solution pen-injector</i>	3	ST; QL (12 mL per 30 days)
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	3	ST; QL (13.5 mL per 30 days)
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION	3	ST; QL (1 mL per 1 day)
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL (1 mL per 1 day)
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL (30 mL per 30 days)
INSULIN LISPRO INJECTION SOLUTION	2	QL (30 mL per 30 days)
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (30 mL per 30 days)
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL (30 mL per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	2	QL (30 mL per 30 days)
LANTUS SUBCUTANEOUS SOLUTION (<i>insulin glargine</i>)	2	QL (30 mL per 30 days)

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Effective 01012025

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LYUMJEV INJECTION SOLUTION (<i>insulin lispro-aabc</i>)	2	QL (30 mL per 30 days)
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro-aabc</i>)	2	QL (30 mL per 30 days)
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro-aabc</i>)	3	ST; QL (1 mL per 1 day)
MYXREDLIN INTRAVENOUS SOLUTION (<i>insulin regular(human) in nacl</i>)	3	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph isophane & regular</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph isophane & regular</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (<i>insulin nph isophane & regular</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (<i>insulin nph isophane & regular</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION (<i>insulin nph human (isophane)</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION (<i>insulin nph human (isophane)</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN R INJECTION SOLUTION (<i>insulin regular human</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN R RELION INJECTION SOLUTION (<i>insulin regular human</i>)	3	ST; QL (30 mL per 30 days)
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin aspart prot & aspart</i>)	3	ST; QL (30 mL per 30 days)
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin aspart</i>)	3	ST; QL (30 mL per 30 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin aspart</i>)	3	ST; QL (30 mL per 30 days)
NOVOLOG INJECTION SOLUTION (<i>insulin aspart</i>)	3	ST; QL (30 mL per 30 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin aspart prot & aspart</i>)	3	ST; QL (30 mL per 30 days)
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (<i>insulin aspart prot & aspart</i>)	3	ST; QL (30 mL per 30 days)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (<i>insulin aspart prot & aspart</i>)	3	ST; QL (30 mL per 30 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (<i>insulin aspart</i>)	3	ST; QL (30 mL per 30 days)

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Effective 01012025

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NOVOLOG RELION INJECTION SOLUTION (<i>insulin aspart</i>)	3	ST; QL (30 mL per 30 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine-aglr</i>)	3	ST; QL (30 mL per 30 days)
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION (<i>insulin glargine-yfgn</i>)	3	ST; QL (1 mL per 1 day)
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine-yfgn</i>)	3	ST; QL (1 mL per 1 day)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	2	QL (12 mL per 30 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	2	QL (13.5 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin degludec</i>)	2	QL (30 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (<i>insulin degludec</i>)	2	QL (18 mL per 30 days)
TRESIBA SUBCUTANEOUS SOLUTION (<i>insulin degludec</i>)	2	QL (30 mL per 30 days)
*INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)*** - DRUGS FOR DIABETES		
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>tirzepatide</i>)	2	PA; QL (4 pens per 28 days)
*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)*** - DRUGS FOR DIABETES		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR (<i>exenatide</i>)	3	PA; QL (4 vial per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>exenatide</i>)	3	PA; QL (0.08 mL per 1 day)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>exenatide</i>)	3	PA; QL (0.04 mL per 1 day)
<i>liraglutide subcutaneous solution pen-injector</i>	1 or 1b*	PA; QL (1 box per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>semaglutide</i>)	2	PA; QL (1 pen per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>semaglutide</i>)	2	PA; QL (1 unit per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>semaglutide</i>)	2	PA; QL (0.11 mL per 1 day)
RYBELSUS ORAL TABLET 14 MG, 7 MG (<i>semaglutide</i>)	2	PA; QL (1 carton per 30 days)
RYBELSUS ORAL TABLET 3 MG (<i>semaglutide</i>)	2	PA; QL (1 carton per 1 lifetime)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (<i>dulaglutide</i>)	2	PA; QL (4 pens per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>)	2	PA; QL (4 syringes per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>liraglutide</i>)	3	PA; QL (1 box per 30 days)
*INSULIN-INCRETIN MIMETIC COMBINATIONS*** - DRUGS FOR DIABETES		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine-lixisenatide</i>)	2	ST; QL (5 pen per 25 days)

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XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin degludec-liraglutide</i>)	2	ST; QL (5 pen per 30 days)
*MEGLITINIDE ANALOGUES**** - DRUGS FOR DIABETES		
<i>nateglinide oral tablet</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>repaglinide oral tablet 2 mg</i>	1 or 1b*	QL (8 tablets per 1 day)
*PROGESTERONE RECEPTOR ANTAGONISTS**** - DRUGS FOR DIABETES		
KORLYM ORAL TABLET (<i>mifepristone</i>)	4	PA; LD; QL (4 tablets per 1 day)
<i>mifepristone oral tablet 300 mg</i>	4	PA; LD; QL (4 tablets per 1 day)
*SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB**** - DRUGS FOR DIABETES		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	ST; QL (1 tablet per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	ST; QL (2 tablets per 1 day)
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS**** - DRUGS FOR DIABETES		
GLYXAMBI ORAL TABLET (<i>empagliflozin-linagliptin</i>)	2	ST; QL (1 tablet per 1 day)
QTERN ORAL TABLET (<i>dapagliflozin-saxagliptin</i>)	3	ST; QL (1 tablet per 1 day)
STEGLUJAN ORAL TABLET (<i>ertugliflozin-sitagliptin</i>)	3	ST; QL (1 tablet per 1 day)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS**** - DRUGS FOR DIABETES		
<i>bexagliflozin oral tablet</i>	3	ST; QL (1 tablet per 1 day)
BRENZAVVY ORAL TABLET (<i>bexagliflozin</i>)	3	ST; QL (1 tablet per 1 day)
<i>dapagliflozin propanediol oral tablet</i>	2	ST; QL (1 tablet per 1 day)
FARXIGA ORAL TABLET (<i>dapagliflozin propanediol</i>)	2	ST; QL (1 tablet per 1 day)
INVOKANA ORAL TABLET (<i>canagliflozin</i>)	3	ST; QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET (<i>empagliflozin</i>)	2	ST; QL (1 tablet per 1 day)
STEGLATRO ORAL TABLET (<i>ertugliflozin l-pyroglytamidac</i>)	3	ST; QL (1 tablet per 1 day)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB**** - DRUGS FOR DIABETES		
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg</i>	2	ST; QL (1 tablet per 1 day)
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 5-1000 mg</i>	2	ST; QL (2 tablets per 1 day)
INVOKAMET ORAL TABLET (<i>canagliflozin-metformin hcl</i>)	3	ST; QL (2 tablets per 1 day)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>canagliflozin-metformin hcl</i>)	3	ST; QL (2 tablets per 1 day)
SEGLUROMET ORAL TABLET (<i>ertugliflozin-metformin hcl</i>)	3	ST; QL (2 tablets per 1 day)
SYNJARDY ORAL TABLET (<i>empagliflozin-metformin hcl</i>)	2	ST; QL (2 tablets per 1 day)

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	ST; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (<i>dapagliflozin prop-metformin</i>)	2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>dapagliflozin prop-metformin</i>)	2	ST; QL (2 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>dapagliflozin prop-metformin</i>)	2	ST; QL (2 tablets per 1 day)
*SULFONYLUREA-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1 or 1b*	ST; QL (8 tablets per 1 day)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1 or 1b*	ST; QL (4 tablets per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1 or 1b*	ST; QL (8 tablets per 1 day)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1 or 1b*	ST; QL (4 tablets per 1 day)
*SULFONYLUREAS*** - DRUGS FOR DIABETES		
<i>glimepiride oral tablet 1 mg</i>	1 or 1b*	ST; QL (8 tablets per 1 day)
<i>glimepiride oral tablet 2 mg</i>	1 or 1b*	ST; QL (4 tablets per 1 day)
<i>glimepiride oral tablet 3 mg</i>	3	PA; QL (2 tablets per 1 day)
<i>glimepiride oral tablet 4 mg</i>	1 or 1b*	ST; QL (2 tablets per 1 day)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1 or 1a*	ST; QL (2 tablets per 1 day)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1 or 1a*	ST; QL (8 tablets per 1 day)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	1 or 1a*	ST; QL (4 tablets per 1 day)
<i>glipizide oral tablet 10 mg</i>	1 or 1a*	ST; QL (4 tablets per 1 day)
<i>glipizide oral tablet 2.5 mg</i>	1 or 1a*	ST; QL (16 tablets per 1 day)
<i>glipizide oral tablet 5 mg</i>	1 or 1a*	ST; QL (8 tablets per 1 day)
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	1 or 1a*	ST; QL (2 tablets per 1 day)
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	1 or 1a*	ST; QL (8 tablets per 1 day)
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	1 or 1a*	ST; QL (4 tablets per 1 day)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>glipizide</i>)	3	ST; QL (2 tablets per 1 day)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG (<i>glipizide</i>)	3	ST; QL (4 tablets per 1 day)
<i>glyburide micronized oral tablet 1.5 mg</i>	1 or 1b*	ST; QL (8 tablets per 1 day)
<i>glyburide micronized oral tablet 3 mg</i>	1 or 1b*	ST; QL (4 tablets per 1 day)
<i>glyburide micronized oral tablet 6 mg</i>	1 or 1b*	ST; QL (2 tablets per 1 day)
<i>glyburide oral tablet 1.25 mg</i>	1 or 1b*	ST; QL (16 tablets per 1 day)
<i>glyburide oral tablet 2.5 mg</i>	1 or 1b*	ST; QL (8 tablets per 1 day)
<i>glyburide oral tablet 5 mg</i>	1 or 1b*	ST; QL (4 tablets per 1 day)

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*SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS*** - DRUGS FOR DIABETES		
DUETACT ORAL TABLET (<i>pioglitazone hcl-glimepiride</i>)	3	ST; QL (1 tablet per 1 day)
<i>pioglitazone hcl-glimepiride oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
*THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
ACTOPLUS MET ORAL TABLET (<i>pioglitazone hcl-metformin hcl</i>)	3	ST; QL (3 tablet per 1 day)
<i>pioglitazone hcl-metformin hcl oral tablet</i>	1 or 1b*	ST; QL (3 tablets per 1 day)
*THIAZOLIDINEDIONES*** - DRUGS FOR DIABETES		
ACTOS ORAL TABLET (<i>pioglitazone hcl</i>)	3	ST; QL (1 tablet per 1 day)
<i>pioglitazone hcl oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS FOR THE STOMACH		
*ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS*** - DRUGS FOR DIARRHEA		
MYTESI ORAL TABLET DELAYED RELEASE (<i>crofelemer</i>)	3	PA; QL (2 tablets per 1 day)
*ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.*** - DRUGS FOR DIARRHEA		
<i>surebiotic probiotic support oral capsule</i>	3	
*ANTIPERISTALTIC AGENTS*** - DRUGS FOR DIARRHEA		
<i>diphenoxylate-atropine oral liquid</i>	1 or 1b*	
<i>diphenoxylate-atropine oral tablet</i>	1 or 1b*	
LOMOTIL ORAL TABLET (<i>diphenoxylate-atropine</i>)	3	
<i>loperamide hcl oral capsule</i>	1 or 1b*	QL (8 capsules per 1 day)
MOTOFEN ORAL TABLET (<i>difenoxin-atropine</i>)	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
*ANTIDOTE COMBINATIONS*** - DRUGS FOR OVERDOSE OR POISONING		
NITHIODOTE INTRAVENOUS KIT (<i>sodium nitrite-sod thiosulfate</i>)	3	
PREVDUO INTRAVENOUS SOLUTION PREFILLED SYRINGE (<i>neostigmine-glycopyrrolate</i>)	3	
*ANTIDOTES - CHELATING AGENTS*** - DRUGS FOR OVERDOSE OR POISONING		
CHEMET ORAL CAPSULE (<i>succimer</i>)	3	
<i>deferasirox granules oral packet</i>	4	PA; LD; SP
<i>deferasirox oral packet</i>	4	PA; LD; SP
<i>deferasirox oral tablet</i>	4	PA; LD; SP
<i>deferasirox oral tablet soluble</i>	4	PA; LD; SP
<i>deferiprone oral tablet</i>	4	PA; LD
EXJADE ORAL TABLET SOLUBLE (<i>deferasirox</i>)	4	PA; LD; SP

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FERRIPROX ORAL SOLUTION (<i>deferiprone</i>)	4	PA; LD
FERRIPROX ORAL TABLET (<i>deferiprone</i>)	4	PA; LD
FERRIPROX TWICE-A-DAY ORAL TABLET (<i>deferiprone</i>)	4	PA; LD
JADENU ORAL TABLET (<i>deferasirox</i>)	4	PA; LD; SP
JADENU SPRINKLE ORAL PACKET (<i>deferasirox</i>)	4	PA; LD; SP
*ANTIDOTES AND SPECIFIC ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
ACETADOTE INTRAVENOUS SOLUTION (<i>acetylcysteine</i>)	3	
<i>acetylcysteine intravenous solution</i>	1 or 1b*	
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED (<i>coag fact xa inactivated-zhzo</i>)	3	
BRIDION INTRAVENOUS SOLUTION (<i>sugammadex sodium</i>)	3	
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED (<i>hydroxocobalamin</i>)	3	
<i>deferoxamine mesylate injection solution reconstituted</i>	4	LD; SP
DESFERAL INJECTION SOLUTION RECONSTITUTED (<i>deferoxamine mesylate</i>)	4	LD; SP
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED (<i>digoxin immune fab</i>)	3	
<i>edetate calcium disodium injection solution</i>	3	
<i>fomepizole intravenous solution</i>	1 or 1b*	
<i>methylene blue (antidote) intravenous solution</i>	1 or 1b*	
<i>methylene blue intravenous solution</i>	1 or 1b*	
PRAXBIND INTRAVENOUS SOLUTION (<i>idarucizumab</i>)	3	
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED (<i>pralidoxime chloride</i>)	3	
PROVAYBLUE INTRAVENOUS SOLUTION (<i>methylene blue (antidote)</i>)	3	
RADIOGARDASE ORAL CAPSULE (<i>prussian blue insoluble</i>)	3	
SODIUM NITRITE INTRAVENOUS SOLUTION	3	
SODIUM THIOSULFATE INTRAVENOUS SOLUTION	1 or 1b*	
VISTOGARD ORAL PACKET (<i>uridine triacetate</i>)	3	PA; LD; QL (20 packets per 30 days)
*BENZODIAZEPINE ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
<i>flumazenil intravenous solution</i>	1 or 1b*	
*OPIOID ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
KLOXXADO NASAL LIQUID (<i>naloxone hcl</i>)	2	QL (6 nasal sprays per 3 monthss)
<i>nalmefene hcl injection solution</i>	3	QL (20 mL per 150 days)
<i>naloxone hcl injection solution</i>	1 or 1b*	QL (6 vial per 90 days)
<i>naloxone hcl injection solution cartridge</i>	1 or 1b*	QL (6 syringe per 90 days)

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<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml</i>	1 or 1b*	ST; QL (6 syringes per 3 months)
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1 or 1b*	QL (6 syringe per 90 days)
<i>naloxone hcl nasal liquid</i>	1 or 1b*	QL (6 nasal sprays per 3 monthss)
<i>naltrexone hcl oral tablet</i>	1 or 1b*	
NARCAN NASAL LIQUID (<i>naloxone hcl</i>)	3	ST; QL (6 nasal spray per 90 days)
OPVEE NASAL SOLUTION (<i>nalmeffene hcl</i>)	2	QL (3 cartons per 90 days)
REXTOVY NASAL LIQUID (<i>naloxone hcl</i>)	2	QL (6 nasal sprays per 3 monthss)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>naltrexone</i>)	4	LD; QL (1 vial per 28 days)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE (<i>naloxone hcl</i>)	2	QL (6 syringes per 3 monthss)
ANTIEMETICS - DRUGS FOR THE STOMACH		
*5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA		
ANZEMET ORAL TABLET (<i>dolasetron mesylate</i>)	3	LD; QL (5 tablets per 30 days)
<i>granisetron hcl intravenous solution</i>	1 or 1b*	LD
<i>granisetron hcl oral tablet</i>	1 or 1b*	LD; QL (10 tablets per 30 days)
<i>ondansetron hcl injection solution</i>	1 or 1b*	
<i>ondansetron hcl injection solution prefilled syringe</i>	1 or 1b*	LD
<i>ondansetron hcl oral solution</i>	1 or 1b*	LD; QL (8 mL per 1 day)
<i>ondansetron hcl oral tablet 24 mg</i>	1 or 1b*	LD; QL (8 tablet per 30 days)
<i>ondansetron hcl oral tablet 4 mg</i>	1 or 1b*	LD; QL (48 tablets per 30 days)
<i>ondansetron hcl oral tablet 8 mg</i>	1 or 1b*	LD; QL (24 tablets per 30 days)
<i>ondansetron oral tablet dispersible 16 mg</i>	1 or 1b*	QL (4 tablets per 30 days)
<i>ondansetron oral tablet dispersible 4 mg</i>	1 or 1b*	LD; QL (48 tablets per 30 days)
<i>ondansetron oral tablet dispersible 8 mg</i>	1 or 1b*	LD; QL (24 tablets per 30 days)
PALONOSETRON HCL INTRAVENOUS SOLUTION 0.25 MG/2ML	3	PA; LD
<i>palonosetron hcl intravenous solution 0.25 mg/5ml</i>	1 or 1b*	PA; LD
<i>palonosetron hcl intravenous solution prefilled syringe</i>	1 or 1b*	PA; LD
POSFREA INTRAVENOUS SOLUTION (<i>palonosetron hcl</i>)	3	PA; LD
SANCUSO TRANSDERMAL PATCH (<i>granisetron</i>)	3	LD; QL (4 patches per 28 days)
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE (<i>granisetron</i>)	3	LD
*ANTIEMETIC COMBINATIONS*** - DRUGS FOR VOMITING AND NAUSEA		
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION (<i>fosnetupitant-palonosetron</i>)	3	PA; LD; QL (5 vials per 30 days)
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION (<i>fosnetupitant-palonosetron</i>)	3	PA; LD; QL (5 vials per 30 days)
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED (<i>fosnetupitant-palonosetron</i>)	3	PA; LD; QL (5 vials per 30 days)
AKYNZEO ORAL CAPSULE (<i>netupitant-palonosetron</i>)	3	LD; QL (5 capsules per 25 days)

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BONJESTA ORAL TABLET EXTENDED RELEASE (<i>doxylamine-pyridoxine</i>)	3	PA; QL (4 tablet per 1 day)
DICLEGIS ORAL TABLET DELAYED RELEASE (<i>doxylamine-pyridoxine</i>)	3	PA; QL (4 tablet per 1 day)
<i>doxylamine-pyridoxine oral tablet delayed release</i>	1 or 1b*	PA; QL (4 tablet per 1 day)
*ANTIEMETICS - ANTICHOLINERGIC*** - DRUGS FOR VOMITING AND NAUSEA		
ANTIVERT ORAL TABLET (<i>meclizine hcl</i>)	3	
ANTIVERT ORAL TABLET CHEWABLE (<i>meclizine hcl</i>)	3	
DIMENHYDRINATE INJECTION SOLUTION	3	
<i>meclizine hcl oral tablet 25 mg</i>	1 or 1a*	
<i>meclizine hcl oral tablet 50 mg</i>	1 or 1b*	
<i>scopolamine transdermal patch 72 hour</i>	1 or 1b*	
TIGAN INTRAMUSCULAR SOLUTION (<i>trimethobenzamide hcl</i>)	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR (<i>scopolamine base</i>)	3	
<i>trimethobenzamide hcl oral capsule</i>	1 or 1b*	
*ANTIEMETICS - ANTIDOPAMINERGIC*** - DRUGS FOR VOMITING AND NAUSEA		
BARHEMSYS INTRAVENOUS SOLUTION (<i>amisulpride (antiemetic)</i>)	3	
*ANTIEMETICS - MISCELLANEOUS*** - DRUGS FOR VOMITING AND NAUSEA		
<i>dronabinol oral capsule</i>	1 or 1b*	QL (4 capsules per 1 day)
MARINOL ORAL CAPSULE (<i>dronabinol</i>)	3	QL (4 capsules per 1 day)
SYNDROS ORAL SOLUTION (<i>dronabinol</i>)	3	QL (8 mL per 1 day)
*SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA		
APONVIE INTRAVENOUS EMULSION (<i>aprepitant</i>)	3	LD
<i>aprepitant oral</i>	1 or 1b*	LD; QL (15 capsules per 25 days)
<i>aprepitant oral capsule 125 mg</i>	1 or 1b*	LD; QL (5 capsules per 25 days)
<i>aprepitant oral capsule 40 mg</i>	1 or 1b*	LD; QL (1 capsule per 1 fill)
<i>aprepitant oral capsule 80 & 125 mg</i>	1 or 1b*	LD; QL (15 capsules per 25 days)
<i>aprepitant oral capsule 80 mg</i>	1 or 1b*	LD; QL (10 capsules per 25 days)
CINVANTI INTRAVENOUS EMULSION (<i>aprepitant</i>)	3	PA; QL (5 vials per 30 days)
EMEND INTRAVENOUS SOLUTION RECONSTITUTED (<i>fosaprepitant dimeglumine</i>)	3	PA; LD; QL (5 vial per 30 days)
EMEND ORAL CAPSULE (<i>aprepitant</i>)	3	LD; QL (10 capsules per 25 days)
EMEND ORAL SUSPENSION RECONSTITUTED (<i>aprepitant</i>)	3	QL (15 kit per 30 days)
EMEND TRI-PACK ORAL CAPSULE (<i>aprepitant</i>)	3	LD; QL (15 capsules per 25 days)
<i>focinvez intravenous solution</i>	3	PA; QL (5 vials per 30 days)
<i>fosaprepitant dimeglumine intravenous solution reconstituted</i>	1 or 1b*	PA; LD; QL (5 vial per 30 days)

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VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK (<i>rolapitant hcl</i>)	3	QL (4 capsules per 28 days)
ANTIFUNGALS - DRUGS FOR INFECTIONS		
*ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)*** - DRUGS FOR FUNGUS		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED (<i>caspofungin acetate</i>)	3	QL (1 vial per 1 day)
CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED	3	QL (1 vial per 1 day)
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED (<i>anidulafungin</i>)	3	
MICAFUNGIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED <i>micafungin sodium-nacl intravenous solution</i>	3	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED (<i>micafungin sodium</i>)	3	
REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED (<i>rezafungin acetate</i>)	3	
*ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOID)*** - ANTIBIOTICS		
BREXAFEMME ORAL TABLET (<i>ibrexafungerp citrate</i>)	3	PA; QL (4 tablets per 1 month)
*ANTIFUNGALS*** - DRUGS FOR FUNGUS		
ABELCET INTRAVENOUS SUSPENSION (<i>amphotericin b lipid</i>)	3	
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED (<i>amphotericin b liposome</i>)	3	
<i>amphotericin b intravenous solution reconstituted</i>	1 or 1b*	
<i>amphotericin b liposome intravenous suspension reconstituted</i>	1 or 1b*	
ANCOBON ORAL CAPSULE (<i>flucytosine</i>)	3	PA
<i>flucytosine oral capsule</i>	1 or 1b*	PA
<i>griseofulvin microsize oral suspension</i>	1 or 1b*	
<i>griseofulvin microsize oral tablet</i>	1 or 1b*	
<i>griseofulvin ultramicrosize oral tablet</i>	1 or 1b*	
<i>nystatin oral tablet</i>	1 or 1b*	
<i>terbinafine hcl oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
*IMIDAZOLES*** - DRUGS FOR FUNGUS		
<i>ketoconazole oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
*TETRAZOLES*** - DRUGS FOR FUNGUS		
VIVJOA ORAL CAPSULE THERAPY PACK (<i>oteseconazole</i>)	3	PA; QL (1 carton per 4 monthss)
*TRIAZOLES*** - DRUGS FOR FUNGUS		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED (<i>isavuconazonium sulfate</i>)	3	PA; QL (1 vial per 1 day)
CRESEMBA ORAL CAPSULE 186 MG (<i>isavuconazonium sulfate</i>)	3	PA; QL (2 capsules per 1 day)
CRESEMBA ORAL CAPSULE 74.5 MG (<i>isavuconazonium sulfate</i>)	3	PA; QL (5 capsules per 1 day)

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIFLUCAN ORAL SUSPENSION RECONSTITUTED (<i>fluconazole</i>)	3	QL (10 mL per 1 day)
DIFLUCAN ORAL TABLET 100 MG (<i>fluconazole</i>)	3	QL (4 tablet per 1 day)
DIFLUCAN ORAL TABLET 200 MG (<i>fluconazole</i>)	3	QL (2 tablets per 1 day)
FLUCONAZOLE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/50ML-%	3	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1 or 1b*	
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>	1 or 1b*	QL (40 mL per 1 day)
<i>fluconazole oral suspension reconstituted 40 mg/ml</i>	1 or 1b*	QL (10 mL per 1 day)
<i>fluconazole oral tablet 100 mg</i>	1 or 1b*	QL (4 tablet per 1 day)
<i>fluconazole oral tablet 150 mg, 200 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>fluconazole oral tablet 50 mg</i>	1 or 1b*	QL (8 tablet per 1 day)
<i>itraconazole oral capsule</i>	1 or 1b*	PA; QL (4.2 capsules per 1 day)
<i>itraconazole oral solution</i>	1 or 1b*	PA; QL (20 mL per 1 day)
NOXAFIL INTRAVENOUS SOLUTION (<i>posaconazole</i>)	3	
NOXAFIL ORAL PACKET (<i>posaconazole</i>)	3	PA; QL (31 packet per 30 days)
NOXAFIL ORAL SUSPENSION (<i>posaconazole</i>)	3	PA; QL (20 mL per 1 day)
NOXAFIL ORAL TABLET DELAYED RELEASE (<i>posaconazole</i>)	3	PA; QL (93 tablets per 30 days)
<i>posaconazole intravenous solution</i>	1 or 1b*	
<i>posaconazole oral suspension</i>	1 or 1b*	PA; QL (20 mL per 1 day)
<i>posaconazole oral tablet delayed release</i>	1 or 1b*	PA; QL (93 tablets per 30 days)
SPORANOX ORAL CAPSULE (<i>itraconazole</i>)	3	PA; QL (4.2 capsules per 1 day)
SPORANOX ORAL SOLUTION (<i>itraconazole</i>)	3	PA; QL (20 mL per 1 day)
TOLSURA ORAL CAPSULE	3	PA; QL (126 capsules per 30 days)
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED (<i>voriconazole</i>)	3	
VFEND ORAL SUSPENSION RECONSTITUTED (<i>voriconazole</i>)	3	PA; QL (17.5 mL per 1 day)
VFEND ORAL TABLET (<i>voriconazole</i>)	3	PA; QL (6 tablets per 1 day)
<i>voriconazole intravenous solution reconstituted</i>	3	
<i>voriconazole oral suspension reconstituted</i>	1 or 1b*	PA; QL (17.5 mL per 1 day)
<i>voriconazole oral tablet 200 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
<i>voriconazole oral tablet 50 mg</i>	1 or 1b*	PA; QL (6 tablets per 1 day)
ANTIHISTAMINES - DRUGS FOR THE LUNGS		
*ANTIHISTAMINES - ALKYLAMINES*** - DRUGS FOR ALLERGIES		
<i>ryclora oral solution</i>	3	ST
*ANTIHISTAMINES - ETHANOLAMINES*** - DRUGS FOR ALLERGIES		
<i>carbinoxamine maleate er oral suspension extended release</i>	1 or 1b*	ST; QL (40 mL per 1 day)
<i>carbinoxamine maleate oral solution</i>	1 or 1b*	ST
<i>carbinoxamine maleate oral tablet 4 mg</i>	1 or 1b*	ST

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Effective 01012025

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<i>carbinoxamine maleate oral tablet 6 mg</i>	3	ST; QL (4 tablets per 1 day)
CLEMASTINE FUMARATE ORAL SYRUP	3	ST; QL (60 mL per 1 day)
<i>clemastine fumarate oral tablet</i>	1 or 1b*	ST; QL (3 tablets per 1 day)
<i>diphenhydramine hcl injection solution</i>	1 or 1b*	
<i>diphenhydramine hcl oral elixir</i>	1 or 1a*	QL (4 mL per 1 day)
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE (<i>carbinoxamine maleate</i>)	3	ST; QL (40 mL per 1 day)
RYVENT ORAL TABLET (<i>carbinoxamine maleate</i>)	3	ST; QL (4 tablets per 1 day)
*ANTIHISTAMINES - NON-SEDATING*** - DRUGS FOR ALLERGIES		
<i>cetirizine hcl oral solution</i>	1 or 1b*	BE; QL (10 mL per 1 day)
CLARINEX ORAL TABLET (<i>desloratadine</i>)	3	ST; QL (1 tablet per 1 day)
<i>desloratadine oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>levocetirizine dihydrochloride oral solution</i>	1 or 1b*	BE; QL (10 mL per 1 day)
<i>levocetirizine dihydrochloride oral tablet</i>	1 or 1b*	BE; QL (1 tablet per 1 day)
QUZYTIR INTRAVENOUS SOLUTION (<i>cetirizine hcl</i>)	3	
*ANTIHISTAMINES - PHENOTHIAZINES*** - DRUGS FOR ALLERGIES		
PHENERGAN INJECTION SOLUTION (<i>promethazine hcl</i>)	3	
<i>promethazine hcl injection solution</i>	1 or 1a*	
<i>promethazine hcl oral solution</i>	1 or 1a*	QL (40 mL per 1 day)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>promethazine hcl oral tablet 50 mg</i>	1 or 1a*	QL (1 tablet per 1 day)
<i>promethazine hcl rectal suppository</i>	1 or 1b*	QL (6 suppositories per 1 day)
<i>promethegan rectal suppository 12.5 mg, 25 mg</i>	1 or 1b*	QL (6 suppositories per 1 day)
<i>promethegan rectal suppository 50 mg</i>	1 or 1b*	QL (1 suppository per 1 day)
*ANTIHISTAMINES - PIPERIDINES*** - DRUGS FOR ALLERGIES		
<i>cyproheptadine hcl oral syrup</i>	1 or 1b*	
<i>cyproheptadine hcl oral tablet</i>	1 or 1b*	
ANTIHYPERTENSIVES - DRUGS FOR THE HEART		
*ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB*** - DRUGS FOR CHOLESTEROL		
NEXLIZET ORAL TABLET (<i>bempedoic acid-ezetimibe</i>)	3	PA; QL (1 tablet per 1 day)
*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS*** - DRUGS FOR CHOLESTEROL		
NEXLETOL ORAL TABLET (<i>bempedoic acid</i>)	3	PA; QL (1 tablet per 1 day)
*ANGIOPOIETIN-LIKE PROTEIN 3 (ANGPTL3) INHIBITORS*** - DRUGS FOR CHOLESTEROL		
EVKEEZA INTRAVENOUS SOLUTION (<i>evinacumab-dgnb</i>)	4	PA; LD

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*ANTHYPERLIPIDEMICS - MISC.*** - DRUGS FOR CHOLESTEROL		
<i>icosapent ethyl oral capsule 0.5 gm</i>	1 or 1b*	PA; QL (8 capsules per 1 day)
<i>icosapent ethyl oral capsule 1 gm</i>	1 or 1b*	PA; QL (4 capsule per 1 day)
LOVAZA ORAL CAPSULE (<i>omega-3-acid ethyl esters</i>)	3	PA; QL (4 capsule per 1 day)
<i>omega-3-acid ethyl esters oral capsule</i>	1 or 1b*	PA; QL (4 capsule per 1 day)
VASCEPA ORAL CAPSULE 0.5 GM (<i>icosapent ethyl</i>)	2	PA; QL (8 capsules per 1 day)
VASCEPA ORAL CAPSULE 1 GM (<i>icosapent ethyl</i>)	2	PA; QL (4 capsule per 1 day)
*BILE ACID SEQUESTRANTS*** - DRUGS FOR CHOLESTEROL		
<i>cholestyramine light oral packet</i>	1 or 1b*	QL (24 grams per 1 day)
<i>cholestyramine light oral powder</i>	1 or 1b*	QL (30 grams per 1 day)
<i>cholestyramine oral packet</i>	1 or 1b*	QL (6 packets per 1 day)
<i>cholestyramine oral powder</i>	1 or 1b*	QL (54 gm per 1 day)
<i>colesevelam hcl oral packet</i>	3	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
COLESTID ORAL GRANULES (<i>colestipol hcl</i>)	3	QL (45 grams per 1 day)
COLESTID ORAL TABLET (<i>colestipol hcl</i>)	3	QL (16 tablets per 1 day)
<i>colestipol hcl oral granules</i>	1 or 1b*	QL (45 grams per 1 day)
<i>colestipol hcl oral packet</i>	1 or 1b*	QL (30 grams per 1 day)
<i>colestipol hcl oral tablet</i>	1 or 1b*	QL (16 tablets per 1 day)
<i>prevalite oral packet</i>	1 or 1b*	QL (24 grams per 1 day)
<i>prevalite oral powder</i>	1 or 1b*	QL (30 grams per 1 day)
QUESTRAN LIGHT ORAL POWDER (<i>cholestyramine light</i>)	3	QL (30 grams per 1 day)
QUESTRAN ORAL PACKET (<i>cholestyramine</i>)	3	QL (6 packets per 1 day)
QUESTRAN ORAL POWDER (<i>cholestyramine</i>)	3	QL (54 gm per 1 day)
WELCHOL ORAL PACKET (<i>colesevelam hcl</i>)	3	QL (1 packet per 1 day)
WELCHOL ORAL TABLET (<i>colesevelam hcl</i>)	3	QL (6 tablets per 1 day)
*FIBRIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL		
<i>fenofibrate micronized oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>fenofibrate oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	3	ST; QL (1 tablet per 1 day)
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>fenofibric acid oral capsule delayed release</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>fenofibric acid oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
FIBRICOR ORAL TABLET (<i>fenofibric acid</i>)	3	ST; QL (1 tablet per 1 day)
<i>gemfibrozil oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
LIPOFEN ORAL CAPSULE (<i>fenofibrate</i>)	3	ST; QL (1 capsule per 1 day)
LOPID ORAL TABLET (<i>gemfibrozil</i>)	3	ST; QL (2 tablets per 1 day)
TRICOR ORAL TABLET (<i>fenofibrate</i>)	3	ST; QL (1 tablet per 1 day)

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Effective 01012025

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TRILIPIX ORAL CAPSULE DELAYED RELEASE (<i>choline fenofibrate</i>)	3	ST; QL (1 capsule per 1 day)
*HMG COA REDUCTASE INHIBITORS*** - DRUGS FOR CHOLESTEROL		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG (<i>lovastatin</i>)	3	ST; DO
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 40 MG, 60 MG (<i>lovastatin</i>)	3	ST; QL (1 tablet per 1 day)
ATORVALIQ ORAL SUSPENSION (<i>atorvastatin calcium</i>)	3	ST; QL (20 mL per 1 day)
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	1 or 1b*; \$0	DO
<i>atorvastatin calcium oral tablet 40 mg</i>	1 or 1b*	DO
<i>atorvastatin calcium oral tablet 80 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
CRESTOR ORAL TABLET 10 MG, 20 MG, 5 MG (<i>rosuvastatin calcium</i>)	3	ST; DO
CRESTOR ORAL TABLET 40 MG (<i>rosuvastatin calcium</i>)	3	ST; QL (1 tablet per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 5 MG (<i>rosuvastatin calcium</i>)	3	ST; DO
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 40 MG (<i>rosuvastatin calcium</i>)	3	ST; QL (1 capsule per 1 day)
FLOLIPID ORAL SUSPENSION	3	ST; QL (5 mL per 1 day)
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	3; \$0	ST; QL (1 tablet per 1 day)
<i>fluvastatin sodium oral capsule</i>	1 or 1b*; \$0	DO
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>fluvastatin sodium</i>)	3	ST; QL (1 tablet per 1 day)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG (<i>atorvastatin calcium</i>)	3	ST; DO
LIPITOR ORAL TABLET 80 MG (<i>atorvastatin calcium</i>)	3	ST; QL (1 tablet per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG (<i>pitavastatin calcium</i>)	3	ST; DO
LIVALO ORAL TABLET 4 MG (<i>pitavastatin calcium</i>)	3	ST; QL (1 tablet per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg</i>	1 or 1b*; \$0	DO
<i>lovastatin oral tablet 40 mg</i>	1 or 1b*; \$0	QL (2 tablets per 1 day)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg</i>	3	ST; DO
<i>pitavastatin calcium oral tablet 4 mg</i>	3	ST; QL (1 tablet per 1 day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1 or 1b*; \$0	DO
<i>pravastatin sodium oral tablet 80 mg</i>	1 or 1b*; \$0	QL (1 tablet per 1 day)
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	1 or 1b*; \$0	DO
<i>rosuvastatin calcium oral tablet 20 mg</i>	1 or 1b*	DO
<i>rosuvastatin calcium oral tablet 40 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 5 mg</i>	1 or 1b*; \$0	DO
<i>simvastatin oral tablet 40 mg</i>	1 or 1b*; \$0	QL (1 tablet per 1 day)
<i>simvastatin oral tablet 80 mg</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
ZOCOR ORAL TABLET 10 MG, 20 MG (<i>simvastatin</i>)	3	ST; DO
ZOCOR ORAL TABLET 40 MG (<i>simvastatin</i>)	3	ST; QL (1 tablet per 1 day)

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ZYPITAMAG ORAL TABLET 2 MG (<i>pitavastatin magnesium</i>)	3	ST; DO
ZYPITAMAG ORAL TABLET 4 MG (<i>pitavastatin magnesium</i>)	3	ST; QL (1 tablet per 1 day)
*INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB*** - DRUGS FOR CHOLESTEROL		
<i>ezetimibe-simvastatin oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
VYTORIN ORAL TABLET (<i>ezetimibe-simvastatin</i>)	3	ST; QL (1 tablet per 1 day)
*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS*** - DRUGS FOR CHOLESTEROL		
<i>ezetimibe oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
ZETIA ORAL TABLET (<i>ezetimibe</i>)	3	ST; QL (1 tablet per 1 day)
*MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS*** - DRUGS FOR CHOLESTEROL		
JUXTAPID ORAL CAPSULE 10 MG, 5 MG (<i>lomitapide mesylate</i>)	3	PA; LD; DO
JUXTAPID ORAL CAPSULE 20 MG, 30 MG (<i>lomitapide mesylate</i>)	3	PA; LD; QL (2 capsules per 1 day)
*NICOTINIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL		
<i>niacin (antihyperlipidemic) oral tablet</i>	1 or 1b*	ST; QL (12 tablets per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>	1 or 1b*	ST; QL (2 tablets per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
<i>niacor oral tablet</i>	1 or 1b*	ST; QL (12 tablets per 1 day)
*PCSK9 INHIBITORS*** - DRUGS FOR CHOLESTEROL		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>alirocumab</i>)	3	PA; QL (2 pens per 28 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE (<i>evolocumab</i>)	3	PA; QL (1 cartridge per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>evolocumab</i>)	3	PA; QL (2 syringe per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>evolocumab</i>)	3	PA; QL (2 syringe per 28 days)
*SMALL INTERFERING RNA (SIRNA) PCSK9 INHIBITORS*** - DRUGS FOR CHOLESTEROL		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>inclisiran sodium</i>)	4	PA; LD; QL (1.5 mL per 180 days)
ANTIHYPERTENSIVES - DRUGS FOR THE HEART		
*ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg</i>	1 or 1b*	DO
<i>amlodipine besy-benazepril hcl oral capsule 5-10 mg, 5-20 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG (<i>amlodipine besy-benazepril hcl</i>)	3	QL (1 capsule per 1 day)

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LOTREL ORAL CAPSULE 5-10 MG, 5-20 MG (<i>amlodipine besy-benazepril hcl</i>)	3	QL (2 capsules per 1 day)
PRESTALIA ORAL TABLET 14-10 MG (<i>perindopril arg-amlodipine</i>)	3	QL (1 tablet per 1 day)
PRESTALIA ORAL TABLET 3.5-2.5 MG, 7-5 MG (<i>perindopril arg-amlodipine</i>)	3	DO
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	1 or 1b*	QL (1 tablet per 1 day)
*ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE		
ACCURETIC ORAL TABLET 10-12.5 MG (<i>quinapril-hydrochlorothiazide</i>)	3	DO
ACCURETIC ORAL TABLET 20-12.5 MG (<i>quinapril-hydrochlorothiazide</i>)	3	QL (2 tablets per 1 day)
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	1 or 1b*	DO
<i>captopril-hydrochlorothiazide oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg</i>	1 or 1b*	DO
<i>fosinopril sodium-hctz oral tablet 20-12.5 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	1 or 1b*	DO
<i>lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 20-25 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
LOTENSIN HCT ORAL TABLET 10-12.5 MG (<i>benazepril-hydrochlorothiazide</i>)	3	QL (2 tablets per 1 day)
LOTENSIN HCT ORAL TABLET 20-12.5 MG, 20-25 MG (<i>benazepril-hydrochlorothiazide</i>)	3	QL (1 tablet per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	1 or 1b*	DO
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
VASERETIC ORAL TABLET (<i>enalapril-hydrochlorothiazide</i>)	3	QL (2 tablets per 1 day)
ZESTORETIC ORAL TABLET 10-12.5 MG (<i>lisinopril-hydrochlorothiazide</i>)	3	DO
ZESTORETIC ORAL TABLET 20-12.5 MG (<i>lisinopril-hydrochlorothiazide</i>)	3	QL (4 tablets per 1 day)
ZESTORETIC ORAL TABLET 20-25 MG (<i>lisinopril-hydrochlorothiazide</i>)	3	QL (2 tablets per 1 day)
*ACE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
ACCUPRIL ORAL TABLET 10 MG, 5 MG (<i>quinapril hcl</i>)	3	DO
ACCUPRIL ORAL TABLET 20 MG (<i>quinapril hcl</i>)	3	QL (4 tablets per 1 day)
ACCUPRIL ORAL TABLET 40 MG (<i>quinapril hcl</i>)	3	QL (2 tablets per 1 day)
ALTACE ORAL CAPSULE 1.25 MG, 2.5 MG (<i>ramipril</i>)	3	DO
ALTACE ORAL CAPSULE 10 MG (<i>ramipril</i>)	3	QL (2 capsules per 1 day)
ALTACE ORAL CAPSULE 5 MG (<i>ramipril</i>)	3	QL (4 tablets per 1 day)
<i>benazepril hcl oral tablet 10 mg, 5 mg</i>	1 or 1a*	DO
<i>benazepril hcl oral tablet 20 mg</i>	1 or 1a*	QL (4 tablets per 1 day)

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>benazepril hcl oral tablet 40 mg</i>	1 or 1a*	QL (2 tablets per 1 day)
<i>captopril oral tablet 100 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>captopril oral tablet 12.5 mg, 25 mg</i>	1 or 1b*	DO
<i>captopril oral tablet 50 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>enalapril maleate oral solution</i>	1 or 1b*	QL (40 mg per 1 day)
<i>enalapril maleate oral tablet 10 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>enalapril maleate oral tablet 2.5 mg, 5 mg</i>	1 or 1b*	DO
<i>enalapril maleate oral tablet 20 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>enalaprilat intravenous solution</i>	1 or 1b*	
EPANED ORAL SOLUTION (<i>enalapril maleate</i>)	3	QL (40 mg per 1 day)
<i>fosinopril sodium oral tablet 10 mg</i>	1 or 1b*	DO
<i>fosinopril sodium oral tablet 20 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>fosinopril sodium oral tablet 40 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>lisinopril oral tablet 10 mg, 20 mg</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>lisinopril oral tablet 2.5 mg, 5 mg</i>	1 or 1a*	DO
<i>lisinopril oral tablet 30 mg, 40 mg</i>	1 or 1a*	QL (2 tablets per 1 day)
LOTENSIN ORAL TABLET 10 MG (<i>benazepril hcl</i>)	3	DO
LOTENSIN ORAL TABLET 20 MG (<i>benazepril hcl</i>)	3	QL (4 tablets per 1 day)
LOTENSIN ORAL TABLET 40 MG (<i>benazepril hcl</i>)	3	QL (2 tablets per 1 day)
<i>moexipril hcl oral tablet 15 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>moexipril hcl oral tablet 7.5 mg</i>	1 or 1b*	DO
<i>perindopril erbumine oral tablet 2 mg, 4 mg</i>	1 or 1b*	DO
<i>perindopril erbumine oral tablet 8 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
QBRELIS ORAL SOLUTION (<i>lisinopril</i>)	3	QL (40 mg per 1 day)
<i>quinapril hcl oral tablet 10 mg, 5 mg</i>	1 or 1b*	DO
<i>quinapril hcl oral tablet 20 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>quinapril hcl oral tablet 40 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>ramipril oral capsule 1.25 mg, 2.5 mg</i>	1 or 1b*	DO
<i>ramipril oral capsule 10 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>ramipril oral capsule 5 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>trandolapril oral tablet 1 mg, 2 mg</i>	1 or 1b*	DO
<i>trandolapril oral tablet 4 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
VASOTEC ORAL TABLET 10 MG (<i>enalapril maleate</i>)	3	QL (4 tablets per 1 day)
VASOTEC ORAL TABLET 2.5 MG, 5 MG (<i>enalapril maleate</i>)	3	DO
VASOTEC ORAL TABLET 20 MG (<i>enalapril maleate</i>)	3	QL (2 tablets per 1 day)
ZESTRIL ORAL TABLET 10 MG, 20 MG (<i>lisinopril</i>)	3	QL (4 tablets per 1 day)
ZESTRIL ORAL TABLET 2.5 MG, 5 MG (<i>lisinopril</i>)	3	DO
ZESTRIL ORAL TABLET 30 MG, 40 MG (<i>lisinopril</i>)	3	QL (2 tablets per 1 day)

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Effective 01012025

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*AGENTS FOR PHEOCHROMOCYTOMA*** - DRUGS FOR HIGH BLOOD PRESSURE		
DEMSEER ORAL CAPSULE (<i>metirosine</i>)	3	PA; LD; QL (16 capsules per 1 day); SP
DIBENZYLINE ORAL CAPSULE (<i>phenoxybenzamine hcl</i>)	3	PA; QL (12 capsules per 1 day)
<i>metirosine oral capsule</i>	1 or 1b*	PA; LD; QL (16 capsules per 1 day); SP
<i>phenoxybenzamine hcl oral capsule</i>	1 or 1b*	PA; QL (12 capsules per 1 day)
<i>phentolamine mesylate injection solution reconstituted</i>	1 or 1b*	
*ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>amlodipine besylate-valsartan oral tablet 5-160 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>amlodipine-olmesartan oral tablet 5-20 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-40 MG (<i>amlodipine-olmesartan</i>)	3	QL (1 tablet per 1 day)
AZOR ORAL TABLET 5-20 MG (<i>amlodipine-olmesartan</i>)	3	QL (2 tablets per 1 day)
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-320 MG (<i>amlodipine besylate-valsartan</i>)	3	QL (1 tablet per 1 day)
EXFORGE ORAL TABLET 5-160 MG (<i>amlodipine besylate-valsartan</i>)	3	QL (2 tablets per 1 day)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>telmisartan-amlodipine oral tablet 40-5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE		
ATACAND HCT ORAL TABLET 16-12.5 MG (<i>candesartan cilexetil-hctz</i>)	3	QL (2 tablets per 1 day)
ATACAND HCT ORAL TABLET 32-12.5 MG, 32-25 MG (<i>candesartan cilexetil-hctz</i>)	3	QL (1 tablet per 1 day)
AVALIDE ORAL TABLET 150-12.5 MG (<i>irbesartan-hydrochlorothiazide</i>)	3	QL (2 tablets per 1 day)
AVALIDE ORAL TABLET 300-12.5 MG (<i>irbesartan-hydrochlorothiazide</i>)	3	QL (1 tablet per 1 day)
BENICAR HCT ORAL TABLET 20-12.5 MG (<i>olmesartan medoxomil-hctz</i>)	3	QL (2 tablets per 1 day)
BENICAR HCT ORAL TABLET 40-12.5 MG, 40-25 MG (<i>olmesartan medoxomil-hctz</i>)	3	QL (1 tablet per 1 day)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
DIOVAN HCT ORAL TABLET 160-12.5 MG, 80-12.5 MG (<i>valsartan-hydrochlorothiazide</i>)	3	QL (2 tablets per 1 day)
DIOVAN HCT ORAL TABLET 160-25 MG, 320-12.5 MG, 320-25 MG (<i>valsartan-hydrochlorothiazide</i>)	3	QL (1 tablet per 1 day)
EDARBYCLOR ORAL TABLET (<i>azilsartan-chlorthalidone</i>)	3	QL (1 tablet per 1 day)
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG (<i>losartan potassium-hctz</i>)	3	QL (1 tablet per 1 day)

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Effective 01012025

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HYZAAR ORAL TABLET 50-12.5 MG (<i>losartan potassium-hctz</i>)	3	QL (2 tablets per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG (<i>telmisartan-hctz</i>)	3	QL (2 tablets per 1 day)
MICARDIS HCT ORAL TABLET 80-25 MG (<i>telmisartan-hctz</i>)	3	QL (1 tablet per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>telmisartan-hctz oral tablet 80-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
ATACAND ORAL TABLET 16 MG (<i>candesartan cilexetil</i>)	3	QL (2 tablets per 1 day)
ATACAND ORAL TABLET 32 MG (<i>candesartan cilexetil</i>)	3	QL (1 tablet per 1 day)
ATACAND ORAL TABLET 4 MG, 8 MG (<i>candesartan cilexetil</i>)	3	DO
AVAPRO ORAL TABLET 150 MG, 75 MG (<i>irbesartan</i>)	3	DO
AVAPRO ORAL TABLET 300 MG (<i>irbesartan</i>)	3	QL (1 tablet per 1 day)
BENICAR ORAL TABLET 20 MG, 5 MG (<i>olmesartan medoxomil</i>)	3	DO
BENICAR ORAL TABLET 40 MG (<i>olmesartan medoxomil</i>)	3	QL (1 tablet per 1 day)
<i>candesartan cilexetil oral tablet 16 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>candesartan cilexetil oral tablet 32 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>candesartan cilexetil oral tablet 4 mg, 8 mg</i>	1 or 1b*	DO
COZAAR ORAL TABLET 100 MG (<i>losartan potassium</i>)	3	QL (1 tablet per 1 day)
COZAAR ORAL TABLET 25 MG (<i>losartan potassium</i>)	3	DO
COZAAR ORAL TABLET 50 MG (<i>losartan potassium</i>)	3	QL (2 tablets per 1 day)
DIOVAN ORAL TABLET 160 MG (<i>valsartan</i>)	3	QL (2 tablets per 1 day)
DIOVAN ORAL TABLET 320 MG (<i>valsartan</i>)	3	QL (1 tablet per 1 day)
DIOVAN ORAL TABLET 40 MG, 80 MG (<i>valsartan</i>)	3	DO
EDARBI ORAL TABLET 40 MG (<i>azilsartan medoxomil</i>)	3	DO
EDARBI ORAL TABLET 80 MG (<i>azilsartan medoxomil</i>)	3	QL (1 tablet per 1 day)
<i>irbesartan oral tablet 150 mg, 75 mg</i>	1 or 1b*	DO
<i>irbesartan oral tablet 300 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>losartan potassium oral tablet 100 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>losartan potassium oral tablet 25 mg</i>	1 or 1b*	DO
<i>losartan potassium oral tablet 50 mg</i>	1 or 1b*	QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICARDIS ORAL TABLET 20 MG, 40 MG (<i>telmisartan</i>)	3	DO
MICARDIS ORAL TABLET 80 MG (<i>telmisartan</i>)	3	QL (2 tablets per 1 day)
<i>olmesartan medoxomil oral tablet 20 mg, 5 mg</i>	1 or 1b*	DO
<i>olmesartan medoxomil oral tablet 40 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>telmisartan oral tablet 20 mg, 40 mg</i>	1 or 1b*	DO
<i>telmisartan oral tablet 80 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
VALSARTAN ORAL SOLUTION	1 or 1b*	PA; QL (80 mL per 1 day)
<i>valsartan oral tablet 160 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>valsartan oral tablet 320 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>valsartan oral tablet 40 mg, 80 mg</i>	1 or 1b*	DO
*ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-25 MG (<i>amlodipine-valsartan-hctz</i>)	3	QL (1 tablet per 1 day)
EXFORGE HCT ORAL TABLET 5-160-12.5 MG (<i>amlodipine-valsartan-hctz</i>)	3	QL (2 tablets per 1 day)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
TRIBENZOR ORAL TABLET 20-5-12.5 MG (<i>olmesartan-amlodipine-hctz</i>)	3	QL (2 tablets per 1 day)
TRIBENZOR ORAL TABLET 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (<i>olmesartan-amlodipine-hctz</i>)	3	QL (1 tablet per 1 day)
*ANTIADRENERGICS - CENTRALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY (<i>clonidine</i>)	3	QL (12 patches per 28 days)
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY (<i>clonidine</i>)	3	QL (12 patches per 28 days)
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY (<i>clonidine</i>)	3	QL (0.29 patches per 1 day)
<i>clonidine er oral tablet extended release 24 hour</i>	3	ST; QL (3 tablets per 1 day)
<i>clonidine hcl oral tablet 0.1 mg</i>	1 or 1a*	DO
<i>clonidine hcl oral tablet 0.2 mg</i>	1 or 1a*	QL (6 tablets per 1 day)
<i>clonidine hcl oral tablet 0.3 mg</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	1 or 1b*	QL (12 patches per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	1 or 1b*	QL (0.29 patches per 1 day)
<i>guanfacine hcl oral tablet</i>	1 or 1b*	
<i>methyldopa oral tablet 250 mg</i>	1 or 1b*	DO
<i>methyldopa oral tablet 500 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>clonidine</i>)	3	ST; QL (3 tablets per 1 day)

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*ANTIADRENERGICS - PERIPHERALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG (<i>doxazosin mesylate</i>)	3	QL (1 tablet per 1 day)
CARDURA ORAL TABLET 8 MG (<i>doxazosin mesylate</i>)	3	QL (2 tablets per 1 day)
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>doxazosin mesylate oral tablet 8 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>prazosin hcl oral capsule</i>	1 or 1b*	
<i>terazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>terazosin hcl oral capsule 10 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
*ANTIHYPERTENSIVES - MISC.*** - DRUGS FOR HIGH BLOOD PRESSURE		
VECAMYL ORAL TABLET (<i>mecamylamine hcl</i>)	3	
*BETA BLOCKER & DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>atenolol-chlorthalidone oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 50-25 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-50 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
TENORETIC 100 ORAL TABLET (<i>atenolol-chlorthalidone</i>)	3	QL (1 tablet per 1 day)
TENORETIC 50 ORAL TABLET (<i>atenolol-chlorthalidone</i>)	3	QL (1 tablet per 1 day)
*DIRECT RENIN INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>aliskiren fumarate oral tablet 150 mg</i>	1 or 1b*	DO
<i>aliskiren fumarate oral tablet 300 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
TEKTURNA ORAL TABLET 150 MG (<i>aliskiren fumarate</i>)	3	DO
TEKTURNA ORAL TABLET 300 MG (<i>aliskiren fumarate</i>)	3	QL (1 tablet per 1 day)
*ENDOTHELIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE HEART		
TRYVIO ORAL TABLET (<i>aprocitentan</i>)	3	PA; QL (1 tablet per 1 day)
*SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>eplerenone oral tablet</i>	1 or 1b*	
INSPRA ORAL TABLET (<i>eplerenone</i>)	3	
*VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>hydralazine hcl injection solution</i>	1 or 1b*	
<i>hydralazine hcl oral tablet</i>	1 or 1b*	
<i>minoxidil oral tablet</i>	1 or 1b*	
NIPRIDE RTU INTRAVENOUS SOLUTION (<i>nitroprusside sodium-nacl</i>)	3	
<i>nitroprusside sodium intravenous solution</i>	1 or 1b*	
<i>nitroprusside sodium-nacl intravenous solution</i>	1 or 1b*	

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<i>sodium nitroprusside intravenous solution</i>	1 or 1b*	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS		
*ANTI-INFECTIVE AGENTS - MISC.*** - DRUGS FOR INFECTIONS		
FLAGYL ORAL CAPSULE (<i>metronidazole</i>)	3	
IMPAVIDO ORAL CAPSULE (<i>miltefosine</i>)	3	PA; QL (84 capsules per 1 fill)
LIKMEZ ORAL SUSPENSION (<i>metronidazole</i>)	3	PA
METRONIDAZOLE INTRAVENOUS SOLUTION	3	
<i>metronidazole oral capsule</i>	1 or 1a*	
<i>metronidazole oral tablet</i>	1 or 1a*	
NEBUPENT INHALATION SOLUTION RECONSTITUTED (<i>pentamidine isethionate</i>)	3	LD
PENTAM INJECTION SOLUTION RECONSTITUTED (<i>pentamidine isethionate</i>)	4	LD
<i>pentamidine isethionate inhalation solution reconstituted</i>	1 or 1b*	LD
<i>pentamidine isethionate injection solution reconstituted</i>	4	LD
<i>tinidazole oral tablet 250 mg</i>	1 or 1b*	QL (5 tablets per 28 days)
<i>tinidazole oral tablet 500 mg</i>	1 or 1b*	QL (20 tablets per 1 fill)
TRIMETHOPRIM ORAL TABLET	1 or 1a*	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	3	PA; QL (9 tablets per 1 fill)
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	3	PA; QL (126 tablet per 252 days)
*ANTI-INFECTIVE MISC. - COMBINATIONS*** - ANTIBIOTICS		
BACTRIM DS ORAL TABLET (<i>sulfamethoxazole-trimethoprim</i>)	3	
BACTRIM ORAL TABLET (<i>sulfamethoxazole-trimethoprim</i>)	3	
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	1 or 1b*	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1 or 1a*	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1 or 1a*	
<i>sulfatrim pediatric oral suspension</i>	1 or 1a*	
*ANTIPROTOZOAL AGENTS*** - DRUGS FOR PARASITES		
<i>atovaquone oral suspension</i>	1 or 1b*	
LAMPIT ORAL TABLET (<i>nifurtimox</i>)	3	
MEPRON ORAL SUSPENSION (<i>atovaquone</i>)	3	
<i>nitazoxanide oral tablet</i>	1 or 1b*	QL (6 tablets per 1 fill)
*BETA-LACTAMASE INHIBITOR - COMBINATIONS** - DRUGS FOR INFECTIONS		
XACDURO INTRAVENOUS SOLUTION RECONSTITUTED (<i>sulbactam sod-durlobactam sod</i>)	3	
*CARBAPENEM COMBINATIONS*** - ANTIBIOTICS		
<i>imipenem-cilastatin intravenous solution reconstituted</i>	1 or 1b*	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED (<i>imipenem-cilastatin</i>)	3	

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Effective 01012025

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RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED (<i>imipenem-cilastatin-relebactam</i>)	3	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED (<i>meropenem-vaborbactam</i>)	3	
*CARBAPENEMS*** - ANTIBIOTICS		
<i>ertapenem sodium injection solution reconstituted</i>	1 or 1b*	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	1 or 1b*	
<i>meropenem intravenous solution reconstituted 2 gm</i>	3	
MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED	3	
*CHLORAMPHENICALS*** - ANTIBIOTICS		
<i>chloramphenicol sod succinate intravenous solution reconstituted</i>	1 or 1b*	
*CYCLIC LIPOPEPTIDES*** - ANTIBIOTICS		
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>daptomycin-sodium chloride intravenous solution</i>	3	
*GLYCOPEPTIDES*** - ANTIBIOTICS		
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED (<i>dalbavancin hcl</i>)	3	
FIRVANQ ORAL SOLUTION RECONSTITUTED (<i>vancomycin hcl</i>)	3	PA; QL (1200 mL per 30 days)
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED (<i>oritavancin diphosphate</i>)	3	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED (<i>oritavancin diphosphate</i>)	3	
VANCOGIN ORAL CAPSULE (<i>vancomycin hcl</i>)	3	PA; QL (240 capsules per 30 days)
<i>vancomycin hcl in dextrose intravenous solution 1.5-5 gm/300ml-%</i>	3	QL (600 mL per 1 day)
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1-5 GM/200ML-%	3	QL (400 mL per 1 day)
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 500-5 MG/100ML-%	3	QL (200 mL per 1 day)
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 750-5 MG/150ML-%	3	QL (300 mL per 1 day)
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%	3	QL (400 mL per 1 day)
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 500-0.9 MG/100ML-%	3	QL (2 vials per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/200ML	3	QL (400 mL per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1250 MG/250ML	3	QL (500 mL per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1500 MG/300ML	3	QL (600 mL per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1750 MG/350ML	3	QL (700 mL per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 2000 MG/400ML	3	QL (800 mL per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 500 MG/100ML	3	QL (2 vials per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 750 MG/150ML	3	QL (300 mL per 1 day)

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.75 gm, 2 gm, 500 mg</i>	3	QL (2 vials per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM, 1.5 GM, 750 MG	3	QL (2 vials per 1 day)
<i>vancomycin hcl intravenous solution reconstituted 10 gm, 5 gm</i>	3	QL (1 vial per 30 days)
<i>vancomycin hcl intravenous solution reconstituted 100 gm</i>	1 or 1b*	QL (1 vial per 30 days)
<i>vancomycin hcl oral capsule</i>	1 or 1b*	PA; QL (240 capsules per 30 days)
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml</i>	1 or 1b*	PA; QL (1200 mL per 30 days)
VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 250 MG/5ML	1 or 1b*	PA; QL (1200 mL per 30 days)
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED (<i>telavancin hcl</i>)	3	
*LEPROSTATICS*** - ANTIBIOTICS		
<i>dapsone oral tablet</i>	1 or 1b*	
*LINCOSAMIDES*** - ANTIBIOTICS		
CLEOCIN ORAL CAPSULE (<i>clindamycin hcl</i>)	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED (<i>clindamycin palmitate hcl</i>)	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION (<i>clindamycin phosphate</i>)	3	
<i>clindamycin hcl oral capsule</i>	1 or 1b*	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	1 or 1b*	
<i>clindamycin phosphate in d5w intravenous solution</i>	1 or 1b*	
CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION	3	
<i>clindamycin phosphate injection solution</i>	1 or 1b*	
LINCOCIN INJECTION SOLUTION (<i>lincomycin hcl</i>)	3	
<i>lincomycin hcl injection solution</i>	1 or 1b*	
*MONOBACTAMS*** - ANTIBIOTICS		
AZACTAM INJECTION SOLUTION RECONSTITUTED (<i>aztreonam</i>)	3	
<i>aztreonam injection solution reconstituted</i>	1 or 1b*	
CAYSTON INHALATION SOLUTION RECONSTITUTED (<i>aztreonam lysine</i>)	4	LD; QL (3 vials per 1 day); SP
*OXAZOLIDINONES*** - ANTIBIOTICS		
<i>linezolid in sodium chloride intravenous solution</i>	3	
<i>linezolid intravenous solution</i>	1 or 1b*	
<i>linezolid oral suspension reconstituted</i>	1 or 1b*	PA; QL (900 mL per 30 days)
<i>linezolid oral tablet</i>	1 or 1b*	PA; QL (28 tablet per 30 days)
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED (<i>tedizolid phosphate</i>)	3	
SIVEXTRO ORAL TABLET (<i>tedizolid phosphate</i>)	3	PA; QL (6 tablet per 30 days)
ZYVOX INTRAVENOUS SOLUTION (<i>linezolid</i>)	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED (<i>linezolid</i>)	3	PA; QL (900 mL per 30 days)
ZYVOX ORAL TABLET (<i>linezolid</i>)	3	PA; QL (28 tablet per 30 days)

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Effective 01012025

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*POLYMYXINS*** - ANTIBIOTICS		
<i>colistimethate sodium (cba) injection solution reconstituted</i>	1 or 1b*	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED (<i>colistimethate sodium</i>)	3	
<i>polymyxin b sulfate injection solution reconstituted</i>	1 or 1b*	
*URINARY ANTI-INFECTIVES*** - ANTIBIOTICS		
<i>fosfomycin tromethamine oral packet</i>	1 or 1b*	
HIPREX ORAL TABLET (<i>methenamine hippurate</i>)	3	
MACROBID ORAL CAPSULE (<i>nitrofurantoin monohyd macro</i>)	3	
MACRODANTIN ORAL CAPSULE (<i>nitrofurantoin macrocrystal</i>)	3	
<i>methenamine hippurate oral tablet</i>	1 or 1b*	
<i>nitrofurantoin macrocrystal oral capsule</i>	1 or 1b*	
<i>nitrofurantoin monohyd macro oral capsule</i>	1 or 1b*	
<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml</i>	1 or 1b*	
<i>nitrofurantoin oral suspension 50 mg/5ml</i>	3	
ANTIMALARIALS - DRUGS FOR INFECTIONS		
*ANTIMALARIAL COMBINATIONS*** - DRUGS FOR PARASITES		
<i>atovaquone-proguanil hcl oral tablet</i>	1 or 1b*	
COARTEM ORAL TABLET (<i>artemether-lumefantrine</i>)	3	
MALARONE ORAL TABLET (<i>atovaquone-proguanil hcl</i>)	3	
*ANTIMALARIALS*** - DRUGS FOR PARASITES		
ARAKODA ORAL TABLET (<i>tafenoquine succinate</i>)	3	QL (64 tablets per 1 year)
ARTESUNATE INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>chloroquine phosphate oral tablet</i>	1 or 1a*	
DARAPRIM ORAL TABLET (<i>pyrimethamine</i>)	3	PA; QL (3 tablets per 1 day)
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 100 MG, 300 MG	1 or 1b*	QL (2 tablets per 1 day)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 400 MG	1 or 1b*	QL (1 tablet per 1 day)
KRINTAFEL ORAL TABLET (<i>tafenoquine succinate</i>)	3	QL (2 tablets per 1 fill)
<i>mefloquine hcl oral tablet</i>	1 or 1b*	QL (5 tablets per 28 days)
PLAQUENIL ORAL TABLET (<i>hydroxychloroquine sulfate</i>)	3	QL (3 tablets per 1 day)
PRIMAQUINE PHOSPHATE ORAL TABLET	3	
<i>pyrimethamine oral tablet</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
QUALAQUIN ORAL CAPSULE (<i>quinine sulfate</i>)	3	PA; QL (60 capsule per 30 days)
<i>quinine sulfate oral capsule</i>	1 or 1b*	PA; QL (60 capsule per 30 days)
SOVUNA ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	3	ST; QL (3 tablets per 1 day)
SOVUNA ORAL TABLET 300 MG (<i>hydroxychloroquine sulfate</i>)	3	ST; QL (2 tablets per 1 day)

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Effective 01012025

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ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
*ANTIMYASTHENIC/CHOLINERGIC AGENTS*** - DRUGS FOR NERVES AND MUSCLES		
BLOXIVERZ INTRAVENOUS SOLUTION (<i>neostigmine methylsulfate</i>)	3	
BLOXIVERZ INTRAVENOUS SOLUTION PREFILLED SYRINGE (<i>neostigmine methylsulfate</i>)	3	
FIRDAPSE ORAL TABLET (<i>amifampridine phosphate</i>)	4	PA; LD; QL (10 tablets per 1 day)
MESTINON ORAL SOLUTION (<i>pyridostigmine bromide</i>)	3	
MESTINON ORAL TABLET (<i>pyridostigmine bromide</i>)	3	
MESTINON ORAL TABLET EXTENDED RELEASE (<i>pyridostigmine bromide</i>)	3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML	3	
<i>pyridostigmine bromide er oral tablet extended release</i>	1 or 1b*	
<i>pyridostigmine bromide oral solution</i>	1 or 1b*	
<i>pyridostigmine bromide oral tablet</i>	1 or 1b*	
REGONOL INTRAVENOUS SOLUTION (<i>pyridostigmine bromide</i>)	3	
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS		
*ANTIMYCOBACTERIAL AGENTS*** - ANTIBIOTICS		
<i>cycloserine oral capsule</i>	1 or 1b*	
<i>ethambutol hcl oral tablet</i>	1 or 1b*	
<i>isoniazid injection solution</i>	1 or 1a*	
<i>isoniazid oral syrup</i>	1 or 1a*	
<i>isoniazid oral tablet</i>	1 or 1a*	
PRETOMANID ORAL TABLET	3	
PRIFTIN ORAL TABLET (<i>rifapentine</i>)	2	
<i>pyrazinamide oral tablet</i>	1 or 1b*	
<i>rifabutin oral capsule</i>	1 or 1b*	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>rifampin</i>)	3	
<i>rifampin intravenous solution reconstituted</i>	1 or 1b*	
<i>rifampin oral capsule</i>	1 or 1b*	
SIRTURO ORAL TABLET (<i>bedaquiline fumarate</i>)	3	
TRECTOR ORAL TABLET (<i>ethionamide</i>)	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER		
*ALKYLATING AGENTS*** - DRUGS FOR CANCER		
BELRAPZO INTRAVENOUS SOLUTION (<i>bendamustine hcl</i>)	3	PA; LD; SP
<i>bendamustine hcl intravenous solution</i>	3	PA; LD; SP
<i>bendamustine hcl intravenous solution reconstituted</i>	1 or 1b*	PA; LD; SP

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Effective 01012025

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BENDEKA INTRAVENOUS SOLUTION (<i>bendamustine hcl</i>)	3	PA; LD; SP
<i>busulfan intravenous solution</i>	1 or 1b*	LD; SP
BUSULFEX INTRAVENOUS SOLUTION (<i>busulfan</i>)	3	LD; SP
<i>carboplatin intravenous solution</i>	1 or 1b*	LD; SP
<i>cisplatin intravenous solution</i>	1 or 1b*	LD; SP
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED	3	LD; SP
MYLERAN ORAL TABLET (<i>busulfan</i>)	2; OC	LD; OC
<i>oxaliplatin intravenous solution</i>	1 or 1b*	LD; SP
<i>oxaliplatin intravenous solution reconstituted</i>	1 or 1b*	LD; SP
<i>paraplatin intravenous solution</i>	1 or 1b*	LD; SP
TEPADINA INJECTION SOLUTION RECONSTITUTED (<i>thiotepa</i>)	3	LD; SP
<i>thiotepa injection solution reconstituted</i>	1 or 1b*	LD; SP
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED (<i>bendamustine hcl</i>)	3	PA; LD; SP
<i>vivimusta intravenous solution</i>	3	PA; LD; SP
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED (<i>lurbinectedin</i>)	3	PA; LD; SP
*ANDROGEN BIOSYNTHESIS INHIBITORS*** - DRUGS FOR CANCER		
<i>abiraterone acetate oral tablet 250 mg</i>	1 or 1b*; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
<i>abiraterone acetate oral tablet 500 mg</i>	1 or 1b*; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
YONSA ORAL TABLET (<i>abiraterone acetate micronized</i>)	3; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
ZYTIGA ORAL TABLET 250 MG (<i>abiraterone acetate</i>)	3; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
ZYTIGA ORAL TABLET 500 MG (<i>abiraterone acetate</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
*ANTIADRENALS*** - DRUGS FOR CANCER		
LYSODREN ORAL TABLET (<i>mitotane</i>)	2; OC	LD; QL (38 tablet per 1 day); OC
*ANTIANDROGENS*** - DRUGS FOR CANCER		
<i>bicalutamide oral tablet</i>	1 or 1b*; OC	LD; QL (1 tablet per 1 day); OC
CASODEX ORAL TABLET (<i>bicalutamide</i>)	3; OC	LD; QL (1 tablet per 1 day); OC
ERLEADA ORAL TABLET 240 MG (<i>apalutamide</i>)	2; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
ERLEADA ORAL TABLET 60 MG (<i>apalutamide</i>)	2; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
EULEXIN ORAL CAPSULE (<i>flutamide</i>)	3; OC	OC
NILANDRON ORAL TABLET (<i>nilutamide</i>)	3; OC	LD; QL (1 tablet per 1 day); OC
<i>nilutamide oral tablet</i>	1 or 1b*; OC	LD; QL (1 tablet per 1 day); OC

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NUBEQA ORAL TABLET (<i>darolutamide</i>)	2; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
XTANDI ORAL CAPSULE (<i>enzalutamide</i>)	2; OC	PA; LD; QL (4 capsules per 1 day); SP; OC
XTANDI ORAL TABLET 40 MG (<i>enzalutamide</i>)	2; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
XTANDI ORAL TABLET 80 MG (<i>enzalutamide</i>)	2; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
*ANTIESTROGENS*** - DRUGS FOR CANCER		
FARESTON ORAL TABLET (<i>toremifene citrate</i>)	3; OC	LD; QL (1 tablet per 1 day); OC
SOLTAMOX ORAL SOLUTION (<i>tamoxifen citrate</i>)	2; OC; \$0	LD; OC
<i>tamoxifen citrate oral tablet</i>	1 or 1b*; OC; \$0	LD; OC
<i>toremifene citrate oral tablet</i>	1 or 1b*; OC	LD; QL (1 tablet per 1 day); OC
*ANTIMETABOLITES*** - DRUGS FOR CANCER		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED (<i>pemetrexed disodium</i>)	3	PA; LD; SP
ARRANON INTRAVENOUS SOLUTION (<i>nelarabine</i>)	3	LD; SP
<i>azacitidine injection suspension reconstituted</i>	1 or 1b*	PA; LD; SP
<i>capecitabine oral tablet</i>	1 or 1b*; OC	PA; LD; SP; OC
<i>cladribine intravenous solution</i>	1 or 1b*	LD; SP
<i>clofarabine intravenous solution</i>	1 or 1b*	LD; SP
<i>cytarabine (pf) injection solution</i>	1 or 1b*	LD; SP
<i>cytarabine injection solution</i>	1 or 1b*	LD; SP
<i>decitabine intravenous solution reconstituted</i>	1 or 1b*	LD; SP
<i>floxuridine injection solution reconstituted</i>	1 or 1b*	LD; SP
<i>fludarabine phosphate intravenous solution</i>	1 or 1b*	LD; SP
<i>fludarabine phosphate intravenous solution reconstituted</i>	1 or 1b*	LD; SP
<i>fluorouracil intravenous solution</i>	1 or 1b*	LD; SP
FOLOTYN INTRAVENOUS SOLUTION (<i>pralatrexate</i>)	3	LD; SP
GEMCITABINE HCL INTRAVENOUS SOLUTION	3	LD; SP
<i>gemcitabine hcl intravenous solution reconstituted</i>	1 or 1b*	LD; SP
JYLAMVO ORAL SOLUTION (<i>methotrexate</i>)	3; OC	PA; LD; OC
<i>mercaptopurine oral tablet</i>	1 or 1b*; OC	LD; OC
<i>methotrexate sodium (pf) injection solution</i>	1 or 1b*	LD
<i>methotrexate sodium injection solution</i>	1 or 1b*	LD
<i>methotrexate sodium injection solution reconstituted</i>	1 or 1b*	LD
<i>methotrexate sodium oral tablet</i>	1 or 1b*; OC	LD; OC
<i>nelarabine intravenous solution</i>	1 or 1b*	LD; SP
ONUREG ORAL TABLET (<i>azacitidine</i>)	3; OC	PA; LD; QL (14 tablets per 28 days); SP; OC

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Effective 01012025

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<i>pemetrexed dipotassium intravenous solution reconstituted</i>	3	PA
<i>pemetrexed disodium intravenous solution</i>	3	PA; LD; SP
<i>pemetrexed disodium intravenous solution reconstituted</i>	1 or 1b*	PA; LD; SP
<i>pemetrexed ditromethamine intravenous solution reconstituted</i>	3	PA; LD; SP
<i>pemetrexed intravenous solution 1 gm/40ml, 100 mg/4ml</i>	3	PA; LD; SP
<i>pemetrexed intravenous solution 500 mg/20ml</i>	3	PA; LD
PEMFEXY INTRAVENOUS SOLUTION (<i>pemetrexed</i>)	3	PA; LD
PEMRYDI RTU INTRAVENOUS SOLUTION (<i>pemetrexed disodium</i>)	3	PA; LD; SP
PURIXAN ORAL SUSPENSION (<i>mercaptopurine</i>)	3; OC	PA; LD; OC
TABLOID ORAL TABLET (<i>thioguanine</i>)	2; OC	LD; OC
TREXALL ORAL TABLET (<i>methotrexate sodium</i>)	2; OC	ST; LD; OC
VIDAZA INJECTION SUSPENSION RECONSTITUTED (<i>azacitidine</i>)	3	PA; LD; SP
XATMEP ORAL SOLUTION (<i>methotrexate</i>)	3; OC	PA; LD; OC
XELODA ORAL TABLET (<i>capecitabine</i>)	3; OC	PA; LD; SP; OC
*ANTINEOPLASTIC - AKT INHIBITORS*** - DRUGS FOR CANCER		
TRUQAP ORAL TABLET (<i>capivasertib</i>)	3; OC	PA; LD; QL (64 capsules per 28 days); OC
TRUQAP ORAL TABLET THERAPY PACK (<i>capivasertib</i>)	3; OC	PA; LD; QL (64 capsules per 28 days); OC
*ANTINEOPLASTIC - ALK INHIBITORS*** - DRUGS FOR CANCER		
ALECENSA ORAL CAPSULE (<i>alectinib hcl</i>)	2; OC	PA; LD; QL (8 capsule per 1 day); SP; OC
ALUNBRIG ORAL TABLET 180 MG (<i>brigatinib</i>)	2; OC	PA; LD; QL (1 tablet per 1 day); OC
ALUNBRIG ORAL TABLET 30 MG (<i>brigatinib</i>)	2; OC	PA; LD; QL (6 tablets per 1 day); OC
ALUNBRIG ORAL TABLET 90 MG (<i>brigatinib</i>)	2; OC	PA; LD; QL (2 tablets per 1 day); OC
ALUNBRIG ORAL TABLET THERAPY PACK (<i>brigatinib</i>)	2; OC	PA; LD; QL (1 pack per 30 days); OC
LORBRENA ORAL TABLET 100 MG (<i>lorlatinib</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
LORBRENA ORAL TABLET 25 MG (<i>lorlatinib</i>)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
XALKORI ORAL CAPSULE (<i>crizotinib</i>)	3; OC	PA; LD; QL (4 capsules per 1 day); SP; OC
XALKORI ORAL CAPSULE SPRINKLE 150 MG (<i>crizotinib</i>)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
XALKORI ORAL CAPSULE SPRINKLE 20 MG (<i>crizotinib</i>)	3; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
XALKORI ORAL CAPSULE SPRINKLE 50 MG (<i>crizotinib</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYKADIA ORAL TABLET (<i>ceritinib</i>)	3; OC	PA; LD; QL (3 capsules per 1 day); SP; OC
*ANTINEOPLASTIC - ANTIBODY COMBINATIONS*** - DRUGS FOR CANCER		
OPDUALAG INTRAVENOUS SOLUTION (<i>nivolumab-relatlimab-rmbw</i>)	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-CCR4 ANTIBODIES*** - DRUGS FOR CANCER		
POTELIGEO INTRAVENOUS SOLUTION (<i>mogamulizumab-kpkc</i>)	3	LD; SP
*ANTINEOPLASTIC - ANTI-CD19 ANTIBODIES*** - DRUGS FOR CANCER		
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED (<i>tafasitamab-cxix</i>)	3	PA; LD
*ANTINEOPLASTIC - ANTI-CD19 ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED (<i>loncastuximab tesirine-lpyl</i>)	3	PA; LD
*ANTINEOPLASTIC - ANTI-CD20 ANTIBODIES*** - DRUGS FOR CANCER		
ARZERRA INTRAVENOUS CONCENTRATE (<i>ofatumumab</i>)	3	PA; LD; SP
GAZYVA INTRAVENOUS SOLUTION (<i>obinutuzumab</i>)	3	PA; LD; SP
RIABNI INTRAVENOUS SOLUTION (<i>rituximab-arrx</i>)	3	PA; LD; SP
RITUXAN INTRAVENOUS SOLUTION (<i>rituximab</i>)	3	PA; LD; SP
RUXIENCE INTRAVENOUS SOLUTION (<i>rituximab-pvvr</i>)	3	PA; LD; SP
TRUXIMA INTRAVENOUS SOLUTION (<i>rituximab-abbs</i>)	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-CD22 ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
BESPOLSA INTRAVENOUS SOLUTION RECONSTITUTED (<i>inotuzumab ozogamicin</i>)	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-CD30 ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED (<i>brentuximab vedotin</i>)	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-CD33 ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED (<i>gemtuzumab ozogamicin</i>)	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-CD38 ANTIBODIES*** - DRUGS FOR CANCER		
DARZALEX INTRAVENOUS SOLUTION (<i>daratumumab</i>)	3	PA; LD; SP
SARCLISA INTRAVENOUS SOLUTION (<i>isatuximab-irfc</i>)	3	PA; LD; SP

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Effective 01/01/2025

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*ANTINEOPLASTIC - ANTI-CD79B ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED (<i>polatuzumab vedotin-piiq</i>)	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-CLDN18.2 ANTIBODIES*** - DRUGS FOR CANCER		
VYLOY INTRAVENOUS SOLUTION RECONSTITUTED (<i>zolbetuximab-clzb</i>)	3	PA
*ANTINEOPLASTIC - ANTI-CTLA-4 ANTIBODIES*** - DRUGS FOR CANCER		
IMJUDO INTRAVENOUS SOLUTION (<i>tremelimumab-actl</i>)	3	PA; LD; SP
YERVOY INTRAVENOUS SOLUTION (<i>ipilimumab</i>)	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-GD2 ANTIBODIES*** - DRUGS FOR CANCER		
DANYELZA INTRAVENOUS SOLUTION (<i>naxitamab-gqgk</i>)	3	PA; LD
UNITUXIN INTRAVENOUS SOLUTION (<i>dinutuximab</i>)	3	LD
*ANTINEOPLASTIC - ANTI-HER2 AGENTS*** - DRUGS FOR CANCER		
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab</i>)	3	LD; SP
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab-pkrb</i>)	3	ST; LD; SP
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab-anns</i>)	3	LD; SP
MARGENZA INTRAVENOUS SOLUTION (<i>margetuximab-cmkb</i>)	3	PA; LD; SP
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab-dkst</i>)	3	ST; LD; SP
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab-dttb</i>)	3	ST; LD; SP
PERJETA INTRAVENOUS SOLUTION (<i>pertuzumab</i>)	3	PA; LD; SP
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab-qyyp</i>)	3	ST; LD; SP
TUKYSA ORAL TABLET (<i>tucatinib</i>)	3; OC	PA; LD; QL (4 tablets per 1 day); OC
ZIIHERA INTRAVENOUS SOLUTION RECONSTITUTED (<i>zanidatamab-hrii</i>)	3	PA
*ANTINEOPLASTIC - ANTI-NECTIN-4 ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED (<i>enfortumab vedotin-ejfv</i>)	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-PD-1 ANTIBODIES*** - DRUGS FOR CANCER		
JEMPERLI INTRAVENOUS SOLUTION (<i>dostarlimab-gxly</i>)	3	PA; LD; SP
KEYTRUDA INTRAVENOUS SOLUTION (<i>pembrolizumab</i>)	3	PA; LD; SP

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Effective 01012025

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LIBTAYO INTRAVENOUS SOLUTION (<i>cemiplimab-rwlc</i>)	3	PA; LD
LOQTORZI INTRAVENOUS SOLUTION (<i>toripalimab-tpzi</i>)	3	PA; LD; SP
OPDIVO INTRAVENOUS SOLUTION (<i>nivolumab</i>)	3	PA; LD; SP
TEVIMBRA INTRAVENOUS SOLUTION (<i>tislelizumab-jsgr</i>)	3	PA; LD
ZYNYZ INTRAVENOUS SOLUTION (<i>retifanlimab-dlwr</i>)	3	PA; LD; QL (1 vial per 28 days); SP
*ANTINEOPLASTIC - ANTI-PD-L1 ANTIBODIES*** - DRUGS FOR CANCER		
BAVENCIO INTRAVENOUS SOLUTION (<i>avelumab</i>)	3	PA; LD
IMFINZI INTRAVENOUS SOLUTION (<i>durvalumab</i>)	3	PA; LD; SP
TECENTRIQ INTRAVENOUS SOLUTION (<i>atezolizumab</i>)	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-SLAMF7 ANTIBODIES*** - DRUGS FOR CANCER		
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED (<i>elotuzumab</i>)	3	PA; LD; SP
*ANTINEOPLASTIC - ANTI-TF ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED (<i>tisotumab vedotin-tftv</i>)	3	PA; LD; SP
*ANTINEOPLASTIC - BCL-2 INHIBITORS*** - DRUGS FOR CANCER		
VENCLEXTA ORAL TABLET 10 MG (<i>venetoclax</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
VENCLEXTA ORAL TABLET 100 MG (<i>venetoclax</i>)	3; OC	PA; LD; QL (6 tablet per 1 day); OC
VENCLEXTA ORAL TABLET 50 MG (<i>venetoclax</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK (<i>venetoclax</i>)	3; OC	PA; LD; QL (1 pack per 365 days); OC
*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS*** - DRUGS FOR CANCER		
BOSULIF ORAL CAPSULE 100 MG (<i>bosutinib</i>)	2; OC	PA; LD; QL (4 capsules per 1 day); SP; OC
BOSULIF ORAL CAPSULE 50 MG (<i>bosutinib</i>)	2; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	2; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	2; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
<i>dasatinib oral tablet</i>	1 or 1b*; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
GLEEVEC ORAL TABLET (<i>imatinib mesylate</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG (<i>ponatinib hcl</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); OC

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ICLUSIG ORAL TABLET 15 MG (<i>ponatinib hcl</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
<i>imatinib mesylate oral tablet</i>	1 or 1b*; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
SCEMBLIX ORAL TABLET 100 MG (<i>asciminib hcl</i>)	3; OC	PA; LD; QL (4 tablets per 1 day); OC
SCEMBLIX ORAL TABLET 20 MG, 40 MG (<i>asciminib hcl</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
SPRYCEL ORAL TABLET (<i>dasatinib</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
TASIGNA ORAL CAPSULE (<i>nilotinib hcl</i>)	2; OC	PA; LD; QL (4 capsules per 1 day); SP; OC
*ANTINEOPLASTIC - BISPECIFIC T-CELL ENGAGERS*** - DRUGS FOR CANCER		
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED (<i>blinatumomab</i>)	3	PA; LD; SP
COLUMVI INTRAVENOUS SOLUTION (<i>glofitamab-gxbm</i>)	3	PA; LD; SP
ELREXFIO SUBCUTANEOUS SOLUTION (<i>elranatamab-bcmm</i>)	3	PA; LD
EPKINLY SUBCUTANEOUS SOLUTION (<i>epcoritamab-bysp</i>)	3	PA; LD
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED (<i>tarlatamab-dlle</i>)	3	PA; LD; SP
KIMMTRAK INTRAVENOUS SOLUTION (<i>tebentafusp-tebn</i>)	3	PA; LD
LUNSUMIO INTRAVENOUS SOLUTION (<i>mosunetuzumab-axgb</i>)	3	PA; LD; SP
TALVEY SUBCUTANEOUS SOLUTION (<i>talquetamab-tgvs</i>)	3	PA; LD
TECVAYLI SUBCUTANEOUS SOLUTION (<i>teclistamab-cqyv</i>)	3	PA; LD
*ANTINEOPLASTIC - BRAF KINASE INHIBITORS*** - DRUGS FOR CANCER		
BRAFTOVI ORAL CAPSULE (<i>encorafenib</i>)	3; OC	PA; LD; QL (6 capsules per 1 day); SP; OC
OJEMDA ORAL SUSPENSION RECONSTITUTED (<i>tovorafenib</i>)	3; OC	PA; LD; QL (8 bottles per 28 days); OC
OJEMDA ORAL TABLET (<i>tovorafenib</i>)	3; OC	PA; LD; QL (24 tablets per 28 days); OC
TAFINLAR ORAL CAPSULE (<i>dabrafenib mesylate</i>)	3; OC	PA; LD; QL (4 capsule per 1 day); SP; OC
TAFINLAR ORAL TABLET SOLUBLE (<i>dabrafenib mesylate</i>)	3; OC	PA; LD; QL (15 tablets per 1 day); SP; OC
ZELBORAF ORAL TABLET (<i>vemurafenib</i>)	2; OC	PA; LD; QL (8 tablet per 1 day); SP; OC
*ANTINEOPLASTIC - BTK INHIBITORS*** - DRUGS FOR CANCER		
BRUKINSA ORAL CAPSULE (<i>zanubrutinib</i>)	3; OC	PA; LD; QL (4 capsules per 1 day); OC
CALQUENCE ORAL TABLET (<i>acalabrutinib maleate</i>)	2; OC	PA; LD; QL (2 capsules per 1 day); OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	2; OC	PA; LD; QL (3 capsule per 1 day); OC
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	2; OC	PA; LD; QL (1 tablet per 1 day); OC
IMBRUVICA ORAL SUSPENSION (<i>ibrutinib</i>)	2; OC	PA; LD; QL (8 mL per 1 day); OC
IMBRUVICA ORAL TABLET (<i>ibrutinib</i>)	2; OC	PA; LD; QL (1 tablet per 1 day); OC
JAYPIRCA ORAL TABLET 100 MG (<i>pirtobrutinib</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
JAYPIRCA ORAL TABLET 50 MG (<i>pirtobrutinib</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
*ANTINEOPLASTIC - EGFR INHIBITORS*** - DRUGS FOR CANCER		
ERBITUX INTRAVENOUS SOLUTION (<i>cetuximab</i>)	3	PA; LD; SP
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	1 or 1b*; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
<i>erlotinib hcl oral tablet 25 mg</i>	1 or 1b*; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
<i>gefitinib oral tablet</i>	1 or 1b*; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
GILOTRIF ORAL TABLET (<i>afatinib dimaleate</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
IRESSA ORAL TABLET (<i>gefitinib</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
LAZCLUZE ORAL TABLET 240 MG (<i>lazertinib mesylate</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
LAZCLUZE ORAL TABLET 80 MG (<i>lazertinib mesylate</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
PORTRAZZA INTRAVENOUS SOLUTION (<i>necitumumab</i>)	3	LD; SP
TAGRISSE ORAL TABLET (<i>osimertinib mesylate</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
TARCEVA ORAL TABLET (<i>erlotinib hcl</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
VECTIBIX INTRAVENOUS SOLUTION (<i>panitumumab</i>)	3	PA; LD; SP
VIZIMPRO ORAL TABLET (<i>dacomitinib</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
*ANTINEOPLASTIC - FGFR KINASE INHIBITORS*** - DRUGS FOR CANCER		
BALVERSA ORAL TABLET 3 MG (<i>erdafitinib</i>)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
BALVERSA ORAL TABLET 4 MG (<i>erdafitinib</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
BALVERSA ORAL TABLET 5 MG (<i>erdafitinib</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC

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LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>futibatinib</i>)	3; OC	PA; LD; QL (3 tablets per 1 day); OC
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>futibatinib</i>)	3; OC	PA; LD; QL (4 tablets per 1 day); OC
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>futibatinib</i>)	3; OC	PA; LD; QL (5 tablets per 1 day); OC
PEMAZYRE ORAL TABLET 13.5 MG (<i>pemigatinib</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
PEMAZYRE ORAL TABLET 4.5 MG, 9 MG (<i>pemigatinib</i>)	3; OC	PA; LD; QL (14 tablets per 21 days); OC
*ANTINEOPLASTIC - GAMMA SECRETASE INHIBITORS*** - DRUGS FOR CANCER		
OGSIVEO ORAL TABLET 100 MG, 150 MG (<i>nirogacestat hydrobromide</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
OGSIVEO ORAL TABLET 50 MG (<i>nirogacestat hydrobromide</i>)	3; OC	PA; LD; QL (6 tablets per 1 day); OC
*ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS*** - DRUGS FOR CANCER		
DAURISMO ORAL TABLET 100 MG (<i>glasdegib maleate</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
DAURISMO ORAL TABLET 25 MG (<i>glasdegib maleate</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
ERIVEDGE ORAL CAPSULE (<i>vismodegib</i>)	2; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
ODOMZO ORAL CAPSULE (<i>sonidegib phosphate</i>)	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
*ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS*** - DRUGS FOR CANCER		
WELIREG ORAL TABLET (<i>belzutifan</i>)	3; OC	PA; LD; QL (3 tablets per 1 day); OC
*ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS*** - DRUGS FOR CANCER		
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED (<i>belinostat</i>)	3	PA; LD; SP
ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED (<i>romidepsin</i>)	3	PA; LD; SP
<i>romidepsin intravenous solution reconstituted</i>	1 or 1b*	PA; LD; SP
ZOLINZA ORAL CAPSULE (<i>vorinostat</i>)	2; OC	PA; LD; QL (4 capsule per 1 day); SP; OC
*ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS*** - DRUGS FOR CANCER		
AKEEGA ORAL TABLET (<i>niraparib-abiraterone acetate</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); OC

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*ANTINEOPLASTIC - IMMUNOMODULATORS*** - DRUGS FOR CANCER		
POMALYST ORAL CAPSULE (<i>pomalidomide</i>)	3; OC	PA; LD; QL (21 capsules per 28 days); SP; OC
*ANTINEOPLASTIC - KRAS INHIBITORS*** - DRUGS FOR CANCER		
KRAZATI ORAL TABLET (<i>adagrasib</i>)	3; OC	PA; LD; QL (6 tablets per 1 day); OC
LUMAKRAS ORAL TABLET 120 MG (<i>sotorasib</i>)	3; OC	PA; LD; QL (8 tablets per 1 day); SP; OC
LUMAKRAS ORAL TABLET 240 MG (<i>sotorasib</i>)	3; OC	PA; QL (4 tablets per 1 day); OC
LUMAKRAS ORAL TABLET 320 MG (<i>sotorasib</i>)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
*ANTINEOPLASTIC - MEK INHIBITORS*** - DRUGS FOR CANCER		
COTELLIC ORAL TABLET (<i>cobimetinib fumarate</i>)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
KOSELUGO ORAL CAPSULE 10 MG (<i>selumetinib sulfate</i>)	3; OC	PA; LD; QL (8 capsules per 1 day); OC
KOSELUGO ORAL CAPSULE 25 MG (<i>selumetinib sulfate</i>)	3; OC	PA; LD; QL (4 capsules per 1 day); OC
MEKINIST ORAL SOLUTION RECONSTITUTED (<i>trametinib dimethyl sulfoxide</i>)	3; OC	PA; LD; QL (40 mL per 1 day); SP; OC
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
MEKTOVI ORAL TABLET (<i>binimetinib</i>)	3; OC	PA; LD; QL (6 tablets per 1 day); SP; OC
*ANTINEOPLASTIC - MENIN INHIBITORS*** - DRUGS FOR CANCER		
REVUFORJ ORAL TABLET 110 MG (<i>revumenib citrate</i>)	3; OC	PA; QL (4 tablets per 1 day); OC
REVUFORJ ORAL TABLET 160 MG (<i>revumenib citrate</i>)	3; OC	PA; QL (2 tablets per 1 day); OC
*ANTINEOPLASTIC - MET INHIBITORS*** - DRUGS FOR CANCER		
TABRECTA ORAL TABLET (<i>capmatinib hcl</i>)	3; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
TEPMETKO ORAL TABLET (<i>tepotinib hcl</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
*ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS*** - DRUGS FOR CANCER		
TAZVERIK ORAL TABLET (<i>tazemetostat hbr</i>)	3; OC	PA; LD; QL (8 tablets per 1 day); OC
*ANTINEOPLASTIC - MTOR KINASE INHIBITORS*** - DRUGS FOR CANCER		
AFINITOR DISPERZ ORAL TABLET SOLUBLE (<i>everolimus</i>)	3; OC	PA; LD; SP; OC

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AFINITOR ORAL TABLET (<i>everolimus</i>)	3; OC	PA; LD; SP; OC
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1 or 1b*; OC	PA; LD; SP; OC
<i>everolimus oral tablet soluble</i>	1 or 1b*; OC	PA; LD; SP; OC
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED (<i>sirolimus protein-bound part</i>)	3	PA; LD
<i>temsirolimus intravenous solution</i>	1 or 1b*	PA; LD; SP
TORISEL INTRAVENOUS SOLUTION (<i>temsirolimus</i>)	3	PA; LD; SP
<i>everolimus</i> (Torpenz Oral Tablet)	1 or 1b*; OC	PA; LD; SP; OC
*ANTINEOPLASTIC - MULTIKINASE INHIBITORS*** - DRUGS FOR CANCER		
CABOMETYX ORAL TABLET (<i>cabozantinib s-malate</i>)	2; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	2; OC	PA; LD; QL (3 tablet per 1 day); OC
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	2; OC	PA; LD; QL (1 tablet per 1 day); OC
COMETRIQ (100 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	3; OC	PA; LD; QL (1 dose-pack per 56 days); SP; OC
COMETRIQ (140 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	3; OC	PA; LD; QL (1 dose pack per 28 days); SP; OC
COMETRIQ (60 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	3; OC	PA; LD; QL (1 dose pack per 28 days); SP; OC
FOTIVDA ORAL CAPSULE (<i>tivozanib hcl</i>)	3; OC	PA; LD; QL (21 capsules per 28 days); OC
<i>lapatinib ditosylate oral tablet</i>	1 or 1b*; OC	PA; LD; QL (6 tablet per 1 day); SP; OC
NERLYNX ORAL TABLET (<i>neratinib maleate</i>)	3; OC	PA; LD; QL (6 tablets per 1 day); SP; OC
NEXAVAR ORAL TABLET (<i>sorafenib tosylate</i>)	3; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
<i>pazopanib hcl oral tablet</i>	1 or 1b*; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
QINLOCK ORAL TABLET (<i>ripretinib</i>)	3; OC	PA; LD; QL (3 tablets per 1 day); OC
RYDAPT ORAL CAPSULE (<i>midostaurin</i>)	3; OC	PA; LD; QL (8 capsules per 1 day); SP; OC
<i>sorafenib tosylate oral tablet</i>	1 or 1b*; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
STIVARGA ORAL TABLET (<i>regorafenib</i>)	2; OC	PA; LD; QL (84 tablets per 28 days); SP; OC
<i>sunitinib malate oral capsule</i>	1 or 1b*; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
SUTENT ORAL CAPSULE (<i>sunitinib malate</i>)	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC

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TURALIO ORAL CAPSULE (<i>pexidartinib hcl</i>)	3; OC	PA; LD; QL (4 capsules per 1 day); OC
TYKERB ORAL TABLET (<i>lapatinib ditosylate</i>)	3; OC	PA; LD; QL (6 tablet per 1 day); SP; OC
VANFLYTA ORAL TABLET (<i>quizartinib dihydrochloride</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
VOTRIENT ORAL TABLET (<i>pazopanib hcl</i>)	3; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
XOSPATA ORAL TABLET (<i>gilteritinib fumarate</i>)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
*ANTINEOPLASTIC - MULTIPLE RECEPTOR ANTIBODIES*** - DRUGS FOR CANCER		
RYBREVA INTRAVENOUS SOLUTION (<i>amivantamab-vmjw</i>)	3	PA; LD; SP
*ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS*** - DRUGS FOR CANCER		
AYVAKIT ORAL TABLET (<i>avapritinib</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
*ANTINEOPLASTIC - PROTEASOME INHIBITORS*** - DRUGS FOR CANCER		
<i>bortezomib injection solution reconstituted 1 mg, 2.5 mg</i>	3	PA; LD; SP
<i>bortezomib injection solution reconstituted 3.5 mg</i>	1 or 1b*	PA; LD; SP
BORUZU INJECTION SOLUTION (<i>bortezomib</i>)	3	PA; SP
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED (<i>carfilzomib</i>)	3	PA; LD; SP
NINLARO ORAL CAPSULE (<i>ixazomib citrate</i>)	3; OC	PA; LD; QL (3 capsule per 28 days); SP; OC
VELCADE INJECTION SOLUTION RECONSTITUTED (<i>bortezomib</i>)	3	PA; LD; SP
*ANTINEOPLASTIC - RET INHIBITORS*** - DRUGS FOR CANCER		
GAVRETO ORAL CAPSULE (<i>pralsetinib</i>)	3; OC	PA; LD; QL (4 capsules per 1 day); OC
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG (<i>selpercatinib</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
RETEVMO ORAL TABLET 40 MG (<i>selpercatinib</i>)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS*** - DRUGS FOR CANCER		
AUGTYRO ORAL CAPSULE 160 MG (<i>reprotrectinib</i>)	3; OC	QL (2 capsules per 1 day); OC
AUGTYRO ORAL CAPSULE 40 MG (<i>reprotrectinib</i>)	3; OC	PA; LD; QL (8 capsules per 1 day); SP; OC
ROZLYTREK ORAL CAPSULE 100 MG (<i>entrectinib</i>)	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
ROZLYTREK ORAL CAPSULE 200 MG (<i>entrectinib</i>)	3; OC	PA; LD; QL (3 capsules per 1 day); SP; OC
ROZLYTREK ORAL PACKET (<i>entrectinib</i>)	3; OC	PA; LD; QL (12 packets per 1 day); SP; OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITRAKVI ORAL CAPSULE 100 MG (<i>larotrectinib sulfate</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
VITRAKVI ORAL CAPSULE 25 MG (<i>larotrectinib sulfate</i>)	3; OC	PA; LD; QL (6 tablets per 1 day); SP; OC
VITRAKVI ORAL SOLUTION (<i>larotrectinib sulfate</i>)	3; OC	PA; LD; QL (10 mL per 1 day); SP; OC
*ANTINEOPLASTIC - XPO1 INHIBITORS*** - DRUGS FOR CANCER		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; LD; QL (1 carton per 28 days); OC
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; LD; QL (1 carton per 28 days); OC
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; LD; QL (1 carton per 28 days); OC
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; LD; QL (1 carton per 28 days); OC
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; LD; QL (1 pack per 1 week); OC
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; LD; QL (1 carton per 28 days); OC
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; LD; QL (32 tablets per 28 weeks); OC
*ANTINEOPLASTIC ANTIBIOTICS*** - DRUGS FOR CANCER		
<i>adriamycin intravenous solution reconstituted</i>	1 or 1b*	LD; SP
<i>bleomycin sulfate injection solution reconstituted</i>	1 or 1b*	LD; SP
<i>dactinomycin intravenous solution reconstituted</i>	1 or 1b*	LD; SP
DAUNORUBICIN HCL INTRAVENOUS SOLUTION	3	LD; SP
DOXIL INTRAVENOUS SUSPENSION (<i>doxorubicin hcl liposomal</i>)	3	PA; LD; SP
<i>doxorubicin hcl intravenous solution</i>	3	LD; SP
<i>doxorubicin hcl intravenous solution reconstituted</i>	1 or 1b*	LD; SP
<i>doxorubicin hcl liposomal intravenous suspension</i>	1 or 1b*	PA; LD; SP
ELLENCEN INTRAVENOUS SOLUTION (<i>epirubicin hcl</i>)	3	PA; LD; SP
IDAMYCIN PFS INTRAVENOUS SOLUTION (<i>idarubicin hcl</i>)	3	LD; SP
<i>idarubicin hcl intravenous solution</i>	1 or 1b*	LD; SP
JELMYTO SOLUTION RECONSTITUTED (<i>mitomycin</i>)	3	PA; LD
<i>mitomycin intravenous solution reconstituted</i>	1 or 1b*	LD; SP
<i>mitomycin intravesical solution prefilled syringe</i>	3	LD
<i>mitoxantrone hcl intravenous concentrate</i>	1 or 1b*	LD; SP
<i>mutamycin intravenous solution reconstituted</i>	1 or 1b*	LD; SP
<i>valrubicin intravesical solution</i>	1 or 1b*	LD; SP
VALSTAR INTRAVESICAL SOLUTION (<i>valrubicin</i>)	3	LD; SP

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Effective 01/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTINEOPLASTIC -ANTIBODY FOR RADIOPHARMACEUTICAL THERAPY*** - DRUGS FOR CANCER		
ZEVALIN Y-90 INTRAVENOUS KIT (<i>ibritumomab tiuxetan for y-90</i>)	3	PA; LD
*ANTINEOPLASTIC ANTIBODY-DRUG COMPLEXES*** - DRUGS FOR CANCER		
ELAHERE INTRAVENOUS SOLUTION (<i>mirvetuximab soravtansine-gynx</i>)	3	PA; LD
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED (<i>fam-trastuzumab deruxtec-nxki</i>)	3	PA; LD; SP
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED (<i>ado-trastuzumab emtansine</i>)	3	PA; LD; SP
*ANTINEOPLASTIC COMBINATIONS*** - DRUGS FOR CANCER		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION (<i>daratumumab-hyaluronidase-fhj</i>)	3	PA; LD; SP
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION (<i>trastuzumab-hyaluronidase-oysk</i>)	3	LD; SP
INQOVI ORAL TABLET (<i>decitabine-cedazuridine</i>)	3; OC	PA; LD; QL (5 tablets per 28 days); SP; OC
LONSURF ORAL TABLET (<i>trifluridine-tipiracil</i>)	3; OC	PA; LD; SP; OC
PHEGO SUBCUTANEOUS SOLUTION (<i>pertuz-trastuz-hyaluron-zzxf</i>)	3	PA; LD; SP
RITUXAN HYCELA SUBCUTANEOUS SOLUTION (<i>rituximab-hyaluronidase human</i>)	3	LD; SP
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION (<i>atezolizumab-hyaluronidas-tqjs</i>)	3	PA; LD; SP
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED (<i>daunorubicin-cytarabine lipo</i>)	3	LD; SP
*ANTINEOPLASTIC ENZYMES*** - DRUGS FOR CANCER		
ASPARLAS INTRAVENOUS SOLUTION (<i>calaspargase pegol-mknl</i>)	3	PA; LD
ONCASPASPAR INJECTION SOLUTION (<i>pegaspargase</i>)	3	PA; LD
RYLAZE INTRAMUSCULAR SOLUTION (<i>asparaginase erwinia chry-rywn</i>)	3	PA; LD; SP
*ANTINEOPLASTIC RADIOPHARMACEUTICALS*** - DRUGS FOR CANCER		
LUTATHERA INTRAVENOUS SOLUTION (<i>lutetium lu 177 dotatate</i>)	3	PA; LD
PLUVICTO INTRAVENOUS SOLUTION (<i>lutetium lu 177 vipivotide tet</i>)	3	PA; LD
STRONTIUM CHLORIDE SR-89 INTRAVENOUS SOLUTION	3	
XOFIGO INTRAVENOUS SOLUTION (<i>radium ra 223 dichloride</i>)	3	PA; LD
*ANTINEOPLASTICS - INTERLEUKINS & AGONISTS*** - DRUGS FOR CANCER		
ANKTIVA INTRAVESICAL SOLUTION (<i>nogapendekin alfa inbakic-pmln</i>)	3	PA; LD; SP
ELZONRIS INTRAVENOUS SOLUTION (<i>tagraxofusp-erzs</i>)	3	PA; LD
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>aldesleukin</i>)	3	PA; LD; SP

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*ANTINEOPLASTICS - PHOTOACTIVATED AGENTS*** - DRUGS FOR CANCER		
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>porfimer sodium</i>)	3	LD
UVADEX EXTRACORPOREAL SOLUTION (<i>methoxsalen (photopheresis)</i>)	3	
*ANTINEOPLASTICS MISC.*** - DRUGS FOR CANCER		
ACTIMMUNE SUBCUTANEOUS SOLUTION (<i>interferon gamma-1b</i>)	4	PA; LD; SP
<i>arsenic trioxide intravenous solution</i>	1 or 1b*	LD; SP
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>ropeginterferon alfa-2b-njft</i>)	3	PA; LD; QL (2 mL per 28 days)
<i>dacarbazine intravenous solution reconstituted</i>	1 or 1b*	LD; SP
HYDREA ORAL CAPSULE (<i>hydroxyurea</i>)	3; OC	LD; OC
<i>hydroxyurea oral capsule</i>	1 or 1b*; OC	LD; OC
MATULANE ORAL CAPSULE (<i>procarbazine hcl</i>)	2; OC	LD; OC
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED (<i>pentostatin</i>)	3	LD; SP
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED (<i>bcg live</i>)	4	LD; SP
TRISENOX INTRAVENOUS SOLUTION (<i>arsenic trioxide</i>)	3	LD; SP
*AROMATASE INHIBITORS*** - DRUGS FOR CANCER		
<i>anastrozole oral tablet</i>	1 or 1b*; OC; \$0	LD; QL (1 tablet per 1 day); OC
ARIMIDEX ORAL TABLET (<i>anastrozole</i>)	3; OC	LD; QL (1 tablet per 1 day); OC
AROMASIN ORAL TABLET (<i>exemestane</i>)	3; OC	LD; QL (2 tablets per 1 day); OC
<i>exemestane oral tablet</i>	1 or 1b*; OC; \$0	LD; QL (2 tablets per 1 day); OC
FEMARA ORAL TABLET (<i>letrozole</i>)	3; OC	LD; QL (1 tablet per 1 day); OC
<i>letrozole oral tablet</i>	1 or 1b*; OC; \$0	LD; QL (1 tablet per 1 day); OC
*CARBOXYPEPTIDASE ENZYME AGENTS*** - DRUGS FOR CANCER		
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED (<i>glucarpidase</i>)	3	LD
*CARDIAC PROTECTIVE AGENTS*** - DRUGS FOR CANCER		
<i>dexrazoxane hcl intravenous solution reconstituted</i>	1 or 1b*	LD; SP
<i>dexrazoxane intravenous solution reconstituted</i>	1 or 1b*	LD; SP
*CHEMOTHERAPY ADJUNCTS - HYPERURICEMIA AGENTS*** - DRUGS FOR CANCER		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED (<i>rasburicase</i>)	3	PA; LD; SP
*CHEMOTHERAPY ADJUNCTS - KERATINOCYTE GROWTH FACTORS*** - DRUGS FOR CANCER		
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED (<i>palifermin</i>)	3	LD; SP
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER		
IBRANCE ORAL CAPSULE (<i>palbociclib</i>)	2; OC	PA; LD; QL (21 capsules per 28 days); SP; OC

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IBRANCE ORAL TABLET 100 MG, 75 MG (<i>palbociclib</i>)	2; OC	PA; LD; QL (21 tablets per 28 days); SP; OC
IBRANCE ORAL TABLET 125 MG (<i>palbociclib</i>)	2; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	2; OC	PA; LD; QL (0.75 tablet per 1 day); SP; OC
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	2; OC	PA; LD; QL (1.5 tablets per 1 day); SP; OC
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	2; OC	PA; LD; QL (2.25 tablets per 1 day); SP; OC
VERZENIO ORAL TABLET (<i>abemaciclib</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
*ESTROGEN RECEPTOR ANTAGONIST*** - DRUGS FOR CANCER		
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>fulvestrant</i>)	3	PA; LD; SP
<i>fulvestrant intramuscular solution prefilled syringe</i>	1 or 1b*	PA; LD; SP
*FOLIC ACID ANTAGONISTS RESCUE AGENTS*** - DRUGS FOR CANCER		
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED (<i>levoleucovorin</i>)	3	PA; LD; SP
<i>leucovorin calcium injection solution</i>	1 or 1b*	LD
<i>leucovorin calcium injection solution reconstituted</i>	1 or 1b*	LD
<i>leucovorin calcium oral tablet</i>	1 or 1b*	
<i>levoleucovorin calcium intravenous solution reconstituted</i>	1 or 1b*	PA; LD
<i>levoleucovorin calcium pf intravenous solution</i>	1 or 1b*	PA; LD
*GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS*** - DRUGS FOR CANCER		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>degarelix acetate</i>)	3	PA; LD; QL (2 units per 310 days); SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>degarelix acetate</i>)	3	PA; LD; QL (1 kit per 28 days); SP
ORGOVYX ORAL TABLET (<i>relugolix</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
*IMIDAZOTETRAZINES*** - DRUGS FOR CANCER		
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED (<i>temozolomide</i>)	2	PA; LD; SP
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg</i>	1 or 1b*; OC	PA; LD; QL (2 capsules per 1 day); SP; OC
<i>temozolomide oral capsule 20 mg</i>	1 or 1b*; OC	PA; LD; QL (4 capsule per 1 day); SP; OC
<i>temozolomide oral capsule 5 mg</i>	1 or 1b*; OC	PA; LD; QL (3 capsule per 1 day); SP; OC

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*ISOCITRATE DEHYDROGENASE 1 & 2 (IDH1 & IDH2) INHIBITORS*** - DRUGS FOR CANCER		
VORANIGO ORAL TABLET 10 MG (<i>vorasidenib</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
VORANIGO ORAL TABLET 40 MG (<i>vorasidenib</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS*** - DRUGS FOR CANCER		
REZLIDHIA ORAL CAPSULE (<i>olutasidenib</i>)	3; OC	PA; LD; QL (2 capsules per 1 day); OC
TIBSOVO ORAL TABLET (<i>ivosidenib</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS*** - DRUGS FOR CANCER		
IDHIFA ORAL TABLET 100 MG (<i>enasidenib mesylate</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
IDHIFA ORAL TABLET 50 MG (<i>enasidenib mesylate</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
*JANUS ASSOCIATED KINASE (JAK) INHIBITORS*** - DRUGS FOR CANCER		
INREBIC ORAL CAPSULE (<i>fedratinib hcl</i>)	3; OC	PA; LD; QL (4 capsules per 1 day); SP; OC
JAKAFI ORAL TABLET (<i>ruxolitinib phosphate</i>)	2; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
OJJAARA ORAL TABLET (<i>momelotinib dihydrochloride</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
VONJO ORAL CAPSULE (<i>pacritinib citrate</i>)	3; OC	PA; LD; QL (4 capsules per 1 day); OC
*LHRH ANALOGS*** - DRUGS FOR CANCER		
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE (<i>leuprolide mesylate (6 month)</i>)	3	PA; LD; QL (1 syringe per 24 weekss)
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	3	PA; LD; QL (1 syringe per 84 days); SP
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	3	PA; LD; QL (1 syringe per 112 days); SP
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	3	PA; LD; QL (1 syringe per 168 days); SP
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	3	PA; LD; QL (1 syringe per 28 days); SP
<i>leuprolide acetate (3 month) intramuscular injectable</i>	3	PA; LD; QL (1 kit per 12 weeks); SP
<i>leuprolide acetate injection kit</i>	1 or 1b*	PA; LD; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (<i>leuprolide acetate</i>)	4	PA; LD; QL (1 syringe kit per 28 days); SP

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (<i>leuprolide acetate</i>)	3	PA; LD; QL (1 kit per 28 days); SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (<i>leuprolide acetate (3 month)</i>)	4	PA; LD; QL (1 kit per 84 days); SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	3	PA; LD; QL (1 kit per 84 days); SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT (<i>leuprolide acetate (4 month)</i>)	3	PA; LD; QL (1 kit per 112 days); SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT (<i>leuprolide acetate (6 month)</i>)	3	PA; LD; QL (1 syringe kit per 168 days); SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG (<i>triptorelin pamoate</i>)	3	PA; LD; QL (1 vial per 84 days); SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG (<i>triptorelin pamoate</i>)	3	PA; LD; QL (1 syringe per 168 days); SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG (<i>triptorelin pamoate</i>)	3	PA; LD; QL (1 kit per 28 days); SP
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG (<i>goserelin acetate</i>)	3	PA; LD; QL (1 EA per 84 days); SP
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG (<i>goserelin acetate</i>)	3	PA; LD; QL (1 unit per 28 days); SP
*MITOTIC INHIBITORS*** - DRUGS FOR CANCER		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED (<i>paclitaxel protein-bound part</i>)	3	PA; LD; SP
DOCETAXEL INTRAVENOUS CONCENTRATE	3	PA; LD; SP
DOCETAXEL INTRAVENOUS SOLUTION	3	PA; LD; SP
DOCIVYX INTRAVENOUS SOLUTION (<i>docetaxel</i>)	3	PA; LD; SP
<i>eribulin mesylate intravenous solution</i>	1 or 1b*	PA; LD; SP
ETOPHOS INTRAVENOUS SOLUTION RECONSTITUTED (<i>etoposide phosphate</i>)	3	LD; SP
<i>etoposide intravenous solution</i>	1 or 1b*	LD; SP
<i>etoposide oral capsule</i>	1 or 1b*; OC	LD; SP; OC
HALAVEN INTRAVENOUS SOLUTION (<i>eribulin mesylate</i>)	3	PA; LD; SP
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED (<i>ixabepilone</i>)	3	PA; LD; SP
JEVTANA INTRAVENOUS SOLUTION (<i>cabazitaxel</i>)	3	PA; LD; SP
<i>paclitaxel intravenous concentrate</i>	1 or 1b*	LD; SP
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA; LD; SP
<i>vinblastine sulfate intravenous solution</i>	1 or 1b*	LD; SP
<i>vincristine sulfate intravenous solution</i>	1 or 1b*	LD; SP
<i>vinorelbine tartrate intravenous solution</i>	1 or 1b*	LD; SP

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Effective 01012025

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*MYELOPROTECTIVE AGENTS*** - DRUGS FOR CANCER		
COSELA INTRAVENOUS SOLUTION RECONSTITUTED (<i>trilaciclib dihydrochloride</i>)	3	PA; LD
*NITROGEN MUSTARDS AND RELATED ANALOGUES*** - DRUGS FOR CANCER		
<i>cyclophosphamide injection solution reconstituted</i>	1 or 1b*	LD; SP
<i>cyclophosphamide intravenous solution 1 gm/2ml, 1000 mg/10ml, 2 gm/4ml, 2000 mg/20ml, 500 mg/5ml</i>	3	LD; SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML	3	LD; SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 2 GM/10ML	3	LD
<i>cyclophosphamide intravenous solution 500 mg/ml</i>	3	LD
<i>cyclophosphamide oral capsule</i>	1 or 1b*; OC	LD; SP; OC
CYCLOPHOSPHAMIDE ORAL TABLET	3; OC	LD; OC
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED (<i>melphalan hcl</i>)	3	LD; SP
HEPZATO W/50MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED (<i>melphalan hcl</i>)	3	LD
HEPZATO W/62MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED (<i>melphalan hcl</i>)	3	LD
IFEX INTRAVENOUS SOLUTION RECONSTITUTED (<i>ifosfamide</i>)	3	LD; SP
<i>ifosfamide intravenous solution</i>	1 or 1b*	LD; SP
<i>ifosfamide intravenous solution reconstituted 1 gm</i>	1 or 1b*	LD; SP
IFOSFAMIDE INTRAVENOUS SOLUTION RECONSTITUTED 3 GM	3	LD; SP
LEUKERAN ORAL TABLET (<i>chlorambucil</i>)	2; OC	LD; OC
<i>melphalan hcl intravenous solution reconstituted</i>	1 or 1b*	LD; SP
*NITROSOUREAS*** - DRUGS FOR CANCER		
<i>carmustine intravenous solution reconstituted</i>	1 or 1b*	LD; SP
GLEOSTINE ORAL CAPSULE (<i>lomustine</i>)	3; OC	PA; LD; SP; OC
GLIADEL WAFER IMPLANT WAFER (<i>carmustine in polifeprosan</i>)	3	
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED (<i>streptozocin</i>)	3	LD; SP
*OLIGONUCLEOTIDE TELOMERASE INHIBITORS*** - DRUGS FOR CANCER		
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED (<i>imetelstat sodium</i>)	3	PA; LD
*ORNITHINE DECARBOXYLASE (ODC) INHIBITORS*** - DRUGS FOR CANCER		
IWILFIN ORAL TABLET (<i>eflornithine hcl</i>)	3; OC	PA; LD; QL (8 tablets per 1 day); OC
*OTOPROTECTIVE AGENTS*** - DRUGS FOR CANCER		
PEDMARK INTRAVENOUS SOLUTION (<i>sodium thiosulfate</i>)	3	PA; LD

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Effective 01012025

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*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS*** - DRUGS FOR CANCER		
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED (<i>copanlisib hcl</i>)	3	PA; LD
COPIKTRA ORAL CAPSULE (<i>duvelisib</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
ITOVEBI ORAL TABLET 3 MG (<i>inavolisib</i>)	3; OC	PA; QL (1 tablet per 1 day); SP; OC
ITOVEBI ORAL TABLET 9 MG (<i>inavolisib</i>)	3; OC	PA; QL (2 tablets per 1 day); SP; OC
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>alpelisib</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>alpelisib</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>alpelisib</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
ZYDELIG ORAL TABLET (<i>idelalisib</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** - DRUGS FOR CANCER		
LYNPARZA ORAL TABLET (<i>olaparib</i>)	3; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
RUBRACA ORAL TABLET (<i>rucaparib camsylate</i>)	3; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
TALZENNA ORAL CAPSULE (<i>talazoparib tosylate</i>)	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
ZEJULA ORAL TABLET (<i>niraparib tosylate</i>)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
*PROGESTINS-ANTINEOPLASTIC*** - DRUGS FOR CANCER		
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	1 or 1b*; OC	LD; OC
<i>megestrol acetate oral tablet</i>	1 or 1b*; OC	LD; OC
*RETINOIDS*** - DRUGS FOR CANCER		
<i>tretinoin oral capsule</i>	1 or 1b*; OC	LD; OC
*SELECTIVE ESTROGEN RECEPTOR DEGRADERS*** - DRUGS FOR CANCER		
ORSERDU ORAL TABLET 345 MG (<i>elacestrant hydrochloride</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
ORSERDU ORAL TABLET 86 MG (<i>elacestrant hydrochloride</i>)	3; OC	PA; LD; QL (3 tablets per 1 day); OC
*SELECTIVE RETINOID X RECEPTOR AGONISTS*** - DRUGS FOR CANCER		
<i>bexarotene oral capsule</i>	1 or 1b*; OC	PA; LD; QL (10 capsules per 1 day); SP; OC
TARGRETIN ORAL CAPSULE (<i>bexarotene</i>)	3; OC	PA; LD; QL (10 capsules per 1 day); SP; OC

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*TETRAHYDROISOQUINOLINES*** - DRUGS FOR CANCER		
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED (<i>trabectedin</i>)	3	LD; SP
*TOPOISOMERASE I INHIBITORS - ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED (<i>sacituzumab govitecan-hziy</i>)	3	PA; LD
*TOPOISOMERASE I INHIBITORS*** - DRUGS FOR CANCER		
CAMPTOSAR INTRAVENOUS SOLUTION (<i>irinotecan hcl</i>)	3	LD; SP
HYCANTIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>topotecan hcl</i>)	3	LD; SP
HYCANTIN ORAL CAPSULE (<i>topotecan hcl</i>)	2; OC	PA; LD; SP; OC
<i>irinotecan hcl intravenous solution</i>	1 or 1b*	LD; SP
ONIVYDE INTRAVENOUS INJECTABLE (<i>irinotecan hcl liposome</i>)	3	LD; SP
TOPOTECAN HCL INTRAVENOUS SOLUTION	3	LD; SP
<i>topotecan hcl intravenous solution reconstituted</i>	1 or 1b*	LD; SP
*URINARY TRACT PROTECTIVE AGENTS*** - DRUGS FOR CANCER		
<i>mesna intravenous solution</i>	1 or 1b*	PA; LD
MESNEX INTRAVENOUS SOLUTION (<i>mesna</i>)	3	PA; LD
MESNEX ORAL TABLET (<i>mesna</i>)	2	PA; LD
*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS*** - DRUGS FOR CANCER		
ALYMSYS INTRAVENOUS SOLUTION (<i>bevacizumab-maly</i>)	3	PA; LD; SP
AVASTIN INTRAVENOUS SOLUTION (<i>bevacizumab</i>)	3	PA; LD; SP
CYRAMZA INTRAVENOUS SOLUTION (<i>ramucirumab</i>)	3	PA; LD; SP
FRUZAQLA ORAL CAPSULE 1 MG (<i>fruquintinib</i>)	3; OC	PA; LD; QL (84 capsules per 28 days); OC
FRUZAQLA ORAL CAPSULE 5 MG (<i>fruquintinib</i>)	3; OC	PA; LD; QL (21 capsules per 28 days); OC
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	2; OC	PA; LD; QL (6 tablets per 1 day); SP; OC
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	2; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	2; OC	PA; LD; QL (30 capsules per 30 days); SP; OC
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	2; OC	PA; LD; QL (1 pack per 30 days); SP; OC
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	2; OC	PA; LD; QL (60 capsules per 30 days); SP; OC
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	2; OC	PA; LD; QL (1 pack per 30 days); SP; OC

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LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	2; OC	PA; LD; QL (60 capsules per 30 days); SP; OC
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	2; OC	PA; LD; QL (90 capsules per 30 days); SP; OC
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	2; OC	PA; LD; QL (30 capsules per 30 days); SP; OC
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	2; OC	PA; LD; QL (1 pack per 30 days); SP; OC
MVASI INTRAVENOUS SOLUTION (<i>bevacizumab-awwb</i>)	3	PA; LD; SP
VEGZELMA INTRAVENOUS SOLUTION (<i>bevacizumab-adcd</i>)	3	PA; LD; SP
ZALTRAP INTRAVENOUS SOLUTION (<i>ziv-aflibercept</i>)	3	PA; LD; SP
ZIRABEV INTRAVENOUS SOLUTION (<i>bevacizumab-bvzr</i>)	3	PA; LD; SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ADENOSINE RECEPTOR ANTAGONIST*** - DRUGS FOR PARKINSON		
NOURIANZ ORAL TABLET (<i>istradefylline</i>)	4	PA; LD; QL (1 tablet per 1 day); SP
*ANTIPARKINSON ANTICHOLINERGICS*** - DRUGS FOR PARKINSON		
<i>benztropine mesylate injection solution</i>	1 or 1a*	
<i>benztropine mesylate oral tablet</i>	1 or 1a*	
<i>trihexyphenidyl hcl oral solution</i>	1 or 1a*	
<i>trihexyphenidyl hcl oral tablet</i>	1 or 1a*	
*ANTIPARKINSON DOPAMINERGICS*** - DRUGS FOR PARKINSON		
<i>amantadine hcl oral capsule</i>	1 or 1b*	QL (4 capsule per 1 day)
<i>amantadine hcl oral solution</i>	1 or 1b*	QL (40 mL per 1 day)
<i>amantadine hcl oral tablet</i>	1 or 1b*	QL (4 tablet per 1 day)
<i>bromocriptine mesylate oral capsule</i>	1 or 1b*	
<i>bromocriptine mesylate oral tablet</i>	1 or 1b*	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG (<i>amantadine hcl</i>)	3	PA; QL (2 capsules per 1 day)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG (<i>amantadine hcl</i>)	3	PA; DO
INBRIJA INHALATION CAPSULE (<i>levodopa</i>)	4	PA; LD; QL (5 kits per 30 days)
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>amantadine hcl</i>)	3	PA; DO
PARLODEL ORAL CAPSULE (<i>bromocriptine mesylate</i>)	3	
PARLODEL ORAL TABLET (<i>bromocriptine mesylate</i>)	3	
*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS*** - DRUGS FOR PARKINSON		
AZILECT ORAL TABLET 0.5 MG (<i>rasagiline mesylate</i>)	3	QL (2 tablets per 1 day)

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AZILECT ORAL TABLET 1 MG (<i>rasagiline mesylate</i>)	3	QL (1 tablet per 1 day)
<i>rasagiline mesylate oral tablet 0.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>rasagiline mesylate oral tablet 1 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>selegiline hcl oral capsule</i>	1 or 1b*	
<i>selegiline hcl oral tablet</i>	1 or 1b*	
XADAGO ORAL TABLET 100 MG (<i>safinamide mesylate</i>)	3	PA; QL (1 tablet per 1 day)
XADAGO ORAL TABLET 50 MG (<i>safinamide mesylate</i>)	3	PA; QL (2 tablets per 1 day)
ZELAPAR ORAL TABLET DISPERSIBLE (<i>selegiline hcl</i>)	3	PA; QL (2 tablets per 1 day)
*CENTRAL/PERIPHERAL COMT INHIBITORS*** - DRUGS FOR PARKINSON		
TASMAR ORAL TABLET (<i>tolcapone</i>)	3	PA; QL (6 tablet per 1 day)
<i>tolcapone oral tablet</i>	1 or 1b*	PA; QL (6 tablet per 1 day)
*DECARBOXYLASE INHIBITORS*** - DRUGS FOR PARKINSON		
<i>carbidopa oral tablet</i>	1 or 1b*	
LODOSYN ORAL TABLET (<i>carbidopa</i>)	3	
*LEVODOPA COMBINATIONS*** - DRUGS FOR PARKINSON		
<i>carbidopa-levodopa er oral tablet extended release</i>	1 or 1b*	
<i>carbidopa-levodopa oral tablet</i>	1 or 1b*	
<i>carbidopa-levodopa oral tablet dispersible</i>	1 or 1b*	
<i>carbidopa-levodopa-entacapone oral tablet</i>	1 or 1b*	
CREXONT ORAL CAPSULE EXTENDED RELEASE 35-140 MG (<i>carbidopa-levodopa</i>)	3	QL (15 capsules per 1 day)
CREXONT ORAL CAPSULE EXTENDED RELEASE 52.5-210 MG (<i>carbidopa-levodopa</i>)	3	QL (10 capsules per 1 day)
CREXONT ORAL CAPSULE EXTENDED RELEASE 70-280 MG (<i>carbidopa-levodopa</i>)	3	QL (7 capsules per 1 day)
CREXONT ORAL CAPSULE EXTENDED RELEASE 87.5-350 MG (<i>carbidopa-levodopa</i>)	3	QL (6 capsules per 1 day)
DHIVY ORAL TABLET (<i>carbidopa-levodopa</i>)	3	
DUOPA ENTERAL SUSPENSION (<i>carbidopa-levodopa</i>)	3	PA; LD; SP
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 48.75-195 MG (<i>carbidopa-levodopa</i>)	3	QL (12 capsules per 1 day)
RYTARY ORAL CAPSULE EXTENDED RELEASE 36.25-145 MG (<i>carbidopa-levodopa</i>)	3	QL (9 capsules per 1 day)
RYTARY ORAL CAPSULE EXTENDED RELEASE 61.25-245 MG (<i>carbidopa-levodopa</i>)	3	QL (10 capsules per 1 day)
SINEMET ORAL TABLET (<i>carbidopa-levodopa</i>)	3	
VYALEV SUBCUTANEOUS SOLUTION (<i>foslevodopa-foscarbidopa</i>)	3	PA; QL (6 cartons per 28 days)
*NONERGOLINE DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR PARKINSON		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE (<i>apomorphine hcl</i>)	4	PA; LD; QL (2 mL per 1 day); SP

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<i>apomorphine hcl subcutaneous solution cartridge</i>	4	PA; LD; QL (2 mL per 1 day); SP
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>pramipexole dihydrochloride</i>)	3	QL (1 tablet per 1 day)
NEUPRO TRANSDERMAL PATCH 24 HOUR (<i>rotigotine</i>)	3	QL (1 patch per 1 day)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>pramipexole dihydrochloride oral tablet</i>	1 or 1b*	QL (3 tablet per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>ropinirole hcl oral tablet</i>	1 or 1b*	
*PERIPHERAL COMT INHIBITORS*** - DRUGS FOR PARKINSON		
<i>entacapone oral tablet</i>	1 or 1b*	QL (8 tablet per 1 day)
ONGENTYS ORAL CAPSULE 25 MG (<i>opicapone</i>)	3	PA; QL (1 tablet per 1 day)
ONGENTYS ORAL CAPSULE 50 MG (<i>opicapone</i>)	3	PA; QL (6 tablets per 1 day)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIMANIC AGENTS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>lithium carbonate er oral tablet extended release 300 mg</i>	1 or 1a*	QL (6 tablets per 1 day)
<i>lithium carbonate er oral tablet extended release 450 mg</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1 or 1a*	DO
<i>lithium carbonate oral capsule 600 mg</i>	1 or 1a*	QL (3 capsules per 1 day)
<i>lithium carbonate oral tablet</i>	1 or 1a*	DO
<i>lithium oral solution</i>	1 or 1b*	
LITHOBID ORAL TABLET EXTENDED RELEASE (<i>lithium carbonate</i>)	3	QL (6 tablets per 1 day)
*ANTIPSYCHOTICS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG (<i>lumateperone tosylate</i>)	3	ST; DO
CAPLYTA ORAL CAPSULE 42 MG (<i>lumateperone tosylate</i>)	3	ST; QL (1 capsule per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG (<i>carbamazepine (antipsychotic)</i>)	3	QL (8 capsules per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG (<i>carbamazepine (antipsychotic)</i>)	3	QL (5 capsules per 1 day)
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>ziprasidone mesylate</i>)	3	AL; QL (6 vials per 28 days)
GEODON ORAL CAPSULE 20 MG, 40 MG (<i>ziprasidone hcl</i>)	3	ST; DO
GEODON ORAL CAPSULE 60 MG, 80 MG (<i>ziprasidone hcl</i>)	3	ST; QL (2 capsules per 1 day)
LATUDA ORAL TABLET 120 MG (<i>lurasidone hcl</i>)	3	AL; QL (1 tablet per 1 day)
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG (<i>lurasidone hcl</i>)	3	DO; AL
LATUDA ORAL TABLET 80 MG (<i>lurasidone hcl</i>)	3	AL; QL (2 tablets per 1 day)
<i>lurasidone hcl oral tablet 120 mg</i>	1 or 1b*	AL; QL (1 tablet per 1 day)
<i>lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg</i>	1 or 1b*	DO; AL

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lurasidone hcl oral tablet 80 mg</i>	1 or 1b*	AL; QL (2 tablets per 1 day)
NUPLAZID ORAL CAPSULE (<i>pimavanserin tartrate</i>)	4	PA; LD; QL (1 capsule per 1 day); SP
NUPLAZID ORAL TABLET (<i>pimavanserin tartrate</i>)	4	PA; LD; QL (1 tablet per 1 day); SP
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG (<i>cariprazine hcl</i>)	3	ST; DO
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	3	ST; QL (1 capsule per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg</i>	1 or 1b*	DO; AL
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	1 or 1b*	AL; QL (2 capsules per 1 day)
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	1 or 1b*	AL; QL (6 vials per 28 days)
*BENZISOXAZOLES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
ERZOFRI 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	AL; QL (1 syringe per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML (<i>paliperidone palmitate</i>)	3	AL; QL (1 kit per 180 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG (<i>iloperidone</i>)	3	ST; DO
FANAPT ORAL TABLET 10 MG, 12 MG, 8 MG (<i>iloperidone</i>)	3	ST; QL (2 tablets per 1 day)
FANAPT TITRATION PACK ORAL TABLET (<i>iloperidone</i>)	3	ST; QL (1 pack per 1 year)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML (<i>paliperidone palmitate</i>)	3	AL; QL (3.5 mL per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML (<i>paliperidone palmitate</i>)	3	AL; QL (5 mL per 180 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG (<i>paliperidone</i>)	3	ST; DO
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG (<i>paliperidone</i>)	3	ST; QL (2 tablets per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (<i>paliperidone</i>)	3	ST; QL (1 tablet per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>paliperidone palmitate</i>)	3	AL; QL (1 syringe per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML (<i>paliperidone palmitate</i>)	3	AL; QL (0.88 mL per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML (<i>paliperidone palmitate</i>)	3	AL; QL (1.32 mL per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML (<i>paliperidone palmitate</i>)	3	AL; QL (1.75 mL per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML (<i>paliperidone palmitate</i>)	3	AL; QL (2.63 mL per 90 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg</i>	1 or 1b*	DO; AL
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1 or 1b*	AL; QL (2 tablets per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	1 or 1b*	AL; QL (1 tablet per 1 day)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE (<i>risperidone</i>)	3	AL; QL (1 syringe per 30 days)

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG (<i>risperidone microspheres</i>)	3	AL; QL (2 injections per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG (<i>risperidone microspheres</i>)	3	AL; QL (2 injections per 28 days)
RISPERDAL ORAL SOLUTION (<i>risperidone</i>)	3	ST; QL (8 mL per 1 day)
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>risperidone</i>)	3	ST; DO
RISPERDAL ORAL TABLET 3 MG, 4 MG (<i>risperidone</i>)	3	ST; QL (4 tablets per 1 day)
<i>risperidone microspheres er intramuscular suspension reconstituted er</i>	1 or 1b*	AL; QL (2 injections per 28 days)
<i>risperidone oral solution</i>	1 or 1b*	AL; QL (8 mL per 1 day)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1 or 1b*	DO; AL
<i>risperidone oral tablet 3 mg, 4 mg</i>	1 or 1b*	AL; QL (4 tablets per 1 day)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1 or 1b*	DO; AL
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	1 or 1b*	AL; QL (4 tablets per 1 day)
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (<i>risperidone</i>)	3	AL; QL (2 injections per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE (<i>risperidone</i>)	3	AL; QL (1 kit per 30 days)
*BUTYROPHENONES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML (<i>haloperidol decanoate</i>)	3	AL; QL (5 injections per 30 days)
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 50 MG/ML (<i>haloperidol decanoate</i>)	3	AL; QL (5 ampules per 30 days)
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i>	1 or 1b*	AL; QL (5 injections per 30 days)
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i>	1 or 1b*	AL; QL (5 ampules per 30 days)
<i>haloperidol lactate injection solution</i>	1 or 1b*	AL
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1 or 1b*	AL; QL (30 mL per 1 day)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1 or 1b*	DO; AL
<i>haloperidol oral tablet 10 mg, 20 mg, 5 mg</i>	1 or 1b*	AL; QL (3 tablets per 1 day)
*DIBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>clozapine oral tablet 100 mg</i>	1 or 1b*	AL; QL (9 tablets per 1 day)
<i>clozapine oral tablet 200 mg</i>	1 or 1b*	AL; QL (4 tablets per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	1 or 1b*	DO; AL
<i>clozapine oral tablet dispersible 100 mg</i>	1 or 1b*	AL; QL (9 tablets per 1 day)
<i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>	1 or 1b*	DO; AL
<i>clozapine oral tablet dispersible 150 mg</i>	1 or 1b*	AL; QL (6 tablets per 1 day)
<i>clozapine oral tablet dispersible 200 mg</i>	1 or 1b*	AL; QL (4 tablets per 1 day)
CLOZARIL ORAL TABLET 100 MG (<i>clozapine</i>)	3	AL; QL (9 tablets per 1 day)
CLOZARIL ORAL TABLET 25 MG (<i>clozapine</i>)	3	DO; AL
VERSACLOZ ORAL SUSPENSION (<i>clozapine</i>)	3	AL; QL (18 mL per 1 day)

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Effective 01012025

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*DIBENZO-OXEPINO PYRROLES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	1 or 1b*	AL; QL (2 tablets per 1 day)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg</i>	1 or 1b*	DO; AL
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG (<i>asenapine maleate</i>)	3	ST; QL (2 tablets per 1 day)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG, 5 MG (<i>asenapine maleate</i>)	3	ST; DO
SECUADO TRANSDERMAL PATCH 24 HOUR (<i>asenapine</i>)	3	ST; QL (1 patch per 1 day)
*DIBENZOTHIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	1 or 1b*	DO; AL
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	1 or 1b*	AL; QL (2 tablets per 1 day)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1 or 1b*	DO; AL
<i>quetiapine fumarate oral tablet 150 mg</i>	1 or 1b*	AL; QL (5 tablets per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	1 or 1b*	AL; QL (2 tablets per 1 day)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (<i>quetiapine fumarate</i>)	3	ST; DO
SEROQUEL ORAL TABLET 300 MG, 400 MG (<i>quetiapine fumarate</i>)	3	ST; QL (2 tablets per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG (<i>quetiapine fumarate</i>)	3	ST; DO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	3	ST; QL (2 tablets per 1 day)
*DIBENZOXAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>loxapine</i>)	3	AL
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg</i>	1 or 1b*	DO; AL
<i>loxapine succinate oral capsule 50 mg</i>	1 or 1b*	AL; QL (4 capsules per 1 day)
*DIHYDROINDOLONES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>molindone hcl oral tablet 10 mg, 5 mg</i>	1 or 1b*	DO; AL
<i>molindone hcl oral tablet 25 mg</i>	1 or 1b*	AL; QL (4 tablets per 1 day)
*MUSCARINIC AGENT - COMBINATIONS*** - DRUGS FOR THE NERVOUS SYSTEM		
COBENFY ORAL CAPSULE (<i>xanomeline-trospium chloride</i>)	3	ST; QL (2 capsules per 1 day)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK (<i>xanomeline-trospium chloride</i>)	3	ST; QL (1 pack per 6 months)
*PHENOTHIAZINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>chlorpromazine hcl injection solution</i>	1 or 1b*	AL

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CHLORPROMAZINE HCL ORAL CONCENTRATE 100 MG/ML	1 or 1b*	AL; QL (8 mL per 1 day)
CHLORPROMAZINE HCL ORAL CONCENTRATE 30 MG/ML	1 or 1b*	AL; QL (26 mL per 1 day)
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1 or 1b*	DO; AL
<i>chlorpromazine hcl oral tablet 100 mg, 200 mg</i>	1 or 1b*	AL; QL (4 tablets per 1 day)
<i>compro rectal suppository</i>	1 or 1b*	AL
<i>fluphenazine decanoate injection solution</i>	1 or 1b*	AL
<i>fluphenazine hcl injection solution</i>	1 or 1b*	AL
<i>fluphenazine hcl oral concentrate</i>	1 or 1b*	AL; QL (8 mL per 1 day)
<i>fluphenazine hcl oral elixir</i>	1 or 1b*	AL; QL (80 mL per 1 day)
<i>fluphenazine hcl oral tablet 1 mg, 2.5 mg, 5 mg</i>	1 or 1b*	DO; AL
<i>fluphenazine hcl oral tablet 10 mg</i>	1 or 1b*	AL; QL (4 tablets per 1 day)
<i>perphenazine oral tablet 16 mg</i>	1 or 1b*	AL; QL (1 tablet per 1 day)
<i>perphenazine oral tablet 2 mg</i>	1 or 1b*	DO; AL
<i>perphenazine oral tablet 4 mg</i>	1 or 1b*	AL; QL (4 tablets per 1 day)
<i>perphenazine oral tablet 8 mg</i>	1 or 1b*	AL; QL (3 tablets per 1 day)
<i>prochlorperazine edisylate injection solution</i>	1 or 1b*	AL
<i>prochlorperazine maleate oral tablet</i>	1 or 1a*	AL
<i>prochlorperazine rectal suppository</i>	1 or 1b*	AL
<i>thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1 or 1b*	DO; AL
<i>thioridazine hcl oral tablet 100 mg</i>	1 or 1b*	AL; QL (8 tablets per 1 day)
<i>trifluoperazine hcl oral tablet 1 mg, 2 mg</i>	1 or 1b*	DO; AL
<i>trifluoperazine hcl oral tablet 10 mg, 5 mg</i>	1 or 1b*	AL; QL (4 tablets per 1 day)
*QUINOLINONE DERIVATIVES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE (<i>aripiprazole</i>)	3	AL; QL (1 injection per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE (<i>aripiprazole</i>)	3	AL; QL (1 injection per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (<i>aripiprazole</i>)	3	AL; QL (1 injection per 30 days)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 5 MG (<i>aripiprazole w/ sens-strip-pod</i>)	3	ST; DO
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 20 MG, 30 MG (<i>aripiprazole w/ sens-strip-pod</i>)	3	ST; QL (1 tablet per 1 day)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 5 MG (<i>aripiprazole w/ sens-strip-pod</i>)	3	ST; DO
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 20 MG, 30 MG (<i>aripiprazole w/ sens-strip-pod</i>)	3	ST; QL (1 tablet per 1 day)
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 5 MG (<i>aripiprazole</i>)	3	ST; DO
ABILIFY ORAL TABLET 20 MG, 30 MG (<i>aripiprazole</i>)	3	ST; QL (1 tablet per 1 day)
<i>aripiprazole oral solution</i>	1 or 1b*	AL; QL (30 mL per 1 day)

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<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	1 or 1b*	DO; AL
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	1 or 1b*	AL; QL (1 tablet per 1 day)
<i>aripiprazole oral tablet dispersible 10 mg</i>	1 or 1b*	AL; QL (3 tablets per 1 day)
<i>aripiprazole oral tablet dispersible 15 mg</i>	1 or 1b*	AL; QL (2 tablets per 1 day)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE (<i>aripiprazole lauroxil</i>)	3	AL; QL (1 syringe per 1 fill)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML (<i>aripiprazole lauroxil</i>)	3	AL; QL (1 kit per 60 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	3	AL; QL (1 kit per 30 days)
OPIPZA ORAL FILM 10 MG, 5 MG (<i>aripiprazole</i>)	3	AL; QL (3 films per 1 day)
OPIPZA ORAL FILM 2 MG (<i>aripiprazole</i>)	3	DO; AL
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (<i>brexpiprazole</i>)	3	ST; DO
REXULTI ORAL TABLET 3 MG, 4 MG (<i>brexpiprazole</i>)	3	ST; QL (1 tablet per 1 day)
*THIENBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>olanzapine intramuscular solution reconstituted</i>	1 or 1b*	AL; QL (3 injections per 1 fill)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1 or 1b*	DO; AL
<i>olanzapine oral tablet 15 mg, 20 mg</i>	1 or 1b*	AL; QL (1 tablets per 1 day)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	1 or 1b*	DO; AL
<i>olanzapine oral tablet dispersible 15 mg</i>	1 or 1b*	AL; QL (1 tablets per 1 day)
<i>olanzapine oral tablet dispersible 20 mg</i>	1 or 1b*	AL; QL (1 tablet per 1 day)
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>olanzapine</i>)	3	AL; QL (3 injections per 1 fill)
ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (<i>olanzapine</i>)	3	ST; DO
ZYPREXA ORAL TABLET 15 MG, 20 MG (<i>olanzapine</i>)	3	ST; QL (1 tablets per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG (<i>olanzapine pamoate</i>)	3	AL; QL (2 injections per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG (<i>olanzapine pamoate</i>)	3	AL; QL (1 injections per 28 days)
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 5 MG (<i>olanzapine</i>)	3	ST; DO
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 15 MG (<i>olanzapine</i>)	3	ST; QL (1 tablets per 1 day)
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 20 MG (<i>olanzapine</i>)	3	ST; QL (1 tablet per 1 day)
*THIOXANTHENES**** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>thiothixene oral capsule 1 mg, 2 mg, 5 mg</i>	1 or 1b*	PA; DO
<i>thiothixene oral capsule 10 mg</i>	1 or 1b*	PA; QL (6 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTISEPTICS & DISINFECTANTS - ANTISEPTICS AND DISINFECTANTS		
*ANTISEPTICS & DISINFECTANTS*** - ANTISEPTICS AND DISINFECTANTS		
<i>formaldehyde external solution 10 %</i>	1 or 1b*	
*CHLORINE ANTISEPTICS*** - ANTISEPTICS AND DISINFECTANTS		
BENZALKONIUM CHLORIDE EXTERNAL SOLUTION	3	
*IODINE ANTISEPTICS*** - ANTISEPTICS AND DISINFECTANTS		
LUGOLS STRONG IODINE EXTERNAL SOLUTION	3	
ANTIVIRALS - DRUGS FOR INFECTIONS		
*ANTIRETROVIRAL COMBINATIONS*** - DRUGS FOR VIRAL INFECTIONS		
<i>abacavir sulfate-lamivudine oral tablet</i>	1 or 1b*	LD; QL (1 tablet per 1 day)
BIKTARVY ORAL TABLET (<i>bictegravir-emtricitab-tenofovir</i>)	2	LD; QL (1 tablet per 1 day)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML (<i>cabotegravir & rilpivirine</i>)	3	PA; LD; QL (1 kit per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML (<i>cabotegravir & rilpivirine</i>)	3	PA; LD; QL (1 kit per 60 days)
CIMDUO ORAL TABLET (<i>lamivudine-tenofovir</i>)	3	LD; QL (1 tablet per 1 day)
COMPLERA ORAL TABLET (<i>emtricitab-rilpivir-tenofovir</i>)	3	PA; LD; QL (1 tablet per 1 day)
DELSTRIGO ORAL TABLET (<i>doravirin-lamivudin-tenofovir df</i>)	3	LD; QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 120-15 MG (<i>emtricitabine-tenofovir af</i>)	2	LD; QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	2; \$0	LD; QL (1 tablet per 1 day)
DOVATO ORAL TABLET (<i>dolutegravir-lamivudine</i>)	2	LD; QL (1 tablet per 1 day)
<i>efavirenz-emtricitab-tenofovir df oral tablet</i>	1 or 1b*	LD; QL (1 tablet per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	1 or 1b*	LD; QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1 or 1b*	LD; QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	1 or 1b*; \$0	LD; QL (1 tablet per 1 day)
EVOTAZ ORAL TABLET (<i>atazanavir-cobicistat</i>)	3	LD; QL (1 tablet per 1 day)
GENVOYA ORAL TABLET (<i>elviteg-cobic-emtricit-tenofovir</i>)	2	LD; QL (1 tablet per 1 day)
JULUCA ORAL TABLET (<i>dolutegravir-rilpivirine</i>)	3	PA; LD; QL (1 tablet per 1 day)
KALETRA ORAL SOLUTION (<i>lopinavir-ritonavir</i>)	3	LD; QL (16 mL per 1 day)
KALETRA ORAL TABLET 100-25 MG (<i>lopinavir-ritonavir</i>)	3	LD; QL (10 tablets per 1 day)
KALETRA ORAL TABLET 200-50 MG (<i>lopinavir-ritonavir</i>)	3	LD; QL (4 tablets per 1 day)
<i>lamivudine-zidovudine oral tablet</i>	1 or 1b*	LD; QL (2 tablets per 1 day)
<i>lopinavir-ritonavir oral solution</i>	1 or 1b*	LD; QL (16 mL per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	1 or 1b*	LD; QL (10 tablets per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	1 or 1b*	LD; QL (4 tablets per 1 day)
ODEFSEY ORAL TABLET (<i>emtricitab-rilpivir-tenofovir af</i>)	2	LD; QL (1 tablet per 1 day)

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Effective 01012025

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PREZCOBIX ORAL TABLET (<i>darunavir-cobicistat</i>)	3	LD; QL (1 tablet per 1 day)
STRIBILD ORAL TABLET (<i>elviteg-cobic-emtricit-tenofdf</i>)	2	LD; QL (1 tablet per 1 day)
SYMFI LO ORAL TABLET (<i>efavirenz-lamivudine-tenofovir</i>)	3	LD; QL (1 tablet per 1 day)
SYMFI ORAL TABLET (<i>efavirenz-lamivudine-tenofovir</i>)	3	LD; QL (1 tablet per 1 day)
SYMTUZA ORAL TABLET (<i>darun-cobic-emtricit-tenofaf</i>)	2	LD; QL (1 tablet per 1 day)
TRIUMEQ ORAL TABLET (<i>abacavir-dolutegravir-lamivud</i>)	2	LD; QL (1 tablet per 1 day)
TRIUMEQ PD ORAL TABLET SOLUBLE	2	LD; QL (6 tablets per 1 day)
TRUVADA ORAL TABLET (<i>emtricitabine-tenofovir df</i>)	3	ST; LD; QL (1 tablet per 1 day)
*ANTIRETROVIRALS - CAPSID INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
SUNLENCA ORAL TABLET THERAPY PACK (<i>lenacapavir sodium</i>)	3	PA; LD; QL (1 pack per 1 one time fill)
SUNLENCA SUBCUTANEOUS SOLUTION (<i>lenacapavir sodium</i>)	3	PA; LD; QL (1 kit per 24 weeks)
*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)*** - DRUGS FOR VIRAL INFECTIONS		
<i>maraviroc oral tablet</i>	1 or 1b*	LD; QL (4 tablets per 1 day)
SELZENTRY ORAL SOLUTION (<i>maraviroc</i>)	3	LD; QL (62 mL per 1 day)
SELZENTRY ORAL TABLET (<i>maraviroc</i>)	3	LD; QL (4 tablets per 1 day)
*ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR*** - DRUGS FOR VIRAL INFECTIONS		
TROGARZO INTRAVENOUS SOLUTION (<i>ibalizumab-uiyk</i>)	3	PA; LD; QL (8 vials per 28 days)
*ANTIRETROVIRALS - FUSION INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>enfuvirtide</i>)	2	PA; LD; QL (2 vials per 1 day)
*ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR*** - DRUGS FOR VIRAL INFECTIONS		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>fostemsavir tromethamine</i>)	3	PA; LD; QL (2 tablets per 1 day)
*ANTIRETROVIRALS - INTEGRASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE (<i>cabotegravir</i>)	3	LD; QL (1 vial per 2 monthss)
ISENTRESS HD ORAL TABLET (<i>raltegravir potassium</i>)	3	LD; QL (2 tablets per 1 day)
ISENTRESS ORAL PACKET (<i>raltegravir potassium</i>)	3	LD; QL (2 packets per 1 day)
ISENTRESS ORAL TABLET (<i>raltegravir potassium</i>)	3	LD; QL (4 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG (<i>raltegravir potassium</i>)	3	LD; QL (6 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG (<i>raltegravir potassium</i>)	3	LD; QL (24 tablets per 1 day)
TIVICAY ORAL TABLET (<i>dolutegravir sodium</i>)	3	LD; QL (2 tablets per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE (<i>dolutegravir sodium</i>)	3	LD; QL (12 tablets per 1 day)

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*ANTIRETROVIRALS - PROTEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
APTIVUS ORAL CAPSULE (<i>tipranavir</i>)	2	PA; LD; QL (4 capsules per 1 day)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	1 or 1b*	LD; QL (2 capsules per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>	1 or 1b*	LD; QL (1 capsule per 1 day)
<i>darunavir oral tablet 600 mg</i>	1 or 1b*	LD; QL (2 tablets per 1 day)
<i>darunavir oral tablet 800 mg</i>	1 or 1b*	LD; QL (1 tablet per 1 day)
<i>fosamprenavir calcium oral tablet</i>	1 or 1b*	LD; QL (4 tablets per 1 day)
NORVIR ORAL PACKET (<i>ritonavir</i>)	3	LD; QL (12 packets per 1 day)
NORVIR ORAL TABLET (<i>ritonavir</i>)	3	LD; QL (12 tablets per 1 day)
PREZISTA ORAL SUSPENSION (<i>darunavir</i>)	2	LD; QL (14 mL per 1 day)
PREZISTA ORAL TABLET 150 MG (<i>darunavir</i>)	2	LD; QL (6 tablets per 1 day)
PREZISTA ORAL TABLET 600 MG (<i>darunavir</i>)	3	LD; QL (2 tablets per 1 day)
PREZISTA ORAL TABLET 75 MG (<i>darunavir</i>)	2	LD; QL (10 tablets per 1 day)
PREZISTA ORAL TABLET 800 MG (<i>darunavir</i>)	3	LD; QL (1 tablet per 1 day)
REYATAZ ORAL CAPSULE 200 MG (<i>atazanavir sulfate</i>)	3	LD; QL (2 capsules per 1 day)
REYATAZ ORAL CAPSULE 300 MG (<i>atazanavir sulfate</i>)	3	LD; QL (1 capsule per 1 day)
REYATAZ ORAL PACKET (<i>atazanavir sulfate</i>)	2	LD; QL (5 packets per 1 day)
<i>ritonavir oral tablet</i>	1 or 1b*	LD; QL (12 tablets per 1 day)
VIRACEPT ORAL TABLET 250 MG (<i>nelfinavir mesylate</i>)	2	LD; QL (10 tablets per 1 day)
VIRACEPT ORAL TABLET 625 MG (<i>nelfinavir mesylate</i>)	2	LD; QL (4 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
EDURANT ORAL TABLET (<i>rilpivirine hcl</i>)	2	PA; LD; QL (1 tablet per 1 day)
<i>efavirenz oral tablet</i>	1 or 1b*	LD; QL (1 tablet per 1 day)
<i>etravirine oral tablet 100 mg</i>	1 or 1b*	PA; LD; QL (4 tablets per 1 day)
<i>etravirine oral tablet 200 mg</i>	1 or 1b*	PA; LD; QL (2 tablets per 1 day)
INTELENCE ORAL TABLET 100 MG (<i>etravirine</i>)	3	PA; LD; QL (4 tablets per 1 day)
INTELENCE ORAL TABLET 200 MG (<i>etravirine</i>)	3	PA; LD; QL (2 tablets per 1 day)
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	2	PA; LD; QL (16 tablets per 1 day)
<i>nevirapine er oral tablet extended release 24 hour</i>	1 or 1b*	LD; QL (1 tablet per 1 day)
<i>nevirapine oral suspension</i>	1 or 1b*	LD; QL (40 mL per 1 day)
<i>nevirapine oral tablet</i>	1 or 1b*	LD; QL (2 tablets per 1 day)
PIFELTRO ORAL TABLET (<i>doravirine</i>)	3	LD; QL (1 tablet per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>abacavir sulfate oral solution</i>	1 or 1b*	LD; QL (32 mL per 1 day)
<i>abacavir sulfate oral tablet</i>	1 or 1b*	LD; QL (2 tablets per 1 day)
ZIAGEN ORAL SOLUTION (<i>abacavir sulfate</i>)	3	LD; QL (32 mL per 1 day)

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Effective 01012025

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*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>emtricitabine oral capsule</i>	1 or 1b*; \$0	LD; QL (1 capsule per 1 day)
EMTRIVA ORAL CAPSULE (<i>emtricitabine</i>)	3	LD; QL (1 capsule per 1 day)
EMTRIVA ORAL SOLUTION (<i>emtricitabine</i>)	2	LD; QL (29 mL per 1 day)
EPIVIR ORAL SOLUTION (<i>lamivudine</i>)	3	LD; QL (32 mL per 1 day)
EPIVIR ORAL TABLET 150 MG (<i>lamivudine</i>)	3	PA; LD; QL (2 tablets per 1 day)
EPIVIR ORAL TABLET 300 MG (<i>lamivudine</i>)	3	PA; LD; QL (1 tablet per 1 day)
<i>lamivudine oral solution</i>	1 or 1b*	LD; QL (32 mL per 1 day)
<i>lamivudine oral tablet 150 mg</i>	1 or 1b*	PA; LD; QL (2 tablets per 1 day)
<i>lamivudine oral tablet 300 mg</i>	1 or 1b*	PA; LD; QL (1 tablet per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES*** - DRUGS FOR VIRAL INFECTIONS		
RETROVIR INTRAVENOUS SOLUTION (<i>zidovudine</i>)	2	LD
RETROVIR ORAL CAPSULE (<i>zidovudine</i>)	3	LD; QL (6 capsules per 1 day)
RETROVIR ORAL SYRUP (<i>zidovudine</i>)	3	LD; QL (64 mL per 1 day)
<i>zidovudine oral capsule</i>	1 or 1b*	LD; QL (6 capsules per 1 day)
<i>zidovudine oral syrup</i>	1 or 1b*	LD; QL (64 mL per 1 day)
<i>zidovudine oral tablet</i>	1 or 1b*	LD; QL (2 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>tenofovir disoproxil fumarate oral tablet</i>	1 or 1b*; \$0	LD; QL (1 tablet per 1 day)
VIREAD ORAL POWDER (<i>tenofovir disoproxil fumarate</i>)	2	LD; QL (8 grams per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	2	LD; QL (1 tablet per 1 day)
VIREAD ORAL TABLET 300 MG (<i>tenofovir disoproxil fumarate</i>)	3	LD; QL (1 tablet per 1 day)
*ANTIRETROVIRALS ADJUVANTS*** - DRUGS FOR VIRAL INFECTIONS		
TYBOST ORAL TABLET (<i>cobicistat</i>)	3	LD; QL (1 tablet per 1 day)
*ANTIVIRAL COMBINATIONS*** - DRUGS FOR INFECTIONS		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK (<i>nirmatrelvir-ritonavir</i>)	3	QL (1 pack per 90 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK (<i>nirmatrelvir-ritonavir</i>)	3	QL (1 pack per 90 days)
*CMV AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>cidofovir intravenous solution</i>	1 or 1b*	LD
<i>foscarnet sodium intravenous solution</i>	1 or 1b*	LD
FOSCAVIR INTRAVENOUS SOLUTION (<i>foscarnet sodium</i>)	3	LD
GANCICLOVIR INTRAVENOUS SOLUTION	4	LD; SP
GANCICLOVIR SODIUM INTRAVENOUS SOLUTION	4	LD; SP

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<i>ganciclovir sodium intravenous solution reconstituted</i>	4	LD; SP
LIVTENCITY ORAL TABLET (<i>maribavir</i>)	4	PA; LD; QL (4 tablets per 1 day)
PREVYMIS INTRAVENOUS SOLUTION (<i>letermovir</i>)	4	PA; LD; QL (200 vials per 1 year); SP
PREVYMIS ORAL TABLET (<i>letermovir</i>)	4	PA; LD; QL (224 tablets per 1 year); SP
VALCYTE ORAL SOLUTION RECONSTITUTED (<i>valganciclovir hcl</i>)	3	LD
VALCYTE ORAL TABLET (<i>valganciclovir hcl</i>)	3	LD
<i>valganciclovir hcl oral solution reconstituted</i>	1 or 1b*	LD
<i>valganciclovir hcl oral tablet</i>	1 or 1b*	LD
*HEPATITIS B AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>adefovir dipivoxil oral tablet</i>	4	PA; LD; QL (1 tablet per 1 day); SP
BARACLUDE ORAL SOLUTION (<i>entecavir</i>)	4	PA; LD; QL (20 mL per 1 day)
BARACLUDE ORAL TABLET (<i>entecavir</i>)	4	PA; LD; QL (1 tablet per 1 day)
<i>entecavir oral tablet</i>	4	PA; LD; QL (1 tablet per 1 day)
<i>lamivudine oral tablet 100 mg</i>	1 or 1b*	PA; LD; QL (1 tablet per 1 day)
VEMLIDY ORAL TABLET (<i>tenofovir alafenamide fumarate</i>)	4	PA; LD; QL (1 tablet per 1 day); SP
*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR VIRAL INFECTIONS		
EPCLUSA ORAL PACKET 150-37.5 MG (<i>sofosbuvir-velpatasvir</i>)	4	PA; LD; QL (1 packet per 1 day); SP
EPCLUSA ORAL PACKET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	4	PA; LD; QL (2 packets per 1 day); SP
EPCLUSA ORAL TABLET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	4	PA; LD; QL (2 tablets per 1 day); SP
EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	4	PA; LD; QL (1 tablet per 1 day); SP
HARVONI ORAL PACKET 33.75-150 MG (<i>ledipasvir-sofosbuvir</i>)	4	PA; LD; QL (1 packet per 1 day); SP
HARVONI ORAL PACKET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	4	PA; LD; QL (2 packets per 1 day); SP
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	4	PA; LD; QL (2 tablets per 1 day); SP
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	4	PA; LD; QL (1 tablet per 1 day); SP
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	4	PA; LD; QL (1 tablet per 1 day); SP
MAVYRET ORAL PACKET (<i>glecaprevir-pibrentasvir</i>)	4	PA; LD; QL (5 packets per 1 day); SP
MAVYRET ORAL TABLET (<i>glecaprevir-pibrentasvir</i>)	4	PA; LD; QL (3 tablets per 1 day); SP
SOFOSBUVIR-VELPATASVIR ORAL TABLET	4	PA; LD; QL (1 tablet per 1 day); SP
VOSEVI ORAL TABLET (<i>sofosbuv-velpatasv-voxilaprev</i>)	4	PA; LD; QL (1 tablet per 1 day); SP
ZEPATIER ORAL TABLET (<i>elbasvir-grazoprevir</i>)	4	PA; LD; QL (1 tablet per 1 day); SP

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*HEPATITIS C AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
PEGASYS SUBCUTANEOUS SOLUTION (<i>peginterferon alfa-2a</i>)	4	LD; QL (4 vials per 28 days); SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon alfa-2a</i>)	4	LD; QL (4 syringes per 28 days); SP
<i>ribavirin oral capsule</i>	4	LD; QL (6 capsules per 1 day); SP
<i>ribavirin oral tablet</i>	4	LD; QL (6 tablets per 1 day); SP
SOVALDI ORAL PACKET 150 MG (<i>sofosbuvir</i>)	4	PA; LD; QL (1 packet per 1 day); SP
SOVALDI ORAL PACKET 200 MG (<i>sofosbuvir</i>)	4	PA; LD; QL (2 packets per 1 day); SP
SOVALDI ORAL TABLET 200 MG (<i>sofosbuvir</i>)	4	PA; LD; QL (2 tablets per 1 day); SP
SOVALDI ORAL TABLET 400 MG (<i>sofosbuvir</i>)	4	PA; LD; QL (1 tablet per 1 day); SP
*HERPES AGENTS - PURINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>acyclovir oral capsule</i>	1 or 1b*	
<i>acyclovir oral suspension</i>	1 or 1b*	
<i>acyclovir oral tablet</i>	1 or 1b*	
<i>acyclovir sodium intravenous solution</i>	1 or 1b*	
SITAVIG BUCCAL TABLET (<i>acyclovir</i>)	3	PA; QL (1 tablet per 30 days)
<i>valacyclovir hcl oral tablet 1 gm</i>	1 or 1b*	QL (30 tablets per 1 fill)
<i>valacyclovir hcl oral tablet 500 mg</i>	1 or 1b*	QL (60 tablets per 30 days)
VALTREX ORAL TABLET 1 GM (<i>valacyclovir hcl</i>)	3	QL (30 tablets per 1 fill)
VALTREX ORAL TABLET 500 MG (<i>valacyclovir hcl</i>)	3	QL (60 tablets per 30 days)
*HERPES AGENTS - THYMIDINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>famciclovir oral tablet 125 mg, 250 mg</i>	1 or 1b*	QL (60 tablets per 1 fill)
<i>famciclovir oral tablet 500 mg</i>	1 or 1b*	QL (21 tablets per 1 fill)
*INFLUENZA AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>rimantadine hcl oral tablet</i>	1 or 1b*	
*MISC. ANTIVIRALS*** - DRUGS FOR VIRAL INFECTIONS		
LAGEVRIO ORAL CAPSULE (<i>molnupiravir</i>)	3	QL (40 capsules per 90 days)
TEMBEXA ORAL SUSPENSION (<i>brincidofovir</i>)	3	
TEMBEXA ORAL TABLET (<i>brincidofovir</i>)	3	
TPOXX INTRAVENOUS SOLUTION (<i>tecovirimat</i>)	3	
TPOXX ORAL CAPSULE (<i>tecovirimat</i>)	3	
*NEURAMINIDASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
<i>oseltamivir phosphate oral capsule 30 mg</i>	1 or 1b*	QL (20 capsule per 90 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1 or 1b*	QL (10 capsule per 90 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oseltamivir phosphate oral suspension reconstituted</i>	1 or 1b*	QL (20 Ml per 90 days)
RAPIVAB INTRAVENOUS SOLUTION (<i>peramivir</i>)	3	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>zanamivir</i>)	2	QL (1 unit per 90 days)
TAMIFLU ORAL CAPSULE 30 MG (<i>oseltamivir phosphate</i>)	3	QL (20 capsule per 90 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	3	QL (10 capsule per 90 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED (<i>oseltamivir phosphate</i>)	3	QL (180 ML per 90 days)
*PA ENDONUCLEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK (<i>baloxavir marboxil</i>)	3	QL (1 dose pack per 90 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK (<i>baloxavir marboxil</i>)	3	QL (1 dose pack per 90 days)
*RSV AGENTS - NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>ribavirin inhalation solution reconstituted</i>	1 or 1b*	
VIRAZOLE INHALATION SOLUTION RECONSTITUTED (<i>ribavirin</i>)	3	
BETA BLOCKERS - DRUGS FOR THE HEART		
*ALPHA-BETA BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg</i>	1 or 1b*	DO
<i>carvedilol oral tablet 25 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg</i>	1 or 1b*	DO
<i>carvedilol phosphate er oral capsule extended release 24 hour 20 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>carvedilol phosphate er oral capsule extended release 24 hour 40 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>carvedilol phosphate er oral capsule extended release 24 hour 80 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG (<i>carvedilol phosphate</i>)	3	DO
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG (<i>carvedilol phosphate</i>)	3	QL (4 capsules per 1 day)
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (<i>carvedilol phosphate</i>)	3	QL (2 capsules per 1 day)
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG (<i>carvedilol phosphate</i>)	3	QL (1 capsule per 1 day)
COREG ORAL TABLET 12.5 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	3	DO
COREG ORAL TABLET 25 MG (<i>carvedilol</i>)	3	QL (4 tablets per 1 day)
<i>labetalol hcl intravenous solution prefilled syringe 10 mg/2ml</i>	3	
<i>labetalol hcl oral tablet 100 mg</i>	1 or 1b*	DO
<i>labetalol hcl oral tablet 200 mg</i>	1 or 1b*	QL (12 tablets per 1 day)
<i>labetalol hcl oral tablet 300 mg</i>	1 or 1b*	QL (8 tablets per 1 day)

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*BETA BLOCKERS CARDIO-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>acebutolol hcl oral capsule</i>	1 or 1b*	
<i>atenolol oral tablet</i>	1 or 1a*	
<i>betaxolol hcl oral tablet</i>	1 or 1b*	
<i>bisoprolol fumarate oral tablet</i>	1 or 1b*	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION (<i>esmolol hcl-sodium chloride</i>)	3	
BREVIBLOC INTRAVENOUS SOLUTION (<i>esmolol hcl</i>)	3	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION (<i>esmolol hcl-sodium chloride</i>)	3	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION (<i>esmolol hcl-sodium chloride</i>)	3	
BYSTOLIC ORAL TABLET (<i>nebivolol hcl</i>)	3	
<i>esmolol hcl intravenous solution 100 mg/10ml</i>	1 or 1b*	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	3	
<i>esmolol hcl-sodium chloride intravenous solution</i>	1 or 1b*	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE (<i>metoprolol succinate</i>)	3	
LOPRESSOR ORAL TABLET (<i>metoprolol tartrate</i>)	3	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>metoprolol tartrate intravenous solution</i>	1 or 1a*	
<i>metoprolol tartrate oral tablet</i>	1 or 1a*	
<i>nebivolol hcl oral tablet</i>	1 or 1b*	
TENORMIN ORAL TABLET (<i>atenolol</i>)	3	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>metoprolol succinate</i>)	3	
*BETA BLOCKERS NON-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE		
BETAPACE AF ORAL TABLET (<i>sotalol hcl af</i>)	3	
BETAPACE ORAL TABLET 120 MG, 80 MG (<i>sotalol hcl</i>)	3	QL (3 tablets per 1 day)
BETAPACE ORAL TABLET 160 MG (<i>sotalol hcl</i>)	3	QL (4 tablets per 1 day)
HEMANGEOL ORAL SOLUTION (<i>propranolol hcl</i>)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	3	DO
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 160 MG (<i>propranolol hcl</i>)	3	QL (4 capsules per 1 day)
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>propranolol hcl sr beads</i>)	3	QL (1 capsule per 1 day)
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>propranolol hcl sr beads</i>)	3	QL (1 capsule per 1 day)

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<i>nadolol oral tablet 20 mg, 40 mg</i>	1 or 1b*	DO
<i>nadolol oral tablet 80 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>pindolol oral tablet 10 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>pindolol oral tablet 5 mg</i>	1 or 1b*	DO
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg, 80 mg</i>	1 or 1b*	DO
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>propranolol hcl intravenous solution</i>	1 or 1b*	
<i>propranolol hcl oral solution</i>	1 or 1b*	QL (80 mL per 1 day)
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg</i>	1 or 1b*	DO
<i>propranolol hcl oral tablet 80 mg</i>	1 or 1b*	QL (8 tablets per 1 day)
<i>sotalol hcl (af) oral tablet</i>	1 or 1b*	
SOTALOL HCL INTRAVENOUS SOLUTION	3	
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>sotalol hcl oral tablet 160 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>sotalol hcl oral tablet 240 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
SOTYLIZE ORAL SOLUTION (<i>sotalol hcl</i>)	3	
<i>timolol maleate oral tablet 10 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>timolol maleate oral tablet 20 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>timolol maleate oral tablet 5 mg</i>	1 or 1b*	DO
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART		
*CALCIUM CHANNEL BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besylate oral tablet 10 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>amlodipine besylate oral tablet 2.5 mg, 5 mg</i>	1 or 1b*	DO
CARDENE IV INTRAVENOUS SOLUTION (<i>nicardipine hcl in nacl</i>)	3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG (<i>diltiazem hcl coated beads</i>)	3	DO
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG (<i>diltiazem hcl coated beads</i>)	3	QL (3 capsules per 1 day)
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG (<i>diltiazem hcl coated beads</i>)	3	QL (2 capsules per 1 day)
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	3	QL (1 capsule per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG (<i>diltiazem hcl</i>)	3	DO
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG (<i>diltiazem hcl</i>)	3	QL (3 tablets per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 240 MG (<i>diltiazem hcl</i>)	3	QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 360 MG, 420 MG (<i>diltiazem hcl</i>)	3	QL (1 tablet per 1 day)
CARDIZEM ORAL TABLET 120 MG (<i>diltiazem hcl</i>)	3	QL (3 tablet per 1 day)
CARDIZEM ORAL TABLET 30 MG, 60 MG (<i>diltiazem hcl</i>)	3	DO
<i>cartia xt oral capsule extended release 24 hour 120 mg</i>	1 or 1b*	DO
<i>cartia xt oral capsule extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>cartia xt oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>cartia xt oral capsule extended release 24 hour 300 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
CLEVIPREX INTRAVENOUS EMULSION (<i>clevidipine</i>)	3	
CONJUPRI ORAL TABLET 2.5 MG (<i>levamlodipine maleate</i>)	3	ST; DO
CONJUPRI ORAL TABLET 5 MG (<i>levamlodipine maleate</i>)	3	ST; QL (1 tablet per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg</i>	1 or 1b*	DO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 300 mg, 360 mg, 420 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg</i>	1 or 1b*	DO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg, 360 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour 60 mg</i>	1 or 1b*	DO
<i>diltiazem hcl er oral capsule extended release 12 hour 90 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>	1 or 1b*	DO
<i>diltiazem hcl er oral capsule extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg</i>	1 or 1b*	DO
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>diltiazem hcl er oral tablet extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>diltiazem hcl er oral tablet extended release 24 hour 300 mg, 360 mg, 420 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>diltiazem hcl intravenous solution</i>	1 or 1b*	
DILTIAZEM HCL INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>diltiazem hcl oral tablet 120 mg</i>	1 or 1b*	QL (3 tablet per 1 day)
<i>diltiazem hcl oral tablet 30 mg, 60 mg</i>	1 or 1b*	DO
<i>diltiazem hcl oral tablet 90 mg</i>	1 or 1b*	QL (4 tablet per 1 day)
<i>dilt-xr oral capsule extended release 24 hour 120 mg</i>	1 or 1b*	DO
<i>dilt-xr oral capsule extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 capsules per 1 day)

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<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	1 or 1b*	DO
<i>isradipine oral capsule 2.5 mg</i>	1 or 1b*	DO
<i>isradipine oral capsule 5 mg</i>	1 or 1b*	QL (4 capsule per 1 day)
KATERZIA ORAL SUSPENSION (<i>amlodipine benzoate</i>)	3	PA; QL (10 mL per 1 day)
<i>levamlodipine maleate oral tablet 2.5 mg</i>	1 or 1b*	ST; DO
<i>levamlodipine maleate oral tablet 5 mg</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
<i>matzim la oral tablet extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>matzim la oral tablet extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>matzim la oral tablet extended release 24 hour 300 mg, 360 mg, 420 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION	3	
<i>nicardipine hcl intravenous solution</i>	3	
<i>nicardipine hcl oral capsule 20 mg</i>	1 or 1b*	QL (6 capsule per 1 day)
<i>nicardipine hcl oral capsule 30 mg</i>	1 or 1b*	QL (4 capsule per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 90 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 60 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg</i>	1 or 1b*	DO
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>nifedipine oral capsule 10 mg</i>	1 or 1b*	DO
<i>nifedipine oral capsule 20 mg</i>	1 or 1b*	QL (4 capsule per 1 day)
<i>nimodipine oral capsule</i>	1 or 1b*	QL (12 capsule per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg</i>	1 or 1b*	DO
<i>nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
NORLIQVA ORAL SOLUTION (<i>amlodipine besylate</i>)	3	PA; QL (2 bottles per 30 days)
NORVASC ORAL TABLET 10 MG (<i>amlodipine besylate</i>)	3	QL (1 tablet per 1 day)
NORVASC ORAL TABLET 2.5 MG, 5 MG (<i>amlodipine besylate</i>)	3	DO
NYMALIZE ORAL SOLUTION (<i>nimodipine</i>)	3	QL (60 mL per 1 day)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (<i>nifedipine</i>)	3	DO
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG (<i>nifedipine</i>)	3	QL (2 tablets per 1 day)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 90 MG (<i>nifedipine</i>)	3	QL (1 tablet per 1 day)
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 8.5 MG (<i>nisoldipine</i>)	3	DO
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 34 MG (<i>nisoldipine</i>)	3	QL (1 tablet per 1 day)
<i>tiadylt er oral capsule extended release 24 hour 120 mg</i>	1 or 1b*	DO

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<i>tiadylt er oral capsule extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>tiadylt er oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>tiadylt er oral capsule extended release 24 hour 300 mg, 360 mg, 420 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG (<i>diltiazem hcl er beads</i>)	3	DO
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG (<i>diltiazem hcl er beads</i>)	3	QL (3 capsules per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG (<i>diltiazem hcl er beads</i>)	3	QL (2 capsules per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	3	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg</i>	3	DO
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg</i>	1 or 1b*	DO
<i>verapamil hcl er oral capsule extended release 24 hour 200 mg, 300 mg, 360 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>verapamil hcl er oral tablet extended release 120 mg</i>	1 or 1b*	DO
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>verapamil hcl intravenous solution</i>	1 or 1b*	
<i>verapamil hcl oral tablet 120 mg</i>	1 or 1b*	QL (4 tablet per 1 day)
<i>verapamil hcl oral tablet 40 mg, 80 mg</i>	1 or 1b*	DO
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG (<i>verapamil hcl</i>)	3	DO
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG (<i>verapamil hcl</i>)	3	QL (2 capsules per 1 day)
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG (<i>verapamil hcl</i>)	3	QL (1 capsule per 1 day)
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (<i>verapamil hcl</i>)	3	DO
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG (<i>verapamil hcl</i>)	3	QL (1 capsule per 1 day)
CARDIOTONICS - DRUGS FOR THE HEART		
*CARDIAC GLYCOSIDES*** - DRUGS FOR THE HEART		
<i>digoxin injection solution</i>	1 or 1b*	
<i>digoxin oral solution</i>	1 or 1b*	QL (10 mL per 1 day)
<i>digoxin oral tablet 125 mcg, 62.5 mcg</i>	1 or 1b*	DO
<i>digoxin oral tablet 250 mcg</i>	1 or 1b*	QL (2 tablets per 1 day)
LANOXIN INJECTION SOLUTION (<i>digoxin</i>)	3	
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG (<i>digoxin</i>)	3	DO
LANOXIN ORAL TABLET 250 MCG (<i>digoxin</i>)	3	QL (2 tablets per 1 day)
LANOXIN PEDIATRIC INJECTION SOLUTION (<i>digoxin</i>)	2	

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*INOTROPES*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
<i>dobutamine hcl intravenous solution</i>	1 or 1b*	
DOBUTAMINE-DEXTROSE INTRAVENOUS SOLUTION	3	
DOPAMINE HCL INTRAVENOUS SOLUTION	3	
DOPAMINE-DEXTROSE INTRAVENOUS SOLUTION	3	
<i>milrinone lactate in dextrose intravenous solution</i>	1 or 1b*	
<i>milrinone lactate intravenous solution</i>	1 or 1b*	
CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART		
*CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB*** - DRUGS FOR CHOLESTEROL		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1 or 1b*	DO
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-80 MG (<i>amlodipine-atorvastatin</i>)	3	QL (1 tablet per 1 day)
CADUET ORAL TABLET 5-10 MG, 5-20 MG, 5-40 MG (<i>amlodipine-atorvastatin</i>)	3	DO
*CARDIAC MYOSIN INHIBITORS*** - DRUGS FOR THE HEART		
CAMZYOS ORAL CAPSULE (<i>mavacamten</i>)	4	PA; LD; QL (1 capsule per 1 day); SP
*CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS*** - DRUGS FOR THE HEART		
LODOCO ORAL TABLET (<i>colchicine</i>)	3	PA; QL (1 tablet per 1 day)
*CARDIOVASCULAR SGLT2 INHIBITORS** - DRUGS FOR THE HEART		
INPEFA ORAL TABLET (<i>sotagliflozin</i>)	3	PA; QL (1 tablet per 1 day)
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR HIGH BLOOD PRESSURE		
ENTRESTO ORAL CAPSULE SPRINKLE (<i>sacubitril-valsartan</i>)	3	QL (8 capsules per 1 day)
ENTRESTO ORAL TABLET (<i>sacubitril-valsartan</i>)	3	QL (6 tablets per 1 day)
*NITRATE & VASODILATOR COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
BIDIL ORAL TABLET (<i>isosorb dinitrate-hydralazine</i>)	3	QL (6 tablets per 1 day)
<i>isosorb dinitrate-hydralazine oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
*PDE INHIBITOR-ENDOTHELIN RECEPTOR ANTAGONIST COMBINATIONS*** - DRUGS FOR CHOLESTEROL		
OPSYNVI ORAL TABLET (<i>macitentan-tadalafil</i>)	4	PA; LD; QL (1 tablet per 1 day); SP
*PROSTAGLANDIN - IMPOTENCE AGENTS*** - DRUGS FOR THE HEART		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT (<i>alprostadil (vasodilator)</i>)	3	PA

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Effective 01012025

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CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED (<i>alprostadil (vasodilator)</i>)	3	PA
EDEX INTRACAVERNOSAL KIT (<i>alprostadil (vasodilator)</i>)	3	PA
*PROSTAGLANDIN VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
AURLUMYN INTRAVENOUS SOLUTION (<i>iloprost</i>)	4	
<i>epoprostenol sodium intravenous solution reconstituted</i>	4	PA; LD; SP
FOLAN INTRAVENOUS SOLUTION RECONSTITUTED (<i>epoprostenol sodium</i>)	4	PA; LD; SP
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK (<i>treprostinil diolamine</i>)	4	PA; LD; QL (1 pack per 28 days); SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK (<i>treprostinil diolamine</i>)	4	PA; LD; QL (1 pack per 28 days); SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK (<i>treprostinil diolamine</i>)	4	PA; LD; QL (1 pack per 28 days); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE (<i>treprostinil diolamine</i>)	4	PA; LD; SP
REMODULIN INJECTION SOLUTION (<i>treprostinil</i>)	4	PA; LD; SP
<i>treprostinil injection solution</i>	4	PA; LD; SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER (<i>treprostinil</i>)	4	PA; LD; QL (1 kit per 28 days); SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER (<i>treprostinil</i>)	4	PA; LD; QL (1 kit per 28 days); SP
TYVASO DPI TITRATION KIT INHALATION POWDER (<i>treprostinil</i>)	4	PA; LD; QL (1 kit per 1 lifetime); SP
TYVASO INHALATION SOLUTION (<i>treprostinil</i>)	4	PA; LD; QL (1 kit per 28 days); SP
TYVASO REFILL KIT INHALATION SOLUTION (<i>treprostinil</i>)	4	PA; LD; QL (1 kit per 28 days); SP
TYVASO STARTER KIT INHALATION SOLUTION (<i>treprostinil</i>)	4	PA; LD; QL (1 kit per 28 days); SP
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED (<i>epoprostenol sodium</i>)	4	PA; LD; SP
VENTAVIS INHALATION SOLUTION (<i>iloprost</i>)	4	PA; LD; QL (9 mL per 1 day); SP
*PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)*** - DRUGS FOR HIGH BLOOD PRESSURE		
ADEMPAS ORAL TABLET (<i>riociguat</i>)	4	PA; LD; QL (3 tablets per 1 day); SP
*PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR*** - DRUGS FOR THE HEART		
WINREVAIR SUBCUTANEOUS KIT (<i>sotatercept-csrk</i>)	4	PA; LD; QL (1 kit per 21 days); SP
*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>ambrisentan oral tablet</i>	4	PA; LD; QL (1 tablet per 1 day); SP
<i>bosentan oral tablet</i>	4	PA; LD; QL (2 tablets per 1 day); SP
LETAIRIS ORAL TABLET (<i>ambrisentan</i>)	4	PA; LD; QL (1 tablet per 1 day); SP

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Effective 01012025

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OPSUMIT ORAL TABLET (<i>macitentan</i>)	4	PA; LD; QL (1 tablet per 1 day); SP
TRACLEER ORAL TABLET (<i>bosentan</i>)	4	PA; LD; QL (2 tablets per 1 day); SP
TRACLEER ORAL TABLET SOLUBLE (<i>bosentan</i>)	4	PA; LD; QL (2 tablets per 1 day); SP
*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
ADCIRCA ORAL TABLET (<i>tadalafil (pah)</i>)	4	PA; LD; QL (2 tablets per 1 day); SP
<i>alyq oral tablet</i>	4	PA; LD; QL (2 tablets per 1 day); SP
REVATIO INTRAVENOUS SOLUTION (<i>sildenafil citrate</i>)	4	PA; LD; QL (3 vial per 1 day); SP
REVATIO ORAL TABLET (<i>sildenafil citrate</i>)	4	PA; LD; QL (12 tablets per 1 day); SP
<i>sildenafil citrate intravenous solution</i>	4	PA; LD; QL (3 vial per 1 day); SP
<i>sildenafil citrate oral suspension reconstituted</i>	4	PA; LD; QL (24 mL per 1 day); SP
<i>sildenafil citrate oral tablet 20 mg</i>	4	PA; LD; QL (12 tablets per 1 day); SP
<i>tadalafil (pah) oral tablet</i>	4	PA; LD; QL (2 tablets per 1 day); SP
TADLIQ ORAL SUSPENSION (<i>tadalafil (pah)</i>)	4	PA; LD; QL (10 ml per 1 day); SP
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** - DRUGS FOR HIGH BLOOD PRESSURE		
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED (<i>selexipag</i>)	4	PA; LD; QL (2 vials per 1 day)
UPTRAVI ORAL TABLET (<i>selexipag</i>)	4	PA; LD; QL (2 tablets per 1 day); SP
UPTRAVI TITRATION ORAL TABLET THERAPY PACK (<i>selexipag</i>)	4	PA; LD; QL (1 pack per 365 days); SP
*SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS*** - DRUGS FOR THE HEART		
<i>avanafil oral tablet</i>	3	PA
CIALIS ORAL TABLET 10 MG, 20 MG (<i>tadalafil</i>)	3	PA
CIALIS ORAL TABLET 5 MG (<i>tadalafil</i>)	3	PA; QL (30 tablets per 30 days)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1 or 1b*	PA
STENDRA ORAL TABLET (<i>avanafil</i>)	3	PA
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1 or 1b*	PA
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1 or 1b*	PA; QL (30 tablets per 30 days)
<i>ildenafil hcl oral tablet</i>	3	PA
<i>ildenafil hcl oral tablet dispersible</i>	1 or 1b*	PA
VIAGRA ORAL TABLET (<i>sildenafil citrate</i>)	3	PA
*SEPTAL AGENTS - ABLATION** - DRUGS FOR THE HEART		
ABLYSINOL INTRA-ARTERIAL SOLUTION (<i>dehydrated alcohol</i>)	3	

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*SINUS NODE INHIBITORS** - DRUGS FOR HIGH BLOOD PRESSURE		
CORLANOR ORAL SOLUTION (<i>ivabradine hcl</i>)	3	PA; QL (4 ampules per 1 day)
CORLANOR ORAL TABLET (<i>ivabradine hcl</i>)	3	PA; QL (2 tablets per 1 day)
<i>ivabradine hcl oral tablet</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
*TRANSTHYRETIN STABILIZERS*** - DRUGS FOR THE HEART		
VYNDAMAX ORAL CAPSULE (<i>tafamidis</i>)	4	PA; LD; QL (1 capsule per 1 day); SP
VYNDAQEL ORAL CAPSULE (<i>tafamidis meglumine (cardiac)</i>)	4	PA; LD; QL (4 capsules per 1 day); SP
*VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)*** - DRUGS FOR ANGINA		
VERQUVO ORAL TABLET 10 MG, 5 MG (<i>vericiguat</i>)	3	PA; QL (1 tablet per 1 day)
VERQUVO ORAL TABLET 2.5 MG (<i>vericiguat</i>)	3	PA; QL (1 tablets per 1 day)
CEPHALOSPORINS - DRUGS FOR INFECTIONS		
*CEPHALOSPORIN COMBINATIONS*** - ANTIBIOTICS		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED (<i>ceftazidime-avibactam</i>)	3	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED (<i>ceftolozane-tazobactam</i>)	3	
*CEPHALOSPORINS - 1ST GENERATION*** - ANTIBIOTICS		
<i>cefadroxil oral capsule</i>	1 or 1b*	
<i>cefadroxil oral suspension reconstituted</i>	1 or 1b*	
<i>cefadroxil oral tablet</i>	1 or 1b*	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg</i>	1 or 1b*	
CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM, 300 GM	3	
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	1 or 1b*	
<i>cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm</i>	3	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%, 2-4 GM/100ML-%	3	
<i>cefazolin sodium-dextrose intravenous solution 3-4 gm/150ml-%</i>	3	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>cephalexin oral capsule</i>	1 or 1a*	
<i>cephalexin oral suspension reconstituted</i>	1 or 1a*	
<i>cephalexin oral tablet</i>	1 or 1a*	
*CEPHALOSPORINS - 2ND GENERATION*** - ANTIBIOTICS		
CEFACTOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
<i>cefaclor oral capsule</i>	1 or 1b*	

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Effective 01012025

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<i>cefaclor oral suspension reconstituted</i>	1 or 1b*	
CEFOTAN INJECTION SOLUTION RECONSTITUTED (<i>cefotetan disodium</i>)	3	
<i>cefotetan disodium injection solution reconstituted</i>	1 or 1b*	
<i>cefoxitin sodium intravenous solution reconstituted</i>	1 or 1b*	
CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>cefprozil oral suspension reconstituted</i>	1 or 1b*	
<i>cefprozil oral tablet</i>	1 or 1b*	
<i>cefuroxime axetil oral tablet</i>	1 or 1b*	
<i>cefuroxime sodium injection solution reconstituted</i>	1 or 1b*	
<i>cefuroxime sodium intravenous solution reconstituted</i>	1 or 1b*	
*CEPHALOSPORINS - 3RD GENERATION*** - ANTIBIOTICS		
<i>cefdinir oral capsule</i>	1 or 1b*	
<i>cefdinir oral suspension reconstituted</i>	1 or 1b*	
<i>cefixime oral capsule</i>	1 or 1b*	
<i>cefixime oral suspension reconstituted</i>	1 or 1b*	
<i>cefotaxime sodium injection solution reconstituted</i>	3	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	1 or 1b*	
<i>cefpodoxime proxetil oral tablet</i>	1 or 1b*	
<i>ceftazidime injection solution reconstituted</i>	1 or 1b*	
<i>ceftazidime intravenous solution reconstituted</i>	1 or 1b*	
<i>ceftriaxone sodium in dextrose intravenous solution</i>	1 or 1b*	QL (3000 mL per 30 days)
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	1 or 1b*	QL (60 vials per 30 fills)
CEFTRIAXONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM	3	QL (1 vial per 30 days)
<i>ceftriaxone sodium injection solution reconstituted 250 mg</i>	1 or 1b*	QL (1 vial per 30 fills)
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm</i>	1 or 1b*	QL (60 vials per 30 days)
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	1 or 1b*	QL (1 vial per 30 days)
CEFTRIAXONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	3	QL (60 IV Bags per 30 days)
<i>tazicef injection solution reconstituted</i>	1 or 1b*	
TAZICEF INTRAVENOUS SOLUTION (<i>ceftazidime sodium in dextrose</i>)	3	
<i>tazicef intravenous solution reconstituted</i>	1 or 1b*	
*CEPHALOSPORINS - 4TH GENERATION*** - ANTIBIOTICS		
<i>cefepime hcl injection solution reconstituted</i>	1 or 1b*	
CEFEPIME HCL INTRAVENOUS SOLUTION	3	
CEFEPIME HCL INTRAVENOUS SOLUTION RECONSTITUTED 100 GM	3	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	1 or 1b*	
CEFEPIME-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*CEPHALOSPORINS - 5TH GENERATION*** - ANTIBIOTICS		
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED (<i>ceftaroline fosamil</i>)	3	
*CEPHALOSPORINS - SIDEROPHORES*** - ANTIBIOTICS		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED (<i>cefiderocol sulfate tosylate</i>)	3	
CONTRACEPTIVES - DRUGS FOR WOMEN		
*BIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>azurette oral tablet</i>	1 or 1b*; \$0	
<i>desogestrel-ethinyl estradiol oral tablet</i>	1 or 1b*; \$0	
<i>kariva oral tablet</i>	1 or 1b*; \$0	
LO LOESTRIN FE ORAL TABLET (<i>norethin-eth estrad-fe biphas</i>)	2	\$0
<i>pimtreea oral tablet</i>	1 or 1b*; \$0	
<i>simliya oral tablet</i>	1 or 1b*; \$0	
<i>viorele oral tablet</i>	1 or 1b*; \$0	
<i>volnea oral tablet</i>	1 or 1b*; \$0	
*COMBINATION CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>afirmelle oral tablet</i>	1 or 1a*; \$0	
<i>altavera oral tablet</i>	1 or 1a*; \$0	
<i>alyacen 1/35 oral tablet</i>	1 or 1a*; \$0	
<i>apri oral tablet</i>	1 or 1a*; \$0	
<i>aubra eq oral tablet</i>	1 or 1a*; \$0	
<i>aurovela 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>aurovela 1/20 oral tablet</i>	1 or 1a*; \$0	
<i>aurovela 24 fe oral tablet</i>	1 or 1a*; \$0	
<i>aurovela fe 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>aurovela fe 1/20 oral tablet</i>	1 or 1a*; \$0	
<i>aviane oral tablet</i>	1 or 1a*; \$0	
<i>ayuna oral tablet</i>	1 or 1a*; \$0	
BALCOLTRA ORAL TABLET (<i>levonorgest-eth estrad-fe bisg</i>)	3	
<i>balziva oral tablet</i>	1 or 1a*; \$0	
BEYAZ ORAL TABLET (<i>drospiren-eth estrad-levomefol</i>)	3	
<i>blisovi 24 fe oral tablet</i>	1 or 1a*; \$0	
<i>blisovi fe 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>blisovi fe 1/20 oral tablet</i>	1 or 1a*; \$0	
<i>briellyn oral tablet</i>	1 or 1a*; \$0	
<i>charlotte 24 fe oral tablet chewable</i>	1 or 1a*; \$0	
<i>chateal eq oral tablet</i>	1 or 1a*; \$0	

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<i>cryselle-28 oral tablet</i>	1 or 1a*; \$0	
<i>cyred eq oral tablet</i>	1 or 1a*; \$0	
<i>dasetta 1/35 oral tablet</i>	1 or 1a*; \$0	
<i>delyla oral tablet</i>	1 or 1a*; \$0	
<i>drospiren-eth estrad-levomefol oral tablet</i>	1 or 1b*; \$0	
<i>drospirenone-ethinyl estradiol oral tablet</i>	1 or 1b*; \$0	
<i>elinest oral tablet</i>	1 or 1a*; \$0	
<i>enskyce oral tablet</i>	1 or 1a*; \$0	
<i>estarylla oral tablet</i>	1 or 1a*; \$0	
<i>ethynodiol diac-eth estradiol oral tablet</i>	1 or 1a*; \$0	
<i>falmina oral tablet</i>	1 or 1a*; \$0	
FEMLYV ORAL TABLET DISPERSIBLE (<i>norethindrone acet-ethinyl est</i>)	3	\$0
<i>norethin ace-eth estrad-fe</i> (Finzala Oral Tablet Chewable)	1 or 1a*; \$0	
<i>gemmily oral capsule</i>	1 or 1b*; \$0	
<i>hailey 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>hailey 24 fe oral tablet</i>	1 or 1a*; \$0	
<i>hailey fe 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>hailey fe 1/20 oral tablet</i>	1 or 1a*; \$0	
<i>isibloom oral tablet</i>	1 or 1a*; \$0	
<i>jasmiel oral tablet</i>	1 or 1b*; \$0	
<i>levonorgest-eth estrad-fe bisg</i> (Joyeaux Oral Tablet)	1 or 1b*; \$0	
<i>juleber oral tablet</i>	1 or 1a*; \$0	
<i>junel 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>junel 1/20 oral tablet</i>	1 or 1a*; \$0	
<i>junel fe 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>junel fe 1/20 oral tablet</i>	1 or 1a*; \$0	
<i>junel fe 24 oral tablet</i>	1 or 1a*; \$0	
<i>kaitlib fe oral tablet chewable</i>	1 or 1b*; \$0	
<i>kalliga oral tablet</i>	1 or 1a*; \$0	
<i>kelnor 1/35 oral tablet</i>	1 or 1a*; \$0	
<i>kelnor 1/50 oral tablet</i>	1 or 1a*; \$0	
<i>kurvelo oral tablet</i>	1 or 1a*; \$0	
<i>larin 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>larin 1/20 oral tablet</i>	1 or 1a*; \$0	
<i>larin 24 fe oral tablet</i>	1 or 1a*; \$0	
<i>larin fe 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>larin fe 1/20 oral tablet</i>	1 or 1a*; \$0	
<i>layolis fe oral tablet chewable</i>	1 or 1b*; \$0	

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<i>lessina oral tablet</i>	1 or 1a*; \$0	
<i>levonorgest-eth estradiol-iron oral tablet</i>	1 or 1b*; \$0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1 or 1a*; \$0	
<i>levora 0.15/30 (28) oral tablet</i>	1 or 1a*; \$0	
<i>loestrin 1.5/30 (21) oral tablet</i>	1 or 1a*; \$0	
<i>loestrin 1/20 (21) oral tablet</i>	1 or 1a*; \$0	
<i>loestrin fe 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>loestrin fe 1/20 oral tablet</i>	1 or 1a*; \$0	
<i>loryna oral tablet</i>	1 or 1b*; \$0	
<i>low-ogestrel oral tablet</i>	1 or 1a*; \$0	
<i>lo-zumandimine oral tablet</i>	1 or 1b*; \$0	
<i>lutera oral tablet</i>	1 or 1a*; \$0	
<i>marlissa oral tablet</i>	1 or 1a*; \$0	
<i>merzee oral capsule</i>	1 or 1b*; \$0	
<i>norethin ace-eth estrad-fe (Mibelas 24 Fe Oral Tablet Chewable)</i>	1 or 1a*; \$0	
<i>microgestin 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>microgestin 1/20 oral tablet</i>	1 or 1a*; \$0	
<i>microgestin fe 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>microgestin fe 1/20 oral tablet</i>	1 or 1a*; \$0	
<i>mili oral tablet</i>	1 or 1a*; \$0	
<i>mono-lynyah oral tablet</i>	1 or 1a*; \$0	
<i>necon 0.5/35 (28) oral tablet</i>	1 or 1a*; \$0	
NEXTSTELLIS ORAL TABLET (<i>drospirenone-estetrol</i>)	3	\$0
<i>nikki oral tablet</i>	1 or 1b*; \$0	
<i>norethin ace-eth estrad-fe oral capsule</i>	1 or 1b*; \$0	
<i>norethin ace-eth estrad-fe oral tablet</i>	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est oral tablet</i>	1 or 1a*; \$0	
<i>norethin-eth estradiol-fe oral tablet chewable</i>	1 or 1b*; \$0	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1 or 1a*; \$0	
<i>nortrel 0.5/35 (28) oral tablet</i>	1 or 1a*; \$0	
<i>nortrel 1/35 (21) oral tablet</i>	1 or 1a*; \$0	
<i>nortrel 1/35 (28) oral tablet</i>	1 or 1a*; \$0	
<i>nylia 1/35 oral tablet</i>	1 or 1a*; \$0	
<i>ocella oral tablet</i>	1 or 1b*; \$0	
<i>philith oral tablet</i>	1 or 1a*; \$0	
<i>portia-28 oral tablet</i>	1 or 1a*; \$0	
<i>reclipsen oral tablet</i>	1 or 1a*; \$0	

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAFYRAL ORAL TABLET (<i>drospiren-eth estrad-levomefol</i>)	3	
<i>sprintec 28 oral tablet</i>	1 or 1a*; \$0	
<i>sronyx oral tablet</i>	1 or 1a*; \$0	
<i>syeda oral tablet</i>	1 or 1b*; \$0	
<i>tarina 24 fe oral tablet</i>	1 or 1a*; \$0	
<i>tarina fe 1/20 eq oral tablet</i>	1 or 1a*; \$0	
<i>taysofy oral capsule</i>	1 or 1b*; \$0	
TAYTULLA ORAL CAPSULE (<i>norethin ace-eth estrad-fe</i>)	3	
<i>norgestrel-ethinyl estradiol</i> (Turqoz Oral Tablet)	1 or 1a*; \$0	
TYBLUME ORAL TABLET CHEWABLE (<i>levonorgestrel-ethinyl estrad</i>)	3	\$0
<i>tydemy oral tablet</i>	1 or 1b*; \$0	
<i>vestura oral tablet</i>	1 or 1b*; \$0	
<i>vienva oral tablet</i>	1 or 1a*; \$0	
<i>vyfemla oral tablet</i>	1 or 1a*; \$0	
<i>vylibra oral tablet</i>	1 or 1a*; \$0	
<i>wera oral tablet</i>	1 or 1a*; \$0	
<i>wymzya fe oral tablet chewable</i>	1 or 1b*; \$0	
YASMIN 28 ORAL TABLET (<i>drospirenone-ethinyl estradiol</i>)	3	
YAZ ORAL TABLET (<i>drospirenone-ethinyl estradiol</i>)	3	
<i>zovia 1/35 (28) oral tablet</i>	1 or 1a*; \$0	
<i>zumandimine oral tablet</i>	1 or 1b*; \$0	
*COMBINATION CONTRACEPTIVES - TRANSDERMAL*** - BIRTH CONTROL PILLS		
<i>norelgestromin-eth estradiol transdermal patch weekly</i>	1 or 1b*; \$0	
TWIRLA TRANSDERMAL PATCH WEEKLY (<i>levonorgestrel-eth estradiol</i>)	3	\$0
<i>xulane transdermal patch weekly</i>	1 or 1b*; \$0	
<i>zafemy transdermal patch weekly</i>	1 or 1b*; \$0	
*COMBINATION CONTRACEPTIVES - VAGINAL*** - BIRTH CONTROL PILLS		
ANNOVERA VAGINAL RING (<i>segesterone-ethinyl estradiol</i>)	3	\$0
<i>eluryng vaginal ring</i>	1 or 1b*; \$0	
<i>etonogestrel-ethinyl estradiol</i> (Enilloring Vaginal Ring)	1 or 1b*; \$0	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	1 or 1b*; \$0	
<i>etonogestrel-ethinyl estradiol</i> (Haloette Vaginal Ring)	1 or 1b*; \$0	
NUVARING VAGINAL RING (<i>etonogestrel-ethinyl estradiol</i>)	3	
*CONTINUOUS CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>amethyst oral tablet</i>	1 or 1b*; \$0	
<i>dolishale oral tablet</i>	1 or 1b*; \$0	

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<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	1 or 1b*; \$0	
*COPPER CONTRACEPTIVES - IUD*** - BIRTH CONTROL PILLS		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	3	
*EMERGENCY CONTRACEPTIVES*** - BIRTH CONTROL PILLS		
<i>aftera oral tablet</i>	1 or 1b*; \$0	
<i>afterpill oral tablet</i>	1 or 1b*; \$0	
CURAE ORAL TABLET (<i>levonorgestrel</i>)	1 or 1b*; \$0	
<i>econtra one-step oral tablet</i>	1 or 1b*; \$0	
ELLA ORAL TABLET (<i>ulipristal acetate</i>)	3; \$0	
HER STYLE ORAL TABLET (<i>levonorgestrel</i>)	1 or 1b*; \$0	
<i>levonorgestrel oral tablet</i>	1 or 1b*; \$0	
<i>my choice oral tablet</i>	1 or 1b*; \$0	
<i>my way oral tablet</i>	1 or 1b*; \$0	
<i>new day oral tablet</i>	1 or 1b*; \$0	
<i>opcicon one-step oral tablet</i>	1 or 1b*; \$0	
<i>option 2 oral tablet</i>	1 or 1b*; \$0	
<i>react oral tablet</i>	1 or 1b*; \$0	
<i>take action oral tablet</i>	1 or 1b*; \$0	
*EXTENDED-CYCLE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>ashlyna oral tablet</i>	1 or 1b*; \$0	
<i>camrese lo oral tablet</i>	1 or 1b*; \$0	
<i>camrese oral tablet</i>	1 or 1b*; \$0	
<i>daysee oral tablet</i>	1 or 1b*; \$0	
<i>iclevia oral tablet</i>	1 or 1b*; \$0	
<i>introvale oral tablet</i>	1 or 1b*; \$0	
<i>jaimiess oral tablet</i>	1 or 1b*; \$0	
<i>jolessa oral tablet</i>	1 or 1b*; \$0	
<i>levonorgest-eth est & eth est oral tablet</i>	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day oral tablet</i>	1 or 1b*; \$0	
<i>lojaimiess oral tablet</i>	1 or 1b*; \$0	
<i>rivelsa oral tablet</i>	1 or 1b*; \$0	
<i>setlakin oral tablet</i>	1 or 1b*; \$0	
<i>simpesse oral tablet</i>	1 or 1b*; \$0	
*FOUR PHASE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
NATAZIA ORAL TABLET (<i>estradiol valerate-dienogest</i>)	3	\$0

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Effective 01/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PROGESTIN CONTRACEPTIVES - IMPLANTS*** - BIRTH CONTROL PILLS		
NEXPLANON SUBCUTANEOUS IMPLANT (<i>etonogestrel</i>)	4	LD; SP
*PROGESTIN CONTRACEPTIVES - INJECTABLE*** - BIRTH CONTROL PILLS		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION (<i>medroxyprogesterone acetate</i>)	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>medroxyprogesterone acetate</i>)	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE (<i>medroxyprogesterone acetate</i>)	3; \$0	
<i>medroxyprogesterone acetate intramuscular suspension</i>	1 or 1b*; \$0	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	1 or 1b*; \$0	
*PROGESTIN CONTRACEPTIVES - IUD*** - BIRTH CONTROL PILLS		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE (<i>levonorgestrel</i>)	4	LD; SP
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE (<i>levonorgestrel</i>)	3	LD; SP
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE (<i>levonorgestrel</i>)	3	LD; SP
SKYLA INTRAUTERINE INTRAUTERINE DEVICE (<i>levonorgestrel</i>)	3	LD; SP
*PROGESTIN CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>camila oral tablet</i>	1 or 1b*; \$0	
<i>deblitane oral tablet</i>	1 or 1b*; \$0	
<i>norethindrone</i> (Emzahh Oral Tablet)	1 or 1b*; \$0	
<i>errin oral tablet</i>	1 or 1b*; \$0	
<i>heather oral tablet</i>	1 or 1b*; \$0	
<i>incassia oral tablet</i>	1 or 1b*; \$0	
<i>jencycla oral tablet</i>	1 or 1b*; \$0	
<i>lyleq oral tablet</i>	1 or 1b*; \$0	
<i>lyza oral tablet</i>	1 or 1b*; \$0	
<i>nora-be oral tablet</i>	1 or 1b*; \$0	
<i>norethindrone oral tablet</i>	1 or 1b*; \$0	
<i>norlyroc oral tablet</i>	1 or 1b*; \$0	
OPILL ORAL TABLET (<i>norgestrel</i>)	2; \$0	
<i>sharobel oral tablet</i>	1 or 1b*; \$0	
SLYND ORAL TABLET (<i>drospirenone</i>)	3	\$0
*TRIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>alyacen 7/7/7 oral tablet</i>	1 or 1a*; \$0	

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Effective 01012025

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<i>aranelle oral tablet</i>	1 or 1a*; \$0	
<i>dasetta 7/7/7 oral tablet</i>	1 or 1a*; \$0	
<i>enpresse-28 oral tablet</i>	1 or 1a*; \$0	
<i>leena oral tablet</i>	1 or 1a*; \$0	
<i>levonest oral tablet</i>	1 or 1a*; \$0	
<i>levonorg-eth estrad triphasic oral tablet</i>	1 or 1a*; \$0	
<i>norethindron-ethinyl estrad-fe oral tablet</i>	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic oral tablet</i>	1 or 1b*; \$0	
<i>nortrel 7/7/7 oral tablet</i>	1 or 1a*; \$0	
<i>nylia 7/7/7 oral tablet</i>	1 or 1a*; \$0	
<i>tilia fe oral tablet</i>	1 or 1b*; \$0	
<i>tri-estarylla oral tablet</i>	1 or 1b*; \$0	
<i>tri-legest fe oral tablet</i>	1 or 1b*; \$0	
<i>tri-linyah oral tablet</i>	1 or 1b*; \$0	
<i>tri-lo-estarylla oral tablet</i>	1 or 1b*; \$0	
<i>tri-lo-marzia oral tablet</i>	1 or 1b*; \$0	
<i>tri-lo-mili oral tablet</i>	1 or 1b*; \$0	
<i>tri-lo-sprintec oral tablet</i>	1 or 1b*; \$0	
<i>tri-mili oral tablet</i>	1 or 1b*; \$0	
<i>tri-sprintec oral tablet</i>	1 or 1b*; \$0	
<i>trivora (28) oral tablet</i>	1 or 1a*; \$0	
<i>tri-vylibra lo oral tablet</i>	1 or 1b*; \$0	
<i>tri-vylibra oral tablet</i>	1 or 1b*; \$0	
<i>velivet oral tablet</i>	1 or 1a*; \$0	
CORTICOSTEROIDS - HORMONES		
*GLUCOCORTICOSTEROIDS*** - DRUGS FOR INFLAMMATION		
AGAMREE ORAL SUSPENSION (<i>vamorolone</i>)	4	PA; LD; QL (7.5 mL per 1 day)
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE (<i>hydrocortisone</i>)	3	PA
<i>budesonide er oral tablet extended release 24 hour</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>budesonide oral capsule delayed release particles</i>	1 or 1b*	QL (3 capsule per 1 day)
CORTEF ORAL TABLET (<i>hydrocortisone</i>)	3	
<i>cortisone acetate oral tablet</i>	3	PA; QL (12 tablets per 1 day)
<i>deflazacort oral suspension</i>	4	PA; LD
<i>deflazacort oral tablet</i>	4	PA; LD
DEPO-MEDROL INJECTION SUSPENSION (<i>methylprednisolone acetate</i>)	3	
DEXABLISS ORAL TABLET THERAPY PACK	3	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE (<i>dexamethasone</i>)	2	
<i>dexamethasone oral elixir</i>	1 or 1a*	

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<i>dexamethasone oral solution</i>	1 or 1a*	
<i>dexamethasone oral tablet</i>	1 or 1a*	
<i>dexamethasone oral tablet therapy pack</i>	1 or 1b*	
<i>dexamethasone sod phos +rfid injection solution prefilled syringe</i>	1 or 1b*	
<i>dexamethasone sod phosphate pf injection solution</i>	1 or 1b*	
DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION PREFILLED SYRINGE	1 or 1b*	
<i>dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml</i>	1 or 1b*	
DEXAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION PREFILLED SYRINGE	1 or 1b*	
EMFLAZA ORAL SUSPENSION (<i>deflazacort</i>)	4	PA; LD
EMFLAZA ORAL TABLET (<i>deflazacort</i>)	4	PA; LD
EOHILIA ORAL SUSPENSION (<i>budesonide</i>)	3	PA; QL (20 mL per 1 day)
HEMADY ORAL TABLET (<i>dexamethasone</i>)	3	PA; QL (2 tablets per 1 day)
HEXATRIONE INTRA-ARTICULAR SUSPENSION (<i>triamcinolone hexacetonide</i>)	3	
<i>hidex 6-day oral tablet therapy pack</i>	1 or 1b*	
<i>hydrocortisone oral tablet</i>	1 or 1b*	
<i>hydrocortisone sod suc (pf) injection solution reconstituted</i>	1 or 1b*	
KENALOG-10 INJECTION SUSPENSION (<i>triamcinolone acetonide</i>)	3	
KENALOG-40 INJECTION SUSPENSION (<i>triamcinolone acetonide</i>)	3	
KENALOG-80 INJECTION SUSPENSION (<i>triamcinolone acetonide</i>)	3	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG (<i>methylprednisolone</i>)	3	
MEDROL ORAL TABLET 2 MG (<i>methylprednisolone</i>)	2	
MEDROL ORAL TABLET THERAPY PACK (<i>methylprednisolone</i>)	3	
<i>methylprednisolone oral tablet</i>	1 or 1a*	
<i>methylprednisolone oral tablet therapy pack</i>	1 or 1a*	
<i>methylprednisolone sodium succ injection solution reconstituted</i>	1 or 1b*	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 30 MG (<i>prednisolone sodium phosphate</i>)	3	QL (2 tablets per 1 day)
ORAPRED ODT ORAL TABLET DISPERSIBLE 15 MG (<i>prednisolone sodium phosphate</i>)	3	DO
PEDIAPRED ORAL SOLUTION (<i>prednisolone sodium phosphate</i>)	3	
<i>prednisolone oral solution</i>	1 or 1a*	
<i>prednisolone oral tablet</i>	1 or 1b*	
<i>prednisolone sodium phosphate oral solution</i>	1 or 1a*	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 30 mg</i>	1 or 1a*	QL (2 tablets per 1 day)
<i>prednisolone sodium phosphate oral tablet dispersible 15 mg</i>	1 or 1a*	DO
PREDNISONE INTENSOL ORAL CONCENTRATE (<i>prednisone</i>)	3	

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<i>prednisone oral solution</i>	1 or 1a*	
<i>prednisone oral tablet</i>	1 or 1a*	
<i>prednisone oral tablet therapy pack</i>	1 or 1a*	
RAYOS ORAL TABLET DELAYED RELEASE (<i>prednisone</i>)	3	ST
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED (<i>hydrocortisone sod succinate</i>)	3	
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED (<i>methylprednisolone sodium succ</i>)	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED (<i>methylprednisolone sodium succ</i>)	3	
<i>taperdex 12-day oral tablet therapy pack</i>	1 or 1b*	
<i>taperdex 6-day oral tablet therapy pack</i>	1 or 1b*	
<i>taperdex 7-day oral tablet therapy pack</i>	1 or 1b*	
TARPEYO ORAL CAPSULE DELAYED RELEASE (<i>budesonide</i>)	4	PA; LD; QL (4 capsules per 1 day)
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>budesonide</i>)	3	QL (1 tablet per 1 day)
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER (<i>triamcinolone acetonide</i>)	4	PA; LD; QL (1 injection per 1 knee)
*MINERALOCORTICOIDS*** - DRUGS FOR INFLAMMATION		
<i>fludrocortisone acetate oral tablet</i>	1 or 1b*	
*STEROID COMBINATIONS*** - DRUGS FOR INFLAMMATION		
CELESTONE SOLUSPAN INJECTION SUSPENSION (<i>betamethasone sod phos & acet</i>)	3	
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS		
*ANTITUSSIVE - NONNARCOTIC*** - DRUGS FOR ALLERGIES		
<i>benzonatate oral capsule</i>	1 or 1b*	
*ANTITUSSIVE - OPIOID*** - DRUGS FOR COUGH AND COLD		
HYCODAN ORAL SOLUTION (<i>hydrocodone bit-homatrop mbr</i>)	3	AL; QL (150 mL per 5 days)
HYCODAN ORAL TABLET (<i>hydrocodone bit-homatrop mbr</i>)	3	PA; QL (30 tablets per 5 days)
<i>hydrocodone bit-homatrop mbr oral solution</i>	1 or 1a*	AL; QL (150 mL per 5 days)
<i>hydrocodone bit-homatrop mbr oral tablet</i>	1 or 1a*	PA; QL (30 tablets per 5 days)
<i>hydromet oral solution</i>	1 or 1a*	AL; QL (150 mL per 5 days)
*ANTITUSSIVE-EXPECTORANT*** - DRUGS FOR COUGH AND COLD		
CODITUSSIN AC ORAL LIQUID	3	AL
<i>g tussin ac oral solution</i>	1 or 1a*	AL; QL (120 mL per 1 fill)
<i>guaifenesin-codeine oral solution</i>	1 or 1a*	AL; QL (120 mL per 1 fill)
MAR-COF CG EXPECTORANT ORAL LIQUID (<i>guaifenesin-codeine</i>)	2	AL
<i>maxi-tuss ac oral solution</i>	1 or 1a*	AL; QL (120 mL per 1 fill)
NINJACOF-XG ORAL LIQUID (<i>guaifenesin-codeine</i>)	3	AL

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*ANTITUSSIVE-EXPECTORANTS-DECONGESTANT*** - DRUGS FOR COUGH AND COLD		
CODITUSSIN DAC ORAL LIQUID	3	AL
TUSNEL C ORAL SYRUP (<i>pseudoephedrine-codeine-gg</i>)	2	PA; QL (200 mL per 5 days)
*DECONGESTANT & ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>desloratadine-pseudoephedrine</i>)	3	ST; QL (2 tablets per 1 day)
<i>promethazine vc oral syrup</i>	1 or 1b*	QL (2 fills per 30 days)
<i>promethazine-phenylephrine oral syrup</i>	1 or 1b*	QL (2 fills per 30 days)
*MISC. RESPIRATORY INHALANTS*** - DRUGS FOR ALLERGIES		
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (<i>sodium chloride</i>)	3	
<i>sodium chloride</i> (Nebusal Inhalation Nebulization Solution 3 %)	1 or 1b*	
<i>sodium chloride</i> (Pulmosal Inhalation Nebulization Solution)	1 or 1b*	
<i>sodium chloride inhalation nebulization solution</i>	1 or 1b*	
*MUCOLYTICS*** - DRUGS FOR THE LUNGS		
<i>acetylcysteine inhalation solution</i>	1 or 1b*	
*NON-NARC ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>promethazine-dm oral syrup</i>	1 or 1a*	QL (2 fills per 30 days)
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>pseudoeph-bromphen-dm oral syrup</i>	1 or 1b*	
*OPIOID ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>hydrocod poli-chlorphe poli er oral suspension extended release</i>	1 or 1b*	AL; QL (120 mL per 1 fill)
<i>promethazine-codeine oral solution</i>	1 or 1a*	AL; QL (100 mL per 5 days)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>chlorpheniramine-codeine</i>)	3	AL; QL (10 tablets per 5 days)
*OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
MAXI-TUSS CD ORAL LIQUID	2	AL; QL (150 mL per 5 days)
POLY-TUSSIN AC ORAL LIQUID	2	AL; QL (300 mL per 5 days)
PRO-RED AC ORAL SYRUP (<i>phenyleph-dexchlorphen-codeine</i>)	3	PA
RYDEX ORAL LIQUID (<i>pseudoeph-bromphen-cod</i>)	2	AL; QL (450 mL per 5 days)
DERMATOLOGICALS - DRUGS FOR THE SKIN		
*ACNE ANTIBIOTICS*** - DRUGS FOR THE SKIN		
ACZONE EXTERNAL GEL (<i>dapsone</i>)	3	ST; QL (90 grams per 30 days)
AMZEEQ EXTERNAL FOAM (<i>minocycline hcl micronized</i>)	3	ST; QL (30 grams per 30 days)
CLEOCIN-T EXTERNAL LOTION (<i>clindamycin phosphate</i>)	3	ST; QL (4 mL per 1 day)

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Effective 01012025

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<i>clindacin etz external swab</i>	1 or 1b*	QL (2 pads per 1 day)
<i>clindamycin phosphate</i> (Clindacin External Foam)	1 or 1b*	QL (100 grams per 30 days)
<i>clindacin-p external swab</i>	1 or 1b*	QL (2 pads per 1 day)
CLINDAGEL EXTERNAL GEL (<i>clindamycin phosphate</i>)	3	ST; QL (75 ml/gm per 30 days)
<i>clindamycin phosphate external foam</i>	1 or 1b*	QL (100 grams per 30 days)
<i>clindamycin phosphate external gel</i>	1 or 1b*	QL (75 ml/gm per 30 days)
<i>clindamycin phosphate external lotion</i>	1 or 1b*	QL (4 mL per 1 day)
<i>clindamycin phosphate external solution</i>	1 or 1b*	QL (4 mL per 1 day)
<i>clindamycin phosphate external swab</i>	1 or 1b*	QL (2 pads per 1 day)
<i>dapsone external gel</i>	3	ST; QL (90 grams per 30 days)
<i>ery external pad</i>	1 or 1b*	QL (2 pads per 1 day)
ERYGEL EXTERNAL GEL (<i>erythromycin</i>)	3	QL (60 grams per 30 days)
<i>erythromycin external gel</i>	1 or 1b*	QL (60 grams per 30 days)
<i>erythromycin external solution</i>	1 or 1b*	QL (60 mL per 30 days)
KLARON EXTERNAL LOTION (<i>sulfacetamide sodium (acne)</i>)	3	
<i>sulfacetamide sodium (acne) external lotion</i>	1 or 1b*	
*ACNE COMBINATIONS*** - DRUGS FOR THE SKIN		
ACANYA EXTERNAL GEL (<i>clindamycin phos-benzoyl perox</i>)	3	ST; QL (50 grams per 30 days)
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	1 or 1b*	PA; QL (45 grams per 30 days)
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	1 or 1b*	PA; QL (60 grams per 30 days)
BENZAMYCIN EXTERNAL GEL (<i>benzoyl peroxide-erythromycin</i>)	3	ST; QL (46.6 grams per 30 days)
<i>benzoyl peroxide-erythromycin external gel</i>	1 or 1b*	QL (46.6 grams per 30 days)
CABTREO EXTERNAL GEL (<i>adapalene-benzoyl per-clindamy</i>)	3	ST; QL (1.667 grams per 1 day)
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	1 or 1b*	QL (45 grams per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %</i>	1 or 1b*	QL (50 grams per 30 days)
<i>clindamycin-tretinoin external gel</i>	3	PA; QL (60 grams per 30 days)
EPIDUO EXTERNAL GEL (<i>adapalene-benzoyl peroxide</i>)	3	ST; QL (45 grams per 30 days)
EPIDUO FORTE EXTERNAL GEL (<i>adapalene-benzoyl peroxide</i>)	3	ST; QL (60 grams per 30 days)
<i>neuac external gel</i>	1 or 1b*	QL (45 grams per 30 days)
ONEXTON EXTERNAL GEL (<i>clindamycin phos-benzoyl perox</i>)	3	ST; QL (50 grams per 30 days)
TWYNEO EXTERNAL CREAM (<i>tretinoin-benzoyl peroxide</i>)	3	ST; QL (1 tube per 30 days)
ZIANA EXTERNAL GEL (<i>clindamycin-tretinoin</i>)	3	ST; QL (60 grams per 30 days)
*ACNE PRODUCTS*** - DRUGS FOR THE SKIN		
ABSORICA LD ORAL CAPSULE (<i>isotretinoin micronized</i>)	3	PA
ABSORICA ORAL CAPSULE (<i>isotretinoin</i>)	3	PA
<i>accutane oral capsule</i>	2	PA
<i>adapalene external cream</i>	1 or 1b*	PA; QL (1.5 grams per 1 day)
<i>adapalene external gel</i>	1 or 1b*	PA; QL (45 grams per 30 days)

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<i>adapalene external pad</i>	1 or 1b*	PA; QL (1 swab per 1 day)
ADAPALENE EXTERNAL SOLUTION	3	ST; QL (120 mL per 30 days)
AKLIEF EXTERNAL CREAM (<i>trifarotene</i>)	3	ST; QL (1 pump per 30 days)
ALTRENO EXTERNAL LOTION (<i>tretinoin</i>)	3	ST; QL (45 grams per 30 days)
<i>amnesteem oral capsule</i>	2	PA
ARAZLO EXTERNAL LOTION (<i>tazarotene</i>)	3	ST; QL (45 grams per 30 days)
ATRALIN EXTERNAL GEL (<i>tretinoin</i>)	3	ST; QL (45 grams per 30 days)
AZELEX EXTERNAL CREAM (<i>azelaic acid</i>)	3	ST; QL (50 grams per 30 days)
<i>claravis oral capsule</i>	2	PA
DIFFERIN EXTERNAL CREAM (<i>adapalene</i>)	3	ST; QL (1.5 grams per 1 day)
DIFFERIN EXTERNAL GEL 0.3 % (<i>adapalene</i>)	3	ST; QL (45 grams per 30 days)
DIFFERIN EXTERNAL LOTION (<i>adapalene</i>)	3	ST; QL (59 mL per 30 days)
EPSOLAY EXTERNAL CREAM (<i>benzoyl peroxide</i>)	3	QL (50 grams per 30 days)
FABIOR EXTERNAL FOAM (<i>tazarotene</i>)	3	ST; QL (100 grams per 30 days)
<i>isotretinoin oral capsule</i>	2	PA
RETIN-A EXTERNAL CREAM (<i>tretinoin</i>)	3	ST; QL (45 grams per 30 days)
RETIN-A EXTERNAL GEL (<i>tretinoin</i>)	3	ST; QL (45 grams per 30 days)
RETIN-A MICRO EXTERNAL GEL (<i>tretinoin microsphere</i>)	3	ST; QL (50 grams per 30 days)
RETIN-A MICRO PUMP EXTERNAL GEL (<i>tretinoin microsphere</i>)	3	ST; QL (50 grams per 30 days)
TAZAROTENE EXTERNAL FOAM	3	ST; QL (100 grams per 30 days)
<i>tretinoin external cream</i>	1 or 1b*	PA; QL (45 grams per 30 days)
<i>tretinoin external gel</i>	1 or 1b*	PA; QL (45 grams per 30 days)
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	1 or 1b*	PA; QL (50 grams per 30 days)
<i>tretinoin microsphere external gel 0.08 %</i>	3	ST; QL (50 grams per 30 days)
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	1 or 1b*	PA; QL (50 grams per 30 days)
<i>tretinoin microsphere pump external gel 0.08 %</i>	3	ST; QL (50 grams per 30 days)
WINLEVI EXTERNAL CREAM (<i>clascoterone</i>)	3	ST; QL (60 grams per 30 days)
<i>zenatane oral capsule</i>	2	PA
*AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS*** - DRUGS FOR THE SKIN		
VEREGEN EXTERNAL OINTMENT (<i>sinecatechins</i>)	3	ST; QL (30 grams per 28 days)
*AGENTS FOR FACIAL WRINKLES - RETINOIDS*** - DRUGS FOR THE SKIN		
RENOVA EXTERNAL CREAM (<i>tretinoin (facial wrinkles)</i>)	3	PA; QL (60 grams per 30 days)
RENOVA PUMP EXTERNAL CREAM (<i>tretinoin (facial wrinkles)</i>)	3	PA; QL (60 grams per 30 days)
*ALOPECIA AGENTS - JANUS KINUS (JAK) INHIBITORS*** - DRUGS FOR THE SKIN		
LITFULO ORAL CAPSULE (<i>ritlecitinib tosylate</i>)	3	PA

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*ANTIBIOTIC STEROID COMBINATIONS - TOPICAL*** - DRUGS FOR THE SKIN		
NEO-SYNALAR EXTERNAL CREAM (<i>neomycin-fluocinolone</i>)	3	
*ANTIBIOTICS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>gentamicin sulfate external cream</i>	1 or 1b*	QL (30 grams per 1 fill)
<i>gentamicin sulfate external ointment</i>	1 or 1b*	QL (30 grams per 1 fill)
<i>mupirocin calcium external cream</i>	3	ST; QL (30 grams per 1 fill)
<i>mupirocin external ointment</i>	1 or 1b*	QL (30 grams per 1 fill)
*ANTIFUNGALS - TOPICAL COMBINATIONS**** - DRUGS FOR THE SKIN		
<i>clotrimazole-betamethasone external cream</i>	1 or 1b*	QL (180 grams per 30 days)
<i>clotrimazole-betamethasone external lotion</i>	1 or 1b*	QL (120 mL per 30 days)
FUNGIMEZ EXTERNAL SOLUTION	3	
<i>miconazole-zinc oxide-petrolat external ointment</i>	1 or 1b*	QL (50 grams per 30 days)
<i>nystatin-triamcinolone external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>nystatin-triamcinolone external ointment</i>	1 or 1b*	QL (120 grams per 30 days)
VUSION EXTERNAL OINTMENT (<i>miconazole-zinc oxide-petrolat</i>)	3	QL (50 grams per 30 days)
*ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>ciclodan external solution</i>	1 or 1b*	QL (7 mL per 30 days)
<i>ciclopirox external gel</i>	1 or 1b*	QL (100 grams per 30 days)
<i>ciclopirox external shampoo</i>	1 or 1b*	QL (120 mL per 30 days)
<i>ciclopirox external solution</i>	1 or 1b*	QL (7 mL per 30 days)
<i>ciclopirox olamine external cream</i>	1 or 1b*	QL (90 grams per 30 days)
<i>ciclopirox olamine external suspension</i>	1 or 1b*	QL (60 mL per 30 days)
<i>nystatin</i> (Klayesta External Powder)	1 or 1b*	QL (60 grams per 30 days)
<i>naftifine hcl external cream 1 %</i>	1 or 1b*	ST; QL (90 grams per 30 days)
<i>naftifine hcl external cream 2 %</i>	1 or 1b*	ST; QL (60 grams per 30 days)
<i>naftifine hcl external gel</i>	1 or 1b*	ST; QL (60 grams per 30 days)
NAFTIN EXTERNAL GEL (<i>naftifine hcl</i>)	3	ST; QL (60 grams per 30 days)
<i>nyamyc external powder</i>	1 or 1b*	QL (60 grams per 30 days)
<i>nystatin external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>nystatin external ointment</i>	1 or 1b*	QL (120 grams per 30 days)
<i>nystatin external powder</i>	1 or 1b*	QL (60 grams per 30 days)
<i>nystop external powder</i>	1 or 1b*	QL (60 grams per 30 days)
*ANTI-INFLAMMATORY AGENTS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>diclofenac epolamine external patch</i>	3	ST; QL (2 patch per 1 day)
<i>diclofenac sodium external gel 1 %</i>	1 or 1b*	BE; QL (1000 gm per 30 days)
<i>diclofenac sodium external solution 1.5 %</i>	3	ST; QL (10 mL per 1 day)

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<i>diclofenac sodium external solution 2 %</i>	3	ST; QL (224 gm per 30 days)
FLECTOR EXTERNAL PATCH (<i>diclofenac epolamine</i>)	3	ST; QL (2 patch per 1 day)
LICART EXTERNAL PATCH 24 HOUR (<i>diclofenac epolamine</i>)	3	ST; QL (1 topical system per 1 day)
PENNSAID EXTERNAL SOLUTION (<i>diclofenac sodium</i>)	3	ST; QL (224 gm per 30 days)
*ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL*** - DRUGS FOR THE SKIN		
VALCHLOR EXTERNAL GEL (<i>mechlorethamine hcl (topical)</i>)	3	PA; LD; QL (1 tube per 30 days)
*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL*** - DRUGS FOR THE SKIN		
CARAC EXTERNAL CREAM (<i>fluorouracil</i>)	3	ST; QL (30 gm per 365 days)
EFUDEX EXTERNAL CREAM (<i>fluorouracil</i>)	3	ST; QL (40 gm per 365 days)
<i>fluorouracil external cream</i>	1 or 1b*	AL; QL (40 gm per 365 days)
<i>fluorouracil external solution</i>	1 or 1b*	AL; QL (10 mL per 365 days)
TOLAK EXTERNAL CREAM (<i>fluorouracil</i>)	3	ST; QL (40 gm per 365 days)
*ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S*** - DRUGS FOR THE SKIN		
<i>diclofenac sodium external gel 3 %</i>	1 or 1b*	PA; QL (300 grams per 1 year)
*ANTINEOPLASTIC RETINOIDS - TOPICAL*** - DRUGS FOR THE SKIN		
PANRETIN EXTERNAL GEL (<i>alitretinoin</i>)	3	LD; SP
*ANTIPRURITICS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>doxepin hcl external cream</i>	1 or 1b*	PA; QL (1 tube per 1 fill)
PRUDOXIN EXTERNAL CREAM (<i>doxepin hcl (antipruritic)</i>)	3	PA; QL (1 tube per 1 fill)
ZONALON EXTERNAL CREAM (<i>doxepin hcl (antipruritic)</i>)	3	PA; QL (1 tube per 1 fill)
*ANTIPSORIATICS - SYSTEMIC*** - DRUGS FOR THE SKIN		
<i>acitretin oral capsule 10 mg, 17.5 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>acitretin oral capsule 25 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>bimekizumab-bkzx</i>)	4	PA; LD; QL (1 carton per 56 days); SP
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>bimekizumab-bkzx</i>)	4	PA; LD; QL (1 carton per 56 days); SP
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>secukinumab</i>)	4	PA; LD; QL (2 syringes per 28 days); SP
COSENTYX INTRAVENOUS SOLUTION (<i>secukinumab</i>)	4	PA; LD; QL (3 vials per 4 weekss); SP
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>secukinumab</i>)	4	PA; LD; QL (2 pens per 28 days); SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>secukinumab</i>)	4	PA; LD; QL (1 pen per 28 days); SP
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>secukinumab</i>)	4	PA; LD; QL (1 syringe per 28 days); SP

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Effective 01012025

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COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>secukinumab</i>)	4	PA; LD; QL (1 pen per 28 days); SP
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>tildrakizumab-asmn</i>)	4	PA; LD; QL (1 syringe per 12 weeks); SP
<i>methoxsalen rapid oral capsule</i>	1 or 1b*	LD; SP
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>brodalumab</i>)	4	PA; LD; QL (2 syringes per 28 days); SP
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>risankizumab-rzaa</i>)	4	PA; LD; QL (1 unit per 12 weeks); SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>risankizumab-rzaa</i>)	4	PA; LD; QL (1 unit per 12 weeks); SP
SOTYKTU ORAL TABLET (<i>deucravacitinib</i>)	4	PA; LD; QL (1 tablet per 1 day); SP
SPEVIGO INTRAVENOUS SOLUTION (<i>spesolimab-sbzo</i>)	4	PA; LD; QL (2 vials per 1 year)
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>spesolimab-sbzo</i>)	4	PA; LD; QL (2 syringes per 28 days)
STELARA SUBCUTANEOUS SOLUTION (<i>ustekinumab</i>)	4	PA; LD; QL (1 unit per 12 weeks); SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	4	PA; LD; QL (1 unit per 12 weeks); SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	4	PA; LD; QL (1 syringe per 12 weeks); SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>ixekizumab</i>)	4	PA; LD; QL (1 auto-injector per 28 days); SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>ixekizumab</i>)	4	PA; LD; QL (1 syringe per 28 days); SP
TREMFYA INTRAVENOUS SOLUTION (<i>guselkumab</i>)	4	PA; LD; QL (3 vials per 84 days); SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	4	PA; LD; QL (1 mL per 56 days); SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>guselkumab</i>)	4	PA; LD; QL (1 pen/syringe per 28 Straight PA no ST embedded); SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	4	PA; LD; QL (1 mL per 56 days); SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (<i>guselkumab</i>)	4	PA; LD; QL (1 pen/syringe per 28 Straight PA no ST embedded); SP
*ANTIPSORIATICS*** - DRUGS FOR THE SKIN		
<i>calcipotriene external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>calcipotriene external foam</i>	1 or 1b*	QL (120 grams per 30 days)
<i>calcipotriene external ointment</i>	1 or 1b*	QL (120 grams per 30 days)
<i>calcipotriene external solution</i>	1 or 1b*	QL (60 mL per 30 days)
<i>calcitrene external ointment</i>	1 or 1b*	QL (120 grams per 30 days)
<i>calcitriol external ointment</i>	1 or 1b*	QL (800 grams per 28 days)
SORILUX EXTERNAL FOAM (<i>calcipotriene</i>)	3	QL (120 grams per 30 days)

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<i>tazarotene external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>tazarotene external gel</i>	1 or 1b*	QL (100 grams per 30 days)
TAZORAC EXTERNAL CREAM (<i>tazarotene</i>)	3	ST; QL (60 grams per 30 days)
TAZORAC EXTERNAL GEL (<i>tazarotene</i>)	3	QL (100 grams per 30 days)
VECTICAL EXTERNAL OINTMENT (<i>calcitriol</i>)	3	QL (800 grams per 28 days)
VTAMA EXTERNAL CREAM (<i>tapinarof</i>)	3	PA; QL (60 grams per 30 days)
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	3	PA; QL (60 grams per 30 days)
*ANTISEBORRHEIC PRODUCTS*** - DRUGS FOR THE SKIN		
<i>selenium sulfide external lotion</i>	1 or 1a*	QL (120 mL per 30 days)
ZORYVE EXTERNAL FOAM (<i>roflumilast (antiseborrheic)</i>)	3	PA; QL (2 grams per 1 day)
*ANTIVIRAL TOPICAL COMBINATIONS*** - DRUGS FOR THE SKIN		
XERESE EXTERNAL CREAM (<i>acyclovir-hydrocortisone</i>)	3	PA; QL (5 gm per 30 days)
*ANTIVIRALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>acyclovir external cream</i>	1 or 1b*	PA; QL (5 gm per 30 days)
<i>acyclovir external ointment</i>	1 or 1b*	QL (30 gm per 30 days)
DENAVIR EXTERNAL CREAM (<i>penciclovir</i>)	3	PA; QL (5 gm per 30 days)
<i>penciclovir external cream</i>	1 or 1b*	PA; QL (5 gm per 30 days)
ZOVIRAX EXTERNAL CREAM (<i>acyclovir</i>)	3	PA; QL (5 gm per 30 days)
ZOVIRAX EXTERNAL OINTMENT (<i>acyclovir</i>)	3	QL (30 gm per 30 days)
*ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS*** - DRUGS FOR THE SKIN		
CIBINQO ORAL TABLET (<i>abrocitinib</i>)	4	PA; LD; QL (1 tablets per 1 day); SP
OPZELURA EXTERNAL CREAM (<i>ruxolitinib phosphate</i>)	3	PA; QL (1 tube per 30 days)
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE SKIN		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>tralokinumab-ldrm</i>)	4	PA; LD; QL (1 syringe per 28 days); SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>tralokinumab-ldrm</i>)	4	PA; LD; QL (2 syringes per 28 days); SP
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>dupilumab</i>)	4	PA; LD; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>dupilumab</i>)	4	PA; LD; SP
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>lebrikizumab-lbkz</i>)	4	PA; LD; QL (1 pen/syringe per 28 days); SP
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>lebrikizumab-lbkz</i>)	4	PA; QL (1 syringe per 28 days)
*BURN PRODUCTS*** - DRUGS FOR THE SKIN		
<i>mafenide acetate external packet</i>	1 or 1b*	
SILVADENE EXTERNAL CREAM (<i>silver sulfadiazine</i>)	3	

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>silver sulfadiazine external cream</i>	1 or 1a*	
<i>ssd external cream</i>	1 or 1a*	
SULFAMYLON EXTERNAL CREAM (<i>mafenide acetate</i>)	3	
*CORTICOSTEROIDS - TOPICAL*** - DRUGS FOR THE SKIN		
ALA SCALP EXTERNAL LOTION (<i>hydrocortisone</i>)	3	ST; QL (60 grams per 30 days)
<i>ala-cort external cream</i>	1 or 1a*	QL (454 grams per 30 days)
<i>alclometasone dipropionate external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>alclometasone dipropionate external ointment</i>	1 or 1b*	QL (2 grams per 1 day)
<i>amcinonide external cream</i>	3	QL (2 grams per 1 day)
AMCINONIDE EXTERNAL OINTMENT	3	ST; QL (60 grams per 30 days)
APEXICON E EXTERNAL CREAM (<i>diflorasone diacet emoll base</i>)	3	ST; QL (60 grams per 30 days)
<i>betamethasone dipropionate aug external cream</i>	1 or 1b*	QL (50 grams per 30 days)
<i>betamethasone dipropionate aug external gel</i>	1 or 1b*	QL (50 grams per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	1 or 1b*	QL (60 mL per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	1 or 1b*	QL (50 grams per 30 days)
<i>betamethasone dipropionate external cream</i>	1 or 1b*	QL (45 grams per 30 days)
<i>betamethasone dipropionate external lotion</i>	1 or 1b*	QL (60 mL per 30 days)
<i>betamethasone dipropionate external ointment</i>	1 or 1b*	QL (45 grams per 30 days)
<i>betamethasone valerate external cream</i>	1 or 1b*	QL (45 grams per 30 days)
<i>betamethasone valerate external foam</i>	3	ST; QL (100 grams per 30 days)
<i>betamethasone valerate external lotion</i>	1 or 1b*	QL (60 mL per 30 days)
<i>betamethasone valerate external ointment</i>	1 or 1b*	QL (45 grams per 30 days)
BRYHALI EXTERNAL LOTION (<i>halobetasol propionate</i>)	3	ST; QL (100 grams per 30 days)
<i>clobetasol propionate e external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>clobetasol propionate emulsion external foam</i>	1 or 1b*	QL (100 grams per 30 days)
<i>clobetasol propionate external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>clobetasol propionate external foam</i>	1 or 1b*	QL (100 mL per 30 days)
<i>clobetasol propionate external gel</i>	1 or 1b*	QL (60 grams per 30 days)
<i>clobetasol propionate external liquid</i>	1 or 1b*	QL (125 mL per 30 days)
<i>clobetasol propionate external lotion</i>	1 or 1b*	QL (118 mL per 30 days)
<i>clobetasol propionate external ointment</i>	1 or 1b*	QL (60 grams per 30 days)
<i>clobetasol propionate external shampoo</i>	1 or 1b*	QL (3.94 mL per 1 day)
<i>clobetasol propionate external solution</i>	1 or 1b*	QL (50 mL per 30 days)
CLOBEX EXTERNAL LOTION (<i>clobetasol propionate</i>)	3	ST; QL (118 mL per 30 days)
CLOBEX EXTERNAL SHAMPOO (<i>clobetasol propionate</i>)	3	ST; QL (3.94 mL per 1 day)
CLOBEX SPRAY EXTERNAL LIQUID (<i>clobetasol propionate</i>)	3	ST; QL (125 mL per 30 days)
<i>clocortolone pivalate external cream</i>	3	ST; QL (90 grams per 30 days)
<i>clodan external shampoo</i>	1 or 1b*	QL (3.94 mL per 1 day)

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CLODERM EXTERNAL CREAM (<i>clocortolone pivalate</i>)	3	ST; QL (90 grams per 30 days)
CORDRAN EXTERNAL TAPE (<i>flurandrenolide</i>)	3	ST; QL (1 box per 30 days)
DERMA-SMOOTH/FS BODY EXTERNAL OIL (<i>fluocinolone acetonide</i>)	3	ST; QL (120 mL per 30 days)
<i>desonide external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>desonide external gel</i>	1 or 1b*	QL (2 grams per 1 day)
<i>desonide external lotion</i>	1 or 1b*	QL (118 mL per 30 days)
<i>desonide external ointment</i>	1 or 1b*	QL (60 grams per 30 days)
DESOWEN EXTERNAL CREAM (<i>desonide</i>)	3	ST; QL (60 grams per 30 days)
<i>desoximetasone external cream</i>	3	ST; QL (100 grams per 30 days)
<i>desoximetasone external gel</i>	3	ST; QL (60 grams per 30 days)
<i>desoximetasone external liquid</i>	3	ST; QL (100 mL per 30 days)
<i>desoximetasone external ointment</i>	3	ST; QL (100 grams per 30 days)
<i>diflorasone diacetate external cream</i>	3	ST; QL (60 grams per 30 days)
<i>diflorasone diacetate external ointment</i>	3	ST; QL (60 grams per 30 days)
DIPROLENE EXTERNAL OINTMENT (<i>betamethasone dipropionate aug</i>)	3	ST; QL (50 grams per 30 days)
<i>fluocinolone acetonide body external oil</i>	1 or 1b*	QL (120 mL per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>	1 or 1b*	QL (60 grams per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	1 or 1b*	QL (120 grams per 30 days)
<i>fluocinolone acetonide external ointment</i>	1 or 1b*	QL (120 grams per 30 days)
<i>fluocinolone acetonide external solution</i>	1 or 1b*	QL (90 mL per 30 days)
<i>fluocinolone acetonide scalp external oil</i>	1 or 1b*	QL (120 mL per 30 days)
<i>fluocinonide emulsified base external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>fluocinonide external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>fluocinonide external gel</i>	1 or 1b*	QL (60 grams per 30 days)
<i>fluocinonide external ointment</i>	1 or 1b*	QL (60 grams per 30 days)
<i>fluocinonide external solution</i>	1 or 1b*	QL (60 mL per 30 days)
<i>flurandrenolide external cream</i>	3	ST; QL (120 grams per 30 days)
<i>flurandrenolide external lotion</i>	3	ST; QL (120 mL per 30 days)
<i>fluticasone propionate external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>fluticasone propionate external lotion</i>	1 or 1b*	QL (120 mL per 30 days)
<i>fluticasone propionate external ointment</i>	1 or 1b*	QL (60 grams per 30 days)
<i>halcinonide external cream</i>	3	ST; QL (60 grams per 30 days)
<i>halobetasol propionate external cream</i>	1 or 1b*	QL (50 grams per 30 days)
HALOBETASOL PROPIONATE EXTERNAL FOAM	3	ST; QL (50 grams per 30 days)
<i>halobetasol propionate external ointment</i>	1 or 1b*	QL (50 grams per 30 days)
HALOG EXTERNAL CREAM (<i>halcinonide</i>)	3	ST; QL (60 grams per 30 days)
HALOG EXTERNAL OINTMENT (<i>halcinonide</i>)	3	ST; QL (60 grams per 30 days)
HALOG EXTERNAL SOLUTION (<i>halcinonide</i>)	3	ST; QL (120 mL per 30 days)

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<i>hydrocortisone butyrate external cream</i>	3	ST; QL (60 grams per 30 days)
<i>hydrocortisone butyrate external lotion</i>	3	ST; QL (3.94 mL per 1 day)
<i>hydrocortisone butyrate external ointment</i>	3	ST; QL (60 grams per 30 days)
<i>hydrocortisone butyrate external solution</i>	3	ST; QL (60 mL per 30 days)
<i>hydrocortisone external cream 2.5 %</i>	1 or 1a*	QL (454 grams per 30 days)
<i>hydrocortisone external lotion 2 %</i>	3	ST; QL (60 grams per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>	1 or 1a*	QL (118 mL per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>	1 or 1a*	QL (454 grams per 30 days)
<i>hydrocortisone valerate external cream</i>	3	ST; QL (60 grams per 30 days)
<i>hydrocortisone valerate external ointment</i>	3	ST; QL (60 grams per 30 days)
IMPOYZ EXTERNAL CREAM (<i>clobetasol propionate</i>)	3	ST; QL (100 grams per 30 days)
KENALOG EXTERNAL AEROSOL SOLUTION (<i>triamcinolone acetonide</i>)	3	ST; QL (100 grams per 30 days)
LEXETTE EXTERNAL FOAM (<i>halobetasol propionate</i>)	3	ST; QL (50 grams per 30 days)
LOCOID EXTERNAL LOTION (<i>hydrocortisone butyrate</i>)	3	ST; QL (3.94 mL per 1 day)
<i>mometasone furoate external cream</i>	1 or 1b*	QL (50 grams per 30 days)
<i>mometasone furoate external ointment</i>	1 or 1b*	QL (50 grams per 30 days)
<i>mometasone furoate external solution</i>	1 or 1b*	QL (60 mL per 30 days)
PANDEL EXTERNAL CREAM (<i>hydrocortisone probutate</i>)	3	ST; QL (80 grams per 30 days)
SERNIVO EXTERNAL EMULSION (<i>betamethasone dipropionate</i>)	3	ST; QL (120 mL per 30 days)
SYNALAR EXTERNAL CREAM (<i>fluocinolone acetonide</i>)	3	ST; QL (120 grams per 30 days)
SYNALAR EXTERNAL OINTMENT (<i>fluocinolone acetonide</i>)	3	ST; QL (120 grams per 30 days)
TEXACORT EXTERNAL SOLUTION (<i>hydrocortisone</i>)	3	ST; QL (30 mL per 30 days)
TOPICORT EXTERNAL CREAM (<i>desoximetasone</i>)	3	ST; QL (100 grams per 30 days)
TOPICORT EXTERNAL GEL (<i>desoximetasone</i>)	3	ST; QL (60 grams per 30 days)
TOPICORT EXTERNAL OINTMENT (<i>desoximetasone</i>)	3	ST; QL (100 grams per 30 days)
TOPICORT SPRAY EXTERNAL LIQUID (<i>desoximetasone</i>)	3	ST; QL (100 mL per 30 days)
<i>tovet external foam</i>	1 or 1b*	QL (100 grams per 30 days)
<i>triamcinolone acetonide external aerosol solution</i>	3	ST; QL (100 grams per 30 days)
<i>triamcinolone acetonide external cream</i>	1 or 1a*	QL (454 grams per 30 days)
<i>triamcinolone acetonide external lotion</i>	1 or 1a*	QL (60 mL per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	1 or 1a*	QL (454 grams per 30 days)
<i>triamcinolone acetonide external ointment 0.05 %</i>	3	ST; QL (430 grams per 30 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	1 or 1a*	QL (30 grams per 30 days)
<i>triamcinolone in absorbase external ointment</i>	3	ST; QL (430 grams per 30 days)
<i>triderm external cream</i>	1 or 1a*	QL (454 grams per 30 days)
ULTRAVATE EXTERNAL LOTION (<i>halobetasol propionate</i>)	3	ST; QL (60 mL per 30 days)
VANOS EXTERNAL CREAM (<i>fluocinonide</i>)	3	ST; QL (120 grams per 30 days)

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*DEPIGMENTING COMBINATIONS*** - DRUGS FOR THE SKIN		
TRI-LUMA EXTERNAL CREAM (<i>fluocin-hydroquinone-tretinoin</i>)	3	
*EMOLLIENT/KERATOLYTIC COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>xirun external gel</i>	3	
*ENZYMES - TOPICAL*** - DRUGS FOR THE SKIN		
NEXOBRID EXTERNAL GEL (<i>anacaulase-bcdb</i>)	3	PA; LD; QL (440 grams per 2 days)
SANTYL EXTERNAL OINTMENT (<i>collagenase</i>)	3	PA; QL (30 grams per 30 days)
*GLABELLAR LINES (FROWN LINES) AGENTS*** - DRUGS FOR THE SKIN		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>onabotulinumtoxinA (cosmetic)</i>)	4	PA; LD
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>daxibotulinumtoxinA-lanm</i>)	4	PA; LD
JEUVEAU INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>prabotulinumtoxinA-xvfs (cosm)</i>)	3	
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>clotrimazole external cream</i>	1 or 1b*	QL (113 grams per 30 days)
<i>econazole nitrate external cream</i>	1 or 1b*	QL (85 grams per 30 days)
ECOZA EXTERNAL FOAM (<i>econazole nitrate</i>)	3	ST; QL (70 grams per 30 days)
ERTACZO EXTERNAL CREAM (<i>sertaconazole nitrate</i>)	3	ST; QL (60 grams per 30 days)
EXELDERM EXTERNAL CREAM (<i>sulconazole nitrate</i>)	3	ST; QL (60 grams per 30 days)
EXELDERM EXTERNAL SOLUTION (<i>sulconazole nitrate</i>)	3	ST; QL (60 mL per 30 days)
JUBLIA EXTERNAL SOLUTION (<i>efinaconazole</i>)	3	QL (8 mL per 30 days)
<i>ketoconazole external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>ketoconazole external foam</i>	3	QL (100 grams per 30 days)
<i>ketoconazole external shampoo</i>	1 or 1b*	QL (120 mL per 30 days)
<i>ketodan external foam</i>	3	QL (100 grams per 30 days)
<i>luliconazole external cream</i>	1 or 1b*	ST; QL (60 grams per 30 days)
LUZU EXTERNAL CREAM (<i>luliconazole</i>)	3	ST; QL (60 grams per 30 days)
<i>oxiconazole nitrate external cream</i>	3	ST; QL (90 grams per 30 days)
OXISTAT EXTERNAL LOTION (<i>oxiconazole nitrate</i>)	3	ST; QL (60 mL per 30 days)
<i>sulconazole nitrate external cream</i>	1 or 1b*	ST; QL (60 grams per 30 days)
<i>sulconazole nitrate external solution</i>	1 or 1b*	ST; QL (60 mL per 30 days)
*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL*** - DRUGS FOR THE SKIN		
<i>imiquimod external cream 3.75 %</i>	1 or 1b*	QL (28 units per 28 days)
<i>imiquimod external cream 5 %</i>	1 or 1b*	QL (48 packet per 365 days)
<i>imiquimod pump external cream</i>	1 or 1b*	ST; QL (1 pump bottle per 28 days)

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ZYCLARA EXTERNAL CREAM (<i>imiquimod</i>)	3	ST; QL (28 units per 28 days)
ZYCLARA PUMP EXTERNAL CREAM 2.5 % (<i>imiquimod</i>)	3	ST; QL (1 pump bottle per 28 days)
ZYCLARA PUMP EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	3	ST; QL (1 bottle per 28 days)
*INTERLEUKIN-31 RECEPTOR ANTAGONISTS - SYSTEMIC*** - DRUGS FOR THE SKIN		
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR (<i>nemolizumab-ilto</i>)	4	PA; LD; QL (1 pen per 28 days); SP
*KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS*** - DRUGS FOR THE SKIN		
CONDYLOX EXTERNAL GEL (<i>podofilox</i>)	3	ST; QL (7 grams per 28 days)
<i>podofilox external gel</i>	1 or 1b*	QL (7 grams per 28 days)
<i>podofilox external solution</i>	1 or 1b*	QL (7 mL per 28 days)
YCANTH EXTERNAL SOLUTION (<i>cantharidin</i>)	3	PA; QL (8 applicators per 84 days)
*LINIMENTS*** - DRUGS FOR THE SKIN		
TURPENTINE EXTERNAL SPIRIT	3	
*LOCAL ANESTHETICS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>dyclopro external solution</i>	3	
<i>glydo external prefilled syringe</i>	1 or 1b*	
<i>lidocaine external ointment 5 %</i>	1 or 1b*	QL (5 grams per 1 day)
<i>lidocaine external patch 5 %</i>	1 or 1b*	PA; QL (3 patches per 1 day)
<i>lidocaine hcl external solution</i>	1 or 1b*	QL (10 mL per 1 day)
<i>lidocaine hcl urethral/mucosal external prefilled syringe</i>	1 or 1b*	
LIDODERM EXTERNAL PATCH (<i>lidocaine</i>)	3	PA; QL (3 patches per 1 day)
<i>lidocaine</i> (Tridacaine Ii External Patch)	1 or 1b*	PA; QL (3 patches per 1 day)
<i>lidocaine</i> (Tridacaine Iii External Patch)	1 or 1b*	PA; QL (3 patches per 1 day)
ZTLIDO EXTERNAL PATCH (<i>lidocaine</i>)	3	PA; QL (3 patches per 1 day)
*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL*** - DRUGS FOR THE SKIN		
ELIDEL EXTERNAL CREAM (<i>pimecrolimus</i>)	3	ST; QL (100 grams per 30 days)
HYFTOR EXTERNAL GEL (<i>sirolimus</i>)	3	PA; QL (1 tube per 30 days)
<i>pimecrolimus external cream</i>	1 or 1b*	ST; QL (100 grams per 30 days)
<i>tacrolimus external ointment</i>	1 or 1b*	ST; QL (100 grams per 30 days)
*MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)*** - DRUGS FOR THE SKIN		
SCENESSE SUBCUTANEOUS IMPLANT (<i>afamelanotide acetate</i>)	3	PA; LD; QL (1 implant per 2 monthss)
*MICROTUBULE INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN		
KLISYRI (250 MG) EXTERNAL OINTMENT (<i>tirbanibulin</i>)	3	
KLISYRI (350 MG) EXTERNAL OINTMENT (<i>tirbanibulin</i>)	3	

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*MISC. DERMATOLOGICAL PRODUCTS*** - DRUGS FOR THE SKIN		
ILIDERM EXTERNAL EMULSION	3	
*MISC. TOPICAL*** - DRUGS FOR THE SKIN		
QBREXZA EXTERNAL PAD (<i>glycopyrronium tosylate</i>)	3	PA; QL (1 cloth per 1 day)
SOFDRA EXTERNAL GEL (<i>sofipironium bromide</i>)	3	PA; QL (1 bottle per 30 days)
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>tavaborole external solution</i>	1 or 1b*	ST; QL (1 bottle per 30 days)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN		
EUCRISA EXTERNAL OINTMENT (<i>crisaborole</i>)	3	ST; QL (100 grams per 30 days)
ZORYVE EXTERNAL CREAM 0.15 % (<i>roflumilast (dermatologic)</i>)	3	PA; QL (60 grams per 30 days)
*PHOTODYNAMIC THERAPY AGENTS - TOPICAL*** - DRUGS FOR THE SKIN		
AMELUZ EXTERNAL GEL (<i>aminolevulinic acid hcl</i>)	3	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED (<i>aminolevulinic acid hcl</i>)	3	
*PROSTAGLANDINS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>bimatoprost external solution</i>	1 or 1b*	
LATISSE EXTERNAL SOLUTION (<i>bimatoprost</i>)	3	
*ROSACEA AGENTS*** - DRUGS FOR THE SKIN		
<i>azelaic acid external gel</i>	1 or 1b*	QL (50 grams per 30 days)
<i>brimonidine tartrate external gel</i>	1 or 1b*	QL (30 grams per 30 days)
<i>doxycycline oral capsule delayed release</i>	3	ST; QL (1 capsule per 1 day)
FINACEA EXTERNAL FOAM (<i>azelaic acid</i>)	2	QL (1.67 grams per 1 day)
<i>ivermectin external cream</i>	1 or 1b*	QL (45 grams per 30 days)
METROCREAM EXTERNAL CREAM (<i>metronidazole</i>)	3	ST; QL (45 grams per 30 days)
METROGEL EXTERNAL GEL (<i>metronidazole</i>)	3	ST; QL (60 grams per 30 days)
METROLOTION EXTERNAL LOTION (<i>metronidazole</i>)	3	ST; QL (59 mL per 30 days)
<i>metronidazole external cream</i>	1 or 1b*	QL (45 grams per 30 days)
<i>metronidazole external gel 0.75 %</i>	1 or 1b*	QL (45 grams per 30 days)
<i>metronidazole external gel 1 %</i>	1 or 1b*	QL (60 grams per 30 days)
<i>metronidazole external lotion</i>	1 or 1b*	QL (59 mL per 30 days)
MIRVASO EXTERNAL GEL (<i>brimonidine tartrate</i>)	3	QL (30 grams per 30 days)
NORITATE EXTERNAL CREAM (<i>metronidazole</i>)	3	ST; QL (60 grams per 30 days)
ORACEA ORAL CAPSULE DELAYED RELEASE (<i>doxycycline</i>)	3	ST; QL (1 capsule per 1 day)
RHOFADE EXTERNAL CREAM (<i>oxymetazoline hcl</i>)	3	QL (30 grams per 30 days)
SOOLANTRA EXTERNAL CREAM (<i>ivermectin</i>)	2	QL (45 grams per 30 days)
ZILXI EXTERNAL FOAM (<i>minocycline hcl micronized</i>)	2	QL (1 gram per 1 day)

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SCABICIDES & PEDICULICIDES*** - DRUGS FOR THE SKIN		
<i>crotan external lotion</i>	1 or 1b*	QL (60 grams per 30 days)
ELIMITE EXTERNAL CREAM (<i>permethrin</i>)	3	QL (120 grams per 30 days)
<i>malathion external lotion</i>	1 or 1b*	QL (4 mL per 1 day)
NATROBA EXTERNAL SUSPENSION (<i>spinosad</i>)	3	QL (120 mL per 7 days)
OVIDE EXTERNAL LOTION (<i>malathion</i>)	3	QL (4 mL per 1 day)
<i>permethrin external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>spinosad external suspension</i>	1 or 1b*	QL (120 mL per 7 days)
*SCAR TREATMENT PRODUCTS*** - DRUGS FOR THE SKIN		
COPASIL EXTERNAL GEL (<i>scar treatment products</i>)	3	
*SEBORRHEIC KERATOSIS PRODUCTS** - DRUGS FOR THE SKIN		
ESKATA EXTERNAL SOLUTION (<i>hydrogen peroxide</i>)	3	
*STEROID-LOCAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN		
EPIFOAM EXTERNAL FOAM (<i>pramoxine-hc</i>)	3	
PRAMOSONE EXTERNAL CREAM (<i>pramoxine-hc</i>)	2	
PRAMOSONE EXTERNAL LOTION (<i>pramoxine-hc</i>)	2	
*TAR PRODUCTS*** - DRUGS FOR THE SKIN		
<i>coal tar external solution</i>	1 or 1b*	
*TISSUE REPLACEMENTS*** - DRUGS FOR THE SKIN		
AMNIOFIX INJECTION SUSPENSION RECONSTITUTED (<i>amniotic membrane allograft</i>)	3	
AMNIOTEXT EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
AMPHENOL-40 INJECTION SUSPENSION RECONSTITUTED	3	
CYGNUS DUAL EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
EPICORD EXTERNAL SHEET 2 CM X 3 CM , 3 CM X 5 CM (<i>umbilical cord allograft</i>)	3	
EPIFIX EXTERNAL DISK (<i>amniotic membrane allograft</i>)	3	
EPIFIX EXTERNAL SHEET 2 CM X 2 CM , 2 CM X 3 CM , 2 CM X 4 CM , 3 CM X 3 CM , 3 CM X 5 CM , 3.5 CM X 3.5 CM , 4 CM X 3 CM , 4 CM X 4 CM , 4 CM X 6 CM , 5 CM X 5.5 CM , 5 CM X 6 CM , 7 CM X 7 CM (<i>amniotic membrane allograft</i>)	3	
EPIFIX MICRONIZED INJECTION SUSPENSION RECONSTITUTED (<i>amniotic membrane allograft</i>)	3	
KARDIAMEMBRANE EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
NEOX 100 EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
NEOX CORD 1K EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
PALINGEN FLOW INJECTION INJECTABLE (<i>amniotic memb-fluid allograft</i>)	3	
PALINGEN HYDROMEMBRANE EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	

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Effective 01012025

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PALINGEN INOVOFLO INJECTION INJECTABLE (<i>amniotic fluid allograft</i>)	3	
PALINGEN MEMBRANE EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
PALINGEN XPLUS HYDROMEMBRANE EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
PALINGEN XPLUS MEMBRANE EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
STRAVIX EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
TRUSKIN EXTERNAL SHEET 4 CM X 8 CM (<i>skin allograft (human)</i>)	3	
*TOPICAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>lidocaine-prilocaine external cream</i>	1 or 1b*	QL (30 grams per 30 days)
<i>lidocaine-prilocaine external kit</i>	1 or 1b*	QL (1 kit per 30 days)
PLIAGLIS EXTERNAL CREAM (<i>lidocaine-tetracaine</i>)	3	PA; QL (30 grams per 30 days)
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT (<i>lidocaine hcl-blood collection</i>)	3	
*TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS*** - DRUGS FOR THE SKIN		
<i>bexarotene external gel</i>	1 or 1b*	PA; LD; QL (60 grams per 30 days); SP
TARGRETIN EXTERNAL GEL (<i>bexarotene</i>)	3	PA; LD; QL (60 grams per 30 days); SP
*TOPICAL STEROID COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>calcipotriene-betameth diprop external ointment</i>	2	ST; QL (400 grams per 28 days)
<i>calcipotriene-betameth diprop external suspension</i>	2	ST; QL (420 grams per 28 days)
DUOBRII EXTERNAL LOTION (<i>halobetasol prop-tazarotene</i>)	3	PA; QL (200 grams per 30 days)
ENSTILAR EXTERNAL FOAM (<i>calcipotriene-betameth diprop</i>)	3	QL (420 grams per 28 days)
TACLONEX EXTERNAL SUSPENSION (<i>calcipotriene-betameth diprop</i>)	3	ST; QL (420 grams per 28 days)
WYNZORA EXTERNAL CREAM (<i>calcipotriene-betameth diprop</i>)	3	ST; QL (420 grams per 28 days)
*TYPE II 5-ALPHA REDUCTASE INHIBITORS*** - DRUGS FOR THE SKIN		
<i>finasteride oral tablet 1 mg</i>	1 or 1b*	
PROPECIA ORAL TABLET (<i>finasteride</i>)	3	
*WOUND CARE - GROWTH FACTOR AGENTS*** - DRUGS FOR THE SKIN		
REGRANEX EXTERNAL GEL (<i>becaplermin</i>)	3	QL (15 grams per 30 days)
*WOUND CLEANSERS/DECUBITUS ULCER THERAPY*** - DRUGS FOR THE SKIN		
LAVARE WOUND WASH EXTERNAL GEL	3	
*WOUND DRESSINGS*** - DRUGS FOR THE SKIN		
FILSUEVZ EXTERNAL GEL (<i>birch triterpenes</i>)	4	PA; LD

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Effective 01012025

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KENDALL HYDROGEL WOUND DRESS EXTERNAL (<i>hydroactive dressings</i>)	3	
DIAGNOSTIC PRODUCTS		
*DIAGNOSTIC TESTS***		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ACCU-CHEK GUIDE TEST IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ACCU-CHEK SMARTVIEW IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ADVANCE INTUITION TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ADVOCATE REDI-CODE IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ADVOCATE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
AGAMATRIX AMP TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
AGAMATRIX JAZZ TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
AGAMATRIX KEYNOTE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
AGAMATRIX PRESTO TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ASSURE 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ASSURE 4 TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ASSURE II CHECK IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ASSURE II IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ASSURE PLATINUM IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ASSURE PRISM MULTI TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ASSURE PRO TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
BIOTEL CARE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
BLOOD GLUCOSE TEST IN VITRO STRIP <i>blood glucose test strips 333 in vitro strip</i>	3	ST; QL (204 strips per 30 days)
BLULINK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
CARESENS N GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
CARETOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
CLEVER CHEK TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
CLEVER CHOICE MICRO TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
CLEVER CHOICE NO CODING IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
CONTOUR NEXT TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)

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Effective 01012025

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CONTOUR PLUS TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
CONTOUR TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
CVS GLUCOSE METER TEST STRIPS IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
<i>cvs true metrix glucose test in vitro strip</i>	3	ST; QL (204 strips per 30 days)
D-CARE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
DUO-CARE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
EASY MAX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
EASY PLUS II GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EASY STEP TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EASY TALK PLUS II TEST STRIPS IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
EASY TOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EASY TRAK II GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EASYGLUCO IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
EASYMAX 15 TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
EASYMAX TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
EASYPRO PLUS IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ELEMENT COMPACT TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
ELEMENT TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
EQ BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EVOLUTION AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
FORA 6 CONNECT IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
FORA 6 CONNECT/GTEL TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
FORA BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)

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Effective 01012025

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FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
FORA GD20 TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
FORA TN'G ADVANCE PRO IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
FORA TN'G/TN'G VOICE IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
FORACARE GD40 TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
FORACARE PREMIUM V10 TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
FORACARE TEST N GO TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
FREESTYLE INSULINX TEST IN VITRO STRIP (<i>glucose blood</i>)	3	QL (204 strips per 30 days)
FREESTYLE LITE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	QL (204 strips per 30 days)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (<i>glucose blood</i>)	3	QL (204 strips per 30 days)
FREESTYLE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	QL (204 strips per 30 days)
GE100 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
GENULTIMATE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
GHT TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
GLUCO PERFECT 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
GLUCOCARD SHINE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
GLUCOCARD VITAL TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
GLUCOCARD X-SENSOR IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
GLUCOCOM TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
GLUCOSE METER TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
GNP EASY TOUCH GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
GNP TRUETRACK SMART SYSTEM IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
GNP TRUETRACK TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)

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Effective 01012025

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GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
GOODSENSE BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
IGLUCOSE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
IHEALTH BLOOD GLUCOSE TEST STR IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
INFINITY VOICE IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
KROGER BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
KROGER PREMIUM GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
LIBERTY NEXT GENERATION TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
LIBERTY TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
MEIJER BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
MEIJER ESSENTIAL GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
MEIJER TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
MEIJER TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
MICRODOT TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
MM BLULINK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
MM EASY TOUCH GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
MYGLUCOHEALTH TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
NEUTEK 2TEK TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
NOVA MAX GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ONE DROP TEST IN VITRO STRIP	3	QL (204 strips per 30 days)
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ONETOUCH ULTRA IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ONETOUCH ULTRA TEST IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
OPTIUMEZ TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
PHARMACIST CHOICE NO CODING IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP (<i>glucose blood</i>)	3	QL (204 strips per 30 days)
POCKETCHEM EZ TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST (<i>glucose blood</i>)	3	QL (200 tests per 30 days)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRO VOICE V8/V9 GLUCOSE IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
PTS PANELS EGLU TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
QUICKTEK TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
RELION CONFIRM/MICRO TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
RELION GLUCOSE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
RELION PREMIER TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
RELION PRIME TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
RELION ULTIMA TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
REXALL BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
SMART SENSE PREMIUM TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
SMART SENSE VALUE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
SOLUS V2 TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
SUPREME TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
TGT BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
TRUE FOCUS BLOOD GLUCOSE STRIP IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
UNISTRIP1 GENERIC IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
VERASENS BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
DIGESTIVE AIDS - DRUGS FOR THE STOMACH		
*DIGESTIVE ENZYMES*** - DRUGS FOR THE STOMACH		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	2	QL (25 capsules per 1 day)

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PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	3	ST; QL (25 capsules per 1 day)
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	3	ST; QL (25 capsules per 1 day)
SUCRAID ORAL SOLUTION (<i>sacrosidase</i>)	4	PA; LD; QL (360 mL per 30 days)
VIOKACE ORAL TABLET (<i>pancrelipase (lip-prot-amyl)</i>)	3	QL (25 tablets per 1 day)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	2	QL (25 capsules per 1 day)
DIURETICS - DRUGS FOR THE HEART		
*CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>acetazolamide er oral capsule extended release 12 hour</i>	1 or 1b*	
<i>acetazolamide oral tablet</i>	1 or 1b*	
<i>acetazolamide sodium injection solution reconstituted</i>	1 or 1b*	
<i>dichlorphenamide oral tablet</i>	4	PA; LD; QL (4 tablet per 1 day)
KEVEYIS ORAL TABLET (<i>dichlorphenamide</i>)	4	PA; LD; QL (4 tablet per 1 day)
<i>methazolamide oral tablet</i>	1 or 1b*	
<i>dichlorphenamide</i> (Ormalvi Oral Tablet)	4	PA; LD; QL (4 tablet per 1 day)
*DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amiloride-hydrochlorothiazide oral tablet</i>	1 or 1b*	
<i>spironolactone-hctz oral tablet</i>	1 or 1b*	
<i>triamterene-hctz oral capsule</i>	1 or 1a*	
<i>triamterene-hctz oral tablet</i>	1 or 1a*	
*LOOP DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>bumetanide injection solution</i>	1 or 1b*	
<i>bumetanide oral tablet</i>	1 or 1b*	
BUMEX ORAL TABLET (<i>bumetanide</i>)	3	
EDECIN ORAL TABLET (<i>ethacrynic acid</i>)	3	
<i>ethacrynate sodium intravenous solution reconstituted</i>	1 or 1b*	
<i>ethacrynic acid oral tablet</i>	1 or 1b*	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT (<i>furosemide</i>)	4	PA; LD; QL (6 kits per 30 days)
<i>furosemide injection solution</i>	1 or 1a*	
<i>furosemide oral solution</i>	1 or 1a*	
<i>furosemide oral tablet</i>	1 or 1a*	
LASIX ORAL TABLET (<i>furosemide</i>)	3	
SOAANZ ORAL TABLET (<i>torseamide</i>)	3	ST
<i>torseamide oral tablet</i>	1 or 1b*	
*OSMOTIC DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>mannitol intravenous solution</i>	1 or 1b*	

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<i>osmitrol intravenous solution</i>	1 or 1b*	
*POTASSIUM SPARING DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
ALDACTONE ORAL TABLET (<i>spironolactone</i>)	3	
<i>amiloride hcl oral tablet</i>	1 or 1b*	
CAROSPIR ORAL SUSPENSION (<i>spironolactone</i>)	3	
DYRENIUM ORAL CAPSULE (<i>triamterene</i>)	3	
<i>spironolactone oral suspension</i>	1 or 1b*	
<i>spironolactone oral tablet</i>	1 or 1a*	
<i>triamterene oral capsule</i>	1 or 1b*	
*THIAZIDES AND THIAZIDE-LIKE DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>chlorothiazide sodium intravenous solution reconstituted</i>	1 or 1b*	
<i>chlorthalidone oral tablet</i>	1 or 1a*	
DIURIL ORAL SUSPENSION (<i>chlorothiazide</i>)	3	
<i>hydrochlorothiazide oral capsule</i>	1 or 1a*	
<i>hydrochlorothiazide oral tablet</i>	1 or 1a*	
<i>indapamide oral tablet</i>	1 or 1b*	
<i>metolazone oral tablet</i>	1 or 1b*	
THALITONE ORAL TABLET (<i>chlorthalidone</i>)	3	
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES		
*ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS*** - DRUGS FOR WOMEN		
MIFEPREX ORAL TABLET (<i>mifepristone</i>)	3	\$0 for Fully insured members in California
<i>mifepristone oral tablet 200 mg</i>	1 or 1b*	\$0 for Fully insured members in California
*ACID SPHINGOMYELINASE DEFICIENCY (ASMD) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED (<i>olipudase alfa-rpcp</i>)	4	PA; LD; SP
*ADENOSINE DEAMINASE SCID TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
REVCovi INTRAMUSCULAR SOLUTION (<i>elapegademase-lvlr</i>)	4	PA; LD
*ALPHA-MANNOSIDOSIS TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED (<i>velmanase alfa-tycv</i>)	4	PA; LD
*BISPHOSPHONATES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
ACTONEL ORAL TABLET 150 MG (<i>risedronate sodium</i>)	3	QL (0.04 tablets per 1 day)
ACTONEL ORAL TABLET 35 MG (<i>risedronate sodium</i>)	3	QL (4 tablets per 28 days)

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<i>alendronate sodium oral solution</i>	1 or 1b*	QL (10.72 mg per 1 day)
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1 or 1b*	QL (4 tablets per 28 days)
ATELVIA ORAL TABLET DELAYED RELEASE (<i>risedronate sodium</i>)	3	QL (4 tablets per 28 days)
BINOSTO ORAL TABLET EFFERVESCENT (<i>alendronate sodium</i>)	3	QL (4 tablets per 28 days)
FOSAMAX ORAL TABLET (<i>alendronate sodium</i>)	3	QL (4 tablets per 28 days)
FOSAMAX PLUS D ORAL TABLET (<i>alendronate-cholecalciferol</i>)	2	QL (0.15 tablets per 1 day)
<i>ibandronate sodium intravenous solution</i>	4	LD
<i>ibandronate sodium oral tablet</i>	1 or 1b*	QL (1 tablet per 28 days)
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	4	LD; SP
PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML	4	LD; SP
RECLAST INTRAVENOUS SOLUTION (<i>zoledronic acid</i>)	4	PA; LD; QL (100 mL per 375 days); SP
<i>risedronate sodium oral tablet 150 mg</i>	1 or 1b*	QL (0.04 tablets per 1 day)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	1 or 1b*	QL (4 tablets per 28 days)
<i>risedronate sodium oral tablet delayed release</i>	1 or 1b*	QL (4 tablets per 28 days)
<i>zoledronic acid intravenous concentrate</i>	1 or 1b*	PA; LD; SP
ZOLEDRONIC ACID INTRAVENOUS SOLUTION 4 MG/100ML	4	PA; LD; SP
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	4	PA; LD; QL (100 mL per 375 days); SP
*CALCIMIMETIC AGENTS**** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	4	PA; LD; QL (2 tablets per 1 day)
<i>cinacalcet hcl oral tablet 90 mg</i>	4	PA; LD; QL (4 tablets per 1 day)
PARSABIV INTRAVENOUS SOLUTION (<i>etelcalcetide hcl</i>)	4	PA; LD
SENSIPAR ORAL TABLET 30 MG, 60 MG (<i>cinacalcet hcl</i>)	4	PA; LD; QL (2 tablets per 1 day)
SENSIPAR ORAL TABLET 90 MG (<i>cinacalcet hcl</i>)	4	PA; LD; QL (4 tablets per 1 day)
*CALCITONINS**** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>calcitonin (salmon) injection solution</i>	4	LD
<i>calcitonin (salmon) nasal solution</i>	1 or 1b*	QL (0.13 mL per 1 day)
MIACALCIN INJECTION SOLUTION (<i>calcitonin (salmon)</i>)	4	LD
*CARNITINE REPLENISHER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
CARNITOR INTRAVENOUS SOLUTION (<i>levocarnitine</i>)	3	
CARNITOR ORAL SOLUTION (<i>levocarnitine</i>)	3	
CARNITOR ORAL TABLET (<i>levocarnitine</i>)	3	
CARNITOR SF ORAL SOLUTION (<i>levocarnitine</i>)	3	
<i>levocarnitine intravenous solution</i>	1 or 1b*	
<i>levocarnitine oral solution</i>	1 or 1b*	

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Effective 01012025

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<i>levocarnitine oral tablet</i>	1 or 1b*	
<i>levocarnitine sf oral solution</i>	1 or 1b*	
*CKD AGENT-SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
XPHOZAH ORAL TABLET (<i>tenapanor hcl (ckd)</i>)	3	PA; QL (2 tablets per 1 day)
*CORTICOTROPIN*** - HORMONES		
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR (<i>corticotropin</i>)	4	PA; LD; SP
ACTHAR INJECTION GEL (<i>corticotropin</i>)	4	PA; LD; SP
CORTROPHIN INJECTION GEL (<i>corticotropin</i>)	4	PA; LD; SP
*CORTISOL SYNTHESIS INHIBITORS*** - HORMONES		
ISTURISA ORAL TABLET (<i>osilodrostat phosphate</i>)	4	PA; LD; QL (4 tablets per 1 day)
RECORLEV ORAL TABLET (<i>levoketoconazole</i>)	4	PA; LD; QL (8 tablets per 1 day)
*DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR WOMEN		
<i>cabergoline oral tablet</i>	1 or 1b*	QL (0.58 tablets per 1 day)
*FABRY DISEASE - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
ELFABRIO INTRAVENOUS SOLUTION (<i>pegunigalsidase alfa-iwxj</i>)	4	PA; LD; SP
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED (<i>agalsidase beta</i>)	4	PA; LD; SP
GALAFOLD ORAL CAPSULE (<i>migalastat hcl</i>)	4	PA; LD; QL (14 capsules per 30 days)
*GAA DEFICIENCY TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED (<i>alglucosidase alfa</i>)	4	PA; LD; SP
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED (<i>avalglucosidase alfa-ngpt</i>)	4	PA; LD; SP
OPFOLDA ORAL CAPSULE (<i>miglustat (gaa deficiency)</i>)	4	PA; LD; QL (8 capsules per 28 days); SP
POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED (<i>cipaglucosidase alfa-atga</i>)	4	PA; LD; SP
*GNRH/LHRH ANTAGONISTS*** - DRUGS FOR WOMEN		
<i>cetorelix acetate subcutaneous kit</i>	4	PA; LD; SP
CETROTIDE SUBCUTANEOUS KIT (<i>cetorelix acetate</i>)	4	PA; LD; SP
<i>fyremadel subcutaneous solution prefilled syringe</i>	4	PA; LD; SP
GANIRELIX ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; SP
ORLISSA ORAL TABLET 150 MG (<i>elagolix sodium</i>)	2	PA; QL (1 tablet per 1 day)
ORLISSA ORAL TABLET 200 MG (<i>elagolix sodium</i>)	2	PA; QL (2 tablets per 1 day)

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*GROWTH HORMONE RECEPTOR ANTAGONISTS*** - DRUGS FOR GROWTH		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>pegvisomant</i>)	4	PA; LD; QL (1 vial per 1 day); SP
*GROWTH HORMONE RELEASING HORMONES (GHRH)*** - DRUGS FOR GROWTH		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>tesamorelin acetate</i>)	4	PA; LD; QL (1 package per 30 days)
*GROWTH HORMONES*** - DRUGS FOR GROWTH		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE (<i>somatropin</i>)	4	PA; LD; QL (1 syringe per 1 day); SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE (<i>somatropin</i>)	4	PA; LD; QL (1 vial per 1 day); SP
HUMATROPE INJECTION CARTRIDGE 12 MG, 6 MG (<i>somatropin</i>)	4	PA; LD; QL (1 vial per 1 day); SP
HUMATROPE INJECTION CARTRIDGE 24 MG (<i>somatropin</i>)	4	PA; LD; QL (1 injection per 1 day); SP
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatrogon-ghla</i>)	4	PA; LD; QL (4 pens per 28 days)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	4	PA; LD; QL (1 vial per 1 day); SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	4	PA; LD; QL (1 vial per 1 day); SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	4	PA; LD; QL (1 vial per 1 day); SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	4	PA; LD; QL (1 vial per 1 day); SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE (<i>somatropin</i>)	4	PA; LD; QL (1 vial per 1 day); SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>somatropin</i>)	4	PA; LD; QL (1 vial per 1 day); SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG (<i>somatropin (non-refrigerated)</i>)	4	PA; LD; QL (1 vial per 1 day)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	4	PA; LD; QL (1 solution per 1 day)
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 7.6 MG, 9.1 MG (<i>lonapegsomatropin-tcgd</i>)	4	PA; LD; QL (8 cartridges per 28 days); SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG (<i>lonapegsomatropin-tcgd</i>)	4	PA; LD; QL (4 cartridges per 28 days); SP
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somapacitan-beco</i>)	4	PA; LD; QL (4 injections per 28 days); SP
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>somatropin</i>)	4	PA; LD; QL (1 vial per 1 day); SP
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS** - DRUGS FOR MENOPAUSE AND BONE LOSS		
XURIDEN ORAL PACKET (<i>uridine triacetate</i>)	3	PA; LD; QL (4 packets per 1 day)

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	4	PA; LD; SP
<i>nitisinone oral capsule 20 mg</i>	4	PA; LD
NITYR ORAL TABLET (<i>nitisinone</i>)	4	PA; LD
ORFADIN ORAL CAPSULE (<i>nitisinone</i>)	4	PA; LD
ORFADIN ORAL SUSPENSION (<i>nitisinone</i>)	4	PA; LD
*HOMOCYSTINURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>betaine oral powder</i>	1 or 1b*	LD
CYSTADANE ORAL POWDER (<i>betaine</i>)	3	LD
*HYPERAMMONEMIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
CARBAGLU ORAL TABLET SOLUBLE (<i>carglumic acid</i>)	4	PA; LD
<i>carglumic acid oral tablet soluble</i>	4	PA; LD
*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>calcitriol intravenous solution</i>	1 or 1b*	PA
<i>calcitriol oral capsule</i>	1 or 1b*	PA
<i>calcitriol oral solution</i>	1 or 1b*	PA
<i>doxercalciferol intravenous solution</i>	1 or 1b*	PA
<i>doxercalciferol oral capsule</i>	1 or 1b*	PA
HECTOROL INTRAVENOUS SOLUTION (<i>doxercalciferol</i>)	3	PA
<i>paricalcitol intravenous solution</i>	1 or 1b*	PA
<i>paricalcitol oral capsule</i>	1 or 1b*	PA
RAYALDEE ORAL CAPSULE EXTENDED RELEASE (<i>calcifediol</i>)	3	PA; QL (2 tablets per 1 day)
ROCALTROL ORAL CAPSULE (<i>calcitriol</i>)	3	PA
ROCALTROL ORAL SOLUTION (<i>calcitriol</i>)	3	PA
ZEMPLAR INTRAVENOUS SOLUTION (<i>paricalcitol</i>)	3	PA
ZEMPLAR ORAL CAPSULE (<i>paricalcitol</i>)	3	PA
*HYPOPARATHYROID TREATMENT - PARATHYROID HORMONE ANALOGS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>palopegteriparatide</i>)	4	PA; LD; QL (2 prefilled pens per 28 days)
*HYPOPHOSPHATASIA (HPP) AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
STRENSIQ SUBCUTANEOUS SOLUTION (<i>asfotase alfa</i>)	4	PA; LD
*INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)*** - DRUGS FOR THYROID		
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED (<i>teprotumumab-trbw</i>)	4	PA; LD; QL (8 fills per 168 days)

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Effective 01012025

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*INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)*** - HORMONES		
INCRELEX SUBCUTANEOUS SOLUTION (<i>mecasermin</i>)	4	PA; LD; SP
*LEPTIN ANALOGUES*** - HORMONES		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>metreleptin</i>)	4	PA; LD; QL (1 vial per 1 day)
*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS*** - DRUGS FOR WOMEN		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT (<i>leuprolide acetate (6 month)</i>)	3	PA; LD; QL (1 kit per 24 weekss); SP
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG (<i>leuprolide acetate</i>)	4	PA; LD; QL (1 kit per 28 days); SP
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (<i>leuprolide acetate</i>)	4	PA; LD; QL (1 syringe kit per 28 days); SP
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (<i>leuprolide acetate (3 month)</i>)	4	PA; LD; QL (1 kit per 12 weekss); SP
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (3 month)</i>)	4	PA; LD; QL (1 kit per 84 days); SP
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT (<i>leuprolide acetate (6 month)</i>)	4	PA; LD; QL (1 kit per 24 weekss); SP
SUPPRELIN LA SUBCUTANEOUS KIT (<i>histrelin acetate</i>)	4	PA; LD; QL (1 kit per 365 days); SP
SYNAREL NASAL SOLUTION (<i>nafarelin acetate</i>)	4	PA; LD; QL (5 bottle per 30 days); SP
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (<i>triptorelin pamoate</i>)	4	PA; LD; QL (1 vial per 168 days)
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
KANUMA INTRAVENOUS SOLUTION (<i>sebelipase alfa</i>)	3	PA; LD; SP
*MOLYBDENUM COFACTOR DEFICIENCY (MOCD) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED (<i>fosdenopterin hydrobromide</i>)	4	PA; LD
*MUCOPOLYSACCHARIDOSIS I (MPS I) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
ALDURAZYME INTRAVENOUS SOLUTION (<i>laronidase</i>)	4	PA; LD; SP
*MUCOPOLYSACCHARIDOSIS II (MPS II) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
ELAPRASE INTRAVENOUS SOLUTION (<i>idursulfase</i>)	4	PA; LD; SP
*MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
VIMIZIM INTRAVENOUS SOLUTION (<i>elosulfase alfa</i>)	4	PA; LD; SP

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*MUCOPOLYSACCHARIDOSIS VI (MPS VI) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
NAGLAZYME INTRAVENOUS SOLUTION (<i>galsulfase</i>)	4	PA; LD; SP
*MUCOPOLYSACCHARIDOSIS VII (MPS VII) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
MEPSEVII INTRAVENOUS SOLUTION (<i>vestronidase alfa-vjvk</i>)	4	PA; LD
*NATRIURETIC PEPTIDES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>vosoritide</i>)	4	PA; LD; QL (1 vial per 1 day); SP
*NEUROKININ 3 (NK3) RECEPTOR ANTAGONISTS*** - HORMONES		
VEOZAH ORAL TABLET (<i>fezolinetant</i>)	3	PA; QL (1 tablet per 1 day)
*NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS*** - HORMONES		
KERENDIA ORAL TABLET (<i>finerenone</i>)	3	PA; QL (1 tablet per 1 day)
*OVULATION STIMULANTS-GONADOTROPINS*** - DRUGS FOR WOMEN		
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED	4	PA; LD; SP
FOLLISTIM AQ SUBCUTANEOUS SOLUTION (<i>follitropin beta</i>)	4	PA; LD; SP
GONAL-F INJECTION SOLUTION RECONSTITUTED (<i>follitropin alfa</i>)	4	PA; LD; SP
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>follitropin alfa</i>)	4	PA; LD; SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>follitropin alfa</i>)	4	PA; LD; SP
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>menotropins</i>)	4	PA; LD; SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>chorionic gonadotropin</i>)	4	PA; LD; SP
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>choriogonadotropin alfa</i>)	4	PA; LD; SP
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>chorionic gonadotropin</i>)	4	PA; LD; SP
*OVULATION STIMULANTS-SYNTHETIC*** - DRUGS FOR WOMEN		
<i>clomiphene citrate</i> (Clomid Oral Tablet)	1 or 1b*	PA
<i>clomiphene citrate oral tablet</i>	1 or 1b*	PA
*PARATHYROID HORMONE AND DERIVATIVES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>teriparatide</i>)	4	LD; QL (1 pen per 28 days); SP
<i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml</i>	4	LD; QL (1 pen per 28 days); SP
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	4	LD; QL (1 pen per 28 days); SP

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TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>abaloparatide</i>)	4	LD; QL (1 pen per 30 days); SP
*PHENYLKETONURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>sapropterin dihydrochloride</i> (Javygtor Oral Packet)	4	PA; LD
<i>sapropterin dihydrochloride</i> (Javygtor Oral Tablet)	4	PA; LD
KUVAN ORAL PACKET (<i>sapropterin dihydrochloride</i>)	4	PA; LD; SP
KUVAN ORAL TABLET (<i>sapropterin dihydrochloride</i>)	4	PA; LD; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML (<i>pegvaliase-pqpz</i>)	4	PA; LD; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>pegvaliase-pqpz</i>)	4	PA; LD; QL (1 syringe per 1 day); SP
<i>sapropterin dihydrochloride oral packet</i>	4	PA; LD; SP
<i>sapropterin dihydrochloride oral tablet</i>	4	PA; LD; SP
*RANK LIGAND (RANKL) INHIBITORS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>denosumab</i>)	3	PA; LD; QL (1 syringe per 180 days); SP
XGEVA SUBCUTANEOUS SOLUTION (<i>denosumab</i>)	3	PA; LD; QL (1 vial per 28 days); SP
*SCLEROSTIN INHIBITORS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>romosozumab-aqqg</i>)	4	PA; LD; QL (2 syringes per 30 days); SP
*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
EVISTA ORAL TABLET (<i>raloxifene hcl</i>)	3; \$0	QL (1 tablet per 1 day)
OSPHENA ORAL TABLET (<i>ospemifene</i>)	3	PA; QL (1 tablet per 1 day)
<i>raloxifene hcl oral tablet</i>	1 or 1b*; \$0	QL (1 tablet per 1 day)
*SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS*** - HORMONES		
JYNARQUE ORAL TABLET (<i>tolvaptan</i>)	4	PA; LD; QL (4 tablets per 1 day)
JYNARQUE ORAL TABLET THERAPY PACK (<i>tolvaptan</i>)	4	PA; LD; QL (1 carton per 28 days)
SAMSCA ORAL TABLET 15 MG (<i>tolvaptan</i>)	3	PA; LD; QL (1 tablet per 1 day); SP
SAMSCA ORAL TABLET 30 MG (<i>tolvaptan</i>)	3	PA; LD; QL (2 tablets per 1 day); SP
<i>tolvaptan oral tablet 15 mg</i>	1 or 1b*	PA; LD; QL (1 tablet per 1 day); SP
<i>tolvaptan oral tablet 30 mg</i>	1 or 1b*	PA; LD; QL (2 tablets per 1 day); SP
*SOMATOSTATIC AGENTS*** - DRUGS FOR GROWTH		
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION	4	PA; LD; QL (1 syringe/vial per 28 days); SP
MYCAPSSA ORAL CAPSULE DELAYED RELEASE (<i>octreotide acetate</i>)	4	PA; LD; QL (4 capsules per 1 day)
<i>octreotide acetate injection solution</i>	4	PA; LD; SP

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<i>octreotide acetate intramuscular kit 20 mg</i>	4	PA; LD; QL (2 kits per 28 days); SP
<i>octreotide acetate intramuscular kit 30 mg</i>	4	PA; LD; QL (1 kit per 28 days); SP
<i>octreotide acetate subcutaneous solution prefilled syringe</i>	4	PA; LD; SP
SANDOSTATIN INJECTION SOLUTION (<i>octreotide acetate</i>)	4	PA; LD; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 30 MG (<i>octreotide acetate</i>)	4	PA; LD; QL (1 kit per 28 days); SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 20 MG (<i>octreotide acetate</i>)	4	PA; LD; QL (2 kits per 28 days); SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (<i>pasireotide pamoate</i>)	4	PA; LD; QL (1 kit per 28 days)
SIGNIFOR SUBCUTANEOUS SOLUTION (<i>pasireotide diaspertate</i>)	4	PA; LD; QL (2 mL per 1 day)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION (<i>lanreotide acetate</i>)	4	PA; LD; QL (1 syringe/vial per 28 days); SP
*UREA CYCLE DISORDER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
AMMONUL INTRAVENOUS SOLUTION (<i>sod benz-sod phenylacet</i>)	3	
BUPHENYL ORAL POWDER (<i>sodium phenylbutyrate</i>)	3	PA; LD; QL (25 GM per 1 day); SP
BUPHENYL ORAL TABLET (<i>sodium phenylbutyrate</i>)	3	PA; LD; QL (40 tablets per 1 day); SP
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK (<i>sodium phenylbutyrate</i>)	4	PA; LD; QL (1 kit per 30 days)
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK (<i>sodium phenylbutyrate</i>)	4	PA; LD; QL (1 kit per 30 days)
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK (<i>sodium phenylbutyrate</i>)	4	PA; LD; QL (1 kit per 30 days)
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK (<i>sodium phenylbutyrate</i>)	4	PA; LD; QL (1 kit per 30 days)
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK (<i>sodium phenylbutyrate</i>)	4	PA; LD; QL (1 kit per 30 days)
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK (<i>sodium phenylbutyrate</i>)	4	PA; LD; QL (1 kit per 30 days)
PHEBURANE ORAL PELLETT (<i>sodium phenylbutyrate</i>)	4	PA; LD; QL (8 bottles per 30 days); SP
RAVICTI ORAL LIQUID (<i>glycerol phenylbutyrate</i>)	3	PA; LD; QL (17.5 mL per 1 day); SP
<i>sod benz-sod phenylacet intravenous solution</i>	1 or 1b*	
<i>sodium phenylbutyrate oral powder</i>	1 or 1b*	PA; LD; QL (25 GM per 1 day); SP
<i>sodium phenylbutyrate oral tablet</i>	1 or 1b*	PA; LD; QL (40 tablets per 1 day); SP
*VASOPRESSIN*** - HORMONES		
DDAVP INJECTION SOLUTION (<i>desmopressin acetate</i>)	3	LD
DDAVP ORAL TABLET 0.1 MG (<i>desmopressin acetate</i>)	3	LD; DO
DDAVP ORAL TABLET 0.2 MG (<i>desmopressin acetate</i>)	3	LD; QL (6 tablets per 1 day)
DDAVP PF INJECTION SOLUTION (<i>desmopressin acetate</i>)	3	LD
<i>desmopressin ace spray refrig nasal solution</i>	1 or 1b*	
<i>desmopressin acetate injection solution</i>	1 or 1b*	LD

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DESMOPRESSIN ACETATE NASAL SOLUTION	3	LD; QL (5 mL per 30 days)
<i>desmopressin acetate oral tablet 0.1 mg</i>	1 or 1b*	LD; DO
<i>desmopressin acetate oral tablet 0.2 mg</i>	1 or 1b*	LD; QL (6 tablets per 1 day)
<i>desmopressin acetate pf injection solution</i>	1 or 1b*	LD
<i>desmopressin acetate spray nasal solution</i>	1 or 1b*	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL (<i>desmopressin acetate</i>)	3	PA; LD; QL (1 tablet per 1 day)
TERLIVAZ INTRAVENOUS SOLUTION RECONSTITUTED (<i>terlipressin acetate</i>)	3	
<i>vasopressin +rfid intravenous solution</i>	1 or 1b*	
<i>vasopressin intravenous solution</i>	1 or 1b*	
<i>vasopressin-sodium chloride intravenous solution</i>	3	
VASOSTRICT INTRAVENOUS SOLUTION (<i>vasopressin</i>)	3	
*X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML (<i>burosumab-twza</i>)	4	PA; LD; QL (2 vials per 28 days); SP
CRYSVITA SUBCUTANEOUS SOLUTION 20 MG/ML (<i>burosumab-twza</i>)	4	PA; LD; QL (8 vials per 28 days); SP
CRYSVITA SUBCUTANEOUS SOLUTION 30 MG/ML (<i>burosumab-twza</i>)	4	PA; LD; QL (6 vials per 28 days); SP
ESTROGENS - HORMONES		
*ESTROGEN & PROGESTIN*** - DRUGS FOR WOMEN		
ACTIVELLA ORAL TABLET (<i>estradiol-norethindrone acet</i>)	3	
ANGELIQ ORAL TABLET (<i>drospirenone-estradiol</i>)	3	
BIJUVA ORAL CAPSULE (<i>estradiol-progesterone</i>)	2	QL (1 capsule per 1 day)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY (<i>estradiol-levonorgestrel</i>)	2	QL (4 patch per 28 days)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY (<i>estradiol-norethindrone acet</i>)	2	QL (8 patch per 28 days)
<i>estradiol-norethindrone acet oral tablet</i>	1 or 1b*	
<i>fyavolv oral tablet</i>	1 or 1b*	
<i>jinteli oral tablet</i>	1 or 1b*	
<i>mimvey oral tablet</i>	1 or 1b*	
<i>norethindrone-eth estradiol oral tablet</i>	1 or 1b*	
PREMPHASE ORAL TABLET (<i>conj estrog-medroxyprogest ace</i>)	2	
PREMPRO ORAL TABLET (<i>conj estrog-medroxyprogest ace</i>)	2	
*ESTROGEN-PROGESTIN-GNRH ANTAGONIST*** - DRUGS FOR WOMAN		
MYFEMBREE ORAL TABLET (<i>relugolix-estradiol-norethind</i>)	3	PA; QL (1 tablet per 1 day)

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORIAHNN ORAL CAPSULE THERAPY PACK (<i>elagolix-estradiol-norethind</i>)	3	PA; QL (1 carton per 28 days)
*ESTROGENS*** - DRUGS FOR WOMEN		
ALORA TRANSDERMAL PATCH TWICE WEEKLY (<i>estradiol</i>)	3	QL (8 patch per 28 days)
CLIMARA TRANSDERMAL PATCH WEEKLY (<i>estradiol</i>)	3	QL (4 patches per 28 days)
DELESTROGEN INTRAMUSCULAR OIL (<i>estradiol valerate</i>)	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL (<i>estradiol cypionate</i>)	3	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM (<i>estradiol</i>)	3	QL (1 packet per 1 day)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM (<i>estradiol</i>)	3	QL (30 packets per 30 days)
<i>dotti transdermal patch twice weekly</i>	1 or 1b*	QL (8 patch per 28 days)
ELESTRIN TRANSDERMAL GEL (<i>estradiol</i>)	3	QL (52 grams per 30 days)
ESTRACE ORAL TABLET (<i>estradiol</i>)	3	
<i>estradiol oral tablet</i>	1 or 1b*	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm</i>	1 or 1b*	QL (1 packet per 1 day)
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	1 or 1b*	QL (50 grams per 30 days)
<i>estradiol transdermal gel 1.25 mg/1.25gm</i>	1 or 1b*	QL (30 packets per 30 days)
<i>estradiol transdermal patch twice weekly</i>	1 or 1b*	QL (8 patch per 28 days)
<i>estradiol transdermal patch weekly</i>	1 or 1b*	QL (4 patches per 28 days)
<i>estradiol valerate intramuscular oil</i>	1 or 1b*	
ESTROGEL TRANSDERMAL GEL (<i>estradiol</i>)	3	QL (50 grams per 30 days)
EVAMIST TRANSDERMAL SOLUTION (<i>estradiol</i>)	2	QL (16.2 mL per 30 days)
<i>lyllana transdermal patch twice weekly</i>	1 or 1b*	QL (8 patch per 28 days)
MENEST ORAL TABLET (<i>esterified estrogens</i>)	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY (<i>estradiol</i>)	3	QL (4 patches per 28 days)
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY (<i>estradiol</i>)	3	QL (8 patch per 28 days)
PREMARIN INJECTION SOLUTION RECONSTITUTED (<i>estrogens conjugated</i>)	2	
PREMARIN ORAL TABLET (<i>estrogens conjugated</i>)	2	QL (1 tablet per 1 day)
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY (<i>estradiol</i>)	3	QL (8 patch per 28 days)
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB*** - DRUGS FOR WOMEN		
DUAVEE ORAL TABLET (<i>conj estrogens-bazedoxifene</i>)	3	PA; QL (1 tablet per 1 day)
FLUOROQUINOLONES - DRUGS FOR INFECTIONS		
*FLUOROQUINOLONES*** - ANTIBIOTICS		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED (<i>delafloxacin meglumine</i>)	3	
BAXDELA ORAL TABLET (<i>delafloxacin meglumine</i>)	3	PA
CIPRO ORAL SUSPENSION RECONSTITUTED (<i>ciprofloxacin</i>)	3	

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CIPRO ORAL TABLET (<i>ciprofloxacin hcl</i>)	3	
<i>ciprofloxacin hcl oral tablet</i>	1 or 1b*	
<i>ciprofloxacin in d5w intravenous solution</i>	1 or 1b*	
<i>levofloxacin in d5w intravenous solution</i>	1 or 1b*	
<i>levofloxacin intravenous solution</i>	1 or 1b*	QL (1 fill per 30 days)
<i>levofloxacin oral solution</i>	1 or 1b*	
<i>levofloxacin oral tablet</i>	1 or 1b*	
<i>moxifloxacin hcl in nacl intravenous solution</i>	1 or 1b*	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION	3	
<i>moxifloxacin hcl oral tablet</i>	1 or 1b*	
<i>ofloxacin oral tablet</i>	1 or 1b*	
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH		
*5-HT4 RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH		
MOTEGRITY ORAL TABLET (<i>prucalopride succinate</i>)	3	ST; QL (1 tablet per 1 day)
*BILE ACID SYNTHESIS DISORDER AGENTS*** - DRUGS FOR THE STOMACH		
CHOLBAM ORAL CAPSULE (<i>cholic acid</i>)	3	PA; LD; QL (4 capsule per 1 day)
*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR CONSTIPATION		
TRULANCE ORAL TABLET (<i>plecanatide</i>)	3	ST; QL (1 tablet per 1 day)
*FARNESOID X RECEPTOR (FXR) AGONISTS*** - DRUGS FOR THE STOMACH		
OCALIVA ORAL TABLET (<i>obeticholic acid</i>)	4	PA; LD; QL (1 tablet per 1 day); SP
*GALLSTONE SOLUBILIZING AGENTS*** - DRUGS FOR THE STOMACH		
CHENODAL ORAL TABLET (<i>chenodiol</i>)	3	PA; LD; QL (7 tablets per 1 day)
RELTONE ORAL CAPSULE (<i>ursodiol</i>)	3	PA
URSO FORTE ORAL TABLET (<i>ursodiol</i>)	3	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	3	PA
<i>ursodiol oral capsule 300 mg</i>	1 or 1b*	
<i>ursodiol oral tablet</i>	1 or 1b*	
*GASTROINTESTINAL ANTIALLERGY AGENTS*** - DRUGS FOR THE STOMACH		
<i>cromolyn sodium oral concentrate</i>	1 or 1b*	
GASTROCROM ORAL CONCENTRATE (<i>cromolyn sodium</i>)	3	
*GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
AMITIZA ORAL CAPSULE (<i>lubiprostone</i>)	3	QL (2 capsules per 1 day)
<i>lubiprostone oral capsule</i>	1 or 1b*	QL (2 capsules per 1 day)

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*GASTROINTESTINAL STIMULANTS*** - DRUGS FOR THE STOMACH		
GIMOTI NASAL SOLUTION (<i>metoclopramide hcl</i>)	3	PA; QL (1 bottle per 4 weekss)
<i>metoclopramide hcl injection solution</i>	1 or 1a*	
<i>metoclopramide hcl oral solution</i>	1 or 1a*	QL (60 mL per 1 day)
<i>metoclopramide hcl oral tablet 10 mg</i>	1 or 1a*	QL (6 tablets per 1 day)
<i>metoclopramide hcl oral tablet 5 mg</i>	1 or 1a*	QL (12 tablets per 1 day)
<i>metoclopramide hcl oral tablet dispersible</i>	1 or 1a*	ST; QL (12 tablets per 1 day)
REGLAN ORAL TABLET 10 MG (<i>metoclopramide hcl</i>)	3	QL (6 tablets per 1 day)
REGLAN ORAL TABLET 5 MG (<i>metoclopramide hcl</i>)	3	QL (12 tablets per 1 day)
*GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS*** - DRUGS FOR THE STOMACH		
GATTEX SUBCUTANEOUS KIT (<i>teduglutide (rdna)</i>)	3	PA; LD; SP
*HEPATOTROPICS - THYROID HORMONE RECEPTOR-BETA AGONISTS*** - DRUGS FOR THE STOMACH		
REZDIFFRA ORAL TABLET (<i>resmetirom</i>)	4	PA; LD; QL (1 tablet per 1 day); SP
*IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR CONSTIPATION		
LINZESS ORAL CAPSULE (<i>linaclotide</i>)	2	QL (1 capsule per 1 day)
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
VIBERZI ORAL TABLET (<i>eluxadoline</i>)	3	PA; QL (2 tablets per 1 day)
*IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
<i>alosetron hcl oral tablet</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
LOTRONEX ORAL TABLET (<i>alosetron hcl</i>)	3	PA; QL (2 tablets per 1 day)
*IBS AGENT - SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
IBSRELA ORAL TABLET (<i>tenapanor hcl</i>)	3	ST; QL (2 capsules per 1 day)
*ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS*** - DRUGS FOR THE STOMACH		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG (<i>odevixibat</i>)	4	PA; LD; QL (30 pellets per 1 day)
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG (<i>odevixibat</i>)	4	PA; LD; QL (10 pellets per 1 day)
BYLVAY ORAL CAPSULE 1200 MCG (<i>odevixibat</i>)	4	PA; LD; QL (5 capsules per 1 day)
BYLVAY ORAL CAPSULE 400 MCG (<i>odevixibat</i>)	4	PA; LD; QL (15 capsules per 1 day)
LIVMARLI ORAL SOLUTION 19 MG/ML (<i>maralixibat chloride</i>)	4	PA; LD; QL (60 mL per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML (<i>maralixibat chloride</i>)	4	PA; LD; QL (90 mL per 30 days)
*INFLAMMATORY BOWEL AGENTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>mesalamine</i>)	3	ST; QL (4 capsule per 1 day)

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AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE (<i>sulfasalazine</i>)	3	QL (8 tablet per 1 day)
AZULFIDINE ORAL TABLET (<i>sulfasalazine</i>)	3	QL (8 tablet per 1 day)
<i>balsalazide disodium oral capsule</i>	1 or 1b*	QL (9 capsule per 1 day)
CANASA RECTAL SUPPOSITORY (<i>mesalamine</i>)	3	QL (1 suppository per 1 day)
COLAZAL ORAL CAPSULE (<i>balsalazide disodium</i>)	3	QL (9 capsule per 1 day)
DELZICOL ORAL CAPSULE DELAYED RELEASE (<i>mesalamine</i>)	3	ST; QL (6 tablets per 1 day)
DIPENTUM ORAL CAPSULE (<i>olsalazine sodium</i>)	3	ST; QL (4 capsule per 1 day)
LIALDA ORAL TABLET DELAYED RELEASE (<i>mesalamine</i>)	3	ST; QL (4 tablet per 1 day)
<i>mesalamine er oral capsule extended release</i>	1 or 1b*	QL (8 capsule per 1 day)
<i>mesalamine er oral capsule extended release 24 hour</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>mesalamine oral capsule delayed release</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>mesalamine oral tablet delayed release 800 mg</i>	1 or 1b*	QL (6 tablet per 1 day)
<i>mesalamine rectal enema</i>	1 or 1b*	QL (60 mL per 1 day)
<i>mesalamine rectal suppository</i>	1 or 1b*	QL (1 suppository per 1 day)
<i>mesalamine-cleanser rectal kit</i>	1 or 1b*	QL (1 kit per 30 days)
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG (<i>mesalamine</i>)	2	QL (16 capsule per 1 day)
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG (<i>mesalamine</i>)	3	ST; QL (8 capsule per 1 day)
ROWASA RECTAL KIT (<i>mesalamine-cleanser</i>)	3	QL (1 kit per 30 days)
SFROWASA RECTAL ENEMA (<i>mesalamine</i>)	3	QL (60 mL per 1 day)
<i>sulfasalazine oral tablet</i>	1 or 1b*	QL (8 tablet per 1 day)
<i>sulfasalazine oral tablet delayed release</i>	1 or 1b*	QL (8 tablet per 1 day)
*INTEGRIN RECEPTOR ANTAGONISTS**** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED (<i>vedolizumab</i>)	4	PA; LD; QL (1 vial per 56 days); SP
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>vedolizumab</i>)	4	PA; LD; QL (1 pen/syringe per 2 weeks); SP
*INTERLEUKIN ANTAGONISTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
OMVOH INTRAVENOUS SOLUTION (<i>mirikizumab-mrkz</i>)	4	PA; LD; QL (3 vials per 1 one-time fill); SP
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>mirikizumab-mrkz</i>)	4	PA; LD; QL (2 pens per 28 days); SP
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>mirikizumab-mrkz</i>)	4	PA; LD; QL (2 syringes per 28 days); SP
SKYRIZI INTRAVENOUS SOLUTION (<i>risankizumab-rzaa</i>)	4	PA; LD; QL (30 mL per 365 days); SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE (<i>risankizumab-rzaa</i>)	4	PA; LD; QL (1 kit per 56 days); SP

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STELARA INTRAVENOUS SOLUTION (<i>ustekinumab</i>)	4	PA; LD; QL (4 vial per 365 days); SP
*INTESTINAL ACIDIFIERS*** - DRUGS FOR THE STOMACH		
<i>enulose oral solution</i>	1 or 1b*	QL (60 mL per 30 days)
<i>generlac oral solution</i>	1 or 1b*	QL (60 mL per 30 days)
<i>lactulose encephalopathy oral solution</i>	1 or 1b*	QL (60 mL per 30 days)
*LIVE FECAL MICROBIOTA (HUMAN)** - DRUGS FOR THE STOMACH		
REBYOTA RECTAL SUSPENSION (<i>fecal microbiota, live-jslm</i>)	4	PA; LD; QL (1 carton per 1 lifetime)
VOWST ORAL CAPSULE (<i>fecal microb spores, live-brpk</i>)	4	PA; LD; QL (12 capsules per 1 lifetime)
*PERIPHERAL OPIOID RECEPTOR ANTAGONISTS*** - DRUGS FOR THE STOMACH		
<i>alvimopan oral capsule</i>	1 or 1b*	
MOVANTIK ORAL TABLET (<i>naloxegol oxalate</i>)	2	QL (1 tablet per 1 day)
RELISTOR ORAL TABLET (<i>methylnaltrexone bromide</i>)	3	ST; QL (3 tablets per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION (<i>methylnaltrexone bromide</i>)	3	ST; QL (1 syringe per 1 day)
SYMPROIC ORAL TABLET (<i>naldemedine tosylate</i>)	3	ST; QL (1 tablet per 1 day)
*PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH		
IQIRVO ORAL TABLET (<i>elafibranor</i>)	4	PA; LD; QL (1 tablet per 1 day); SP
LIVDELZI ORAL CAPSULE (<i>seladelpar lysine</i>)	4	PA; LD; QL (1 capsule per 1 day)
*PHOSPHATE BINDER AGENTS*** - DRUGS FOR THE STOMACH		
AURYXIA ORAL TABLET (<i>ferric citrate</i>)	3	ST; QL (9 tablets per 1 day)
<i>calcium acetate (phos binder) oral capsule</i>	1 or 1b*	QL (12 capsules per 1 day)
<i>calcium acetate oral tablet 667 mg</i>	1 or 1b*	QL (12 tablets per 1 day)
FOSRENOL ORAL PACKET (<i>lanthanum carbonate</i>)	3	ST; QL (3 stick packs per 1 day)
FOSRENOL ORAL TABLET CHEWABLE (<i>lanthanum carbonate</i>)	3	ST; QL (3 tablets per 1 day)
<i>lanthanum carbonate oral tablet chewable</i>	1 or 1b*	QL (3 tablets per 1 day)
RENVELA ORAL PACKET 0.8 GM (<i>sevelamer carbonate</i>)	3	ST; QL (6 packets per 1 day)
RENVELA ORAL PACKET 2.4 GM (<i>sevelamer carbonate</i>)	3	ST; QL (3 packets per 1 day)
RENVELA ORAL TABLET (<i>sevelamer carbonate</i>)	3	ST; QL (9 tablets per 1 day)
<i>sevelamer carbonate oral packet 0.8 gm</i>	1 or 1b*	QL (6 packets per 1 day)
<i>sevelamer carbonate oral packet 2.4 gm</i>	1 or 1b*	QL (3 packets per 1 day)
<i>sevelamer carbonate oral tablet</i>	1 or 1b*	QL (9 tablets per 1 day)
<i>sevelamer hcl oral tablet 400 mg</i>	1 or 1b*	QL (15 tablets per 1 day)
<i>sevelamer hcl oral tablet 800 mg</i>	1 or 1b*	QL (9 tablets per 1 day)
VELPHORO ORAL TABLET CHEWABLE (<i>sucroferric oxyhydroxide</i>)	3	ST; QL (3 tablets per 1 day)

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*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS (GI)*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
VELSIPTY ORAL TABLET (<i>etrasimod arginine</i>)	4	PA; LD; QL (1 tablet per 1 day); SP
*TRYPTOPHAN HYDROXYLASE INHIBITORS*** - DRUGS FOR DIARRHEA		
XERMELO ORAL TABLET (<i>telotristat etiprate</i>)	4	PA; LD; QL (3 tablets per 1 day)
*TUMOR NECROSIS FACTOR ALPHA BLOCKERS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED (<i>infliximab-axxq</i>)	4	PA; LD; SP
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>certolizumab pegol</i>)	4	PA; LD; QL (1 kit per 28 days); SP
CIMZIA SUBCUTANEOUS KIT (<i>certolizumab pegol</i>)	4	PA; LD; QL (1 package per 28 days); SP
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>certolizumab pegol</i>)	4	PA; LD; QL (1 kit per 365 days); SP
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED (<i>infliximab-dyyb</i>)	4	PA; LD; SP
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED (<i>infliximab</i>)	4	PA; LD; SP
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED (<i>infliximab-abda</i>)	4	PA; LD; SP
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (<i>infliximab-dyyb</i>)	4	PA; LD; QL (1 pen per 14 days); SP
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (<i>infliximab-dyyb</i>)	4	PA; LD; QL (1 pen per 14 days); SP
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>infliximab-dyyb</i>)	4	PA; LD; QL (1 syringe per 14 days); SP
GENERAL ANESTHETICS - DRUGS FOR PAIN AND FEVER		
*ANESTHETICS - MISC.*** - DRUGS FOR SEDATION		
AMIDATE INTRAVENOUS SOLUTION (<i>etomidate</i>)	3	
ANESTHESIA S/I-40A INTRAVENOUS KIT	3	
ANESTHESIA S/I-40H INTRAVENOUS KIT	3	
ANESTHESIA S/I-40S INTRAVENOUS KIT	3	
DIPRIVAN INTRAVENOUS EMULSION (<i>propofol</i>)	3	
<i>etomidate intravenous solution</i>	1 or 1b*	
<i>fresenius propoven intravenous emulsion</i>	1 or 1b*	
KETALAR INJECTION SOLUTION (<i>ketamine hcl</i>)	3	
<i>ketamine hcl injection solution 100 mg/ml, 50 mg/ml</i>	1 or 1b*	
<i>propofol intravenous emulsion</i>	1 or 1b*	

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*BARBITURATE ANESTHETICS*** - DRUGS FOR SEDATION		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED (<i>methohexital sodium</i>)	3	
*VOLATILE ANESTHETICS*** - DRUGS FOR SEDATION		
<i>desflurane inhalation solution</i>	1 or 1b*	
FORANE INHALATION SOLUTION (<i>isoflurane</i>)	3	
<i>isoflurane inhalation solution</i>	1 or 1b*	
<i>sevoflurane inhalation solution</i>	1 or 1b*	
SUPRANE INHALATION SOLUTION (<i>desflurane</i>)	3	
<i>terrell inhalation solution</i>	1 or 1b*	
ULTANE INHALATION SOLUTION (<i>sevoflurane</i>)	3	
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM		
*5-ALPHA REDUCTASE INHIBITORS*** - DRUGS FOR THE PROSTATE		
AVODART ORAL CAPSULE (<i>dutasteride</i>)	3	QL (1 capsule per 1 day)
<i>dutasteride oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>finasteride oral tablet 5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
PROSCAR ORAL TABLET (<i>finasteride</i>)	3	QL (1 tablet per 1 day)
*ALPHA 1-ADRENOCEPTOR ANTAGONISTS*** - DRUGS FOR THE PROSTATE		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	1 or 1b*	QL (1 tablet per 1 day)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>doxazosin mesylate</i>)	3	QL (1 tablet per 1 day)
FLOMAX ORAL CAPSULE (<i>tamsulosin hcl</i>)	3	QL (2 capsules per 1 day)
RAPAFLO ORAL CAPSULE (<i>silodosin</i>)	3	QL (1 capsule per 1 day)
<i>silodosin oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>tamsulosin hcl oral capsule</i>	1 or 1b*	QL (2 capsules per 1 day)
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>alfuzosin hcl</i>)	3	QL (1 tablet per 1 day)
*ANTI-INFECTIVE GENITOURINARY IRRIGANTS*** - DRUGS FOR THE URINARY SYSTEM		
<i>neomycin-polymyxin b gu irrigation solution</i>	1 or 1b*	
*CITRATES*** - DRUGS FOR INFECTIONS		
<i>potassium citrate er oral tablet extended release</i>	1 or 1b*	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE (<i>potassium citrate</i>)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE (<i>potassium citrate</i>)	3	
*CYSTINOSIS AGENTS*** - DRUGS FOR THE URINARY SYSTEM		
CYSTAGON ORAL CAPSULE (<i>cysteamine bitartrate</i>)	4	PA; LD; SP
PROCYSBI ORAL CAPSULE DELAYED RELEASE (<i>cysteamine bitartrate</i>)	4	PA; LD

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Effective 01012025

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PROCYSBI ORAL PACKET (<i>cysteamine bitartrate</i>)	4	PA; LD
*GENITOURINARY IRRIGANTS*** - DRUGS FOR THE URINARY SYSTEM		
<i>acetic acid irrigation solution</i>	1 or 1b*	
<i>argyle sterile saline irrigation solution</i>	1 or 1b*	
<i>curity sterile saline irrigation solution</i>	1 or 1b*	
<i>glycine irrigation solution</i>	1 or 1b*	
<i>glycine urologic irrigation solution</i>	1 or 1b*	
RENACIDIN IRRIGATION SOLUTION (<i>citric ac-gluconolact-mg carb</i>)	3	
<i>sodium chloride irrigation solution</i>	1 or 1b*	
SORBITOL IRRIGATION SOLUTION	3	
SORBITOL-MANNITOL IRRIGATION SOLUTION	3	
*IGAN AGENTS - ENDOTHELIN & ANGIOTENSIN II RECEPTOR ANTAG*** - DRUGS FOR THE URINARY SYSTEM		
FILSPARI ORAL TABLET (<i>sparsentan</i>)	4	PA; LD; QL (1 tablet per 1 day); SP
*INTERSTITIAL CYSTITIS AGENTS*** - DRUGS FOR THE URINARY SYSTEM		
ELMIRON ORAL CAPSULE (<i>pentosan polysulfate sodium</i>)	3	QL (3 capsules per 1 day)
RIMSO-50 INTRAVESICAL SOLUTION (<i>dimethyl sulfoxide</i>)	3	
*PHOSPHATES*** - DRUGS FOR INFECTIONS		
K-PHOS NO 2 ORAL TABLET (<i>pot & sod ac phosphates</i>)	3	
*PROSTATIC HYPERTROPHY AGENT COMBINATIONS*** - DRUGS FOR THE PROSTATE		
<i>dutasteride-tamsulosin hcl oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
ENTADFI ORAL CAPSULE (<i>finasteride-tadalafil</i>)	3	PA; QL (1 capsule per 1 day)
*SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)*** - DRUGS FOR THE URINARY SYSTEM		
OXLUMO SUBCUTANEOUS SOLUTION (<i>lumasiran sodium</i>)	4	PA; LD
RIVFLOZA SUBCUTANEOUS SOLUTION (<i>nedosiran sodium</i>)	4	PA; LD; QL (2 syringes per 30 days); SP
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>nedosiran sodium</i>)	4	PA; LD; QL (1 syringe per 30 days); SP
*URINARY STONE AGENTS*** - DRUGS FOR THE URINARY SYSTEM		
LITHOSTAT ORAL TABLET (<i>acetohydroxamic acid</i>)	3	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG (<i>tiopronin</i>)	3	PA; LD; QL (10 tablet per 1 day)
THIOLA EC ORAL TABLET DELAYED RELEASE 300 MG (<i>tiopronin</i>)	3	PA; LD; QL (3 tablet per 1 day)
THIOLA ORAL TABLET (<i>tiopronin</i>)	3	PA; LD; QL (10 tablet per 1 day)
<i>tiopronin oral tablet</i>	1 or 1b*	PA; LD; QL (10 tablet per 1 day)
<i>tiopronin oral tablet delayed release</i>	1 or 1b*	PA; LD; QL (10 tablet per 1 day)

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*VESICoureTERAL REFLUX (VUR) AGENT COMBINATIONS*** - DRUGS FOR THE URINARY SYSTEM		
DEFLUX INJECTION PREFILLED SYRINGE (<i>dextranomer-hyaluronic acid</i>)	3	
GOUT AGENTS - DRUGS FOR PAIN AND FEVER		
*GOUT AGENT COMBINATIONS*** - GOUT DRUGS		
<i>colchicine-probenecid oral tablet</i>	1 or 1b*	
*GOUT AGENTS*** - GOUT DRUGS		
<i>allopurinol oral tablet 100 mg</i>	1 or 1a*	QL (8 tablets per 1 day)
<i>allopurinol oral tablet 200 mg</i>	3	PA; QL (4 tablets per 1 day)
<i>allopurinol oral tablet 300 mg</i>	1 or 1a*	QL (2 tablets per 1 day)
<i>allopurinol sodium intravenous solution reconstituted</i>	1 or 1b*	
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED (<i>allopurinol sodium</i>)	3	
<i>colchicine oral capsule</i>	3	ST; QL (2 capsules per 1 day)
<i>colchicine oral tablet</i>	2	QL (2.3 tablet per 1 day)
<i>febuxostat oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
GLOPERBA ORAL SOLUTION (<i>colchicine</i>)	3	QL (300 mL per 30 days)
KRYSTEXXA INTRAVENOUS SOLUTION (<i>pegloticase</i>)	4	PA; LD; QL (0.08 mL per 1 day); SP
MITIGARE ORAL CAPSULE (<i>colchicine</i>)	3	ST; QL (2 capsules per 1 day)
ULORIC ORAL TABLET (<i>febuxostat</i>)	3	ST; QL (1 tablet per 1 day)
*URICOSURICS*** - GOUT DRUGS		
<i>probenecid oral tablet</i>	1 or 1b*	
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD		
AGENTS FOR CONGENITAL THROMBOTIC THROMBOCYTOPENIC PURPURA - DRUGS FOR THE BLOOD		
<i>adzynma intravenous kit</i>	4	PA; LD
*AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA*** - DRUGS FOR THE BLOOD		
GIVLAARI SUBCUTANEOUS SOLUTION (<i>givosiran sodium</i>)	4	PA; LD
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE BLOOD		
HEMLIBRA SUBCUTANEOUS SOLUTION (<i>emicizumab-kxwh</i>)	4	PA; LD; SP
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>marstacimab-hncq</i>)	4	PA
*ANTIHEMOPHILIC PRODUCTS*** - DRUGS TO PREVENT BLEEDING		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophil factor (rahf-pfm)</i>)	4	PA; LD; SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP

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AFSTYLA INTRAVENOUS KIT (<i>antihemophil fact single chain</i>)	4	PA; LD; SP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor-vwf</i>)	4	PA; LD; SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix</i>)	4	PA; LD; SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix (rfixfc)</i>)	4	PA; LD; SP
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihem fact fc-vwf-xten-ehil</i>)	4	PA; LD; SP
BALFAXAR INTRAVENOUS SOLUTION RECONSTITUTED (<i>prothrombin complex human-lans</i>)	3	
BENEFIX INTRAVENOUS KIT (<i>coagulation factor ix (recomb)</i>)	4	PA; LD; SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor x (human)</i>)	4	PA; LD; SP
CORIFACT INTRAVENOUS KIT (<i>factor xiii concentrate human</i>)	4	PA; LD; SP
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihem fact (bdd-rfviiiifc)</i>)	4	PA; LD; SP
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemoph fact rcmb gpeg-exei</i>)	4	PA; LD; SP
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED (<i>antiinhibitor coagulant cmplx</i>)	4	PA; LD; SP
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	4	PA; LD; SP
HEMOPIL M INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor</i>)	4	PA; LD; SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor-vwf</i>)	4	PA; LD; SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix (rix-fp)</i>)	4	PA; LD; SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix (recomb)</i>)	4	PA; LD; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED (<i>ahf (bdd-rfviii peg-aucl)</i>)	4	PA; LD; SP
KCENTRA INTRAVENOUS KIT (<i>prothrombin complex conc human</i>)	3	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor</i>)	4	PA; LD; SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor</i>)	4	PA; LD; SP
KOGENATE FS INTRAVENOUS KIT (<i>antihem factor recomb (rfviii)</i>)	4	PA; LD; SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophil factor (rahf-pfm)</i>)	4	PA; LD; SP
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophil fact bd truncated</i>)	4	PA; LD; SP

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NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor viia recomb</i>)	4	PA; LD; SP
NUWIQ INTRAVENOUS KIT (<i>antihem fact (bdd-rfviii,sim)</i>)	4	PA; LD; SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihem fact (bdd-rfviii,sim)</i>)	4	PA; LD; SP
<i>obizur intravenous solution reconstituted</i>	4	PA; LD; SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED (<i>factor ix complex</i>)	4	PA; LD; SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix glycopeg</i>)	4	PA; LD; SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihem factor recomb (rfviii)</i>)	4	PA; LD; SP
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	3	PA; LD; SP
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD; SP
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor viia-jncw</i>)	4	PA; LD; SP
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor xiii a-sub</i>)	4	PA; LD; SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED (<i>von willebrand factor (recomb)</i>)	4	PA; LD; SP
WILATE INTRAVENOUS KIT (<i>antihemophilic factor-vwf</i>)	4	PA; LD; SP
XYNTHA INTRAVENOUS KIT (<i>antihem fact (bdd-rfviii,mor)</i>)	4	PA; LD; SP
XYNTHA SOLOFUSE INTRAVENOUS KIT (<i>antihem fact (bdd-rfviii,mor)</i>)	4	PA; LD; SP
*ANTI-VON WILLEBRAND FACTOR AGENTS*** - DRUGS FOR THE BLOOD		
CABLIVI INJECTION KIT (<i>caplacizumab-yhdp</i>)	4	PA; LD
*BRADYKININ B2 RECEPTOR ANTAGONISTS*** - DRUGS FOR THE BLOOD		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>icatibant acetate</i>)	4	PA; LD; QL (18 syringes per 30 days); SP
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	4	PA; LD; QL (18 syringes per 30 days); SP
<i>sajazir subcutaneous solution prefilled syringe</i>	4	PA; LD; QL (18 syringes per 30 days)
*C1 ESTERASE INHIBITORS*** - DRUGS FOR THE BLOOD		
BERINERT INTRAVENOUS KIT (<i>c1 esterase inhibitor (human)</i>)	4	PA; LD; QL (24 kits per 30 days); SP
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED (<i>c1 esterase inhibitor (human)</i>)	4	PA; LD; QL (20 vials per 30 days); SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT (<i>c1 esterase inhibitor (human)</i>)	4	PA; LD; QL (24 vials per 28 days); SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	4	PA; LD; QL (16 vials per 28 days); SP

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RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED (<i>c1 esterase inhibitor (recomb)</i>)	4	PA; LD; QL (16 vials per 30 days); SP
*COMPLEMENT C1 INHIBITORS*** - DRUGS FOR THE BLOOD		
ENJAYMO INTRAVENOUS SOLUTION (<i>sutimlimab-jome</i>)	4	PA; LD; QL (6 vials per 2 weeks); SP
*COMPLEMENT C3 INHIBITORS*** - DRUGS FOR THE BLOOD		
EMPAVELI SUBCUTANEOUS SOLUTION (<i>pegcetacoplan</i>)	4	PA; LD; QL (200 mL per 30 days)
*COMPLEMENT C5 INHIBITORS*** - DRUGS FOR THE BLOOD		
PIASKY INJECTION SOLUTION (<i>crovalimab-akkz</i>)	4	PA; LD; QL (3 vials per 28 days); SP
SOLIRIS INTRAVENOUS SOLUTION (<i>eculizumab</i>)	4	PA; LD; QL (8 vials per 28 days); SP
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML (<i>ravulizumab-cwvz</i>)	4	PA; LD; QL (3 vials per 56 days); SP
ULTOMIRIS INTRAVENOUS SOLUTION 300 MG/3ML (<i>ravulizumab-cwvz</i>)	4	PA; LD; QL (12 vials per 56 days); SP
VEOPOZ INJECTION SOLUTION (<i>pezelimab-bbfg</i>)	4	PA; LD; QL (2 vials per 1 week)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>zilucoplan sodium</i>)	4	PA; LD; QL (1 syringe per 1 day)
*COMPLEMENT C5A INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>gohibic intravenous solution</i>	3	
*COMPLEMENT C5A RECEPTOR INHIBITORS*** - DRUGS FOR THE BLOOD		
TAVNEOS ORAL CAPSULE (<i>avacopan</i>)	4	PA; LD; QL (6 capsules per 1 day)
*COMPLEMENT FACTOR B INHIBITORS*** - DRUGS FOR THE BLOOD		
FABHALTA ORAL CAPSULE (<i>iptacopan hcl</i>)	4	PA; LD; QL (2 capsules per 1 day)
*COMPLEMENT FACTOR D INHIBITORS*** - DRUGS FOR THE BLOOD		
VOYDEYA ORAL TABLET (<i>danicopan</i>)	4	PA; LD; QL (6 tablets per 1 day)
VOYDEYA ORAL TABLET THERAPY PACK (<i>danicopan</i>)	4	PA; LD; QL (6 tablets per 1 day)
*DIRECT-ACTING P2Y12 INHIBITORS*** - DRUGS FOR THE BLOOD		
BRILINTA ORAL TABLET (<i>ticagrelor</i>)	2	QL (2 tablets per 1 day)
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED (<i>cangrelor tetrasodium</i>)	3	
*GLYCOPROTEIN IIB/IIIA RECEPTOR INHIBITORS*** - DRUGS FOR THE BLOOD		
AGGRASTAT INTRAVENOUS CONCENTRATE (<i>tirofiban hcl</i>)	3	
AGGRASTAT INTRAVENOUS SOLUTION (<i>tirofiban hcl in nacl</i>)	3	
<i>eptifibatide intravenous solution</i>	1 or 1b*	
<i>tirofiban hcl in nacl intravenous solution</i>	1 or 1b*	

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*HEMATORHEOLOGIC AGENTS*** - DRUGS FOR THE BLOOD		
<i>pentoxifylline er oral tablet extended release</i>	1 or 1b*	
*HEMIN*** - DRUGS FOR THE BLOOD		
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>hemin</i>)	3	LD
*HUMAN PROTEIN C*** - DRUGS FOR THE BLOOD		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>protein c concentrate (human)</i>)	4	LD; SP
*PHOSPHODIESTERASE III INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>cilostazol oral tablet</i>	1 or 1b*	
*PLASMA EXPANDERS*** - DRUGS FOR THE BLOOD		
<i>hetastarch-nacl intravenous solution</i>	1 or 1b*	
HEXTEND INTRAVENOUS SOLUTION (<i>hetastarch-electrolytes</i>)	3	
<i>lmd in d5w intravenous solution</i>	1 or 1b*	
<i>lmd in nacl intravenous solution</i>	1 or 1b*	
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE BLOOD		
TAKHZYRO SUBCUTANEOUS SOLUTION (<i>lanadelumab-flyo</i>)	4	PA; LD; QL (1 vial per 28 days); SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>lanadelumab-flyo</i>)	4	PA; LD; QL (1 syringe per 28 days); SP
*PLASMA KALLIKREIN INHIBITORS*** - DRUGS FOR THE BLOOD		
KALBITOR SUBCUTANEOUS SOLUTION (<i>ecallantide</i>)	4	PA; LD; QL (36 vials per 30 days); SP
ORLADEYO ORAL CAPSULE (<i>berotralstat hcl</i>)	4	PA; LD; QL (1 capsule per 1 day)
*PLASMA PROTEINS*** - DRUGS FOR THE BLOOD		
ALBUKED 25 INTRAVENOUS SOLUTION (<i>albumin human</i>)	3	
ALBUKED 5 INTRAVENOUS SOLUTION (<i>albumin human</i>)	3	
ALBUMIN HUMAN INTRAVENOUS SOLUTION	3	
ALBUMINEX INTRAVENOUS SOLUTION (<i>albumin human-kjda</i>)	3	
ALBUMIN-ZLB INTRAVENOUS SOLUTION	3	
ALBURX INTRAVENOUS SOLUTION	3	
ALBUTEIN INTRAVENOUS SOLUTION (<i>albumin human</i>)	3	
FLEXBUMIN INTRAVENOUS SOLUTION (<i>albumin human</i>)	3	
KEDBUMIN INTRAVENOUS SOLUTION	3	
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION (<i>plasma human</i>)	3	
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION (<i>plasma human</i>)	3	
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION (<i>plasma human</i>)	3	

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OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION (<i>plasma human</i>)	3	
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED (<i>plasminogen human-tvmh</i>)	4	PA; LD; SP
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED (<i>antithrombin iii (human)</i>)	3	
*PLATELET AGGREGATION INHIBITOR COMBINATIONS*** - DRUGS FOR THE BLOOD		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	1 or 1b*	QL (2 capsules per 1 day)
YOSPRALA ORAL TABLET DELAYED RELEASE (<i>aspirin-omeprazole</i>)	3	PA; QL (1 tablet per 1 day)
*PLATELET AGGREGATION INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>dipyridamole oral tablet</i>	1 or 1b*	
*PROTAMINE*** - DRUGS FOR THE BLOOD		
<i>protamine sulfate intravenous solution</i>	1 or 1b*	
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS*** - DRUGS FOR THE BLOOD		
ZONTIVITY ORAL TABLET (<i>vorapaxar sulfate</i>)	3	PA; QL (1 tablet per 1 day)
*PYRUVATE KINASE ACTIVATORS*** - DRUGS FOR THE BLOOD		
PYRUKYND ORAL TABLET (<i>mitapivat sulfate</i>)	4	PA; LD; QL (2 tablets per 1 day)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK (<i>mitapivat sulfate</i>)	4	PA; LD; QL (1 pack per 28 days)
*QUINAZOLINE AGENTS*** - DRUGS FOR THE BLOOD		
AGRYLIN ORAL CAPSULE (<i>anagrelide hcl</i>)	3	QL (20 capsules per 1 day)
<i>anagrelide hcl oral capsule 0.5 mg</i>	1 or 1b*	QL (20 capsules per 1 day)
<i>anagrelide hcl oral capsule 1 mg</i>	1 or 1b*	QL (10 capsules per 1 day)
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS*** - DRUGS FOR THE BLOOD		
TAVALISSE ORAL TABLET (<i>fostamatinib disodium</i>)	4	PA; LD; QL (2 tablets per 1 day)
*THIENOPYRIDINE DERIVATIVES*** - DRUGS FOR THE BLOOD		
<i>clopidogrel bisulfate oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
EFFIENT ORAL TABLET (<i>prasugrel hcl</i>)	3	QL (1 tablet per 1 day)
PLAVIX ORAL TABLET (<i>clopidogrel bisulfate</i>)	3	QL (1 tablet per 1 day)
<i>prasugrel hcl oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
*THROMBOLYTIC AGENT - MISC*** - DRUGS FOR THE BLOOD		
DEFITELIO INTRAVENOUS SOLUTION (<i>defibrotide sodium</i>)	4	LD
*TISSUE PLASMINOGEN ACTIVATORS*** - DRUGS FOR THE BLOOD		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED (<i>alteplase</i>)	3	
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED (<i>alteplase</i>)	3	

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TNKASE INTRAVENOUS KIT (<i>tenecteplase</i>)	3	
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION		
*AGENTS FOR GAUCHER DISEASE*** - DRUGS FOR NUTRITION		
CERDELGA ORAL CAPSULE (<i>eliglustat tartrate</i>)	2	PA; LD; QL (2 capsules per 1 day); SP
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED (<i>imiglucerase</i>)	4	PA; LD; SP
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED (<i>taliglucerase alfa</i>)	4	PA; LD; SP
<i>miglustat oral capsule</i>	2	PA; LD; QL (3 capsules per 1 day); SP
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED (<i>velaglucerase alfa</i>)	4	PA; LD; SP
<i>miglustat</i> (Yargesa Oral Capsule)	2	PA; LD; QL (3 capsules per 1 day); SP
ZAVESCA ORAL CAPSULE (<i>miglustat</i>)	4	PA; LD; QL (3 capsules per 1 day)
*AMINO ACIDS*** - DRUGS FOR NUTRITION		
ENDARI ORAL PACKET (<i>glutamine (sickle cell)</i>)	4	PA; LD; SP
<i>l-glutamine oral packet</i>	4	PA; LD; SP
*COBALAMINS*** - DRUGS FOR NUTRITION		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1 or 1a*	
<i>cyanocobalamin nasal solution</i>	3	
<i>dodex injection solution</i>	1 or 1a*	
<i>hydroxocobalamin acetate intramuscular solution</i>	1 or 1b*	
NASCOBAL NASAL SOLUTION (<i>cyanocobalamin</i>)	3	
*CXCR4 RECEPTOR ANTAGONIST*** - DRUGS FOR NUTRITION		
APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>motixafortide acetate</i>)	4	PA; LD
MOZOBIL SUBCUTANEOUS SOLUTION (<i>plerixafor</i>)	4	PA; LD; SP
<i>plerixafor subcutaneous solution</i>	4	PA; LD; SP
XOLREMDI ORAL CAPSULE (<i>mavorixafor</i>)	4	PA; LD; QL (4 capsules per 1 day)
*CYTOTOXIC AGENTS*** - DRUGS FOR NUTRITION		
DROXIA ORAL CAPSULE (<i>hydroxyurea</i>)	2	
SIKLOS ORAL TABLET (<i>hydroxyurea</i>)	3	PA; LD; SP
*ERYTHROID MATURATION AGENTS*** - DRUGS FOR NUTRITION		
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>luspaterecept-aamt</i>)	4	PA; LD; SP
*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)*** - DRUGS FOR NUTRITION		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION (<i>darbepoetin alfa</i>)	4	PA; LD; QL (4 vials per 28 days); SP

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Effective 01012025

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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, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	4	PA; LD; QL (4 syringes per 28 days); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>darbepoetin alfa</i>)	4	PA; LD; QL (4 syringes per 30 days); SP
EPOGEN INJECTION SOLUTION (<i>epoetin alfa</i>)	4	PA; LD; QL (12 mL per 28 days); SP
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE (<i>methoxy peg-epoetin beta</i>)	4	PA; LD; QL (2 syringes per 28 days)
PROCRIT INJECTION SOLUTION (<i>epoetin alfa</i>)	4	PA; LD; QL (12 mL per 28 days); SP
RETACRIT INJECTION SOLUTION (<i>epoetin alfa-epbx</i>)	4	PA; LD; QL (12 mL per 28 days); SP
*FOLIC ACID/FOLATE COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>foltabs 800 oral tablet</i>	1 or 1b*; \$0	
*FOLIC ACID/FOLATES*** - DRUGS FOR NUTRITION		
<i>cvs folic acid oral tablet</i>	1 or 1a*; \$0	
<i>fa-8 oral capsule</i>	1 or 1b*; \$0	
<i>folate oral tablet</i>	1 or 1a*; \$0	
<i>folic acid injection solution</i>	1 or 1a*	
<i>folic acid oral capsule 0.8 mg</i>	1 or 1b*; \$0	
<i>folic acid oral tablet 1 mg</i>	1 or 1a*	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1 or 1a*; \$0	
<i>ft folic acid oral tablet</i>	1 or 1a*; \$0	
<i>gnp folic acid oral tablet</i>	1 or 1a*; \$0	
<i>kp folic acid oral tablet 800 mcg</i>	1 or 1a*; \$0	
<i>qc folic acid oral tablet</i>	1 or 1a*; \$0	
<i>ra folic acid oral tablet</i>	1 or 1a*; \$0	
<i>sm folic acid oral tablet</i>	1 or 1a*; \$0	
<i>true folic acid oral tablet 400 mcg</i>	1 or 1a*; \$0	
<i>yl folic acid oral tablet</i>	1 or 1a*; \$0	
*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)*** - DRUGS FOR NUTRITION		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>pegfilgrastim-jmdb</i>)	4	PA; LD; QL (2 syringes per 28 days); SP
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>pegfilgrastim-pbbk</i>)	4	PA; LD; QL (2 syringes per 28 days); SP
GRANIX SUBCUTANEOUS SOLUTION (<i>tbo-filgrastim</i>)	4	PA; LD; SP
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>tbo-filgrastim</i>)	4	PA; LD; SP

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NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>pegfilgrastim</i>)	4	PA; LD; QL (2 injectors/kits per 28 days); SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>pegfilgrastim</i>)	4	PA; LD; QL (2 syringes per 28 days); SP
NEUPOGEN INJECTION SOLUTION (<i>filgrastim</i>)	4	PA; LD; SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE (<i>filgrastim</i>)	4	PA; LD; SP
NIVESTYM INJECTION SOLUTION (<i>filgrastim-aafi</i>)	4	PA; LD; SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE (<i>filgrastim-aafi</i>)	4	PA; LD; SP
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>pegfilgrastim-apgf</i>)	4	PA; LD; QL (2 syringes per 28 days); SP
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; LD; SP
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>eflapegrastim-xnst</i>)	4	PA; LD; QL (2 syringes per 28 days); SP
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>pegfilgrastim-fpgk</i>)	4	PA; LD; QL (2 syringes per 28 days); SP
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>pegfilgrastim-cbqv</i>)	4	PA; LD; QL (2 syringes per 28 days); SP
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>pegfilgrastim-cbqv</i>)	4	PA; LD; QL (2 syringes per 28 days); SP
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>pegfilgrastim-cbqv</i>)	4	PA; LD; QL (2 syringes per 28 days); SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE (<i>filgrastim-sndz</i>)	4	PA; LD; SP
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>pegfilgrastim-bmez</i>)	4	PA; LD; QL (2 injections per 28 days); SP
*GRANULOCYTE/MACROPHAGE COLONY-STIMULATING FACTOR(GM-CSF)*** - DRUGS FOR NUTRITION		
LEUKINE INJECTION SOLUTION RECONSTITUTED (<i>sargramostim</i>)	4	PA; LD; SP
*HYPOXIA-INDUCIBLE FACTOR PROLYL HYDROXYLASE INHIBITORS*** - DRUGS FOR NUTRITION		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG (<i>daprodustat</i>)	4	PA; LD; QL (1 tablet per 1 day)
JESDUVROQ ORAL TABLET 6 MG (<i>daprodustat</i>)	4	PA; LD; QL (2 tablets per 1 day)
JESDUVROQ ORAL TABLET 8 MG (<i>daprodustat</i>)	4	PA; LD; QL (3 tablets per 1 day)
VAFSEO ORAL TABLET 150 MG (<i>vadadustat</i>)	4	PA; LD; QL (1 tablet per 1 day)
VAFSEO ORAL TABLET 300 MG (<i>vadadustat</i>)	4	PA; LD; QL (2 tablets per 1 day)
*IRON*** - DRUGS FOR NUTRITION		
ACCRUFER ORAL CAPSULE (<i>ferric maltol</i>)	3	
FERAHEME INTRAVENOUS SOLUTION (<i>ferumoxytol</i>)	4	PA; LD; QL (2 vials per 6 days); SP
FERRLECIT INTRAVENOUS SOLUTION (<i>na ferric gluc cplx in sucrose</i>)	4	PA; LD; QL (16 vials per 8 weekss); SP
<i>ferumoxytol intravenous solution</i>	4	PA; LD; QL (2 vials per 6 days); SP
INFED INJECTION SOLUTION (<i>iron dextran</i>)	4	PA; LD; SP

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INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML (<i>ferric carboxymaltose</i>)	4	PA; LD; QL (7 vials per 7 days); SP
INJECTAFER INTRAVENOUS SOLUTION 750 MG/15ML (<i>ferric carboxymaltose</i>)	4	PA; LD; QL (2 vials per 14 days); SP
MONOFERRIC INTRAVENOUS SOLUTION (<i>ferric derisomaltose</i>)	4	PA; LD; QL (1 vial per 1 day); SP
<i>na ferric gluc cplx in sucrose intravenous solution</i>	4	PA; LD; QL (16 vials per 8 weekss); SP
VENOFER INTRAVENOUS SOLUTION (<i>iron sucrose</i>)	4	PA; LD; QL (15 mL per 84 days); SP
*SELECTIN BLOCKERS*** - DRUGS FOR NUTRITION		
ADAKVEO INTRAVENOUS SOLUTION (<i>crizanlizumab-tmca</i>)	4	PA; LD; SP
*THROMBOPOIETIN (TPO) RECEPTOR AGONISTS*** - DRUGS FOR NUTRITION		
ALVAIZ ORAL TABLET 18 MG, 9 MG (<i>eltrombopag choline</i>)	4	PA; LD; DO; SP
ALVAIZ ORAL TABLET 36 MG, 54 MG (<i>eltrombopag choline</i>)	4	PA; LD; QL (1 tablet per 1 day); SP
DOPTELET ORAL TABLET (<i>avatrombopag maleate</i>)	4	PA; LD; QL (2 tablets per 1 day); SP
MULPLETA ORAL TABLET (<i>lusutrombopag</i>)	4	PA; LD; QL (1 tablet per 1 day); SP
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>romiplostim</i>)	4	PA; LD; SP
PROMACTA ORAL PACKET 12.5 MG (<i>eltrombopag olamine</i>)	4	PA; LD; DO; SP
PROMACTA ORAL PACKET 25 MG (<i>eltrombopag olamine</i>)	4	PA; LD; QL (3 dose-packs per 1 day); SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	4	PA; LD; DO; SP
PROMACTA ORAL TABLET 50 MG (<i>eltrombopag olamine</i>)	4	PA; LD; QL (3 tablets per 1 day); SP
PROMACTA ORAL TABLET 75 MG (<i>eltrombopag olamine</i>)	4	PA; LD; QL (1 tablet per 1 day); SP
HEMOSTATICS - DRUGS FOR THE BLOOD		
*HEMOSTATIC COMBINATIONS - TOPICAL*** - DRUGS TO PREVENT BLEEDING		
ARTISS EXTERNAL KIT (<i>fibrin sealant component</i>)	3	
ARTISS EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	3	
THROMBI-GEL 10 EXTERNAL PAD (<i>thrombin-cmc-cacl-gelatin</i>)	3	
THROMBI-GEL 100 EXTERNAL PAD (<i>thrombin-cmc-cacl-gelatin</i>)	3	
THROMBI-GEL 40 EXTERNAL PAD (<i>thrombin-cmc-cacl-gelatin</i>)	3	
THROMBI-PAD EXTERNAL PAD (<i>thrombin-cmc-cacl</i>)	3	
TISSEEL EXTERNAL KIT (<i>fibrin sealant component</i>)	3	
TISSEEL EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	3	
*HEMOSTATICS - SYSTEMIC*** - DRUGS TO PREVENT BLEEDING		
<i>aminocaproic acid intravenous solution</i>	1 or 1b*	
<i>aminocaproic acid oral solution</i>	1 or 1b*	QL (120 mL per 1 day)

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<i>aminocaproic acid oral tablet 1000 mg</i>	1 or 1b*	
<i>aminocaproic acid oral tablet 500 mg</i>	1 or 1b*	QL (60 tablets per 1 day)
CYKLOKAPRON INTRAVENOUS SOLUTION (<i>tranexamic acid</i>)	3	
<i>tranexamic acid intravenous solution</i>	1 or 1b*	
<i>tranexamic acid oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
TRANEXAMIC ACID-NACL INTRAVENOUS SOLUTION	3	
*HEMOSTATICS - TOPICAL*** - DRUGS TO PREVENT BLEEDING		
ACTIFOAM COLLAGEN SPONGE EXTERNAL (<i>absorbable collagen hemostat</i>)	3	
AVITENE EXTERNAL PAD (<i>microfibrillar coll hemostat</i>)	3	
AVITENE FLOUR EXTERNAL POWDER (<i>microfibrillar coll hemostat</i>)	3	
ENDO AVITENE EXTERNAL (<i>absorbable collagen hemostat</i>)	3	
GELFILM EXTERNAL FILM (<i>gelatin absorbable</i>)	3	
GEL-FLOW NT EXTERNAL PREFILLED SYRINGE (<i>gelatin absorbable</i>)	3	
GELFOAM COMPRESSED SIZE 100 EXTERNAL (<i>gelatin absorbable</i>)	3	
GELFOAM DENTAL PACK SIZE 4 EXTERNAL (<i>gelatin absorbable</i>)	3	
GELFOAM MOUTH/THROAT POWDER (<i>gelatin absorbable</i>)	3	
GELFOAM SPONGE EXTERNAL (<i>gelatin absorbable</i>)	3	
GELFOAM SPONGE SIZE 100 EXTERNAL (<i>gelatin absorbable</i>)	3	
GELFOAM SPONGE SIZE 200 EXTERNAL (<i>gelatin absorbable</i>)	3	
GELFOAM SPONGE SIZE 50 EXTERNAL (<i>gelatin absorbable</i>)	3	
INSTAT EXTERNAL PAD (<i>absorbable collagen hemostat</i>)	3	
INTERCEED (TC7) EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
INTERCEED EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED (<i>thrombin recombinant</i>)	3	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED (<i>thrombin recombinant</i>)	3	
SURGICEL FIBRILLAR EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
SURGICEL NU-KNIT EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
SURGICEL SNOW 1"X2" EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
SURGICEL SNOW 2"X4" EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
SURGICEL SNOW 4"X4" EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
SYRINGE AVITENE EXTERNAL (<i>absorbable collagen hemostat</i>)	3	
TACHOSIL EXTERNAL PATCH (<i>absorbable fibrin sealant</i>)	3	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT (<i>thrombin</i>)	3	
THROMBIN-JMI EXTERNAL KIT (<i>thrombin</i>)	3	
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED (<i>thrombin</i>)	3	
THROMBOGEN EXTERNAL KIT (<i>thrombin</i>)	3	

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THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED (<i>thrombin</i>)	3	
ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL (<i>microfibrillar coll hemostat</i>)	3	
ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL (<i>microfibrillar coll hemostat</i>)	3	
ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL (<i>microfibrillar coll hemostat</i>)	3	
ULTRAFOAM SPONGE 8X25X1CM EXTERNAL (<i>microfibrillar coll hemostat</i>)	3	
ULTRAFOAM SPONGE 8X6.25X1CM EXTERNAL (<i>microfibrillar coll hemostat</i>)	3	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*BARBITURATE HYPNOTICS*** - DRUGS FOR INSOMNIA		
<i>pentobarbital sodium injection solution</i>	1 or 1b*	
<i>phenobarbital oral elixir</i>	1 or 1b*	QL (100 mL per 1 day)
<i>phenobarbital oral tablet 100 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg</i>	1 or 1b*	DO
<i>phenobarbital sodium injection solution</i>	1 or 1b*	
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED (<i>phenobarbital sodium</i>)	3	
*BENZODIAZEPINE HYPNOTICS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
BYFAVO INTRAVENOUS SOLUTION RECONSTITUTED (<i>remimazolam besylate</i>)	4	LD
<i>estazolam oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>flurazepam hcl oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
HALCION ORAL TABLET (<i>triazolam</i>)	3	ST; QL (1 tablet per 1 day)
<i>midazolam hcl (pf) injection solution</i>	1 or 1b*	
<i>midazolam hcl injection solution</i>	1 or 1b*	
<i>midazolam hcl oral syrup</i>	1 or 1b*	QL (10 mL per 1 fill)
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.8 MG/100ML-%, 50-0.8 MG/50ML-%	3	
<i>midazolam-sodium chloride (pf) intravenous solution</i>	3	
<i>quazepam oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
RESTORIL ORAL CAPSULE (<i>temazepam</i>)	3	ST; QL (1 capsule per 1 day)
<i>temazepam oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>triazolam oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
*HYPNOTICS - TRICYCLIC AGENTS*** - DRUGS FOR INSOMNIA		
<i>doxepin hcl oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
SILENOR ORAL TABLET (<i>doxepin hcl</i>)	3	ST; QL (1 tablet per 1 day)

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*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS*** - DRUGS FOR INSOMNIA		
AMBIEN CR ORAL TABLET EXTENDED RELEASE (<i>zolpidem tartrate</i>)	3	ST; QL (1 tablet per 1 day)
AMBIEN ORAL TABLET (<i>zolpidem tartrate</i>)	3	ST; QL (1 tablet per 1 day)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL (<i>zolpidem tartrate</i>)	3	ST; QL (1 tablet per 1 day)
<i>eszopiclone oral tablet 1 mg, 2 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>eszopiclone oral tablet 3 mg</i>	1 or 1b*	AL; QL (1 tablet per 1 day)
LUNESTA ORAL TABLET 1 MG, 2 MG (<i>eszopiclone</i>)	3	ST; QL (1 tablet per 1 day)
LUNESTA ORAL TABLET 3 MG (<i>eszopiclone</i>)	3	ST; AL; QL (1 tablet per 1 day)
<i>zaleplon oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>zolpidem tartrate er oral tablet extended release</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>zolpidem tartrate oral capsule</i>	3	ST; QL (1 capsule per 1 day)
<i>zolpidem tartrate oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
*OREXIN RECEPTOR ANTAGONISTS*** - DRUGS FOR INSOMNIA		
BELSOMRA ORAL TABLET (<i>suvorexant</i>)	3	ST; QL (1 tablet per 1 day)
DAYVIGO ORAL TABLET (<i>lemborexant</i>)	3	ST; QL (1 tablet per 1 day)
QUVIVIQ ORAL TABLET (<i>daridorexant hcl</i>)	3	ST; QL (1 tablet per 1 day)
*SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES*** - DRUGS FOR INSOMNIA		
<i>dexmedetomidine hcl in nacl intravenous solution</i>	1 or 1b*	
DEXMEDETOMIDINE HCL INTRAVENOUS SOLUTION 1000 MCG/10ML, 400 MCG/4ML	3	
<i>dexmedetomidine hcl intravenous solution 200 mcg/2ml</i>	1 or 1b*	
DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION	3	
IGALMI SUBLINGUAL FILM (<i>dexmedetomidine hcl</i>)	3	PA; QL (20 films per 30 days)
PRECEDEX INTRAVENOUS SOLUTION (<i>dexmedetomidine hcl in nacl</i>)	3	
*SELECTIVE MELATONIN RECEPTOR AGONISTS*** - DRUGS FOR INSOMNIA		
HETLIOZ LQ ORAL SUSPENSION (<i>tasimelteon</i>)	4	PA; LD; QL (5 mL per 1 day)
HETLIOZ ORAL CAPSULE (<i>tasimelteon</i>)	4	PA; LD; QL (1 capsule per 1 day)
<i>ramelteon oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
ROZEREM ORAL TABLET (<i>ramelteon</i>)	3	ST; QL (1 tablet per 1 day)
<i>tasimelteon oral capsule</i>	4	PA; LD; QL (1 capsule per 1 day)
LAXATIVES - DRUGS FOR THE STOMACH		
*BOWEL EVACUANT COMBINATIONS*** - DRUGS TO PREVENT CONSTIPATION		
CLENPIQ ORAL SOLUTION (<i>sod picosulfate-mag ox-cit acd</i>)	3	QL (350 mL per 30 days)
GAVILYTE-C ORAL SOLUTION RECONSTITUTED (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	1 or 1a*; \$0	QL (1 bottle per 30 days)

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gavilyte-g oral solution reconstituted</i>	1 or 1a*; \$0	QL (4000 grams per 30 days)
<i>peg 3350-kcl-na bicarb-nacl</i> (Gavilyte-N With Flavor Pack Oral Solution Reconstituted)	1 or 1a*; \$0	QL (4000 grams per 30 days)
GOLYTELY ORAL SOLUTION RECONSTITUTED (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	3	QL (4000 grams per 30 days)
MOVIPREP ORAL SOLUTION RECONSTITUTED (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	3	QL (1 gram per 30 days)
<i>na sulfate-k sulfate-mg sulf oral solution</i>	1 or 1b*; \$0	QL (1 kit per 30 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	1 or 1a*; \$0	QL (4000 grams per 30 days)
<i>peg-3350/electrolytes oral solution reconstituted</i>	1 or 1a*; \$0	QL (4000 grams per 30 days)
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	1 or 1b*; \$0	QL (1 gram per 30 days)
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	1 or 1b*; \$0	QL (1 gram per 30 days)
PEG-PREP ORAL KIT (<i>bisacodyl-peg-kcl-nabicar-nacl</i>)	3	QL (1 kit per 30 days)
PLENVU ORAL SOLUTION RECONSTITUTED (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	3	QL (1 gram per 30 days)
SUFLAVE ORAL SOLUTION RECONSTITUTED (<i>peg 3350-kcl-nacl-nasulf-mgsul</i>)	3	QL (2 kits per 30 days)
SUPREP BOWEL PREP KIT ORAL SOLUTION (<i>na sulfate-k sulfate-mg sulf</i>)	3	QL (1 kit per 30 days)
SUTAB ORAL TABLET (<i>sodium sulfate-mag sulfate-kcl</i>)	2	QL (24 tablets per 30 days)
*LAXATIVES - MISCELLANEOUS*** - DRUGS TO PREVENT CONSTIPATION		
<i>clearlax oral powder</i>	1 or 1b*; \$0	
<i>constulose oral solution</i>	1 or 1b*	QL (120 mL per 1 day)
<i>cvs purelax oral packet</i>	1 or 1b*; \$0	
<i>cvs purelax oral powder</i>	1 or 1b*; \$0	
<i>eq clearlax oral powder</i>	1 or 1b*; \$0	
<i>eq laxative oral packet</i>	1 or 1b*; \$0	
<i>eql clearlax oral powder</i>	1 or 1b*; \$0	
<i>ft clearlax oral powder</i>	1 or 1b*; \$0	
<i>gavilax oral powder</i>	1 or 1b*; \$0	
<i>gentlelax oral powder</i>	1 or 1b*; \$0	
<i>glycolax oral powder</i>	1 or 1b*; \$0	
<i>gnp clearlax oral packet</i>	1 or 1b*; \$0	
<i>gnp clearlax oral powder</i>	1 or 1b*; \$0	
<i>goodsense clearlax oral powder</i>	1 or 1b*; \$0	
<i>healthylax oral packet</i>	1 or 1b*; \$0	
<i>hm clearlax oral powder</i>	1 or 1b*; \$0	
<i>kls laxaclear oral powder</i>	1 or 1b*; \$0	
KRISTALOSE ORAL PACKET (<i>lactulose</i>)	3	ST; QL (2 packets per 1 day)

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LACTULOSE ORAL PACKET	3	ST; QL (2 packets per 1 day)
<i>lactulose oral solution</i>	1 or 1b*	QL (120 mL per 1 day)
<i>mm clearlax oral powder</i>	1 or 1b*; \$0	
<i>peg 3350 oral packet</i>	1 or 1b*; \$0	
<i>peg 3350 oral powder</i>	1 or 1b*; \$0	
<i>polyethylene glycol 3350 oral packet</i>	1 or 1b*; \$0	
<i>polyethylene glycol 3350 oral powder</i>	1 or 1b*; \$0	
<i>qc natura-lax oral powder</i>	1 or 1b*; \$0	
<i>ra laxative oral powder</i>	1 or 1b*; \$0	
<i>sb polyethylene glycol 3350 oral powder</i>	1 or 1b*; \$0	
<i>sm clearlax oral powder</i>	1 or 1b*; \$0	
<i>smooth lax oral packet</i>	1 or 1b*; \$0	
<i>smooth lax oral powder</i>	1 or 1b*; \$0	
<i>true laxative oral powder</i>	1 or 1b*; \$0	
*LUBRICANT LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>mineral oil heavy oral oil</i>	1 or 1b*	
*SALINE LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>citrate of magnesia oral solution</i>	1 or 1a*; \$0	
<i>citroma oral solution</i>	1 or 1a*; \$0	
<i>cvs magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>cvs milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>dulcolax milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>dulcolax oral suspension</i>	1 or 1b*; \$0	
<i>eq magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>eql magnesium citrate oral solution</i>	1 or 1a*; \$0	
FRESKARO MAGNESIUM CITRATE ORAL SOLUTION (<i>magnesium citrate</i>)	1 or 1a*; \$0	
<i>ft magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>ft milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>gentle laxative oral suspension</i>	1 or 1b*; \$0	
<i>gnp magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>gnp milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>goodsense magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>goodsense milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>hm milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>milk of magnesia oral suspension</i>	1 or 1b*; \$0	
ONELAX MAGNESIUM CITRATE ORAL SOLUTION (<i>magnesium citrate</i>)	1 or 1a*; \$0	

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<i>phillips milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>qc magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>qc milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>ra magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>ra milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>sb magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>sb milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>sm milk of magnesia oral suspension</i>	1 or 1b*; \$0	
*STIMULANT LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>alophen oral tablet delayed release</i>	1 or 1a*; \$0	
<i>bisacodyl ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>bisacodyl oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs c-lax laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs gentle laxative womens oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eq gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eql gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eql laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ex-lax ultra oral tablet delayed release</i>	1 or 1a*; \$0	
FLEET STIMULANT ORAL TABLET DELAYED RELEASE (<i>bisacodyl</i>)	1 or 1a*; \$0	
<i>ft laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gnp gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gnp womens gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>goodsense bisacodyl ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>goodsense bisacodyl laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>kp bisacodyl oral tablet delayed release</i>	1 or 1a*; \$0	
<i>laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>qc gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>qc gentle laxative womens oral tablet delayed release</i>	1 or 1a*; \$0	
<i>qc laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ra laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ra womens laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sb bisacodyl laxative ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sb gentle lax-women oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>womans laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>womens laxative oral tablet delayed release</i>	1 or 1a*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOCAL ANESTHETICS-PARENTERAL - DRUGS FOR PAIN AND FEVER		
*LOCAL ANESTHETIC & SYMPATHOMIMETIC*** - DRUGS FOR SEDATION		
<i>articadent dental injection solution cartridge</i>	3	
<i>bupivacaine-epinephrine (pf) injection solution</i>	1 or 1b*	
<i>bupivacaine-epinephrine injection solution</i>	1 or 1b*	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200000</i>	1 or 1b*	
<i>lidocaine-epinephrine injection solution</i>	1 or 1b*	
MARCAINE/EPINEPHRINE INJECTION SOLUTION (<i>bupivacaine-epinephrine</i>)	3	
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION (<i>bupivacaine-epinephrine</i>)	3	
ORABLOC INJECTION SOLUTION CARTRIDGE (<i>articaine-epinephrine</i>)	3	
<i>sensorcaine/epinephrine injection solution</i>	1 or 1b*	
<i>sensorcaine-mpf/epinephrine injection solution 0.25% -1:200000</i>	1 or 1b*	
<i>sensorcaine-mpf/epinephrine injection solution 0.5% -1:200000</i>	3	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 % (<i>bupivacaine-epinephrine</i>)	3	
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION (<i>lidocaine-epinephrine</i>)	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION (<i>lidocaine-epinephrine</i>)	3	
*LOCAL ANESTHETICS - AMIDES*** - DRUGS FOR SEDATION		
BUPIVACAINE FISIOPHARMA INJECTION SOLUTION	3	
<i>bupivacaine hcl (pf) injection solution</i>	1 or 1b*	
<i>lidocaine hcl (pf) injection solution</i>	1 or 1b*	
<i>lidocaine hcl injection solution 0.5 %</i>	1 or 1b*	
MARCAINE INJECTION SOLUTION (<i>bupivacaine hcl</i>)	3	
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION (<i>bupivacaine hcl</i>)	3	
MONOJECT BONE MARROW BIOPSY INJECTION KIT (<i>lidocaine hcl</i>)	3	
NAROPIN INJECTION SOLUTION (<i>ropivacaine hcl</i>)	3	
<i>polocaine injection solution</i>	1 or 1b*	
<i>polocaine-mpf injection solution</i>	1 or 1b*	
POSIMIR INJECTION SOLUTION (<i>bupivacaine</i>)	3	
<i>ropivacaine hcl injection solution 10 mg/ml, 5 mg/ml, 7.5 mg/ml</i>	1 or 1b*	
<i>sensorcaine injection solution</i>	1 or 1b*	
<i>sensorcaine-mpf injection solution</i>	1 or 1b*	
XARACOLL IMPLANT IMPLANT (<i>bupivacaine hcl</i>)	3	
XYLOCAINE INJECTION SOLUTION (<i>lidocaine hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XYLOCAINE-MPF INJECTION SOLUTION (<i>lidocaine hcl</i>)	3	
*LOCAL ANESTHETICS - ESTERS*** - DRUGS FOR SEDATION		
<i>chlorprocaine hcl (pf) injection solution</i>	1 or 1b*	
NESACAINE INJECTION SOLUTION (<i>chlorprocaine hcl</i>)	3	
NESACAINE-MPF INJECTION SOLUTION (<i>chlorprocaine hcl</i>)	3	
MACROLIDES - DRUGS FOR INFECTIONS		
*AZITHROMYCIN*** - ANTIBIOTICS		
<i>azithromycin intravenous solution reconstituted</i>	1 or 1b*	
<i>azithromycin oral suspension reconstituted</i>	1 or 1b*	
<i>azithromycin oral tablet</i>	1 or 1b*	
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED (<i>azithromycin</i>)	3	
ZITHROMAX ORAL PACKET (<i>azithromycin</i>)	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED (<i>azithromycin</i>)	3	
ZITHROMAX ORAL TABLET (<i>azithromycin</i>)	3	
ZITHROMAX TRI-PAK ORAL TABLET (<i>azithromycin</i>)	3	
ZITHROMAX Z-PAK ORAL TABLET (<i>azithromycin</i>)	3	
*CLARITHROMYCIN*** - ANTIBIOTICS		
<i>clarithromycin er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>clarithromycin oral suspension reconstituted</i>	1 or 1b*	
<i>clarithromycin oral tablet</i>	1 or 1b*	
*ERYTHROMYCINS*** - ANTIBIOTICS		
<i>e.e.s. 400 oral tablet</i>	1 or 1b*	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED (<i>erythromycin ethylsuccinate</i>)	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED (<i>erythromycin ethylsuccinate</i>)	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED (<i>erythromycin ethylsuccinate</i>)	3	
<i>ery-tab oral tablet delayed release</i>	1 or 1b*	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>erythromycin lactobionate</i>)	3	
<i>erythromycin base oral capsule delayed release particles</i>	1 or 1b*	
<i>erythromycin base oral tablet</i>	1 or 1b*	
<i>erythromycin base oral tablet delayed release</i>	1 or 1b*	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	1 or 1b*	
<i>erythromycin ethylsuccinate oral tablet</i>	1 or 1b*	
<i>erythromycin lactobionate intravenous solution reconstituted</i>	1 or 1b*	
<i>erythromycin oral tablet delayed release</i>	1 or 1b*	

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*FIDAXOMICIN*** - ANTIBIOTICS		
DIFICID ORAL SUSPENSION RECONSTITUTED (<i>fidaxomicin</i>)	3	QL (1 bottle per 30 days)
DIFICID ORAL TABLET (<i>fidaxomicin</i>)	3	QL (20 tablets per 1 fill)
MEDICAL DEVICES AND SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
*CERVICAL CAPS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
FEMCAP VAGINAL DEVICE (<i>cervical caps</i>)	2; \$0	
*CONDOMS - FEMALE*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
FC2 FEMALE CONDOM (<i>condoms - female</i>)	2; \$0	QL (12 units per 1 fill)
*CONDOMS - MALE*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>aimsco lubricated</i>	2; \$0	
<i>condoms</i>	2; \$0	
DUREX EXTRA SENSITIVE THIN (<i>condoms latex lubricated</i>)	2; \$0	
DUREX EXTRA SENSITIVE THIN DEVICE (<i>condoms latex lubricated</i>)	2; \$0	
DUREX REALFEEL DEVICE (<i>condoms non-latex lubricated</i>)	2; \$0	
DUREX TROPICAL (<i>condoms latex lubricated</i>)	2; \$0	
FANTASY LUBRICATED (<i>condoms latex lubricated</i>)	2; \$0	
FANTASY LUBRICATED/SPERMICIDE (<i>condoms latex lubricated</i>)	2; \$0	
KAMELEON LUBRICATED (<i>condoms latex lubricated</i>)	2; \$0	
<i>kimono</i>	2; \$0	
KIMONO COLORS DEVICE (<i>condoms latex lubricated</i>)	2; \$0	
KIMONO MAXX-LARGE FLARE (<i>condoms latex lubricated</i>)	2; \$0	
<i>kimono micro thin</i>	2; \$0	
<i>kimono micro thin plus</i>	2; \$0	
<i>kimono plus</i>	2; \$0	
<i>kimono ps</i>	2; \$0	
<i>kimono ps plus</i>	2; \$0	
<i>kimono sensation</i>	2; \$0	
<i>kimono sensation plus</i>	2; \$0	
KIMONO SPECIAL DEVICE (<i>condoms latex lubricated</i>)	2; \$0	
<i>maxx</i>	2; \$0	
<i>maxx plus</i>	2; \$0	
REALITY LATEX CONDOMS (<i>condoms latex lubricated</i>)	2; \$0	
REALITY LATEX/ULTRA TEXTURED DEVICE (<i>condoms latex lubricated</i>)	2; \$0	
REALITY LATEX/ULTRA THIN DEVICE (<i>condoms latex lubricated</i>)	2; \$0	
TROJAN ENZ (<i>condoms latex non-lubricated</i>)	2; \$0	

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TROJAN MAGNUM (<i>condoms latex lubricated</i>)	2; \$0	
TROJAN ULTRA RIBBED LUBRICATED DEVICE (<i>condoms latex lubricated</i>)	2; \$0	
TROJAN ULTRA THIN (<i>condoms latex lubricated</i>)	2; \$0	
TROJAN ULTRA THIN/SPERMICIDAL (<i>condoms latex lubricated</i>)	2; \$0	
TROJAN-ENZ LUBRICATED (<i>condoms latex lubricated</i>)	2; \$0	
TROJAN-ENZ/SPERMICIDAL (<i>condoms latex lubricated</i>)	2; \$0	
<i>true cover device</i>	2; \$0	
TRUSTEX COLOR CONDOMS + LUBE (<i>condoms latex lubricated</i>)	2; \$0	
TRUSTEX LUB/RIBBED/STUDED (<i>condoms latex lubricated</i>)	2; \$0	
TRUSTEX LUB/SPERMICIDE EX ST (<i>condoms latex lubricated</i>)	2; \$0	
TRUSTEX LUB/SPERMICIDE XL (<i>condoms latex lubricated</i>)	2; \$0	
TRUSTEX LUBRICATED (<i>condoms latex lubricated</i>)	2; \$0	
TRUSTEX LUBRICATED EX LARGE (<i>condoms latex lubricated</i>)	2; \$0	
TRUSTEX LUBRICATED EXTRA ST (<i>condoms latex lubricated</i>)	2; \$0	
TRUSTEX LUBRICATED/SPERMICIDE (<i>condoms latex lubricated</i>)	2; \$0	
TRUSTEX NATURAL CONDOMS + LUBE (<i>condoms latex lubricated</i>)	2; \$0	
TRUSTEX NON-LUBRICATED (<i>condoms latex non-lubricated</i>)	2; \$0	
TRUSTEX RIA LUB/SPERMICIDE (<i>condoms latex lubricated</i>)	2; \$0	
TRUSTEX RIA LUBRICATED (<i>condoms latex lubricated</i>)	2; \$0	
TRUSTEX RIA NON-LUBRICATED (<i>condoms latex non-lubricated</i>)	2; \$0	
TRUSTEX-NONOXYNOL-9/RIB/STUD (<i>condoms latex lubricated</i>)	2; \$0	
*DENTAL DESENSITIZING PRODUCTS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
REMESENSE DENTAL (<i>dental desensitizing product</i>)	3	
*DENTIFRICES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
MI PASTE DENTAL PASTE (<i>dentifrices</i>)	3	
MI PASTE PLUS DENTAL PASTE (<i>dentifrices</i>)	3	
*DIAPHRAGMS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	2; \$0	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>)	3; \$0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
*GLUCOSE MONITORING TEST SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
ACCU-CHEK FASTCLIX LANCET KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ACCU-CHEK SAFE-T PRO LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ACCU-CHEK SOFTCLIX LANCET DEV KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ACTI-LANCE 28G	2	QL (204 lancets per 30 days)
ACTI-LANCE LITE LANCETS 28G	2	QL (204 lancets per 30 days)
ACTI-LANCE SPECIAL LANCETS 17G	2	QL (204 lancets per 30 days)
ACTI-LANCE UNIVERSAL 23G	2	QL (204 lancets per 30 days)
<i>adjustable lancing device</i>	2	
ADVANCED MOBILE LANCET	2	QL (204 lancets per 30 days)
ADVOCATE LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ADVOCATE LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ADVOCATE LANCING DEVICE (<i>lancet devices</i>)	2	
ADVOCATE RAPID-SAFE LANCING (<i>lancet devices</i>)	2	
ADVOCATE SAFETY LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
AGAMATRIX ULTRA-THIN LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
AIMSCO TWIST LANCETS 32G	2	QL (204 lancets per 30 days)
AIMSCO TWIST LANCETS 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
AQUALANCE LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ASSURE COMFORT LANCETS 28G	2	QL (204 lancets per 30 days)
ASSURE LANCE LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ASSURE LANCE LANCETS 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ASSURE LANCE PLUS SAFETY 25G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ASSURE LANCE PLUS SAFETY 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ASSURE LANCE SAFETY LANCET 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
AURORA LANCET SUPER THIN 30G	2	QL (204 lancets per 30 days)
AURORA LANCET THIN 23G	2	QL (204 lancets per 30 days)
AUTO-LANCET (<i>lancet devices</i>)	2	

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Effective 01012025

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AUTO-LANCET MINI (<i>lancet devices</i>)	2	
AUTOLET II CLINISAFE KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
AUTOLET LANCING DEVICE (<i>lancet devices</i>)	2	
AUTOLET LITE CLINISAFE KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
AUTOLET LITE STARTER PACK KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
AUTOLET MINI (<i>lancet devices</i>)	2	
AUTOLET PLATFORMS (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
AUTOLET PLUS (<i>lancet devices</i>)	2	
BD MICROTAINER LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CARDIOCOM LANCING DEVICE (<i>lancet devices</i>)	2	
<i>careone advanced lancing dev</i>	2	
CAREONE LANCET SUPER THIN 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CAREONE LANCET THIN 23G	2	QL (204 lancets per 30 days)
CARESENS LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CARESENS LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CARETOUCH LANCING/EJECTOR (<i>lancet devices</i>)	2	
CARETOUCH SAFETY LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CARETOUCH SAFETY LANCETS 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CARETOUCH TWIST MC LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CHOSEN LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CHOSEN LANCING DEVICE (<i>lancet devices</i>)	2	
CHOSEN SAFETY LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CLEANLET LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CLEVER CHEK LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CLEVER CHOICE COMFORT EZ (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 23G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
COAGUCHEK LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
COMFORT ASSURED LANCETS 28G	2	QL (204 lancets per 30 days)
COMFORT ASSURED LANCETS 33G	2	QL (204 lancets per 30 days)
COMFORT TOUCH LANCETS 31G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
COMFORT TOUCH PLUS LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
COMFORT TOUCH PLUS LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
COMFORT TOUCH TWIST LANCET 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)

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Effective 01012025

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CVS LANCETS 21G	2	QL (204 lancets per 30 days)
CVS LANCETS MICRO THIN 33G	2	QL (204 lancets per 30 days)
CVS LANCETS ORIGINAL	2	QL (204 lancets per 30 days)
CVS LANCETS THIN 26G	2	QL (204 lancets per 30 days)
CVS LANCETS ULTRA THIN 30G	2	QL (204 lancets per 30 days)
CVS LANCETS ULTRA-THIN 30G	2	QL (204 lancets per 30 days)
<i>cvs lancing device</i>	2	
CVS ULTRA THIN LANCETS	2	QL (204 lancets per 30 days)
DEXCOM G6 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	2	PA; QL (1 unit per 365 days)
DEXCOM G6 SENSOR (<i>continuous glucose sensor</i>)	2	PA; QL (3 units per 30 days)
DEXCOM G6 TRANSMITTER (<i>continuous glucose transmitter</i>)	2	PA; QL (1 unit per 90 days)
DEXCOM G7 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	2	PA; QL (1 receiver per 1 year)
DEXCOM G7 SENSOR (<i>continuous glucose sensor</i>)	2	PA; QL (3 sensors per 30 days)
DIATHRIVE LANCET ULTRA THIN 30 (<i>lancets</i>)	2	QL (204 lancets per 30 days)
DIATHRIVE LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
DIATHRIVE LANCING DEVICE (<i>lancet devices</i>)	2	
DROPLET GENTEEL LANCING DEVICE (<i>lancet devices</i>)	2	
DROPLET LANCETS ULTRA THIN 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
DROPLET LANCING DEVICE (<i>lancet devices</i>)	2	
DROPLET PERSONAL LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
DRUG MART LANCETS THIN 26G	2	QL (204 lancets per 30 days)
DRUG MART ON-THE-GO LANCET 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
DRUG MART UNILET LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
DRUG MART UNILET LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
DRUG MART UNILET LANCETS 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EASY COMFORT LANCETS	2	QL (204 lancets per 30 days)
EASY COMFORT LANCETS TWIST TOP	2	QL (204 lancets per 30 days)
<i>easy mini eject lancing device</i>	2	
<i>easy mini lancing device</i>	2	
EASY TOUCH LANCETS 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 23G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 28G/TWIST (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 30G/TWIST (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 32G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 32G/TWIST (<i>lancets</i>)	2	QL (204 lancets per 30 days)

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Effective 01012025

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EASY TOUCH LANCETS 33G/TWIST (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCING DEVICE (<i>lancet devices</i>)	2	
EASY TOUCH SAFETY LANCETS 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 23G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EMBRACE LANCETS ULTRA THIN 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
<i>embrace lancet device/ejector</i>	2	
EMBRACE PRESSURE ACTIVATED 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EMBRACE PRESSURE ACTIVATED 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ENLITE GLUCOSE SENSOR (<i>continuous glucose sensor</i>)	3	PA
EQL COLOR LANCETS 21G	2	QL (204 lancets per 30 days)
EQL COLOR LANCETS MICRO 33G	2	QL (204 lancets per 30 days)
EQL SUPER THIN LANCETS 30G	2	QL (204 lancets per 30 days)
EQL THIN LANCETS 26G	2	QL (204 lancets per 30 days)
EVERSENSE 365 SENSOR/HOLDER (<i>continuous glucose sensor</i>)	3	QL (1 sensor per 1 year)
EVERSENSE 365 SMART TRANSMIT (<i>continuous glucose transmitter</i>)	3	QL (1 transmitter per 1 year)
EVERSENSE E3 SENSOR/HOLDER (<i>continuous glucose sensor</i>)	3	PA
EVERSENSE E3 SMART TRANSMITTER (<i>continuous glucose transmitter</i>)	3	PA; QL (1 unit per 365 days)
EVERSENSE SENSOR/HOLDER (<i>continuous glucose sensor</i>)	3	PA
EVERSENSE SMART TRANSMITTER (<i>continuous glucose transmitter</i>)	3	PA; QL (1 unit per 365 days)
E-Z JECT LANCET MICRO-THIN 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
E-Z JECT LANCET SUPER THIN 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
E-Z JECT LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
E-Z JECT LANCETS 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
E-Z JECT LANCETS THIN 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EZ-LETS LANCETS 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EZ-LETS LANCETS 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EZ-LETS LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EZ-LETS LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
FIFTY50 SAFETY SEAL LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
FIFTY50 UNILET LANCETS 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
FINGERSTIX LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
FORA LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
FORA LANCING DEVICE (<i>lancet devices</i>)	2	
FREESTYLE LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
FREESTYLE LIBRE 14 DAY READER DEVICE (<i>continuous glucose receiver</i>)	2	PA; QL (1 unit per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous glucose sensor</i>)	2	PA; QL (2 units per 28 days)

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Effective 01012025

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FREESTYLE LIBRE 2 PLUS SENSOR (<i>continuous glucose sensor</i>)	2	PA; QL (2 kits per 30 days)
FREESTYLE LIBRE 2 READER DEVICE (<i>continuous glucose receiver</i>)	2	PA; QL (1 reader per 1 year)
FREESTYLE LIBRE 2 SENSOR (<i>continuous glucose sensor</i>)	2	PA; QL (2 units per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR (<i>continuous glucose sensor</i>)	2	PA; QL (2 sensors per 30 days)
FREESTYLE LIBRE 3 READER DEVICE (<i>continuous glucose receiver</i>)	2	PA; QL (1 unit per 1 year)
FREESTYLE LIBRE 3 SENSOR (<i>continuous glucose sensor</i>)	2	PA; QL (2 sensors per 28 days)
FREESTYLE LIBRE READER DEVICE (<i>continuous glucose receiver</i>)	2	PA; QL (1 unit per 365 days)
FREESTYLE UNISTICK II LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
GENTEEL BUTTERFLY TOUCH LANCET (<i>lancets</i>)	2	QL (204 lancets per 30 days)
GENTEEL CONTACT TIPS (BLUE) (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (CLEAR) (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (GREEN) (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (ORANGE) (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (RAINBOW) (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (VIOLET) (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (YELLOW) (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
GENTEEL LANCING KIT (BLUE) KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
GENTEEL NOZZLES (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
GENTEEL PLUS LANCING (BLACK) (<i>lancet devices</i>)	2	
GENTEEL PLUS LANCING (PURPLE) (<i>lancet devices</i>)	2	
GENTEEL PLUS LANCING (WHITE) (<i>lancet devices</i>)	2	
GENTEEL PLUS LANCING DEV(BLUE) (<i>lancet devices</i>)	2	
GENTEEL PLUS LANCING DEV(PINK) (<i>lancet devices</i>)	2	
GLOBAL INJECT EASE LANCETS 28G	2	QL (204 lancets per 30 days)
GLOBAL INJECT EASE LANCETS 30G	2	QL (204 lancets per 30 days)
<i>global lancings device</i>	2	
GLUCOCOM LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
GLUCOCOM LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
GLUCOCOM LANCETS 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
GNP LANCETS 21G	2	QL (204 lancets per 30 days)
GNP LANCETS THIN 26G	2	QL (204 lancets per 30 days)
GNP LANCING SYSTEM DEVICE (<i>lancet devices</i>)	2	
GNP STERILE LANCETS 28G	2	QL (204 lancets per 30 days)
GNP STERILE LANCETS 30G	2	QL (204 lancets per 30 days)
GNP STERILE LANCETS 33G	2	QL (204 lancets per 30 days)
GOJJI LANCING DEVICE/CLEAR CAP (<i>lancet devices</i>)	2	
GOJJI STERILE LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
GOODSENSE COLOR LANCETS 33G	2	QL (204 lancets per 30 days)

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Effective 01012025

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GOODSENSE LANCETS 26G UNIV	2	QL (204 lancets per 30 days)
GOODSENSE LANCETS 30G	2	QL (204 lancets per 30 days)
GOODSENSE LANCETS 30G UNIV	2	QL (204 lancets per 30 days)
GOODSENSE LANCETS 33G	2	QL (204 lancets per 30 days)
GOODSENSE LANCETS 33G UNIV	2	QL (204 lancets per 30 days)
<i>goodsense lancing device</i>	2	
GUARDIAN 4 GLUCOSE SENSOR (<i>continuous glucose sensor</i>)	3	PA; QL (5 sensors per 30 days)
GUARDIAN 4 TRANSMITTER (<i>continuous glucose transmitter</i>)	3	PA; QL (1 unit per 1 year)
GUARDIAN CONNECT TRANSMITTER (<i>continuous glucose transmitter</i>)	3	PA; QL (2 units per 1 year)
GUARDIAN LINK 3 TRANSMITTER (<i>continuous glucose transmitter</i>)	3	PA
GUARDIAN REAL-TIME REPLACE PED DEVICE (<i>continuous glucose receiver</i>)	3	PA; QL (1 unit per 365 days)
GUARDIAN SENSOR (3) (<i>continuous glucose sensor</i>)	3	PA; QL (5 sensors per 30 days)
GUARDIAN SENSOR 3	3	PA; QL (5 sensors per 30 days)
HAEMOLANCE (<i>lancets</i>)	2	QL (204 lancets per 30 days)
HAEMOLANCE LOW FLOW LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
HAEMOLANCE PLUS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
HAEMOLANCE PLUS HIGH FLOW (<i>lancets</i>)	2	QL (204 lancets per 30 days)
HAEMOLANCE PLUS LOW FLOW (<i>lancets</i>)	2	QL (204 lancets per 30 days)
HAEMOLANCE PLUS MAX FLOW (<i>lancets</i>)	2	QL (204 lancets per 30 days)
HAEMOLANCE PLUS PEDIATRIC FLOW (<i>lancets</i>)	2	QL (204 lancets per 30 days)
HEALTH CARE LANCING DEVICE (<i>lancet devices</i>)	2	
<i>h-e-b incontrol adv lancing</i>	2	
H-E-B INCONTROL LANCETS 28G	2	QL (204 lancets per 30 days)
H-E-B INCONTROL LANCETS 30G	2	QL (204 lancets per 30 days)
H-E-B INCONTROL LANCETS 33G	2	QL (204 lancets per 30 days)
HYPOLANCE AST LANCING KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
HY-VEE LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
HY-VEE THIN LANCETS	2	QL (204 lancets per 30 days)
IHEALTH LANCING DEVICE (<i>lancet devices</i>)	2	
IN TOUCH LANCING DEVICE (<i>lancet devices</i>)	2	
IN TOUCH STERILE LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
KINNEY LANCETS	2	QL (204 lancets per 30 days)
KINNEY THIN LANCETS	2	QL (204 lancets per 30 days)
KROGER AUTOLET LANCING DEVICE (<i>lancet devices</i>)	2	
KROGER HEALTHPRO LANCET 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
KROGER LANCETS	2	QL (204 lancets per 30 days)
KROGER LANCETS 21G	2	QL (204 lancets per 30 days)
KROGER LANCETS MICRO THIN 33G	2	QL (204 lancets per 30 days)

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KROGER LANCETS SUPER THIN	2	QL (204 lancets per 30 days)
KROGER LANCETS THIN	2	QL (204 lancets per 30 days)
KROGER LANCETS THIN 26G	2	QL (204 lancets per 30 days)
KROGER LANCETS ULTRATHIN 30G	2	QL (204 lancets per 30 days)
<i>kroger lancing device</i>	2	
<i>lancet device</i>	2	
<i>lancet device with ejector</i>	2	
LANCETS	2	QL (204 lancets per 30 days)
LANCETS 30G	2	QL (204 lancets per 30 days)
LANCETS 33G	2	QL (204 lancets per 30 days)
LANCETS MICRO THIN 33G	2	QL (204 lancets per 30 days)
LANCETS SUPER THIN (<i>lancets</i>)	2	QL (204 lancets per 30 days)
LANCETS SUPER THIN 28G	2	QL (204 lancets per 30 days)
LANCETS THIN	2	QL (204 lancets per 30 days)
LANCETS ULTRA THIN (<i>lancets</i>)	2	QL (204 lancets per 30 days)
LANCETS ULTRA THIN 30G	2	QL (204 lancets per 30 days)
<i>lancing device</i>	2	
LANZO (<i>lancet devices</i>)	2	
<i>leader advanced lancing device</i>	2	
LIBERTY MEDICAL LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
LIBERTY MINI LANCING DEVICE (<i>lancet devices</i>)	2	
LITE TOUCH LANCETS	2	QL (204 lancets per 30 days)
LITE TOUCH LANCING PEN (<i>lancet devices</i>)	2	
LITETOUCH LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
LIVE BETTER LANCET SUPER THIN	2	QL (204 lancets per 30 days)
LONGS LANCETS STANDARD	2	QL (204 lancets per 30 days)
LONGS LANCETS THIN	2	QL (204 lancets per 30 days)
LONGS LANCETS ULTRA THIN	2	QL (204 lancets per 30 days)
MEDICHOICE SAFETY LANCET	2	QL (204 lancets per 30 days)
MEDICHOICE SAFETY LANCET EXTRA	2	QL (204 lancets per 30 days)
MEDICHOICE SAFETY LANCET NORM	2	QL (204 lancets per 30 days)
MEDLANCE PLUS EXTRA 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEDLANCE PLUS LITE 25G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEDLANCE PLUS SPECIAL 0.8MM (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEDLANCE PLUS SUPERLITE 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEDLANCE PLUS UNIVERSAL 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEIJER LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEIJER LANCETS THIN (<i>lancets</i>)	2	QL (204 lancets per 30 days)

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEIJER LANCETS UNIVERSAL 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEIJER SUPER THIN LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MICROLET LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MICROLET NEXT LANCING DEVICE (<i>lancet devices</i>)	2	
<i>mini lancet device</i>	2	
MINILINK REAL-TIME TRANSMITTER (<i>continuous glucose transmitter</i>)	3	PA
MINIMED 630G GUARDIAN PRESS (<i>continuous glucose transmitter</i>)	3	PA
MM LANCING DEVICE (<i>lancet devices</i>)	2	
MM TWIST LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MONOLET LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MONOLET OPD LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MONOLETTOR SAFETY LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
<i>multi-lancet device</i>	2	
MULTI-LANCET DEVICE 2 KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
MYGLUCOHEALTH LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
NOVA SAFETY LANCETS 23G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
NOVA SAFETY LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
NOVA SUREFLEX LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
NOVA SUREFLEX LANCING DEVICE (<i>lancet devices</i>)	2	
ONETOUCH DELICA PLUS LANCET30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ONETOUCH DELICA PLUS LANCET33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ONETOUCH DELICA PLUS LANCING (<i>lancet devices</i>)	2	
ONETOUCH DELICA SAFETY LANCING (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ONETOUCH ULTRASOFT 2 LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PARADIGM REAL-TIME TRANSMITTER (<i>continuous glucose transmitter</i>)	3	PA
PERFECT LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PERFECT LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PERFECT POINT SAFETY LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PHARMACIST CHOICE LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PHARMACY COUNTER LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PIP LANCETS 28G	2	QL (204 lancets per 30 days)
PIP LANCETS 30G	2	QL (204 lancets per 30 days)
PREFERRED PLUS LANCETS COLORED	2	QL (204 lancets per 30 days)
PREFERRED PLUS LANCETS THIN	2	QL (204 lancets per 30 days)
PRO COMFORT LANCETS 30G	2	QL (204 lancets per 30 days)
PRO COMFORT LANCETS 31G	2	QL (204 lancets per 30 days)

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pro comfort safety lancets 30g</i>	2	QL (204 lancets per 30 days)
PRODIGY LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PRODIGY LANCING DEVICE (<i>lancet devices</i>)	2	
PRODIGY SAFETY LANCETS 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PRODIGY TWIST TOP LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PURE COMFORT LANCETS 30G	2	QL (204 lancets per 30 days)
<i>px advanced lancings device</i>	2	
PX LANCETS MICROTHIN 33G	2	QL (204 lancets per 30 days)
PX LANCETS ULTRA THIN 28G	2	QL (204 lancets per 30 days)
<i>qc advanced lancings device</i>	2	
QC LANCETS SUPER THIN 30G	2	QL (204 lancets per 30 days)
QC LANCETS ULTRA THIN	2	QL (204 lancets per 30 days)
QC UNILET LANCETS 28G	2	QL (204 lancets per 30 days)
QC UNILET LANCETS MICRO THIN	2	QL (204 lancets per 30 days)
RA E-ZJECT LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
RA E-ZJECT LANCETS THIN 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
RA E-ZJECT LANCETS THIN 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
RA E-ZJECT LANCETS ULTRA THIN (<i>lancets</i>)	2	QL (204 lancets per 30 days)
READYLANCE SAFETY LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
REALITY LANCETS	2	QL (204 lancets per 30 days)
REALITY TRIGGER LANCETS	2	QL (204 lancets per 30 days)
RELION LANCET DEVICES 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
RELION LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
RELION LANCETS MICRO-THIN 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
RELION LANCETS THIN 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
RELION LANCETS ULTRA-THIN 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
RELION LANCING DEVICE (<i>lancet devices</i>)	2	
RELION LANCING DEVICE KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
RELION ULTRA THIN LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
RELION ULTRA THIN PLUS LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
REXALL LANCETS ULTRA THIN 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
RIGHTEST ALTERNATE SITE ADAPT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
RIGHTEST GD500 LANCING DEVICE (<i>lancet devices</i>)	2	
RIGHTEST GL300 LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SAFETY LANCET 30G/PRESSURE ACT	2	QL (204 lancets per 30 days)
SAFETY LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SAFETY LANCETS 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SAFETY LANCETS 23G (<i>lancets</i>)	2	QL (204 lancets per 30 days)

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Effective 01012025

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SAFETY LANCETS 28G	2	QL (204 lancets per 30 days)
<i>saps health plus lancets</i>	2	QL (204 lancets per 30 days)
SAPS HEALTH TWIST TOP LANCETS	2	QL (204 lancets per 30 days)
SAPS TWIST TOP LANCETS	2	QL (204 lancets per 30 days)
SAPSCARE TWIST TOP LANCETS	2	QL (204 lancets per 30 days)
SB LANCETS THIN	2	QL (204 lancets per 30 days)
SB LANCETS ULTRA THIN	2	QL (204 lancets per 30 days)
<i>select-lite device/lancets kit</i>	2	QL (200 units per 30 days)
<i>select-lite lancing device</i>	2	
SIMPLE DIAGNOSTICS LANCING DEV (<i>lancet devices</i>)	2	
SINGLE-LET (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SM LANCETS 33G	2	QL (204 lancets per 30 days)
SM TRUEDRAW LANCING DEVICE (<i>lancet devices</i>)	2	
SMART DIABETES VANTAGE LANCING (<i>lancet devices</i>)	2	
SMART SENSE COLOR LANCETS 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SMART SENSE STANDARD LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SMART SENSE SUPER THIN LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SMART SENSE THIN LANCETS 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SMARTEST LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SOLUS V2 LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SOLUS V2 LANCING DEVICE (<i>lancet devices</i>)	2	
SOLUS V2 TWIST LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
STERILANCE TL (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SUPER THIN LANCETS	2	QL (204 lancets per 30 days)
SURE COMFORT LANCETS 18G	2	QL (204 lancets per 30 days)
SURE COMFORT LANCETS 21G	2	QL (204 lancets per 30 days)
SURE COMFORT LANCETS 23G	2	QL (204 lancets per 30 days)
SURE COMFORT LANCETS 28G	2	QL (204 lancets per 30 days)
SURE COMFORT LANCETS 30G	2	QL (204 lancets per 30 days)
<i>sure comfort lancing pen</i>	2	
SURELITE LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
TECHLITE AST LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
TECHLITE LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
TECHLITE LANCETS 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
TGT LANCET MICRO THIN 33G	2	QL (204 lancets per 30 days)
TGT LANCET THIN 26G	2	QL (204 lancets per 30 days)
TGT LANCET ULTRA THIN 30G	2	QL (204 lancets per 30 days)
<i>tgt lancing device</i>	2	

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<i>today's health lancing device</i>	2	
TODAYS HEALTH THIN LANCETS 28G	2	QL (204 lancets per 30 days)
TODAYS HEALTH THIN LANCETS 30G	2	QL (204 lancets per 30 days)
TOPCARE LANCETS MICRO-THIN 33G	2	QL (204 lancets per 30 days)
TRAVEL LANCETS ADVANCED 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
<i>true comfort safety lancets</i>	2	QL (204 lancets per 30 days)
TRUE COMFORT TWIST TOP LANCETS	2	QL (204 lancets per 30 days)
TRUEDRAW LANCING DEVICE (<i>lancet devices</i>)	2	
TRUEPLUS LANCETS 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
TRUEPLUS LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
TRUEPLUS LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
TRUEPLUS LANCETS 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
TRUEPLUS SAFETY LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
<i>twist top lancets 30g</i>	2	QL (204 lancets per 30 days)
ULTI-LANCE AUTOMATIC (<i>lancet devices</i>)	2	
ULTILET CLASSIC LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ULTILET LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ULTILET SAFETY LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ULTILET SAFETY LANCETS 23G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ULTRA THIN LANCETS 31G	2	QL (204 lancets per 30 days)
ULTRA-CARE LANCETS 30G	2	QL (204 lancets per 30 days)
ULTRA-THIN II AUTO LANCET (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ULTRA-THIN II LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNILET COMFORTOUCH LANCET (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNILET EXCELITE (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNILET EXCELITE II (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNILET G.P. LANCET (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNILET G.P. SUPERLITE LANCET (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNILET GP 28 ULTRA THIN (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNILET LANCET (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNILET MICRO-THIN 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNILET SUPERLITE LANCET (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNILET SUPER-THIN 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNILET ULTRA-THIN 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNISTIK 1 (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK 2 (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK 2 COMFORT (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK 2 EXTRA (<i>lancets</i>)	2	QL (200 units per 30 days)

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Effective 01/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTIK 2 NEONATAL (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK 2 NORMAL (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK 2 SUPER (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK 3 (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK 3 COMFORT (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK 3 EXTRA (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK 3 GENTLE (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNISTIK 3 NEONATAL (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK 3 NORMAL (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK CZT COMFORT (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK CZT NORMAL (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK NORMAL (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK PRO SAFETY LANCET (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNISTIK SAFETY LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNISTIK SAFETY LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 23G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNIVERSAL 1 LANCETS THIN 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNIVERSAL 1 LANCETS THIN 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNIVERSAL 1 LANCETS ULTRA THIN (<i>lancets</i>)	2	QL (204 lancets per 30 days)
VALUE PLUS LANCET STANDARD 21G	2	QL (204 lancets per 30 days)
VALUE PLUS LANCETS SUPER THIN	2	QL (204 lancets per 30 days)
VALUE PLUS LANCETS THIN 26G	2	QL (204 lancets per 30 days)
<i>value plus lancing device</i>	2	
VERIFINE SAFE LANCET MINI 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 23G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
VIVAGUARD LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
VIVAGUARD LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
VIVAGUARD LANCING DEVICE (<i>lancet devices</i>)	2	
VIVAGUARD SAFETY LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
WALGREENS LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WALGREENS LANCETS MICRO THIN	2	QL (204 lancets per 30 days)
WALGREENS LANCETS SUPER THIN	2	QL (204 lancets per 30 days)
WALGREENS THIN LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
WALGREENS ULTRA THIN LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ZEV RX TWIST TOP LANCETS 30G	2	QL (204 lancets per 30 days)
*INSULIN ADMINISTRATION SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per 4 yearss)
OMNIPOD 5 DEXG7G6 PODS GEN 5 (<i>insulin disposable pump</i>)	2	PA; QL (15 pods per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6 KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per 4 years)
OMNIPOD 5 LIBRE2 PLUS G6 PODS (<i>insulin disposable pump</i>)	2	PA; QL (15 pods per 30 days)
OMNIPOD CLASSIC PODS (GEN 3) (<i>insulin disposable pump</i>)	2	PA; QL (15 pods per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per 4 yearss)
OMNIPOD DASH PDM (GEN 4) KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per 4 yearss)
OMNIPOD DASH PODS (GEN 4) (<i>insulin disposable pump</i>)	2	PA; QL (15 pods per 30 days)
OMNIPOD GO KIT (<i>insulin disposable pump</i>)	3	PA
V-GO 20 KIT (<i>insulin disposable pump</i>)	3	PA
V-GO 30 KIT (<i>insulin disposable pump</i>)	3	PA
V-GO 40 KIT (<i>insulin disposable pump</i>)	3	PA
*NEEDLES & SYRINGES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
1ST TIER UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
1ST TIER UNIFINE PENTIPS PLUS	3	ST; QL (200 needles per 30 days)
ADVOCATE INSULIN PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ADVOCATE INSULIN PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ADVOCATE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
<i>aq insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>aqinject pen needle</i>	3	ST; QL (200 needles per 30 days)
ASSURE ID DUO PRO PEN NEEDLES (<i>insulin pen needle</i>)	3	QL (200 needles per 30 days)
ASSURE ID PRO PEN NEEDLES (<i>insulin pen needle</i>)	3	QL (200 needles per 30 days)
ASSURE ID SAFETY PEN NEEDLES (<i>insulin pen needle</i>)	3	QL (200 needles per 30 days)
<i>aum insulin safety pen needle</i>	3	ST; QL (200 needles per 30 days)
AUM MINI INSULIN PEN NEEDLE	3	ST; QL (200 needles per 30 days)
<i>aum pen needle</i>	3	ST; QL (200 needles per 30 days)
AUM READYGARD DUO PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
AUM SAFETY PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
AURORA PEN NEEDLES	3	ST; QL (200 needles per 30 days)
BD AUTOSHIELD DUO (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD INSULIN SYR ULTRAFINE II (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)

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Effective 01012025

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BD INSULIN SYRINGE (<i>insulin syringes (disposable)</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE HALF-UNIT (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE MICROFINE (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F 1/2UNIT (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U-500 (<i>insulin syringe/needle u-500</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD PEN NEEDLE MICRO U/F (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD PEN NEEDLE MINI U/F (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD PEN NEEDLE NANO 2ND GEN (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD PEN NEEDLE NANO U/F (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD PEN NEEDLE ORIGINAL U/F (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD PEN NEEDLE SHORT U/F (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD VEO INSULIN SYR U/F 1/2UNIT (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD VEO INSULIN SYRINGE U/F (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
CAREFINE PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
CAREONE INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
CAREONE UNIFINE PENTIPS PLUS	3	ST; QL (200 needles per 30 days)
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	QL (200 syringes per 30 days)
CARETOUCH PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
CEQR SIMPLICITY 2U DEVICE (<i>injection device for insulin</i>)	3	PA
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
CLICKFINE PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
COMFORT ASSIST INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G 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, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (<i>insulin syringe-needle u-100</i>)	3	QL (200 syringes per 30 days)
COMFORT EZ MICRO PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)

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Effective 01012025

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COMFORT EZ PRO PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	3	QL (200 needles per 30 days)
COMFORT EZ SHORT PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
COMFORT TOUCH INSULIN PEN NEED (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
DIATHRIVE PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
DROPLET INSULIN SYRINGE 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 15/64" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	3	QL (200 syringes per 30 days)
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
DROPLET MICRON (<i>insulin pen needle</i>)	3	QL (200 needles per 30 days)
DROPLET PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM	3	ST; QL (200 needles per 30 days)
DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM	3	QL (200 needles per 30 days)
DROPSAFE SAFETY SYRINGE/NEEDLE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 needles per 30 days)
DRUG MART UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
DRUG MART UNIFINE PENTIPS PLUS	3	ST; QL (200 needles per 30 days)
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	3	ST; QL (200 syringes per 30 days)
<i>easy comfort insulin syringe 31g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml</i>	3	ST; QL (200 syringes per 30 days)
EASY COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	3	ST; QL (200 needles per 30 days)
EASY COMFORT PEN NEEDLES 31G X 8 MM	3	QL (200 needles per 30 days)
EASY GLIDE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE 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" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 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>)	3	ST; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML (<i>insulin syringe-needle u-100</i>)	3	QL (200 syringes per 30 days)
EASY TOUCH PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
EASY TOUCH SAFETY PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
EMBRACE PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
EQL INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
FIFTY50 PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)

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Effective 01012025

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FIFTY50 SUPERIOR COMFORT SYR (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
GLOBAL EASE INJECT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML	3	QL (200 syringes per 30 days)
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	3	ST; QL (200 syringes per 30 days)
GLOBAL EASY GLIDE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
GLOBAL INJECT EASE INSULIN SYR	3	ST; QL (200 syringes per 30 days)
GLOBAL INSULIN SYRINGES	3	ST; QL (200 syringes per 30 days)
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	3	QL (200 syringes per 30 days)
GNP CLICKFINE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
GNP INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES	3	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES 28GX1/2"	3	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES 29GX1/2"	3	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES 30GX5/16"	3	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES 31GX5/16"	3	ST; QL (200 syringes per 30 days)
GNP ULTICARE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
GNP ULTIGUARD SAFEPACK NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
GNP ULTRA COM INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
GOODSENSE CLICKFINE PEN NEEDLE	3	ST; QL (200 needles per 30 days)
GOODSENSE PEN NEEDLE PENFINE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
HEALTHWISE INSULIN SYR/NEEDLE	3	QL (200 syringes per 30 days)
HEALTHWISE MICRON PEN NEEDLES	3	QL (200 needles per 30 days)
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM	3	QL (200 needles per 30 days)
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM	3	ST; QL (200 needles per 30 days)
H-E-B INCONTROL PEN NEEDLES	3	ST; QL (200 needles per 30 days)
H-E-B INCONTROL UNIFINE PENTIP (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
HM ULTICARE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
HM ULTICARE MINI PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
HM ULTICARE SHORT PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
INCONTROL ULTICARE PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
<i>insulin syringe-needle u-100 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, 30g x 1/2" 1 ml</i>	3	ST; QL (200 syringes per 30 days)

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL (200 syringes per 30 days)
INSUPEN PEN NEEDLES	3	ST; QL (200 needles per 30 days)
KINRAY INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
KMART VALU INSULIN SYRINGE 29G	3	ST; QL (200 syringes per 30 days)
KMART VALU INSULIN SYRINGE 30G	3	ST; QL (200 syringes per 30 days)
KROGER INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
KROGER PEN NEEDLES	3	ST; QL (200 needles per 30 days)
LEADER INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
LEADER UNIFINE PENTIPS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
LEADER UNIFINE PENTIPS PLUS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
LITETOUCH INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
LITETOUCH PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
LONGS INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
MAGELLAN INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
MARATHON MEDICAL PENTIPS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
MAXICOMFORT II PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
MAXI-COMFORT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
MAXI-COMFORT SAFETY PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
MAXICOMFORT SYR 27G X 1/2" (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
MEDIC INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
MEDICINE SHOPPE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
MEIJER PEN NEEDLES	3	ST; QL (200 needles per 30 days)
MICRODOT PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
MM INSULIN SYRINGE/NEEDLE	3	ST; QL (200 syringes per 30 days)
MM PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
MONOJECT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
MONOJECT ULTRA COMFORT SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
MS INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
NOVOFINE PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
NOVOFINE PLUS PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
PC UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
<i>pen needle/5-bevel tip</i>	3	ST; QL (200 needles per 30 days)
PEN NEEDLES	3	ST; QL (200 needles per 30 days)
PEN NEEDLES 5/16"	3	ST; QL (200 needles per 30 days)
PENTIPS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
PENTIPS GENERIC PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)

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Effective 01012025

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<i>pip pen needles 31g x 5mm</i>	3	ST; QL (200 needles per 30 days)
<i>pip pen needles 32g x 4mm</i>	3	ST; QL (200 needles per 30 days)
PRECISION SURE-DOSE SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
PREFERRED PLUS INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
PREFERRED PLUS UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
PREVENT DROPSAFE PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
PREVENT SAFETY PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
PRO COMFORT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
PRO COMFORT PEN NEEDLES 32G X 4 MM , 32G X 5 MM , 32G X 6 MM	3	ST; QL (200 needles per 30 days)
PRODIGY INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
PURE COMFORT PEN NEEDLE	3	ST; QL (200 needles per 30 days)
<i>pure comfort safety pen needle</i>	3	QL (200 needles per 30 days)
PX EXTRA SHORT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
PX INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
PX MINI PEN NEEDLES	3	ST; QL (200 needles per 30 days)
PX PEN NEEDLE	3	ST; QL (200 needles per 30 days)
QC PEN NEEDLES	3	ST; QL (200 needles per 30 days)
QC UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
RA INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
RA PEN NEEDLES	3	ST; QL (200 needles per 30 days)
<i>raya sure pen needle</i>	3	ST; QL (200 needles per 30 days)
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	3	QL (200 syringes per 30 days)
REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	3	ST; QL (200 syringes per 30 days)
RELION INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
RELION MINI PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
RELION PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
RELION SHORT PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
<i>safety pen needles</i>	3	ST; QL (200 needles per 30 days)
SB INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
SECURES SAFE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
SECURES SAFE SAFETY PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
SURE COMFORT INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
SURE COMFORT PEN NEEDLES 29G X 12.7MM , 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	3	ST; QL (200 needles per 30 days)
<i>sure comfort pen needles 31g x 6 mm</i>	3	ST; QL (200 needles per 30 days)
TECHLITE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML	3	ST; QL (200 syringes per 30 days)
TECHLITE INSULIN SYRINGE 31G X 15/64" 0.5 ML, 31G X 5/16" 0.5 ML	3	QL (200 syringes per 30 days)

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Effective 01012025

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TECHLITE PEN NEEDLES 29G X 12MM , 31G X 5 MM (<i>insulin pen needle</i>)	3	
TECHLITE PEN NEEDLES 31G X 8 MM , 32G X 6 MM (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
TECHLITE PLUS PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
TODAYS HEALTH PEN NEEDLES	3	ST; QL (200 needles per 30 days)
TODAYS HEALTH SHORT PEN NEEDLE	3	ST; QL (200 needles per 30 days)
TOPCARE CLICKFINE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
TOPCARE ULTRA COMFORT INS SYR	3	ST; QL (200 syringes per 30 days)
<i>true comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 32g x 5/16" 1 ml</i>	3	ST; QL (200 syringes per 30 days)
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	QL (200 syringes per 30 days)
TRUE COMFORT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
TRUE COMFORT PRO INSULIN SYR	3	ST; QL (200 syringes per 30 days)
TRUE COMFORT PRO PEN NEEDLES	3	ST; QL (200 needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM (<i>insulin pen needle</i>)	3	QL (200 needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
TRUEPLUS INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
TRUEPLUS PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
TRUEPLUS PEN NEEDLES 31G X 6 MM , 32G X 4 MM (<i>insulin pen needle</i>)	3	QL (200 needles per 30 days)
ULTICARE INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTICARE INSULIN SYR 1/2 UNIT (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTICARE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTICARE MICRO PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTICARE MINI PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTICARE PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTICARE SHORT PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTIGUARD SAFEPAK PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTIGUARD SAFEPAK SYR/NEEDLE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTILET PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTRA COMFORT INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
ULTRA FLO INSULIN PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTRA FLO INSULIN SYR 1/2 UNIT (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTRA FLO INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTRA THIN PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTRACARE INSULIN SYRINGE	3	QL (200 syringes per 30 days)

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Effective 01012025

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ULTRACARE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
ULTRA-THIN II INS SYR SHORT (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTRA-THIN II INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTRA-THIN II MINI PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTRA-THIN II PEN NEEDLE SHORT (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTRA-THIN II PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
UNIFINE PENTIPS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM (<i>insulin pen needle</i>)	3	QL (200 needles per 30 days)
UNIFINE PROTECT PEN NEEDLE 30G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
UNIFINE ULTRA PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
VALUE HEALTH INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	QL (200 syringes per 30 days)
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM (<i>insulin pen needle</i>)	3	QL (200 needles per 30 days)
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
VERIFINE INSULIN SYRINGE 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>)	3	QL (200 syringes per 30 days)
VERIFINE PLUS PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
VP INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
WEGMANS UNIFINE PENTIPS PLUS	3	ST; QL (200 needles per 30 days)
ZEV RX INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
ZEV RX PEN NEEDLES	3	ST; QL (200 needles per 30 days)
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM		
*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)*** - DRUGS FOR MIGRAINE HEADACHES		
NURTEC ORAL TABLET DISPERSIBLE (<i>rimegepant sulfate</i>)	2	PA; QL (8 tablets per 30 days)
QULIPTA ORAL TABLET (<i>atogepant</i>)	2	PA; QL (1 tablet per 1 day)
UBRELVY ORAL TABLET (<i>ubrogepant</i>)	2	ST; QL (16 tablets per 30 days)
ZAVZPRET NASAL SOLUTION (<i>zavegepant hcl</i>)	3	ST; QL (8 devices per 30 days)

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Effective 01012025

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*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR MIGRAINE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>erenumab-aooe</i>)	3	PA; QL (1 autoinjector per 28 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>fremanezumab-vfrm</i>)	3	PA; QL (3 syringes per 90 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>fremanezumab-vfrm</i>)	3	PA; QL (3 syringes per 90 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>galcanezumab-gnlm</i>)	3	PA; QL (3 syringes per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>galcanezumab-gnlm</i>)	3	PA; QL (1 pen per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>galcanezumab-gnlm</i>)	3	PA; QL (1 syringe per 28 days)
VYEPTI INTRAVENOUS SOLUTION (<i>eptinezumab-ijmr</i>)	4	PA; LD; QL (1 vial per 3 monthss)
*ERGOT COMBINATIONS*** - DRUGS FOR MIGRAINE HEADACHES		
<i>ergotamine-caffeine oral tablet</i>	1 or 1b*	
<i>migergot rectal suppository</i>	1 or 1b*	
*MIGRAINE PRODUCTS - CYCLOOXYGENASE 2 (COX-2) INHIBITORS*** - DRUGS FOR MIGRAINE HEADACHES		
ELYXYB ORAL SOLUTION (<i>celecoxib (migraine)</i>)	3	ST; QL (43.2 mL per 30 days)
*MIGRAINE PRODUCTS - NSAIDS*** - DRUGS FOR MIGRAINE HEADACHES		
CAMBIA ORAL PACKET (<i>diclofenac potassium(migraine)</i>)	3	ST; QL (9 packets per 30 days)
<i>diclofenac potassium(migraine) oral packet</i>	3	ST; QL (9 packets per 30 days)
*MIGRAINE PRODUCTS*** - DRUGS FOR MIGRAINE HEADACHES		
<i>dihydroergotamine mesylate injection solution</i>	1 or 1b*	PA; QL (24 mL per 28 days)
<i>dihydroergotamine mesylate nasal solution</i>	3	ST; QL (8 mL per 28 days)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL (<i>ergotamine tartrate</i>)	3	ST; QL (20 tablets per 30 days)
MIGRANAL NASAL SOLUTION (<i>dihydroergotamine mesylate</i>)	3	ST; QL (8 mL per 28 days)
TRUDHESA NASAL AEROSOL SOLUTION (<i>dihydroergotamine mesylate hfa</i>)	3	ST; QL (2 kits per 28 days)
*SELECTIVE SEROTONIN AGONIST-NSAID COMBINATIONS*** - DRUGS FOR MIGRAINE HEADACHES		
<i>sumatriptan-naproxen sodium oral tablet</i>	3	ST; QL (9 tablets per 30 days)
TREXIMET ORAL TABLET (<i>sumatriptan-naproxen sodium</i>)	3	ST; QL (9 tablets per 30 days)
*SELECTIVE SEROTONIN AGONISTS 5-HT(1)*** - DRUGS FOR MIGRAINE HEADACHES		
<i>almotriptan malate oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>eletriptan hydrobromide oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)

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FROVA ORAL TABLET (<i>frovatriptan succinate</i>)	3	ST; QL (9 tablets per 30 days)
<i>frovatriptan succinate oral tablet</i>	1 or 1b*	ST; QL (9 tablets per 30 days)
IMITREX ORAL TABLET (<i>sumatriptan succinate</i>)	3	ST; QL (9 tablets per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE (<i>sumatriptan succinate</i>)	3	ST; QL (6 cartridges per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML (<i>sumatriptan succinate</i>)	3	ST; QL (6 syringes (2 ML) per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML (<i>sumatriptan succinate</i>)	3	ST; QL (6 cartridges per 30 days)
MAXALT ORAL TABLET (<i>rizatriptan benzoate</i>)	3	ST; QL (9 tablets per 30 days)
MAXALT-MLT ORAL TABLET DISPERSIBLE (<i>rizatriptan benzoate</i>)	3	ST; QL (9 tablets per 30 days)
<i>naratriptan hcl oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
ONZETRA XSAIL NASAL EXHALER POWDER (<i>sumatriptan succinate</i>)	3	ST; QL (1 kit per 30 days)
RELPAK ORAL TABLET (<i>eletriptan hydrobromide</i>)	3	ST; QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>sumatriptan nasal solution</i>	1 or 1b*	QL (6 nasal inhalers per 30 days)
<i>sumatriptan succinate oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	1 or 1b*	QL (6 cartridges per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	1 or 1b*	QL (5 vials per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	1 or 1b*	QL (6 syringes (2 ML) per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	1 or 1b*	QL (6 cartridges per 30 days)
TOSYMRA NASAL SOLUTION (<i>sumatriptan</i>)	3	ST; QL (12 units per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>sumatriptan succinate</i>)	3	ST; QL (8 syringes per 30 days)
<i>zolmitriptan nasal solution</i>	1 or 1b*	ST; QL (6 nasal inhalers per 30 days)
<i>zolmitriptan oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>zolmitriptan oral tablet dispersible</i>	1 or 1b*	QL (9 tablets per 30 days)
ZOMIG NASAL SOLUTION (<i>zolmitriptan</i>)	3	ST; QL (6 nasal inhalers per 30 days)
<i>zolmitriptan</i> (Zomig Oral Tablet)	3	ST; QL (9 tablets per 30 days)
*SELECTIVE SEROTONIN AGONISTS 5-HT(1F)*** - DRUGS FOR MIGRAINE HEADACHES		
REYVOW ORAL TABLET 100 MG (<i>lasmiditan succinate</i>)	3	ST; QL (8 tablets per 30 days)
REYVOW ORAL TABLET 50 MG (<i>lasmiditan succinate</i>)	3	ST; QL (4 tablets per 30 days)
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION		
*BICARBONATES*** - DRUGS FOR NUTRITION		
SODIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML	3	
<i>sodium acetate intravenous solution 4 meq/ml</i>	1 or 1b*	

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Effective 01012025

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<i>sodium bicarbonate intravenous solution 4.2 %, 7.5 %</i>	1 or 1b*	
THAM INTRAVENOUS SOLUTION (<i>tromethamine</i>)	3	
*CALCIUM COMBINATIONS*** - DRUGS FOR NUTRITION		
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.675 GM/50ML-%, 1-0.8 GM/100ML-%, 2-0.675 GM/100ML-%	3	
*CALCIUM*** - DRUGS FOR NUTRITION		
CALCIUM GLUCONATE INTRAVENOUS SOLUTION	3	
*ELECTROLYTES & DEXTROSE*** - DRUGS FOR NUTRITION		
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	3	
<i>dextrose in lactated ringers intravenous solution</i>	1 or 1b*	
DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 10-0.2 %, 5-0.225 %, 5-0.3 %	3	
<i>dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	1 or 1b*	
<i>dextrose-sodium chloride intravenous solution 2.5-0.45 %</i>	3	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-mb in dextrose</i>)	3	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-p in dextrose</i>)	3	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 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-%-%</i>	1 or 1b*	
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.225 MEQ/L-%-%, 40-5-0.9 MEQ/L-%-%	3	
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION	3	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-m in dextrose</i>)	3	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-r in dextrose</i>)	3	
<i>potassium cl in dextrose 5% intravenous solution</i>	1 or 1b*	
*ELECTROLYTES PARENTERAL*** - DRUGS FOR NUTRITION		
ISOLYTE-S INTRAVENOUS SOLUTION (<i>electrolyte-s</i>)	3	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION (<i>electrolyte-s (ph 7.4)</i>)	3	
KCL (0.149%) IN NAACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%	1 or 1b*	
<i>kcl (0.149%) in nacl intravenous solution 20-0.9 meq/l-%</i>	1 or 1b*	
KCL (0.298%) IN NAACL INTRAVENOUS SOLUTION	1 or 1b*	
<i>lactated ringers intravenous solution</i>	1 or 1b*	
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	1 or 1b*	
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	1 or 1b*	
NORMOSOL-R INTRAVENOUS SOLUTION (<i>electrolyte-r</i>)	3	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION (<i>electrolyte-r (ph 7.4)</i>)	3	

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Effective 01012025

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PLASMA-LYTE A INTRAVENOUS SOLUTION (<i>electrolyte-a</i>)	3	
POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%, 40-0.9 MEQ/L-%	3	
<i>potassium chloride in nacl intravenous solution 20-0.9 meq/l-%</i>	3	
<i>ringers intravenous solution</i>	1 or 1b*	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE (<i>parenteral electrolytes</i>)	3	
*FLUORIDE COMBINATIONS*** - DRUGS FOR NUTRITION		
FLORIVA ORAL LIQUID (<i>sodium fluoride-vitamin d</i>)	3	
*FLUORIDE*** - DRUGS FOR NUTRITION		
<i>sodium fluoride oral solution</i>	1 or 1a*; \$0	
<i>sodium fluoride oral tablet</i>	1 or 1a*; \$0	
<i>sodium fluoride oral tablet chewable</i>	1 or 1a*; \$0	
*MAGNESIUM*** - DRUGS FOR NUTRITION		
MAGNESIUM SULFATE IN D5W INTRAVENOUS SOLUTION	3	
MAGNESIUM SULFATE INJECTION SOLUTION	1 or 1b*	
MAGNESIUM SULFATE INTRAVENOUS SOLUTION	3	
*MANGANESE*** - DRUGS FOR NUTRITION		
<i>manganese chloride intravenous solution</i>	1 or 1b*	
*PHOSPHATE*** - DRUGS FOR NUTRITION		
GLYCOPHOS INTRAVENOUS SOLUTION (<i>sodium glycerophosphate</i>)	3	
K-PHOS ORAL TABLET (<i>potassium phosphate monobasic</i>)	2	
K-PHOS-NEUTRAL ORAL TABLET (<i>k phos mono-sod phos di & mono</i>)	3	
<i>phospha 250 neutral oral tablet</i>	1 or 1b*	
<i>phosphorous oral tablet</i>	1 or 1b*	
<i>phospho-trin 250 neutral oral tablet</i>	1 or 1b*	
<i>phospho-trin k500 oral tablet</i>	1 or 1b*	
POTASSIUM PHOSPHATES INTRAVENOUS SOLUTION 15 MMOLE/5ML, 150 MMOLE/50ML	3	
<i>potassium phosphates intravenous solution 45 mmole/15ml</i>	1 or 1b*	
<i>potassium phosphates(66 meq k) intravenous solution</i>	3	
POTASSIUM PHOSPHATES(71 MEQ K) INTRAVENOUS SOLUTION	3	
<i>sodium phosphates intravenous solution</i>	1 or 1b*	
<i>wes-phos 250 neutral oral tablet</i>	1 or 1b*	
*POTASSIUM*** - DRUGS FOR NUTRITION		
<i>klor-con 10 oral tablet extended release</i>	1 or 1b*	
<i>klor-con m10 oral tablet extended release</i>	1 or 1a*	
<i>klor-con m15 oral tablet extended release</i>	1 or 1a*	
<i>klor-con m20 oral tablet extended release</i>	1 or 1a*	

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<i>klor-con oral packet</i>	1 or 1b*	
<i>klor-con oral tablet extended release</i>	1 or 1b*	
K-TAB ORAL TABLET EXTENDED RELEASE (<i>potassium chloride</i>)	3	
POKONZA ORAL PACKET (<i>potassium chloride</i>)	3	ST
POTASSIUM ACETATE INTRAVENOUS SOLUTION	3	
<i>potassium chloride crys er oral tablet extended release</i>	1 or 1a*	
<i>potassium chloride er oral capsule extended release</i>	1 or 1b*	
<i>potassium chloride er oral tablet extended release</i>	1 or 1b*	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/100ML, 20 MEQ/50ML, 40 MEQ/100ML	3	
<i>potassium chloride intravenous solution 2 meq/ml</i>	1 or 1b*	
<i>potassium chloride oral packet</i>	1 or 1b*	
<i>potassium chloride oral solution</i>	1 or 1b*	
*SODIUM*** - DRUGS FOR NUTRITION		
<i>aquastat intravenous solution</i>	1 or 1b*	
<i>sodium chloride flush</i> (Aquastat Sfr Intravenous Solution)	1 or 1b*	
<i>bd posiflush intravenous solution</i>	1 or 1b*	
<i>sodium chloride flush</i> (Bd Posiflush Safescrub Intravenous Solution)	1 or 1b*	
<i>monoject flush syringe intravenous solution</i>	1 or 1b*	
<i>monoject sodium chloride flush intravenous solution</i>	1 or 1b*	
<i>normal saline flush intravenous solution</i>	1 or 1b*	
<i>saline flush intravenous solution</i>	1 or 1b*	
<i>sodium chloride (pf) injection solution</i>	1 or 1b*	
<i>sodium chloride injection solution</i>	1 or 1b*	
<i>sodium chloride intravenous solution 0.45 %, 3 %, 5 %</i>	1 or 1b*	
*TRACE MINERAL COMBINATIONS*** - DRUGS FOR NUTRITION		
MULTITRACE-4 PEDIATRIC INTRAVENOUS SOLUTION (<i>trace minerals cr-cu-mn-zn</i>)	3	
MULTRYS INTRAVENOUS SOLUTION (<i>trace minerals cu-mn-se-zn</i>)	3	
THE LIQUILIFT TRACE INTRAVENOUS KIT (<i>trace minerals cr-cu-mn-se-zn</i>)	3	
TRALEMENT INTRAVENOUS SOLUTION (<i>trace minerals cu-mn-se-zn</i>)	3	
*TRACE MINERALS*** - DRUGS FOR NUTRITION		
<i>chromic chloride intravenous solution</i>	1 or 1b*	
<i>cupric chloride intravenous solution</i>	3	
SELENIOS ACID INTRAVENOUS SOLUTION 12 MCG/2ML, 60 MCG/ML	3	
SELENIOS ACID INTRAVENOUS SOLUTION 40 MCG/ML	1 or 1b*	
*ZINC*** - DRUGS FOR NUTRITION		
GALZIN ORAL CAPSULE (<i>zinc acetate (oral)</i>)	3	

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<i>zinc chloride intravenous solution</i>	3	
<i>zinc sulfate intravenous solution</i>	1 or 1b*	
MISCELLANEOUS THERAPEUTIC CLASSES - VITAMINS AND MINERALS		
*ACTIVATED PHOSPHOINOSITIDE 3-KINASE DELTA SYNDROME AGENT*** - VITAMINS AND MINERALS		
JOENJA ORAL TABLET (<i>leniolisib phosphate</i>)	4; OC	PA; LD; QL (2 tablets per 1 day); OC
*ANTILEPTOTICS*** - VITAMINS AND MINERALS		
THALOMID ORAL CAPSULE (<i>thalidomide</i>)	2; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
*B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS*** - VITAMINS AND MINERALS		
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED (<i>belimumab</i>)	4	PA; LD; SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>belimumab</i>)	4	PA; LD; QL (4 autoinjectors per 28 days); SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>belimumab</i>)	4	PA; LD; QL (4 pens per 28 days); SP
*CHELATING AGENTS*** - VITAMINS AND MINERALS		
CUPRIMINE ORAL CAPSULE (<i>penicillamine</i>)	3	PA; LD; QL (8 capsules per 1 day); SP
CUVRIOR ORAL TABLET (<i>trientine tetrahydrochloride</i>)	4	PA; LD; QL (10 tablets per 1 day)
DEPEN TITRATABS ORAL TABLET (<i>penicillamine</i>)	3	PA; LD; QL (8 tablets per 1 day); SP
<i>penicillamine oral capsule</i>	3	PA; LD; QL (8 capsules per 1 day); SP
<i>penicillamine oral tablet</i>	1 or 1b*	PA; LD; QL (8 tablets per 1 day); SP
SYPRINE ORAL CAPSULE (<i>trientine hcl</i>)	3	PA; LD; QL (8 capsules per 1 day); SP
<i>trientine hcl oral capsule 250 mg</i>	1 or 1b*	PA; LD; QL (8 capsules per 1 day); SP
<i>trientine hcl oral capsule 500 mg</i>	4	PA; LD; QL (4 capsules per 1 day); SP
*CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS*** - VITAMINS AND MINERALS		
PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION	3	
PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION	3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION (<i>bicarb-dextrose-k (crrt)</i>)	3	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION (<i>bicarb-dextrose-ca (crrt)</i>)	3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION (<i>bicarb-dextrose-k (crrt)</i>)	3	

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PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION (<i>bicarb-dextrose-k-ca (crrt)</i>)	3	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION (<i>bicarb-dextrose-k-mg (crrt)</i>)	3	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION (<i>bicarb-dextrose-k-ca (crrt)</i>)	3	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION (<i>bicarb-mg (crrt)</i>)	3	
*CYCLOSPORINE ANALOGS*** - VITAMINS AND MINERALS		
<i>cyclosporine modified oral capsule</i>	1 or 1b*	LD
<i>cyclosporine modified oral solution</i>	1 or 1b*	LD
<i>cyclosporine oral capsule</i>	1 or 1b*	LD
<i>gengraf oral capsule</i>	1 or 1b*	LD
<i>gengraf oral solution</i>	1 or 1b*	LD
LUPKYNIS ORAL CAPSULE (<i>voclosporin</i>)	4	PA; LD; QL (6 capsules per 1 day)
NEORAL ORAL CAPSULE (<i>cyclosporine modified</i>)	3	LD
NEORAL ORAL SOLUTION (<i>cyclosporine modified</i>)	3	LD
SANDIMMUNE INTRAVENOUS SOLUTION (<i>cyclosporine</i>)	3	LD; SP
SANDIMMUNE ORAL CAPSULE (<i>cyclosporine</i>)	3	LD
*ENZYMES*** - VITAMINS AND MINERALS		
AMPHADASE INJECTION SOLUTION (<i>hyaluronidase bovine</i>)	3	
HYLENEX INJECTION SOLUTION (<i>hyaluronidase human</i>)	3	
XIAFLEX INJECTION SOLUTION RECONSTITUTED (<i>collagenase clostrid histolyt</i>)	4	PA; LD; SP
*FARNESYLTRANSFERASE INHIBITORS*** - VITAMINS AND MINERALS		
ZOKINVY ORAL CAPSULE (<i>lonafarnib</i>)	4	PA; LD; QL (4 capsules per 1 day)
*FECAL INCONTINENCE BULKING AGENT - COMBINATIONS*** - VITAMINS AND MINERALS		
SOLESTA INJECTION GEL (<i>dextranomer-sodium hyaluronate</i>)	4	LD; SP
*IMMUNE GLOBULIN IMMUNOSUPPRESSANTS*** - VITAMINS AND MINERALS		
ATGAM INTRAVENOUS SOLUTION (<i>lymphocyte,anti-thymo imm glob</i>)	3	LD; SP
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>anti-thymocyte glob (rabbit)</i>)	3	LD; SP
*IMMUNOMODULATORS - COMBINATIONS*** - VITAMINS AND MINERALS		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION (<i>efgartigimod alfa-hyalur-qvfc</i>)	4	PA; LD; QL (4 vials per 50 days); SP

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*IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES*** - VITAMINS AND MINERALS		
<i>lenalidomide oral capsule</i>	1 or 1b*; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
REVLIMID ORAL CAPSULE (<i>lenalidomide</i>)	2; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS*** - VITAMINS AND MINERALS		
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED (<i>mycophenolate mofetil hcl</i>)	3	LD; SP
CELLCEPT ORAL CAPSULE (<i>mycophenolate mofetil</i>)	3	ST; LD
CELLCEPT ORAL SUSPENSION RECONSTITUTED (<i>mycophenolate mofetil</i>)	3	ST; LD
CELLCEPT ORAL TABLET (<i>mycophenolate mofetil</i>)	3	ST; LD
<i>mycophenolate mofetil hcl intravenous solution reconstituted</i>	1 or 1b*	LD; SP
<i>mycophenolate mofetil intravenous solution reconstituted</i>	1 or 1b*	LD; SP
<i>mycophenolate mofetil oral capsule</i>	1 or 1b*	LD
<i>mycophenolate mofetil oral suspension reconstituted</i>	1 or 1b*	LD
<i>mycophenolate mofetil oral tablet</i>	1 or 1b*	LD
<i>mycophenolate sodium oral tablet delayed release</i>	1 or 1b*	LD
<i>mycophenolic acid oral tablet delayed release</i>	1 or 1b*	LD
MYFORTIC ORAL TABLET DELAYED RELEASE (<i>mycophenolate sodium</i>)	3	LD
MYHIBBIN ORAL SUSPENSION (<i>mycophenolate mofetil</i>)	3	ST; LD
*INTERLEUKIN-6 (IL-6) ANTAGONISTS*** - VITAMINS AND MINERALS		
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED (<i>siltuximab</i>)	4	PA; LD; SP
*IRRIGATION SOLUTIONS*** - VITAMINS AND MINERALS		
<i>argyle sterile water irrigation solution</i>	1 or 1b*	
<i>lactated ringers irrigation solution</i>	1 or 1b*	
<i>physiolyte irrigation solution</i>	1 or 1b*	
<i>physiosol irrigation irrigation solution</i>	1 or 1b*	
<i>ringers irrigation irrigation solution</i>	1 or 1b*	
<i>sterile water for irrigation irrigation solution</i>	1 or 1b*	
<i>tis-u-sol irrigation solution</i>	1 or 1b*	
<i>water for irrigation, sterile irrigation solution</i>	1 or 1b*	
*MACROLIDE IMMUNOSUPPRESSANTS*** - VITAMINS AND MINERALS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>tacrolimus</i>)	3	LD
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>tacrolimus</i>)	3	LD

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<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1 or 1b*	LD
PROGRAF INTRAVENOUS SOLUTION (<i>tacrolimus</i>)	2	LD; SP
PROGRAF ORAL CAPSULE (<i>tacrolimus</i>)	3	LD
PROGRAF ORAL PACKET (<i>tacrolimus</i>)	3	LD
RAPAMUNE ORAL SOLUTION (<i>sirolimus</i>)	3	LD
RAPAMUNE ORAL TABLET (<i>sirolimus</i>)	3	LD
<i>sirolimus oral solution</i>	1 or 1b*	LD
<i>sirolimus oral tablet</i>	1 or 1b*	LD
<i>tacrolimus oral capsule</i>	1 or 1b*	LD
ZORTRESS ORAL TABLET (<i>everolimus</i>)	3	LD
*MONOCLONAL ANTIBODIES*** - VITAMINS AND MINERALS		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>satralizumab-mwge</i>)	4	PA; LD; QL (1 syringe per 28 days); SP
GAMIFANT INTRAVENOUS SOLUTION (<i>emapalumab-lzsg</i>)	3	PA; LD; SP
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED (<i>basiliximab</i>)	3	LD
UPLIZNA INTRAVENOUS SOLUTION (<i>inebilizumab-cdon</i>)	4	PA; LD; QL (30 mL per 180 days)
*NEONATAL FC RECEPTOR (FCRN) ANTAGONISTS*** - VITAMINS AND MINERALS		
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML (<i>rozanolixizumab-noli</i>)	4	PA; LD; QL (18 vials per 63 days); SP
RYSTIGGO SUBCUTANEOUS SOLUTION 420 MG/3ML, 560 MG/4ML, 840 MG/6ML (<i>rozanolixizumab-noli</i>)	4	PA; LD; QL (6 vials per 63 days); SP
VYVGART INTRAVENOUS SOLUTION (<i>efgartigimod alfa-fcab</i>)	4	PA; LD; QL (12 vials per 50 days); SP
*PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB*** - VITAMINS AND MINERALS		
VIJOICE ORAL PACKET (<i>alpelisib</i>)	4	PA; LD; QL (1 packet per 1 day); SP
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG (<i>alpelisib</i>)	4	PA; LD; QL (1 tablet per 1 day); SP
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG (<i>alpelisib</i>)	4	PA; LD; QL (2 tablets per 1 day); SP
*POTASSIUM REMOVING AGENTS*** - VITAMINS AND MINERALS		
LOKELMA ORAL PACKET 10 GM (<i>sodium zirconium cyclosilicate</i>)	3	QL (34 packets per 30 days)
LOKELMA ORAL PACKET 5 GM (<i>sodium zirconium cyclosilicate</i>)	3	QL (3 packets per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	1 or 1b*	
<i>sps (sodium polystyrene sulf) rectal suspension</i>	1 or 1b*	
VELTASSA ORAL PACKET 1 GM (<i>patiromer sorbitex calcium</i>)	3	QL (8 packets per 1 day)
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM (<i>patiromer sorbitex calcium</i>)	3	QL (1 packet per 1 day)
VELTASSA ORAL PACKET 8.4 GM (<i>patiromer sorbitex calcium</i>)	3	QL (3 packets per 1 day)

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*PROSTAGLANDINS*** - VITAMINS AND MINERALS		
PROSTIN VR INJECTION SOLUTION (<i>alprostadil</i>)	3	
*PURINE ANALOGS*** - VITAMINS AND MINERALS		
<i>azasan oral tablet</i>	1 or 1b*	LD
<i>azathioprine oral tablet</i>	1 or 1b*	LD
AZATHIOPRINE SODIUM INJECTION SOLUTION RECONSTITUTED	3	LD
IMURAN ORAL TABLET (<i>azathioprine</i>)	3	LD
*ROCK INHIBITORS*** - VITAMINS AND MINERALS		
REZUROCK ORAL TABLET (<i>belumosudil mesylate</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); OC
*SCLEROSING AGENTS*** - VITAMINS AND MINERALS		
ASCLERA INTRAVENOUS SOLUTION (<i>polidocanol</i>)	3	
ETHAMOLIN INTRAVENOUS SOLUTION (<i>ethanolamine oleate</i>)	3	
<i>sodium tetradecyl sulfate intravenous solution</i>	1 or 1b*	
SOTRADECOL INTRAVENOUS SOLUTION 1 % (<i>sodium tetradecyl sulfate</i>)	1 or 1b*	
<i>sotradecol intravenous solution 3 %</i>	1 or 1b*	
VARITHENA INTRAVENOUS FOAM (<i>polidocanol</i>)	3	
*SELECTIVE T-CELL COSTIMULATION BLOCKERS*** - VITAMINS AND MINERALS		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED (<i>belatacept</i>)	3	PA; LD
*TYPE I INTERFERON (IFN) RECEPTOR ANTAGONISTS*** - VITAMINS AND MINERALS		
SAPHNELO INTRAVENOUS SOLUTION (<i>anifrolumab-fnia</i>)	4	PA; LD; QL (1 vial per 28 days); SP
*UREMIC PRURITUS AGENTS*** - VITAMINS AND MINERALS		
KORSUVA INTRAVENOUS SOLUTION (<i>difelikefalin acetate</i>)	3	PA
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
*ANESTHETICS TOPICAL ORAL*** - DRUGS FOR THE MOUTH AND THROAT		
<i>lidocaine hcl mouth/throat solution</i>	1 or 1a*	QL (10 mL per 1 day)
<i>lidocaine viscous hcl mouth/throat solution</i>	1 or 1a*	QL (10 mL per 1 day)
*ANTI-INFECTIVES - THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>clotrimazole mouth/throat troche</i>	1 or 1b*	QL (5 tablet per 1 day)
<i>nystatin mouth/throat suspension</i>	3	QL (24 mL per 1 day)
ORAVIG BUCCAL TABLET (<i>miconazole</i>)	3	
*ANTISEPTICS - MOUTH/THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>chlorhexidine gluconate mouth/throat solution</i>	1 or 1a*	QL (480 mL per 30 days)
PERIDEX MOUTH/THROAT SOLUTION (<i>chlorhexidine gluconate</i>)	3	QL (480 mL per 30 days)

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>perio gard mouth/throat solution</i>	1 or 1a*	QL (480 mL per 30 days)
*DENTAL PRODUCTS - COMBINATIONS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>denta 5000 plus sensitive dental gel</i>	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL GEL (<i>sod fluoride-potassium nitrate</i>)	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL (<i>sod fluoride-potassium nitrate</i>)	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL (<i>sod fluoride-potassium nitrate</i>)	3	
<i>sodium fluoride 5000 enamel dental gel</i>	1 or 1b*	
<i>sodium fluoride 5000 sensitive dental gel</i>	1 or 1b*	
*FLUORIDE DENTAL PRODUCTS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>clinpro 5000 dental paste</i>	1 or 1b*	QL (3.77 grams per 1 day)
<i>denta 5000 plus dental cream</i>	1 or 1b*	QL (3.4 grams per 1 day)
<i>dentagel dental gel</i>	1 or 1a*	QL (100 grams per 30 days)
<i>easygel dental gel</i>	1 or 1b*	
<i>fluoridex daily renewal mouth/throat concentrate</i>	1 or 1b*	
<i>fluoridex dental paste</i>	1 or 1b*	QL (3.77 grams per 1 day)
<i>fluoridex enhanced whitening dental paste</i>	1 or 1b*	QL (3.77 grams per 1 day)
<i>fraiche 5000 dental dental gel</i>	1 or 1b*	QL (100 grams per 30 days)
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE (<i>sodium fluoride</i>)	3	QL (3.77 grams per 1 day)
PREVIDENT 5000 DRY MOUTH DENTAL GEL (<i>sodium fluoride</i>)	3	QL (100 grams per 30 days)
PREVIDENT 5000 KIDS DENTAL PASTE (<i>sodium fluoride</i>)	3	QL (3.7 grams per 1 day)
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE (<i>sodium fluoride</i>)	3	QL (3.77 grams per 1 day)
PREVIDENT 5000 PLUS DENTAL CREAM (<i>sodium fluoride</i>)	3	QL (3.4 grams per 1 day)
PREVIDENT DENTAL GEL (<i>sodium fluoride</i>)	3	QL (100 grams per 30 days)
PREVIDENT MOUTH/THROAT SOLUTION (<i>sodium fluoride</i>)	3	
<i>sf 5000 plus dental cream</i>	1 or 1b*	QL (3.4 grams per 1 day)
<i>sf dental gel</i>	1 or 1a*	QL (100 grams per 30 days)
<i>sodium fluoride 5000 plus dental cream</i>	1 or 1b*	QL (3.4 grams per 1 day)
<i>sodium fluoride 5000 ppm dental cream</i>	1 or 1b*	QL (3.4 grams per 1 day)
<i>sodium fluoride 5000 ppm dental gel</i>	1 or 1b*	QL (100 grams per 30 days)
<i>sodium fluoride 5000 ppm dental paste</i>	1 or 1b*	QL (3.77 grams per 1 day)
<i>sodium fluoride dental cream</i>	1 or 1b*	QL (3.4 grams per 1 day)
<i>sodium fluoride mouth/throat solution</i>	1 or 1a*	
*SALIVA STIMULANTS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>cevimeline hcl oral capsule</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVOXAC ORAL CAPSULE (<i>cevimeline hcl</i>)	3	
<i>pilocarpine hcl oral tablet</i>	1 or 1b*	QL (4 tablets per 1 day)
SALAGEN ORAL TABLET (<i>pilocarpine hcl</i>)	3	QL (4 tablets per 1 day)
*STEROIDS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT		
<i>triamcinolone acetonide</i> (Kourzeq Mouth/Throat Paste)	1 or 1b*	
<i>oralone mouth/throat paste</i>	1 or 1b*	
<i>triamcinolone acetonide mouth/throat paste</i>	1 or 1b*	
MULTIVITAMINS - DRUGS FOR NUTRITION		
*B-COMPLEX VITAMINS*** - DRUGS FOR NUTRITION		
<i>b complex-b12 oral tablet</i>	1 or 1b*; \$0	
<i>b-complex plus b-12 oral tablet</i>	1 or 1b*; \$0	
<i>b-complex/b-12 oral tablet</i>	1 or 1b*; \$0	
<i>ra b-complex oral tablet</i>	1 or 1b*; \$0	
<i>ra b-complex with b-12 oral tablet</i>	1 or 1b*; \$0	
<i>vitamin b complex oral tablet</i>	1 or 1b*; \$0	
<i>vitamin b complex w/b-12 oral tablet</i>	1 or 1b*; \$0	
<i>vitamin-b complex oral tablet</i>	1 or 1b*; \$0	
*B-COMPLEX W/ C & CALCIUM*** - DRUGS FOR NUTRITION		
<i>gnp b-complex plus vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>qc b-complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
*B-COMPLEX W/ C & FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>b complex-c-folic acid oral tablet</i>	1 or 1b*; \$0	
<i>b-complex balanced oral tablet</i>	1 or 1b*; \$0	
<i>b-complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>b-complex-c (w/folic acid) oral tablet</i>	1 or 1b*; \$0	
<i>dialyvite 800 oral tablet</i>	1 or 1b*; \$0	
<i>eql super b complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
FULL SPECTRUM B/VITAMIN C ORAL TABLET	1 or 1b*; \$0	
<i>kp b complex-c oral tablet</i>	1 or 1b*; \$0	
<i>nephro vitamins oral tablet</i>	1 or 1b*; \$0	
NEPHRO-VITE ORAL TABLET (<i>b complex-c-folic acid</i>)	1 or 1b*; \$0	
<i>renal vitamin oral tablet</i>	1 or 1b*; \$0	
<i>rena-vite oral tablet</i>	1 or 1b*; \$0	
<i>sm b super vitamin complex oral tablet</i>	1 or 1b*; \$0	
SM B-COMPLEX/VITAMIN C ORAL TABLET	2; \$0	
<i>stress formula (folic acid) oral tablet</i>	1 or 1b*; \$0	
<i>super b complex/fa/vit c oral tablet</i>	1 or 1b*; \$0	
<i>super b-complex/vit c/fa oral tablet</i>	1 or 1b*; \$0	

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*B-COMPLEX W/ C*** - DRUGS FOR NUTRITION		
<i>allbee/c oral tablet</i>	1 or 1b*; \$0	
<i>b complex-c oral tablet</i>	1 or 1b*; \$0	
<i>b-complex-c oral tablet</i>	1 or 1b*; \$0	
<i>better b complex oral tablet</i>	1 or 1b*; \$0	
<i>cvs b complex plus c oral tablet</i>	1 or 1b*; \$0	
<i>cvs super b complex/c oral tablet</i>	1 or 1b*; \$0	
<i>sm super b complex/c oral tablet</i>	1 or 1b*; \$0	
<i>sm vitamin b complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>super b complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>super b-complex + vitamin c oral tablet</i>	1 or 1b*; \$0	
*B-COMPLEX W/ C-BIOTIN-E & FOLIC ACID*** - DRUGS FOR NUTRITION		
B COMPLEX-C-BIOTIN-E-FA ORAL TABLET	2; \$0	
*B-COMPLEX W/ FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>b complex formula 1 (w/ fa) oral tablet</i>	1 or 1b*; \$0	
<i>b-complex (folic acid) oral tablet</i>	1 or 1b*; \$0	
<i>b-complex/electrolytes oral tablet</i>	1 or 1b*; \$0	
<i>big 100 oral tablet</i>	1 or 1b*; \$0	
<i>kobee oral tablet</i>	1 or 1b*; \$0	
<i>sm balanced b-100 oral tablet</i>	1 or 1b*; \$0	
<i>sm balanced b-50 oral tablet</i>	1 or 1b*; \$0	
*B-COMPLEX W/BIOTIN & FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>b complex 100 tr oral tablet extended release</i>	1 or 1b*; \$0	
<i>b-100 b-complex oral tablet</i>	1 or 1b*; \$0	
<i>b-100 complex cr oral tablet extended release</i>	1 or 1b*; \$0	
<i>b-100 tr oral tablet extended release</i>	1 or 1b*; \$0	
<i>b-50 complex oral tablet</i>	1 or 1b*; \$0	
<i>balance b-50 oral tablet</i>	1 or 1b*; \$0	
<i>balanced b complex oral tablet</i>	1 or 1b*; \$0	
<i>balanced b-100 oral tablet</i>	1 or 1b*; \$0	
<i>balanced b-100 oral tablet extended release</i>	1 or 1b*; \$0	
<i>balanced b-50/fa oral tablet</i>	1 or 1b*; \$0	
<i>b-compleet-100 oral tablet</i>	1 or 1b*; \$0	
<i>b-compleet-50 oral tablet</i>	1 or 1b*; \$0	
<i>b-complex oral tablet</i>	1 or 1b*; \$0	
<i>big 100 (biotin) oral tablet</i>	1 or 1b*; \$0	
<i>complex b-100 oral tablet extended release</i>	1 or 1b*; \$0	

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<i>complex b-50 prolonged release oral tablet extended release</i>	1 or 1b*; \$0	
<i>endur-b oral tablet extended release</i>	1 or 1b*; \$0	
<i>eql b complex 50 oral tablet</i>	1 or 1b*; \$0	
<i>eql b-100 complex oral tablet extended release</i>	1 or 1b*; \$0	
<i>ft b-100 complex pr oral tablet extended release</i>	1 or 1b*; \$0	
<i>gnp b-100 complex oral tablet extended release</i>	1 or 1b*; \$0	
<i>gnp b-50 complex oral tablet extended release</i>	1 or 1b*; \$0	
<i>qc b50 prolonged release oral tablet extended release</i>	1 or 1b*; \$0	
<i>quin b strong b-25 oral tablet</i>	1 or 1b*; \$0	
<i>ra balanced b-100 cr oral tablet extended release</i>	1 or 1b*; \$0	
<i>ra balanced b-100 oral tablet</i>	1 or 1b*; \$0	
<i>ra balanced b-50 oral tablet</i>	1 or 1b*; \$0	
<i>ra balanced b-50 tr oral tablet extended release</i>	1 or 1b*; \$0	
<i>sm b100 complex oral tablet</i>	1 or 1b*; \$0	
<i>sm b-complex oral tablet</i>	1 or 1b*; \$0	
<i>super b-complex oral tablet</i>	1 or 1b*; \$0	
<i>super dec b-100 oral tablet</i>	1 or 1b*; \$0	
<i>super quints b-50 oral tablet</i>	1 or 1b*; \$0	
<i>yl balanced b-100 oral tablet</i>	1 or 1b*; \$0	
*MULTIPLE VITAMINS W/ IRON*** - DRUGS FOR NUTRITION		
<i>daily vite multivitamin/iron oral tablet</i>	1 or 1b*; \$0	
<i>multiple vitamins/iron oral tablet</i>	1 or 1b*; \$0	
<i>multivitamin plus iron adult oral tablet</i>	1 or 1b*; \$0	
<i>multi-vitamin/iron oral tablet</i>	1 or 1b*; \$0	
<i>nat-rul daily-vite+iron oral tablet</i>	1 or 1b*; \$0	
<i>one daily multivitamin/iron oral tablet</i>	1 or 1b*; \$0	
<i>one-daily multi-vitamin/iron oral tablet</i>	1 or 1b*; \$0	
<i>one-daily/iron oral tablet</i>	1 or 1b*; \$0	
<i>qc daily multivitamins/iron oral tablet</i>	1 or 1b*; \$0	
<i>sm multiple vitamins/iron oral tablet</i>	1 or 1b*; \$0	
<i>stress b complex/iron oral tablet</i>	1 or 1b*; \$0	
<i>stress formula/iron oral tablet</i>	1 or 1b*; \$0	
<i>tab-a-vite/iron oral tablet</i>	1 or 1b*; \$0	
TAB-A-VITE/IRON/BETA CAROTENE ORAL TABLET (<i>multiple vitamins-iron</i>)	2; \$0	
*MULTIPLE VITAMINS W/ MINERALS & CALCIUM-FOLIC ACID*** - DRUGS FOR NUTRITION		
FOLGARD OS ORAL TABLET (<i>multiple vit-min-calcium-fa</i>)	3	

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*MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID*** - DRUGS FOR NUTRITION		
QUFLORA FE ORAL TABLET CHEWABLE (<i>multi vit-min-fluoride-fe-fa</i>)	3	
*MULTIVITAMINS*** - DRUGS FOR NUTRITION		
<i>anti-oxidant oral tablet</i>	1 or 1b*; \$0	
<i>daily multiple vitamins oral tablet</i>	1 or 1b*; \$0	
<i>daily value multivitamin oral tablet</i>	1 or 1b*; \$0	
<i>daily vitamins oral tablet</i>	1 or 1b*; \$0	
<i>daily vite oral tablet</i>	1 or 1b*; \$0	
<i>daily vites oral tablet</i>	1 or 1b*; \$0	
<i>daily-vite multivitamin oral tablet</i>	1 or 1b*; \$0	
<i>daily-vite oral tablet</i>	1 or 1b*; \$0	
ESTROFACTORS ORAL TABLET (<i>multiple vitamin</i>)	2; \$0	
<i>gnp essential one daily oral tablet</i>	1 or 1b*; \$0	
<i>healthy hair/skin/nails oral tablet</i>	1 or 1b*; \$0	
HIGH POTENCY MULTIVITAMIN ORAL TABLET	2; \$0	
INFUVITE ADULT INTRAVENOUS SOLUTION (<i>multiple vitamin</i>)	3	
<i>multi vitamin oral tablet</i>	2; \$0	
MULTI VITAMIN W/D-3 ORAL TABLET	2; \$0	
<i>multiple vitamin-folic acid oral tablet</i>	1 or 1b*; \$0	
<i>multiple vitamins essential oral tablet</i>	1 or 1b*; \$0	
<i>multiple vitamins oral tablet</i>	1 or 1b*; \$0	
<i>multivitamin adult oral tablet</i>	2; \$0	
<i>multivitamin iron-free oral tablet</i>	1 or 1b*; \$0	
MULTIVITAMIN ORAL TABLET	2; \$0	
<i>multi-vitamin oral tablet</i>	1 or 1b*; \$0	
NEOMULTIVITE ORAL TABLET (<i>multiple vitamin</i>)	2; \$0	
<i>novite oral capsule</i>	1 or 1b*	
OMNICAP ORAL TABLET	2; \$0	
<i>once daily oral tablet</i>	1 or 1b*; \$0	
<i>one daily essential oral tablet</i>	2; \$0	
<i>one daily essentials oral tablet</i>	2; \$0	
<i>one daily multivitamin adult oral tablet</i>	1 or 1b*; \$0	
<i>one daily oral tablet</i>	1 or 1b*; \$0	
ONE VITE DAILY MULTIVITAMIN ORAL TABLET (<i>multiple vitamin</i>)	2; \$0	
<i>one-daily multi vitamins oral tablet</i>	1 or 1b*; \$0	
<i>one-daily multi-vitamin oral tablet</i>	1 or 1b*; \$0	
<i>qc essentials oral tablet</i>	1 or 1b*; \$0	
QUINTABS ORAL TABLET	2; \$0	

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<i>sm multiple vitamins essential oral tablet</i>	1 or 1b*; \$0	
<i>stress formula oral tablet</i>	1 or 1b*; \$0	
<i>stress formula/zinc/energy oral tablet</i>	2; \$0	
<i>stresstabs energy oral tablet</i>	1 or 1b*; \$0	
<i>tab-a-vite oral tablet</i>	1 or 1b*; \$0	
<i>tab-a-vite/beta carotene oral tablet</i>	1 or 1b*; \$0	
THERA ORAL TABLET (<i>multiple vitamin</i>)	2; \$0	
<i>thera-tabs oral tablet</i>	1 or 1b*; \$0	
THEREMS ORAL TABLET (<i>multiple vitamin</i>)	2; \$0	
<i>tm-daily vite oral tablet</i>	2; \$0	
<i>true daily vite oral tablet</i>	1 or 1b*; \$0	
<i>true multivitamin oral tablet</i>	2; \$0	
<i>vit e-vit c-beta carotene oral tablet</i>	1 or 1b*; \$0	
<i>vitalee oral tablet</i>	1 or 1b*; \$0	
VITLIPID N ADULT INTRAVENOUS EMULSION (<i>multiple vitamin</i>)	3	
*PED MULTI VITAMINS W/FL & FE*** - DRUGS FOR NUTRITION		
<i>multi-vitamin/fluoride/iron oral solution</i>	1 or 1b*	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE (<i>ped multivitamins-fl-iron</i>)	3	
QUFLORA FE PEDIATRIC ORAL LIQUID (<i>ped multivitamins-fl-iron</i>)	3	
*PED MV W/ FLUORIDE*** - DRUGS FOR NUTRITION		
DAVIMET-FLUORIDE ORAL TABLET CHEWABLE (<i>pediatric multivitamins-fl</i>)	3	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE (<i>pediatric multivitamins-fl</i>)	3	
FLORIVA PLUS ORAL SOLUTION (<i>pediatric multivitamins-fl</i>)	3	
<i>multivitamin w/fluoride oral tablet chewable</i>	1 or 1b*; \$0	
<i>multivitamin/fluoride oral solution</i>	2	
<i>multi-vitamin/fluoride oral solution</i>	1 or 1b*; \$0	
<i>multivitamin/fluoride oral tablet chewable</i>	2; \$0	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE (<i>pediatric multivitamins-fl</i>)	3	
POLY-VI-FLOR ORAL SUSPENSION (<i>pediatric multivitamins-fl</i>)	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE (<i>pediatric multivitamins-fl</i>)	3	
QUFLORA PEDIATRIC ORAL SOLUTION (<i>pediatric multivitamins-fl</i>)	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE (<i>pediatric multivitamins-fl</i>)	3	
*PED VITAMINS ACD & FA W/ FLUORIDE*** - DRUGS FOR NUTRITION		
TRI-VI-FLOR ORAL SUSPENSION (<i>ped vit a-c-d-methylfolate-fl</i>)	3	

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TRI-VI-FLORO ORAL SUSPENSION	3	
*PED VITAMINS ACD W/ FLUORIDE*** - DRUGS FOR NUTRITION		
<i>tri-vite/fluoride oral solution</i>	1 or 1b*; \$0	
*PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE*** - DRUGS FOR NUTRITION		
FLORIVA ORAL TABLET CHEWABLE (<i>ped multiple vit-minerals-fl</i>)	3	
*PEDIATRIC MULTIPLE VITAMINS*** - DRUGS FOR NUTRITION		
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION (<i>pediatric multiple vitamins</i>)	3	
VITALIPID N INFANT INTRAVENOUS EMULSION (<i>pediatric multiple vitamins</i>)	3	
VITLIPID N INFANT INTRAVENOUS EMULSION (<i>pediatric multiple vitamins</i>)	3	
*PRENATAL MV & MIN W/FE-FA*** - DRUGS FOR NUTRITION		
ATABEX EC ORAL TABLET DELAYED RELEASE (<i>prenatal vit-dss-fe cbn-fa</i>)	2	QL (1 tablet per 1 day)
ATABEX OB ORAL TABLET (<i>prenatal vit w/ fe bisg-fa</i>)	2	QL (1 tablet per 1 day)
AZESCO ORAL TABLET	3	ST; QL (2 tablets per 1 day)
CITRANATAL B-CALM ORAL (<i>prenat w/o a fecbnfeglu-fa & b6</i>)	2	QL (3 tablets per 1 day)
CLASSIC PRENATAL ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
C-NATE DHA ORAL CAPSULE	2	QL (1 capsule per 1 day)
COMPLETENATE ORAL TABLET CHEWABLE	2	QL (1 tablet per 1 day)
CO-NATAL FA ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	2	QL (1 tablet per 1 day)
CONCEPT DHA ORAL CAPSULE (<i>prenat-fefum-fepo-fa-omega 3</i>)	2	QL (1 capsule per 1 day)
CONCEPT OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	2	QL (1 capsule per 1 day)
CVS PRENATAL ORAL TABLET	2; \$0	ST; QL (1 tablet per 1 day)
<i>elite-ob oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	3	ST; QL (1 capsule per 1 day)
EQL PRENATAL FORMULA ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
FOLIVANE-OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	2	QL (1 capsule per 1 day)
<i>ft prenatal oral tablet</i>	2; \$0	QL (1 tablet per 1 day)
GNP PRENATAL ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
<i>inatal gt oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
KOSHER PRENATAL PLUS IRON ORAL TABLET	3	ST; QL (1 tablet per 1 day)
KP PRENATAL MULTIVITAMINS ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
KPN PRENATAL ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
MASONATAL ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
M-NATAL PLUS ORAL TABLET	2	QL (1 tablet per 1 day)
MULTI PRENATAL ORAL TABLET	2; \$0	ST; QL (1 tablet per 1 day)

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>natal pnv oral tablet</i>	3	ST; QL (2 tablets per 1 day)
NATALVIT ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	2	QL (1 tablet per 1 day)
NEEVO DHA ORAL CAPSULE (<i>prenat w/oa-fefum-methf-omegas</i>)	3	ST; QL (1 capsule per 1 day)
NEONATAL COMPLETE ORAL TABLET	3	ST; QL (1 tablet per 1 day)
NEONATAL PLUS ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	QL (1 tablet per 1 day)
<i>neonatal prenatal oral tablet</i>	2; \$0	QL (1 tablet per 1 day)
NEONATAL VITAMIN ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	2; \$0	ST; QL (1 tablet per 1 day)
NESTABS DHA ORAL (<i>prenat-w/oa-fe bisgly-fa-omega</i>)	3	ST; QL (2 tablets per 1 day)
NESTABS ORAL TABLET (<i>prenat-fe bisgly-fa-w/o vit a</i>)	3	ST; QL (2 tablets per 1 day)
NIVA-PLUS ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	2	QL (1 tablet per 1 day)
OB COMPLETE ONE ORAL CAPSULE (<i>prenat-fecbn-feasppl-fa-fish</i>)	3	ST; QL (1 capsule per 1 day)
OB COMPLETE ORAL TABLET (<i>prenatal vit-iron carbonyl-fa</i>)	3	ST; QL (1 tablet per 1 day)
OB COMPLETE PETITE ORAL CAPSULE (<i>prenat-fecbn-feasppl-fa-omega</i>)	3	ST; QL (1 capsule per 1 day)
OB COMPLETE PREMIER ORAL TABLET (<i>prenatal-fe cbn-fe asp gly-fa</i>)	3	ST; QL (1 tablet per 1 day)
OB COMPLETE/DHA ORAL CAPSULE (<i>prenat-fecbn-feasppl-fa-omega</i>)	3	ST; QL (1 capsule per 1 day)
ONE VITE WOMENS ORAL TABLET	2; \$0	ST; QL (1 tablet per 1 day)
ONE VITE WOMENS PLUS ORAL TABLET	2	QL (1 tablet per 1 day)
<i>pnv prenatal plus multivit+dha oral</i>	2	QL (2 units per 1 day)
PNV TABS 20-1 ORAL TABLET	3	ST; QL (1 tablet per 1 day)
PNV-OMEGA ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
<i>pnv-select oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
PREGENNA ORAL TABLET	3	ST; QL (1 tablet per 1 day)
PRENA1 PEARL ORAL CAPSULE EXTENDED RELEASE	3	ST; QL (1 capsule per 1 day)
PRENATAL (W/IRON & FA) ORAL TABLET	2; \$0	ST; QL (1 tablet per 1 day)
PRENATAL 19 ORAL TABLET 29-1 MG	2	QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet chewable</i>	1 or 1a*	QL (1 tablet per 1 day)
PRENATAL 19 ORAL TABLET CHEWABLE 29-1 MG	2	QL (1 tablet per 1 day)
PRENATAL COMPLETE ORAL TABLET	2; \$0	ST; QL (1 tablet per 1 day)
PRENATAL FORTE ORAL TABLET	2; \$0	ST; QL (1 tablet per 1 day)
PRENATAL ONE DAILY ORAL TABLET	2; \$0	ST; QL (1 tablet per 1 day)
PRENATAL ORAL TABLET 27-0.8 MG	2; \$0	ST; QL (1 tablet per 1 day)
PRENATAL ORAL TABLET 27-1 MG	2	QL (1 tablet per 1 day)
PRENATAL ORAL TABLET 28-0.8 MG	2; \$0	QL (1 tablet per 1 day)
PRENATAL PLUS ORAL TABLET	2	QL (1 tablet per 1 day)
PRENATAL PLUS VITAMIN/MINERAL ORAL TABLET	2	QL (1 tablet per 1 day)
PRENATAL VITAMIN AND MINERAL ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
<i>prenatal vitamins oral tablet 27-0.8 mg</i>	2; \$0	QL (1 tablet per 1 day)
PRENATAL VITAMINS ORAL TABLET 28-0.8 MG	2; \$0	QL (1 tablet per 1 day)

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Effective 01012025

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PRENATAL/IRON ORAL TABLET	2; \$0	ST; QL (1 tablet per 1 day)
PRENATAL/IRON ORAL TABLET 28-0.8 MG	2; \$0	QL (1 tablet per 1 day)
PRENATAL-U ORAL CAPSULE (<i>prenatal w/o a vit-fe fum-fa</i>)	2	QL (1 capsule per 1 day)
PRENATE ELITE ORAL TABLET (<i>prenatal-feaspgly-methylfol-fa</i>)	3	ST; QL (1 tablet per 1 day)
PRENATRIX ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	ST; QL (1 tablet per 1 day)
PRENATRYL ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	ST; QL (1 tablet per 1 day)
PRIMACARE ORAL CAPSULE (<i>pren-fe-meth-fa-omeg w/o a</i>)	3	ST; QL (1 capsule per 1 day)
PROVIDA OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	2	QL (1 capsule per 1 day)
QC PRENATAL ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
RA PRENATAL FORMULA ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
RA PRENATAL ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
RELNATE DHA ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG (<i>prenat vit-fepoly-methylfol-fa</i>)	3	ST; QL (1 tablet per 1 day)
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	2	QL (1 tablet per 1 day)
SE-NATAL 19 ORAL TABLET	2	QL (1 tablet per 1 day)
SE-NATAL 19 ORAL TABLET CHEWABLE	2	QL (1 tablet per 1 day)
SM ONE DAILY PRENATAL ORAL	2; \$0	QL (1 EA per 1 day)
SM PRENATAL VITAMINS ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
TARON-C DHA ORAL CAPSULE (<i>prenat-fefum-fepo-fa-omega 3</i>)	2	QL (1 capsule per 1 day)
THRIVITE RX ORAL TABLET	2	ST; QL (1 tablet per 1 day)
TRICARE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	2	QL (1 tablet per 1 day)
TRINATAL RX 1 ORAL TABLET	2	QL (1 tablet per 1 day)
<i>trinate oral tablet</i>	1 or 1a*	QL (1 tablet per 1 day)
VINATE DHA RF ORAL CAPSULE (<i>prenat w/oa-fefum-methf-omegas</i>)	3	ST; QL (1 capsule per 1 day)
VITAFOL GUMMIES ORAL TABLET CHEWABLE (<i>prenatal vit-fe phos-fa-omega</i>)	2	QL (3 gummies per 1 day)
VITAFOL-OB ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	ST; QL (1 tablet per 1 day)
VITAPEARL ORAL CAPSULE EXTENDED RELEASE (<i>prenat-fefum-fered-fa-dha w/oa</i>)	3	ST; QL (1 capsule per 1 day)
VITATHELY WITH GINGER ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	ST; QL (1 tablet per 1 day)
VIVA DHA ORAL CAPSULE (<i>prenatal vit-fe fum-fa-omega</i>)	3	ST; QL (1 capsule per 1 day)
WESTAB PLUS ORAL TABLET	2	QL (1 tablet per 1 day)
ZALVIT ORAL TABLET	3	ST; QL (2 tablets per 1 day)
ZIPHEX ORAL TABLET	3	ST; QL (2 tablets per 1 day)
*PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL*** - DRUGS FOR NUTRITION		
COMPLETE NATAL DHA ORAL	2	QL (2 units per 1 day)
<i>wesnatal dha complete oral</i>	2	QL (2 units per 1 day)

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*PRENATAL MV & MIN W/FE-FA-DHA*** - DRUGS FOR NUTRITION		
CITRANATAL 90 DHA ORAL (<i>prenat w/o a-febgl-dss-fa-dha</i>)	3	ST; QL (2 tablets per 1 day)
CITRANATAL ASSURE ORAL (<i>prenat w/o a-febgl-dss-fa-dha</i>)	3	ST; QL (2 units per 1 day)
CITRANATAL HARMONY ORAL CAPSULE (<i>prenat-fefmcb-dss-fa-dha w/o a</i>)	3	ST; QL (1 capsule per 1 day)
CITRANATAL MEDLEY ORAL CAPSULE (<i>prenat-fech-fefum-fa-dha w/o a</i>)	3	ST; QL (1 capsule per 1 day)
ENFAMIL EXPECTA ORAL (<i>prenatal mv-min-fe fum-fa-dha</i>)	2; \$0	QL (2 tablets per 1 day)
NESTABS ONE ORAL CAPSULE (<i>prenat-fe-methylfol-dha w/o a</i>)	3	ST; QL (1 capsule per 1 day)
<i>pnv-dha oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
PNV-DHA+DOCUSATE ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
PREGEN DHA ORAL CAPSULE	3	ST; QL (1 tablet per 1 day)
<i>prena 1 true oral</i>	2	
PRENAISSANCE ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
PRENAISSANCE PLUS ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
PRENATAL MULTIVITAMIN + DHA ORAL (<i>prenatal mv-min-fe fum-fa-dha</i>)	2; \$0	QL (2 tablets per 1 day)
PRENATE DHA ORAL CAPSULE (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	ST; QL (1 capsule per 1 day)
PRENATE ENHANCE ORAL CAPSULE (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	ST; QL (1 capsule per 1 day)
PRENATE ESSENTIAL ORAL CAPSULE (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	ST; QL (1 capsule per 1 day)
PRENATE MINI ORAL CAPSULE (<i>prenat-fechn-feasp-meth-fa-dha</i>)	3	ST; QL (1 capsule per 1 day)
PRENATE PIXIE ORAL CAPSULE (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	ST; QL (1 capsule per 1 day)
PRENATE RESTORE ORAL CAPSULE (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	ST; QL (1 capsule per 1 day)
SELECT-OB+DHA ORAL (<i>prenatal vit-fepoly-fa-dha</i>)	3	ST; QL (2 units per 1 day)
TRISTART DHA ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
VITAFOL FE+ ORAL CAPSULE (<i>prenat-fe poly-methfol-fa-dha</i>)	3	ST; QL (2 capsules per 1 day)
VITAFOL ULTRA ORAL CAPSULE (<i>prenat-fe poly-methfol-fa-dha</i>)	3	ST; QL (1 capsule per 1 day)
VITAFOL-OB+DHA ORAL (<i>prenatal mv-min-fe fum-fa-dha</i>)	3	ST; QL (2 units per 1 day)
VITAFOL-ONE ORAL CAPSULE (<i>prenatal vit-fepoly-fa-dha</i>)	3	ST; QL (1 capsule per 1 day)
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	ST; QL (1 capsule per 1 day)
VITATRUE ORAL (<i>prenat-fechel-fa-dha w/o vit a</i>)	3	ST; QL (2 tablets per 1 day)
WESTGEL DHA ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
*PRENATAL MV & MINERALS W/FA WITHOUT IRON*** - DRUGS FOR NUTRITION		
PRENATE ORAL TABLET CHEWABLE (<i>prenat mv-min-methylfolate-fa</i>)	3	ST; QL (1 tablet per 1 day)
*PRENATAL VITAMINS*** - DRUGS FOR NUTRITION		
PREMESISRX ORAL TABLET (<i>prenatal ca-b6-b12-fa-ginger</i>)	3	ST; QL (1 tablet per 1 day)
<i>prena1 oral tablet chewable</i>	3	

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PRENATE AM ORAL TABLET (<i>prenatal ca-b6-b12-fa-ginger</i>)	3	ST; QL (1 tablet per 1 day)
*VITAMINS W/ LIPOTROPICS*** - DRUGS FOR NUTRITION		
ACTIFLOVIT EAR HEALTH ORAL TABLET (<i>vitamins-lipotropics</i>)	2; \$0	
<i>b complex (lipotropics) oral tablet</i>	1 or 1b*; \$0	
<i>b complex formula 1 (lipotrop) oral tablet</i>	1 or 1b*; \$0	
<i>balance b-100 oral tablet</i>	1 or 1b*; \$0	
<i>balanced b-50 complex oral tablet</i>	1 or 1b*; \$0	
COMPLEX B-100-INOSITOL ORAL TABLET EXTENDED RELEASE	2; \$0	
<i>cvs balanced b50 oral tablet</i>	1 or 1b*; \$0	
<i>cvs inner ear plus oral tablet</i>	1 or 1b*; \$0	
<i>ear health formula oral tablet</i>	1 or 1b*; \$0	
<i>ear health plus oral tablet</i>	1 or 1b*; \$0	
FLAVOVIT EAR HEALTH ORAL TABLET (<i>vitamins-lipotropics</i>)	1 or 1b*; \$0	
<i>lipo flavonoid plus oral tablet</i>	1 or 1b*; \$0	
<i>lipoflavovit oral tablet</i>	1 or 1b*; \$0	
LIPOTRIAD ORAL TABLET (<i>vitamins-lipotropics</i>)	2; \$0	
<i>mega multiple/chelated mineral oral tablet</i>	1 or 1b*; \$0	
<i>nat-rul b-50 oral tablet</i>	1 or 1b*; \$0	
<i>risanoid plus oral tablet</i>	1 or 1b*; \$0	
<i>ultra b-100 complex oral tablet</i>	1 or 1b*; \$0	
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
*CENTRAL MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>cyclobenzaprine hcl</i>)	3	ST; QL (1 capsule per 1 day)
<i>baclofen oral solution 10 mg/5ml</i>	3	PA; QL (40 mL per 1 day)
<i>baclofen oral solution 5 mg/5ml</i>	3	PA; QL (80 mL per 1 day)
<i>baclofen oral suspension</i>	3	PA; QL (16 mL per 1 day)
<i>baclofen oral tablet 10 mg, 5 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>baclofen oral tablet 15 mg</i>	3	QL (3 tablets per 1 day)
<i>baclofen oral tablet 20 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>carisoprodol oral tablet</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>chlorzoxazone oral tablet 250 mg</i>	3	ST; QL (4 tablets per 1 day)
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	1 or 1b*	ST; QL (4 tablets per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour</i>	3	ST; QL (1 capsule per 1 day)
<i>cyclobenzaprine hcl oral tablet 10 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>cyclobenzaprine hcl oral tablet 5 mg</i>	1 or 1b*	QL (6 tablets per 1 day)

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<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	3	ST; QL (3 tablets per 1 day)
<i>fexmid oral tablet</i>	3	ST; QL (3 tablets per 1 day)
FLEQSUVY ORAL SUSPENSION (<i>baclofen</i>)	3	PA; QL (16 mL per 1 day)
LYVISPAH ORAL PACKET 10 MG, 5 MG (<i>baclofen</i>)	3	PA; QL (3 packets per 1 day)
LYVISPAH ORAL PACKET 20 MG (<i>baclofen</i>)	3	PA; QL (4 packets per 1 day)
<i>metaxalone oral tablet</i>	3	ST; QL (4 tablets per 1 day)
<i>methocarbamol injection solution</i>	1 or 1b*	
<i>methocarbamol oral tablet 1000 mg</i>	3	ST; QL (4 tablets per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	1 or 1b*	QL (8 tablets per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>orphenadrine citrate injection solution</i>	1 or 1b*	
OZOBAX DS ORAL SOLUTION (<i>baclofen</i>)	3	PA; QL (40 mL per 1 day)
ROBAXIN INJECTION SOLUTION (<i>methocarbamol</i>)	3	
SOMA ORAL TABLET (<i>carisoprodol</i>)	3	ST; QL (4 tablets per 1 day)
TANLOR ORAL TABLET (<i>methocarbamol</i>)	3	ST; QL (4 tablets per 1 day)
<i>tizanidine hcl oral capsule 2 mg</i>	3	ST; QL (4 capsules per 1 day)
<i>tizanidine hcl oral capsule 4 mg</i>	3	ST; QL (9 capsules per 1 day)
<i>tizanidine hcl oral capsule 6 mg</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>	1 or 1b*	QL (9 tablets per 1 day)
ZANAFLEX ORAL CAPSULE 2 MG (<i>tizanidine hcl</i>)	3	ST; QL (4 capsules per 1 day)
ZANAFLEX ORAL CAPSULE 4 MG (<i>tizanidine hcl</i>)	3	ST; QL (9 capsules per 1 day)
ZANAFLEX ORAL CAPSULE 6 MG (<i>tizanidine hcl</i>)	3	ST; QL (6 capsules per 1 day)
ZANAFLEX ORAL TABLET (<i>tizanidine hcl</i>)	3	ST; QL (9 tablets per 1 day)
*DIRECT MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED (<i>dantrolene sodium</i>)	3	
DANTRIUM ORAL CAPSULE (<i>dantrolene sodium</i>)	3	
<i>dantrolene sodium intravenous solution reconstituted</i>	1 or 1b*	
<i>dantrolene sodium oral capsule</i>	1 or 1b*	
<i>revonto intravenous solution reconstituted</i>	1 or 1b*	
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED (<i>dantrolene sodium</i>)	3	
*MUSCLE RELAXANT COMBINATIONS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
<i>norgesic oral tablet</i>	1 or 1b*	ST; QL (8 tablets per 1 day)
ORPHENADRINE-ASPIRIN-CAFFEINE ORAL TABLET	1 or 1b*	ST; QL (8 tablets per 1 day)
<i>orphengesic forte oral tablet</i>	1 or 1b*	ST; QL (4 tablets per 1 day)

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*RETINOIC ACID RECEPTOR GAMMA SELECTIVE AGONISTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
SOHONOS ORAL CAPSULE 1 MG (<i>palovarotene</i>)	4	PA; LD; QL (4 capsules per 1 day); SP
SOHONOS ORAL CAPSULE 1.5 MG (<i>palovarotene</i>)	4	PA; LD; QL (2 capsules per 1 day); SP
SOHONOS ORAL CAPSULE 10 MG (<i>palovarotene</i>)	4	PA; LD; QL (14 capsules per 365 days); SP
SOHONOS ORAL CAPSULE 2.5 MG, 5 MG (<i>palovarotene</i>)	4	PA; LD; QL (1 capsule per 1 day); SP
*VISCOSUPPLEMENTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	4	PA; LD
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	4	PA; LD
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE (<i>cross-linked hyaluronate</i>)	4	PA; LD
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	4	PA; LD
HYALGAN INTRA-ARTICULAR SOLUTION (<i>sodium hyaluronate (viscosup)</i>)	4	PA; LD
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	4	PA; LD
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>hyaluronan</i>)	4	PA; LD
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>hyaluronan</i>)	4	PA; LD
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>hyaluronan</i>)	4	PA; LD
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	4	PA; LD
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	4	PA; LD
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>hylan g-f 20</i>)	4	PA; LD
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>hylan g-f 20</i>)	4	PA; LD
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	4	PA; LD
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
*ANTI HISTAMINE-STEROID*** - ALLERGY		
<i>azelastine-fluticasone nasal suspension</i>	3	QL (1 bottle per 30 days)

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DYMISTA NASAL SUSPENSION (<i>azelastine-fluticasone</i>)	3	QL (1 bottle per 30 days)
RYALTRIS NASAL SUSPENSION (<i>olopatadine-mometasone</i>)	3	QL (1 inhaler per 30 days)
*NASAL ANESTHETICS*** - ALLERGY		
COCAINE HCL NASAL SOLUTION	3	
GOPRELTO NASAL SOLUTION	3	
NUMBRINO NASAL SOLUTION (<i>cocaine hcl (nasal anesthetic)</i>)	3	
*NASAL ANTICHOLINERGICS*** - ALLERGY		
<i>ipratropium bromide nasal solution 0.03 %</i>	1 or 1b*	QL (2 bottles per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	1 or 1b*	QL (1 mL per 1 day)
*NASAL ANTIHISTAMINES*** - ALLERGY		
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	1 or 1b*	QL (1 package per 25 days)
<i>azelastine hcl nasal solution 0.15 %</i>	1 or 1b*	QL (1 bottle per 25 days)
<i>olopatadine hcl nasal solution</i>	1 or 1b*	QL (1 bottle per 30 days)
*NASAL STEROIDS*** - ALLERGY		
<i>flunisolide nasal solution</i>	3	ST; QL (3 inhalers per 30 days)
<i>fluticasone propionate nasal suspension</i>	1 or 1a*	BE; QL (1 bottle per 30 days)
<i>mometasone furoate nasal suspension</i>	3	ST; BE; QL (1 bottle per 30 days)
OMNARIS NASAL SUSPENSION (<i>ciclesonide</i>)	3	ST; QL (1 bottle per 30 days)
PROPEL MINI NASAL IMPLANT (<i>mometasone furoate</i>)	3	
PROPEL MINI SDS NASAL IMPLANT (<i>mometasone furoate</i>)	3	
PROPEL NASAL IMPLANT (<i>mometasone furoate</i>)	3	
QNASL CHILDRENS NASAL AEROSOL SOLUTION (<i>beclomethasone diprop (nasal)</i>)	3	ST; QL (1 bottle per 30 days)
QNASL NASAL AEROSOL SOLUTION (<i>beclomethasone diprop (nasal)</i>)	3	ST; QL (1 bottle per 30 days)
XHANCE NASAL EXHALER SUSPENSION (<i>fluticasone propionate</i>)	3	PA; QL (2 inhalers per 30 days)
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES		
*ALS AGENTS - MISCELLANEOUS*** - DRUGS FOR NERVES AND MUSCLES		
<i>edaravone intravenous solution 30 mg/100ml</i>	4	PA; LD; SP
<i>edaravone intravenous solution 60 mg/100ml</i>	4	PA
RADICAVA ORS ORAL SUSPENSION (<i>edaravone</i>)	4	PA; LD; QL (1 kit per 28 days); SP
RADICAVA ORS STARTER KIT ORAL SUSPENSION (<i>edaravone</i>)	4	PA; LD; QL (1 starter kit per 1 lifetime); SP
*BENZATHIAZOLES*** - DRUGS FOR NERVES AND MUSCLES		
<i>riluzole oral tablet</i>	4	PA; LD; QL (4 tablets per 1 day); SP
TEGLUTIK ORAL SUSPENSION (<i>riluzole</i>)	4	PA; LD; QL (40 mL per 1 day)

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Effective 01012025

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*DEPOLARIZING MUSCLE RELAXANTS*** - DRUGS FOR NERVES AND MUSCLES		
ANECTINE INJECTION SOLUTION (<i>succinylcholine chloride</i>)	3	
QUELICIN INJECTION SOLUTION (<i>succinylcholine chloride</i>)	3	
SUCCINYLCHOLINE CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 100 MG/5ML	3	
*FRIEDRICH'S ATAXIA AGENTS - NRF2 PATHWAY ACTIVATORS*** - DRUGS FOR NERVES AND MUSCLES		
SKYCLARYS ORAL CAPSULE (<i>omaveloxolone</i>)	4	PA; LD; QL (3 capsules per 1 day)
*MUSCULAR DYSTROPHY - GENE THERAPY AGENTS*** - DRUGS FOR NERVES AND MUSCLES		
AMONDYS 45 INTRAVENOUS SOLUTION	4	PA; LD
EXONDYS 51 INTRAVENOUS SOLUTION (<i>eteplirsén</i>)	4	PA; LD
VILTEPSO INTRAVENOUS SOLUTION (<i>viltolarsén</i>)	4	PA; LD
VYONDYS 53 INTRAVENOUS SOLUTION (<i>golodirsén</i>)	4	PA; LD
*MUSCULAR DYSTROPHY - HISTONE DEACETYLASE INHIBITORS** - DRUGS FOR NERVES AND MUSCLES		
DUVYZAT ORAL SUSPENSION (<i>givinostat hcl</i>)	4	PA; LD; QL (12 mL per 1 day)
*NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS*** - DRUGS FOR NERVES AND MUSCLES		
BOTOX INJECTION SOLUTION RECONSTITUTED (<i>onabotulinumtoxiná</i>)	4	PA; LD
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>abobotulinumtoxiná</i>)	4	PA; LD; SP
MYOBLOC INTRAMUSCULAR SOLUTION (<i>rimabotulinumtoxinb</i>)	4	PA; LD; SP
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>incobotulinumtoxiná</i>)	4	PA; LD; SP
*NONDEPOLARIZING MUSCLE RELAXANTS*** - DRUGS FOR NERVES AND MUSCLES		
<i>atracurium besylate intravenous solution</i>	1 or 1b*	
<i>cisatracurium besylate (pf) intravenous solution</i>	1 or 1b*	
<i>cisatracurium besylate intravenous solution</i>	1 or 1b*	
<i>rocuronium bromide intravenous solution</i>	1 or 1b*	
<i>vecuronium bromide intravenous solution reconstituted</i>	1 or 1b*	
*RETT SYNDROME AGENTS - GLYCINE-PROLINE-GLUTAMATE ANALOGS*** - DRUGS FOR NERVES AND MUSCLES		
DAYBUE ORAL SOLUTION (<i>trofinetide</i>)	4	PA; LD; QL (120 mL per 1 day)
*SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS*** - DRUGS FOR NERVES AND MUSCLES		
EVRYSDI ORAL SOLUTION RECONSTITUTED (<i>risdiplam</i>)	4	PA; LD; QL (5 mg per 1 day)
NUTRIENTS - DRUGS FOR NUTRITION		
*AMINO ACID MIXTURES*** - DRUGS FOR NUTRITION		
AMINOSYN II INTRAVENOUS SOLUTION 10 % (<i>amino acid infusion</i>)	3	

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<i>aminosyn ii intravenous solution 15 %</i>	1 or 1b*	
AMINOSYN-PF 7% INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
AMINOSYN-PF INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d5w</i>)	3	
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d10w</i>)	3	
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d5w</i>)	3	
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d15w</i>)	3	
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d20w</i>)	3	
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION (<i>amino acid infusion in d10w</i>)	3	
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION (<i>amino acid infusion in d5w</i>)	3	
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION (<i>amino acid infusion in d15w</i>)	3	
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION (<i>amino acid infusion in d20w</i>)	3	
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	
<i>clinisol sf intravenous solution</i>	1 or 1b*	
<i>plenamine intravenous solution</i>	1 or 1b*	
PREMASOL INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
PROSOL INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
TRAVASOL INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
TROPHAMINE INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
*AMINO ACIDS-SINGLE*** - DRUGS FOR NUTRITION		
ELCYS INTRAVENOUS SOLUTION (<i>cysteine hcl</i>)	3	
*CARBOHYDRATES*** - DRUGS FOR NUTRITION		
<i>dextrose intravenous solution 10 %, 5 %, 70 %</i>	1 or 1b*	
DEXTROSE INTRAVENOUS SOLUTION 20 %, 30 %, 40 %	3	
*LIPIDS*** - DRUGS FOR NUTRITION		
CLINOLIPID INTRAVENOUS EMULSION (<i>fat emuls plant base(soy/oliv)</i>)	3	
DOJOLVI ORAL LIQUID (<i>triheptanoin</i>)	4	PA; LD; QL (2 bottles per 30 days); SP

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Effective 01012025

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INTRALIPID INTRAVENOUS EMULSION (<i>fat emulsion plant based (soy)</i>)	3	
NUTRILIPID INTRAVENOUS EMULSION (<i>fat emulsion plant based (soy)</i>)	3	
OMEGAVEN INTRAVENOUS EMULSION (<i>fish oil triglyceride based</i>)	3	
SMOFLIPID INTRAVENOUS EMULSION (<i>fat emul fish oil/plant based</i>)	3	
*PROTEIN-CARBOHYDRATE-LIPID WITH ELECTROLYTE COMBINATIONS**** - DRUGS FOR NUTRITION		
KABIVEN INTRAVENOUS EMULSION (<i>amino ac-dext-lipid-electrolyt</i>)	3	
PERIKABIVEN INTRAVENOUS EMULSION (<i>amino ac-dext-lipid-electrolyt</i>)	3	
OPHTHALMIC AGENTS - DRUGS FOR THE EYE		
*ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB**** - DRUGS FOR GLAUCOMA		
SIMBRINZA OPHTHALMIC SUSPENSION (<i>brinzolamide-brimonidine</i>)	2	QL (8 mL per 30 days)
*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS**** - DRUGS FOR GLAUCOMA		
<i>brimonidine tartrate-timolol ophthalmic solution</i>	1 or 1b*	QL (15 mL per 30 days)
COMBIGAN OPHTHALMIC SOLUTION (<i>brimonidine tartrate-timolol</i>)	3	QL (15 mL per 30 days)
COSOPT OPHTHALMIC SOLUTION (<i>dorzolamide hcl-timolol mal</i>)	3	QL (10 mL per 30 days)
COSOPT PF OPHTHALMIC SOLUTION (<i>dorzolamide hcl-timolol mal</i>)	3	QL (60 units per 30 days)
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	1 or 1b*	QL (10 mL per 30 days)
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	1 or 1b*	QL (60 units per 30 days)
*BETA-BLOCKERS - OPHTHALMIC**** - DRUGS FOR GLAUCOMA		
<i>betaxolol hcl ophthalmic solution</i>	1 or 1b*	QL (0.5 mL per 1 day)
BETIMOL OPHTHALMIC SOLUTION (<i>timolol hemihydrate</i>)	3	QL (15 mL per 30 days)
BETOPTIC-S OPHTHALMIC SUSPENSION (<i>betaxolol hcl</i>)	2	QL (15 mL per 30 days)
<i>carteolol hcl ophthalmic solution</i>	1 or 1a*	
ISTALOL OPHTHALMIC SOLUTION (<i>timolol maleate</i>)	3	QL (5 mL per 30 days)
<i>levobunolol hcl ophthalmic solution</i>	1 or 1b*	
<i>timolol hemihydrate ophthalmic solution</i>	1 or 1b*	QL (15 mL per 30 days)
<i>timolol maleate (once-daily) ophthalmic solution</i>	1 or 1b*	QL (5 mL per 30 days)
<i>timolol maleate ocudose ophthalmic solution</i>	1 or 1b*	QL (20 mL per 30 days)
<i>timolol maleate ophthalmic gel forming solution</i>	1 or 1b*	QL (5 mL per 30 days)
<i>timolol maleate ophthalmic solution</i>	1 or 1b*	QL (20 mL per 30 days)
<i>timolol maleate pf ophthalmic solution 0.25 %</i>	1 or 1b*	QL (18 mL per 30 days)
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	1 or 1b*	QL (20 mL per 30 days)
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 % (<i>timolol maleate</i>)	3	QL (18 mL per 30 days)
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	3	QL (20 mL per 30 days)
*CHOLINERGIC AGONISTS**** - DRUGS FOR THE EYE		
TYRVAYA NASAL SOLUTION (<i>varenicline tartrate</i>)	3	PA; QL (0.28 mL per 1 day)

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*CYCLOPLEGIC MYDRIATIC COMBINATIONS*** - DRUGS FOR THE EYE		
CYCLOMYDRIL OPHTHALMIC SOLUTION (<i>cyclopentolate-phenylephrine</i>)	3	
MYDCOMBI OPHTHALMIC SOLUTION CARTRIDGE (<i>tropicamide-phenylephrine</i>)	3	
*CYCLOPLEGIC MYDRIATICS*** - DRUGS FOR THE EYE		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %	3	QL (20 mL per 30 days)
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % (<i>cyclopentolate hcl</i>)	3	
CYCLOGYL OPHTHALMIC SOLUTION 1 % (<i>cyclopentolate hcl</i>)	3	QL (15 mL per 30 days)
<i>cyclopentolate hcl ophthalmic solution</i>	1 or 1b*	QL (15 mL per 30 days)
MYDRIACYL OPHTHALMIC SOLUTION (<i>tropicamide</i>)	3	
<i>phenylephrine hcl ophthalmic solution</i>	1 or 1b*	
<i>tropicamide ophthalmic solution</i>	1 or 1b*	
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
XIIDRA OPHTHALMIC SOLUTION (<i>lifitegrast</i>)	2	PA; QL (2 vial per 1 day)
*MIOTICS - CHOLINESTERASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED (<i>echothiophate iodide</i>)	3	QL (5 mL per 30 days)
*MIOTICS - DIRECT ACTING*** - DRUGS FOR GLAUCOMA		
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED (<i>acetylcholine chloride</i>)	3	
MIOSTAT INTRAOCULAR SOLUTION (<i>carbachol</i>)	3	
<i>pilocarpine hcl ophthalmic solution</i>	1 or 1b*	
VUITY OPHTHALMIC SOLUTION (<i>pilocarpine hcl</i>)	3	PA; QL (5 mL per 30 days)
*OPHTHALMIC - MULTIPLE RECEPTOR ANGIOGENESIS INHIBITORS*** - DRUGS FOR THE EYE		
VABYSMO INTRAVITREAL SOLUTION (<i>faricimab-svoa</i>)	4	PA; LD; SP
VABYSMO INTRAVITREAL SOLUTION PREFILLED SYRINGE (<i>faricimab-svoa</i>)	4	PA; LD; SP
*OPHTHALMIC ANTIALLERGIC*** - DRUGS FOR ITCHY EYE		
ALOCRILOPHTHALMIC SOLUTION (<i>nedocromil sodium</i>)	3	ST; QL (1 bottle per 30 days)
ALOMIDE OPHTHALMIC SOLUTION (<i>lodoxamide tromethamine</i>)	3	ST; QL (1 bottle per 30 days)
<i>azelastine hcl ophthalmic solution</i>	1 or 1b*	QL (1 bottle per 24 days)
<i>bepotastine besilate ophthalmic solution</i>	3	ST; QL (10 mL per 30 days)
BEPREVE OPHTHALMIC SOLUTION (<i>bepotastine besilate</i>)	3	ST; QL (10 mL per 30 days)
<i>cromolyn sodium ophthalmic solution</i>	1 or 1a*	QL (2 bottles per 30 days)
<i>epinastine hcl ophthalmic solution</i>	1 or 1b*	QL (1 bottle per 30 days)
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	3	ST; QL (1 bottle per 30 days)

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Effective 01012025

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<i>olopatadine hcl ophthalmic solution 0.2 %</i>	3	ST; BE; QL (0.1 mL per 1 day)
ZERVIAE OPHTHALMIC SOLUTION (<i>cetirizine hcl</i>)	3	ST; QL (2 boxes per 30 days)
*OPHTHALMIC ANTIBIOTICS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
AZASITE OPHTHALMIC SOLUTION (<i>azithromycin</i>)	3	QL (2.5 mL per 30 days)
<i>bacitracin ophthalmic ointment</i>	1 or 1b*	QL (7 grams per 30 days)
BESIVANCE OPHTHALMIC SUSPENSION (<i>besifloxacin hcl</i>)	3	QL (5 mL per 30 days)
CILOXAN OPHTHALMIC OINTMENT (<i>ciprofloxacin hcl</i>)	3	QL (3.5 grams per 30 days)
<i>ciprofloxacin hcl ophthalmic solution</i>	1 or 1a*	QL (10 mL per 30 days)
<i>erythromycin ophthalmic ointment</i>	3	QL (3.5 grams per 30 days)
<i>gatifloxacin ophthalmic solution</i>	1 or 1b*	QL (2.5 mL per 30 days)
<i>gentamicin sulfate ophthalmic solution</i>	1 or 1a*	QL (10 mL per 30 days)
<i>levofloxacin ophthalmic solution</i>	1 or 1b*	QL (5 mL per 30 days)
<i>mitomycin intraocular solution prefilled syringe</i>	3	
MITOSOL OPHTHALMIC KIT (<i>mitomycin</i>)	3	
<i>moxifloxacin hcl (2x day) ophthalmic solution</i>	1 or 1b*	QL (3 mL per 30 days)
<i>moxifloxacin hcl ophthalmic solution</i>	1 or 1b*	QL (3 mL per 30 days)
OCUFLOX OPHTHALMIC SOLUTION (<i>ofloxacin</i>)	3	QL (10 mL per 30 days)
<i>ofloxacin ophthalmic solution</i>	1 or 1a*	QL (10 mL per 30 days)
<i>tobramycin ophthalmic solution</i>	1 or 1a*	QL (20 mL per 30 days)
TOBREX OPHTHALMIC OINTMENT (<i>tobramycin</i>)	3	QL (3.5 grams per 30 days)
VIGAMOX OPHTHALMIC SOLUTION (<i>moxifloxacin hcl</i>)	3	QL (3 mL per 30 days)
*OPHTHALMIC ANTIFUNGAL*** - DRUGS FOR THE EYE		
NATACYN OPHTHALMIC SUSPENSION (<i>natamycin</i>)	3	QL (15 mL per 30 days)
*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bacitracin-polymyxin b ophthalmic ointment</i>	1 or 1a*	QL (3.5 grams per 30 days)
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	1 or 1b*	QL (3.5 grams per 30 days)
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	1 or 1b*	QL (10 mL per 30 days)
<i>neo-polycin ophthalmic ointment</i>	1 or 1b*	QL (3.5 grams per 30 days)
<i>polycin ophthalmic ointment</i>	1 or 1a*	QL (3.5 grams per 30 days)
<i>polymyxin b-trimethoprim ophthalmic solution</i>	1 or 1a*	QL (10 mL per 30 days)
*OPHTHALMIC ANTISEPTICS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION (<i>povidone-iodine</i>)	3	
*OPHTHALMIC ANTIVIRALS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>trifluridine ophthalmic solution</i>	1 or 1b*	QL (7.5 mL per 30 days)
ZIRGAN OPHTHALMIC GEL (<i>ganciclovir</i>)	3	QL (5 gram per 7 days)

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*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
AZOPT OPHTHALMIC SUSPENSION (<i>brinzolamide</i>)	3	QL (15 ML per 30 days)
<i>brinzolamide ophthalmic suspension</i>	1 or 1b*	QL (15 mL per 30 days)
<i>dorzolamide hcl ophthalmic solution</i>	1 or 1b*	QL (10 mL per 30 days)
*OPHTHALMIC COMPLEMENT C3 INHIBITORS*** - DRUGS FOR THE EYE		
SYFOVRE INTRAVITREAL SOLUTION (<i>pegcetacoplan (ophthalmic)</i>)	4	PA; LD
*OPHTHALMIC COMPLEMENT C5 INHIBITORS*** - DRUGS FOR THE EYE		
IZERVAY INTRAVITREAL SOLUTION (<i>avacincaptad pegol</i>)	4	PA; LD; SP
*OPHTHALMIC DIAGNOSTIC PRODUCTS*** - DRUGS FOR THE EYE		
<i>ak-fluor intravenous solution 10 %</i>	1 or 1b*	
<i>ak-fluor intravenous solution 25 %</i>	3	
<i>altafluor benox ophthalmic solution</i>	1 or 1b*	
<i>fluorescein intravenous solution</i>	1 or 1b*	
FLUORESCIN SODIUM/BENOXINATE OPHTHALMIC SOLUTION	3	
<i>fluorescein-benoxinate ophthalmic solution</i>	1 or 1b*	
FLUORESCITE INTRAVENOUS SOLUTION (<i>fluorescein sodium</i>)	3	
FLURA-SAFE OPHTHALMIC SOLUTION (<i>fluorexon-benoxinate</i>)	3	
*OPHTHALMIC ECTOPARASITICIDE** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
XDEMVIY OPHTHALMIC SOLUTION (<i>lotilaner</i>)	3	PA; QL (1 bottle per 1 fill)
*OPHTHALMIC IMMUNOMODULATORS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
CEQUA OPHTHALMIC SOLUTION (<i>cyclosporine</i>)	3	PA; QL (2 vials per 1 day)
<i>cyclosporine ophthalmic emulsion</i>	1 or 1b*	PA; QL (2 vials per 1 day)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION (<i>cyclosporine</i>)	2	PA; QL (1 bottle per 28 days)
RESTASIS OPHTHALMIC EMULSION (<i>cyclosporine</i>)	2	PA; QL (2 vials per 1 day)
VERKAZIA OPHTHALMIC EMULSION (<i>cyclosporine</i>)	3	PA; QL (120 vials per 30 days)
VEVYE OPHTHALMIC SOLUTION (<i>cyclosporine</i>)	3	PA; QL (0.2 mL per 1 day)
*OPHTHALMIC IRRIGATION SOLUTIONS*** - DRUGS FOR THE EYE		
BSS INTRAOCULAR SOLUTION (<i>ophth irr soln-intraocular</i>)	3	
BSS PLUS INTRAOCULAR SOLUTION (<i>ophth irr soln-intraocular</i>)	3	
*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS*** - DRUGS FOR GLAUCOMA		
ROCKLATAN OPHTHALMIC SOLUTION (<i>netarsudil-latanoprost</i>)	3	QL (2.5 mL per 30 days)
*OPHTHALMIC LOCAL ANESTHETICS*** - DRUGS FOR THE EYE		
AKTEN OPHTHALMIC GEL (<i>lidocaine hcl</i>)	3	

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Effective 01012025

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ALCAINE OPHTHALMIC SOLUTION (<i>proparacaine hcl</i>)	3	
IHEEZO OPHTHALMIC GEL (<i>chloroprocaine hcl</i>)	3	
<i>proparacaine hcl ophthalmic solution</i>	1 or 1b*	
<i>tetracaine hcl ophthalmic solution</i>	1 or 1b*	
*OPHTHALMIC NERVE GROWTH FACTORS*** - DRUGS FOR THE EYE		
OXERVATE OPHTHALMIC SOLUTION (<i>cenegermin-bkbj</i>)	4	PA; LD; QL (2 vials per 1 day)
*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
ACULAR LS OPHTHALMIC SOLUTION (<i>ketorolac tromethamine</i>)	3	QL (5 mL per 30 days)
ACULAR OPHTHALMIC SOLUTION (<i>ketorolac tromethamine</i>)	3	QL (10 mL per 30 days)
ACUVAIL OPHTHALMIC SOLUTION (<i>ketorolac tromethamine</i>)	3	QL (1 box per 30 days)
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	1 or 1b*	QL (1.7 mL per 30 days)
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	1 or 1b*	QL (3 mL per 30 days)
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	1 or 1b*	QL (5 mL per 30 days)
BROMSITE OPHTHALMIC SOLUTION (<i>bromfenac sodium</i>)	3	QL (5 mL per 30 days)
<i>diclofenac sodium ophthalmic solution</i>	1 or 1b*	QL (5 mL per 30 days)
<i>flurbiprofen sodium ophthalmic solution</i>	1 or 1b*	QL (2.5 mL per 30 days)
ILEVRO OPHTHALMIC SUSPENSION (<i>nepafenac</i>)	2	QL (3 mL per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	1 or 1b*	QL (5 mL per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	1 or 1b*	QL (10 mL per 30 days)
NEVANAC OPHTHALMIC SUSPENSION (<i>nepafenac</i>)	3	QL (3 mL per 30 days)
PROLENSA OPHTHALMIC SOLUTION (<i>bromfenac sodium</i>)	3	QL (3 mL per 30 days)
*OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS*** - DRUGS FOR THE EYE		
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED (<i>verteporfin</i>)	4	LD; QL (1 fill per 30 days); SP
*OPHTHALMIC PHOTOENHANCER COMBINATIONS*** - DRUGS FOR THE EYE		
PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE (<i>riboflav5 & riboflav5-dextran</i>)	3	
*OPHTHALMIC RHO KINASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
RHOPRESSA OPHTHALMIC SOLUTION (<i>netarsudil dimesylate</i>)	3	QL (2.5 mL per 30 days)
*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS*** - DRUGS FOR GLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION (<i>brimonidine tartrate</i>)	3	QL (30 mL per 30 days)
<i>apraclonidine hcl ophthalmic solution</i>	1 or 1b*	
<i>brimonidine tartrate ophthalmic solution</i>	1 or 1b*	QL (30 mL per 30 days)
IOPIDINE OPHTHALMIC SOLUTION (<i>apraclonidine hcl</i>)	3	

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Effective 01012025

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*OPHTHALMIC STEROID COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	1 or 1b*	QL (7 mL per 30 days)
MAXITROL OPHTHALMIC OINTMENT (<i>neomycin-polymyxin-dexameth</i>)	3	QL (7 mL per 30 days)
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (<i>neomycin-polymyxin-dexameth</i>)	3	QL (20 mL per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1 or 1a*	QL (7 mL per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1 or 1a*	QL (20 mL per 30 days)
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	1 or 1b*	
<i>neo-polycin hc ophthalmic ointment</i>	1 or 1b*	QL (7 mL per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1 or 1a*	QL (15 mL per 30 days)
TOBRADEX OPHTHALMIC OINTMENT (<i>tobramycin-dexamethasone</i>)	2	
TOBRADEX ST OPHTHALMIC SUSPENSION (<i>tobramycin-dexamethasone</i>)	3	QL (10 mL per 30 days)
<i>tobramycin-dexamethasone ophthalmic suspension</i>	1 or 1b*	QL (10 mL per 30 days)
ZYLET OPHTHALMIC SUSPENSION (<i>loteprednol-tobramycin</i>)	2	QL (20 mL per 30 days)
*OPHTHALMIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
ALREX OPHTHALMIC SUSPENSION (<i>loteprednol etabonate</i>)	3	
<i>clobetasol propionate ophthalmic suspension</i>	3	QL (3.5 mL per 30 days)
<i>dexamethasone sodium phosphate ophthalmic solution</i>	1 or 1b*	
DEXTENZA OPHTHALMIC INSERT (<i>dexamethasone</i>)	3	
DEXYCU INTRAOCULAR SUSPENSION (<i>dexamethasone</i>)	3	
<i>difluprednate ophthalmic emulsion</i>	1 or 1b*	QL (10 mL per 30 days)
DUREZOL OPHTHALMIC EMULSION (<i>difluprednate</i>)	3	QL (10 mL per 30 days)
EYSUVIS OPHTHALMIC SUSPENSION (<i>loteprednol etabonate</i>)	3	PA; QL (20 mL per 30 days)
FLAREX OPHTHALMIC SUSPENSION (<i>fluorometholone acetate</i>)	3	
<i>fluorometholone ophthalmic suspension</i>	1 or 1b*	
FML FORTE OPHTHALMIC SUSPENSION (<i>fluorometholone</i>)	3	
FML LIQUIFILM OPHTHALMIC SUSPENSION (<i>fluorometholone</i>)	3	
ILUVIEN INTRAVITREAL IMPLANT (<i>fluocinolone acetonide</i>)	4	PA; LD; SP
INVELTYS OPHTHALMIC SUSPENSION (<i>loteprednol etabonate</i>)	3	QL (5.6 mL per 30 days)
LOTEMAX OPHTHALMIC GEL (<i>loteprednol etabonate</i>)	3	QL (10 grams per 30 days)
LOTEMAX OPHTHALMIC OINTMENT (<i>loteprednol etabonate</i>)	3	QL (7 grams per 30 days)
LOTEMAX OPHTHALMIC SUSPENSION (<i>loteprednol etabonate</i>)	3	QL (30 mL per 30 days)
LOTEMAX SM OPHTHALMIC GEL (<i>loteprednol etabonate</i>)	3	QL (10 grams per 30 days)
<i>loteprednol etabonate ophthalmic gel</i>	1 or 1b*	QL (10 grams per 30 days)
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	3	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	1 or 1b*	QL (30 mL per 30 days)
MAXIDEX OPHTHALMIC SUSPENSION (<i>dexamethasone</i>)	3	

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Effective 01012025

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OZURDEX INTRAVITREAL IMPLANT (<i>dexamethasone</i>)	3	PA; LD; SP
PRED FORTE OPHTHALMIC SUSPENSION (<i>prednisolone acetate</i>)	3	QL (20 mL per 30 days)
PRED MILD OPHTHALMIC SUSPENSION (<i>prednisolone acetate</i>)	3	
<i>prednisolone acetate ophthalmic suspension</i>	1 or 1b*	QL (20 mL per 30 days)
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION	3	QL (20 mL per 30 days)
RETISERT INTRAVITREAL IMPLANT (<i>fluocinolone acetonide</i>)	3	PA; LD; SP
TRIESENCE INTRAOCULAR SUSPENSION (<i>triamcinolone acetonide</i>)	3	
XIPERE INTRAOCULAR SUSPENSION (<i>triamcinolone acetonide</i>)	4	PA; LD
YUTIQ INTRAVITREAL IMPLANT (<i>fluocinolone acetonide</i>)	3	PA; LD
*OPHTHALMIC SULFONAMIDES*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>sulfacetamide sodium ophthalmic ointment</i>	1 or 1b*	QL (3.5 grams per 30 days)
<i>sulfacetamide sodium ophthalmic solution</i>	1 or 1b*	QL (15 mL per 30 days)
*OPHTHALMIC SURGICAL AIDS - COMBINATIONS*** - DRUGS FOR THE EYE		
DISCOVISC INTRAOCULAR SOLUTION (<i>na chondroit sulf-na hyaluron</i>)	3	
DUOVISC INTRAOCULAR KIT 0.4-0.35 ML, 0.55-0.5 ML (<i>na hyalur & na chond-na hyalur</i>)	3	
OMIDRIA INTRAOCULAR SOLUTION (<i>phenylephrine-ketorolac</i>)	3	
VISCOAT INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>na chondroit sulf-na hyaluron</i>)	3	
*OPHTHALMIC SURGICAL AIDS*** - DRUGS FOR THE EYE		
AMVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate</i>)	4	LD
CELLUGEL INTRAOCULAR SOLUTION (<i>hypromellose</i>)	3	
HEALON DUET PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate</i>)	4	LD
HEALON GV PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate</i>)	4	LD
HEALON PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate</i>)	4	LD
HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate</i>)	4	LD
PROVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate</i>)	4	LD
TISSUEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>brilliant blue g</i>)	3	
TOTALVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate</i>)	3	
VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>trypan blue</i>)	3	

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*OPHTHALMICS - BLEPHAROPTOSIS AGENTS** - DRUGS FOR THE EYE		
UPNEEQ OPHTHALMIC SOLUTION (<i>oxymetazoline hcl</i>)	3	PA; QL (30 containers per 30 days)
*OPHTHALMICS - CYSTINOSIS AGENTS** - DRUGS FOR THE EYE		
CYSTADROPS OPHTHALMIC SOLUTION (<i>cysteamine hcl</i>)	3	PA; QL (4 bottles per 28 days)
CYSTARAN OPHTHALMIC SOLUTION (<i>cysteamine hcl</i>)	4	PA; LD; QL (60 mL per 28 days)
*OPHTHALMICS MISC. - OTHER*** - DRUGS FOR THE EYE		
MIEBO OPHTHALMIC SOLUTION (<i>perfluorohexyloctane</i>)	3	PA; QL (2 bottles per 25 days)
*PROSTAGLANDINS - OPHTHALMIC**** - DRUGS FOR GLAUCOMA		
<i>bimatoprost ophthalmic solution</i>	1 or 1b*	
DURYSTA INTRAOCULAR IMPLANT (<i>bimatoprost</i>)	4	PA; LD; QL (2 applicators per 1 lifetime); SP
IDOSE TR INTRAOCULAR IMPLANT (<i>travoprost</i>)	4	PA; LD; QL (2 units per 1 lifetime)
IYUZEH OPHTHALMIC SOLUTION (<i>latanoprost</i>)	3	QL (30 units per 30 days)
<i>latanoprost ophthalmic solution</i>	1 or 1b*	QL (5 mL per 30 days)
LUMIGAN OPHTHALMIC SOLUTION (<i>bimatoprost</i>)	2	QL (7.5 mL per 30 days)
<i>tafluprost (pf) ophthalmic solution</i>	1 or 1b*	QL (9 mL per 30 days)
TRAVATAN Z OPHTHALMIC SOLUTION (<i>travoprost</i>)	3	QL (10 mL per 30 days)
<i>travoprost (bak free) ophthalmic solution</i>	1 or 1b*	QL (10 mL per 30 days)
VYZULTA OPHTHALMIC SOLUTION (<i>latanoprostene bunod</i>)	3	QL (5 mL per 30 days)
XALATAN OPHTHALMIC SOLUTION (<i>latanoprost</i>)	3	QL (5 mL per 30 days)
XELPROS OPHTHALMIC EMULSION (<i>latanoprost</i>)	3	QL (5 mL per 30 days)
ZIOPTAN OPHTHALMIC SOLUTION (<i>tafluprost</i>)	3	QL (9 mL per 30 days)
*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) ANTAGONISTS**** - DRUGS FOR THE EYE		
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE (<i>brolocizumab-dbll</i>)	4	PA; LD; SP
BYOOVIZ INTRAVITREAL SOLUTION (<i>ranibizumab-nuna</i>)	4	PA; LD; SP
CIMERLI INTRAVITREAL SOLUTION (<i>ranibizumab-eqrn</i>)	4	PA; LD; SP
EYLEA HD INTRAVITREAL SOLUTION (<i>aflibercept</i>)	4	PA; LD; SP
EYLEA INTRAVITREAL SOLUTION (<i>aflibercept</i>)	4	PA; LD; SP
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE (<i>aflibercept</i>)	4	PA; LD; SP
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE (<i>ranibizumab</i>)	4	PA; LD; SP
PAVBLU INTRAVITREAL SOLUTION (<i>aflibercept-ayyh</i>)	4	PA
PAVBLU INTRAVITREAL SOLUTION PREFILLED SYRINGE (<i>aflibercept-ayyh</i>)	4	PA
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION (<i>ranibizumab</i>)	4	LD; SP

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SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION (<i>ranibizumab</i>)	4	LD; SP
OTIC AGENTS - DRUGS FOR THE EAR		
*OTIC AGENTS - MISCELLANEOUS*** - WAX REMOVAL		
<i>acetic acid otic solution</i>	1 or 1b*	
*OTIC ANALGESIC COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
PRAMOTIC OTIC LIQUID (<i>pramoxine-chloroxylenol</i>)	3	
*OTIC ANTI-INFECTIVES*** - ANTIBIOTICS		
CETRAXAL OTIC SOLUTION (<i>ciprofloxacin hcl</i>)	3	QL (28 containers per 1 fill)
<i>ciprofloxacin hcl otic solution</i>	1 or 1b*	QL (28 containers per 1 fill)
<i>ofloxacin otic solution</i>	1 or 1b*	QL (10 mL per 1 fill)
*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
CIPRO HC OTIC SUSPENSION (<i>ciprofloxacin-hydrocortisone</i>)	3	QL (10 mL per 1 fill)
<i>ciprofloxacin-dexamethasone otic suspension</i>	1 or 1b*	QL (7.5 mL per 1 fill)
<i>ciprofloxacin-fluocinolone pf otic solution</i>	1 or 1b*	QL (28 vials per 1 fill)
CORTISPORIN-TC OTIC SUSPENSION (<i>neomycin-colist-hc-thonzonium</i>)	3	
<i>neomycin-polymyxin-hc otic solution</i>	1 or 1b*	
<i>neomycin-polymyxin-hc otic suspension</i>	1 or 1b*	QL (15 mL per 30 days)
OTOVEL OTIC SOLUTION (<i>ciprofloxacin-fluocinolone</i>)	3	QL (28 vials per 1 fill)
*OTIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
DERMOTIC OTIC OIL (<i>fluocinolone acetonide</i>)	3	
<i>flac otic oil</i>	1 or 1b*	
<i>fluocinolone acetonide otic oil</i>	1 or 1b*	
<i>hydrocortisone-acetic acid otic solution</i>	1 or 1b*	QL (10 mL per 1 fill)
OXYTOCICS - HORMONES		
*ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS*** - DRUGS FOR WOMEN		
<i>carboprost tromethamine intramuscular solution</i>	1 or 1b*	
<i>carboprost tromethamine intramuscular solution prefilled syringe</i>	3	
CERVIDIL VAGINAL INSERT (<i>dinoprostone</i>)	3	
HEMABATE INTRAMUSCULAR SOLUTION (<i>carboprost tromethamine</i>)	3	
PREPIDIL VAGINAL GEL (<i>dinoprostone</i>)	3	
*OXYTOCICS*** - DRUGS FOR WOMEN		
<i>methergine oral tablet</i>	1 or 1b*	
<i>methylergonovine maleate injection solution</i>	1 or 1b*	
<i>methylergonovine maleate oral tablet</i>	1 or 1b*	
<i>oxytocin injection solution</i>	1 or 1b*	
PITOCIN INJECTION SOLUTION (<i>oxytocin</i>)	3	

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PASSIVE IMMUNIZING AND TREATMENT AGENTS - BIOLOGICAL AGENTS		
*ANTITOXINS-ANTIVENINS**** - BIOLOGICAL AGENTS		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED (<i>centruroides (scorpion) im fab</i>)	3	
ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED (<i>crotalidae immune fab (equine)</i>)	3	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	3	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	3	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (<i>crotalidae polyval immune fab</i>)	3	
*ANTIVIRAL MONOCLONAL ANTIBODIES*** - BIOLOGICAL AGENTS		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>nirsevimab-alip</i>)	4; \$0	PA; LD; QL (2 syringe per 180 days)
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>nirsevimab-alip</i>)	4; \$0	PA; LD; QL (1 syringe per 1 lifetime)
PEMGARDA INTRAVENOUS SOLUTION (<i>pemivibart</i>)	3	
SYNAGIS INTRAMUSCULAR SOLUTION (<i>palivizumab</i>)	4	PA; LD; SP
*BACTERIAL MONOCLONAL ANTIBODIES*** - BIOLOGICAL AGENTS		
ZINPLAVA INTRAVENOUS SOLUTION (<i>bezlotoxumab</i>)	3	PA
*IMMUNE SERUMS**** - BIOLOGICAL AGENTS		
ALYGLO INTRAVENOUS SOLUTION (<i>immune globulin (human)-stwk</i>)	4	PA; LD
ASCENIV INTRAVENOUS SOLUTION (<i>immune globulin (human)-slra</i>)	4	PA; LD; SP
BABYBIG INTRAVENOUS SOLUTION RECONSTITUTED (<i>botulism immune globulin human</i>)	3	
BIVIGAM INTRAVENOUS SOLUTION (<i>immune globulin (human)</i>)	4	PA; LD; SP
CNJ-016 INTRAVENOUS SOLUTION (<i>vaccinia immune globulin human</i>)	3	
CUTAQUIG SUBCUTANEOUS SOLUTION (<i>immune globulin (human)-hipp</i>)	4	PA; LD; SP
CUVITRU SUBCUTANEOUS SOLUTION (<i>immune globulin (human)</i>)	4	PA; LD; SP
CYTOGAM INTRAVENOUS SOLUTION (<i>cytomegalovirus immune glob</i>)	4	LD; SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION (<i>immune globulin (human)</i>)	4	PA; LD; SP
GAMASTAN INTRAMUSCULAR INJECTABLE (<i>immune globulin (human)</i>)	4	PA; LD; SP
GAMMAGARD INJECTION SOLUTION (<i>immune globulin (human)</i>)	4	PA; LD; SP
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED (<i>immune globulin (human)</i>)	4	PA; LD; SP
GAMMAKED INJECTION SOLUTION (<i>immune globulin (human)</i>)	4	PA; LD; SP

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GAMMAPLEX INTRAVENOUS SOLUTION (<i>immune globulin (human)</i>)	4	PA; LD; SP
GAMUNEX-C INJECTION SOLUTION (<i>immune globulin (human)</i>)	4	PA; LD; SP
HEPAGAM B INJECTION SOLUTION (<i>hepatitis b immune globulin</i>)	4	LD; SP
HIZENTRA SUBCUTANEOUS SOLUTION (<i>immune globulin (human)</i>)	4	PA; LD; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>immune globulin (human)</i>)	4	PA; LD; SP
HYPERHEP B INTRAMUSCULAR SOLUTION (<i>hepatitis b immune globulin</i>)	4	LD; SP
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>hepatitis b immune globulin</i>)	4	LD; SP
HYPERRAB INJECTION SOLUTION (<i>rabies immune globulin</i>)	4	LD; SP
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>rho d immune globulin</i>)	4	LD; QL (2 fills per 365 days); SP
HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>tetanus immune globulin</i>)	3	
IMOGAM RABIES-HT INJECTION SOLUTION (<i>rabies immune globulin</i>)	4	LD; SP
KEDRAB INJECTION SOLUTION	4	LD; SP
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>rho d immune globulin</i>)	4	LD; QL (2 fills per 365 days); SP
NABI-HB INTRAMUSCULAR SOLUTION (<i>hepatitis b immune globulin</i>)	4	LD; SP
OCTAGAM INTRAVENOUS SOLUTION (<i>immune globulin (human)</i>)	4	PA; LD; SP
PANZYGA INTRAVENOUS SOLUTION (<i>immune globulin (human)-ifas</i>)	4	PA; LD; SP
PRIVIGEN INTRAVENOUS SOLUTION (<i>immune globulin (human)</i>)	4	PA; LD; SP
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>rho d immune globulin</i>)	4	LD; QL (2 fills per 365 days); SP
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE (<i>rho d immune globulin</i>)	4	LD; QL (2 fills per 365 days); SP
VARIZIG INTRAMUSCULAR SOLUTION (<i>varicella-zoster immune glob</i>)	3	LD
WINRHO SDF INJECTION SOLUTION (<i>rho d immune globulin</i>)	4	LD; QL (2 fills per 365 days); SP
XEMBIFY SUBCUTANEOUS SOLUTION (<i>immune globulin (human)-klhw</i>)	4	PA; LD; SP
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS*** - BIOLOGICAL AGENTS		
HYQVIA SUBCUTANEOUS KIT (<i>immune globulin-hyaluronidase</i>)	4	PA; LD; SP
PENICILLINS - DRUGS FOR INFECTIONS		
*AMINOPENICILLINS*** - ANTIBIOTICS		
<i>amoxicillin oral capsule</i>	1 or 1a*	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml</i>	1 or 1a*	
<i>amoxicillin oral suspension reconstituted 400 mg/5ml</i>	3	
<i>amoxicillin oral tablet</i>	1 or 1a*	
<i>amoxicillin oral tablet chewable</i>	1 or 1a*	

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ampicillin oral capsule</i>	1 or 1a*	
<i>ampicillin sodium injection solution reconstituted</i>	1 or 1b*	
<i>ampicillin sodium intravenous solution reconstituted</i>	1 or 1b*	
*NATURAL PENICILLINS*** - ANTIBIOTICS		
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>penicillin g benzathine</i>)	3	
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>penicillin g benzathine</i>)	3	
LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>penicillin g benzathine</i>)	3	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION	3	
<i>penicillin g potassium injection solution reconstituted</i>	1 or 1b*	
<i>penicillin g sodium injection solution reconstituted</i>	1 or 1b*	
<i>penicillin v potassium oral solution reconstituted</i>	1 or 1b*	
<i>penicillin v potassium oral tablet</i>	1 or 1b*	
<i>pfizerpen injection solution reconstituted</i>	1 or 1b*	
*PENICILLIN COMBINATIONS*** - ANTIBIOTICS		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	1 or 1b*	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	1 or 1b*	
<i>amoxicillin-pot clavulanate oral tablet</i>	1 or 1b*	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	1 or 1b*	
<i>ampicillin-sulbactam sodium injection solution reconstituted</i>	1 or 1b*	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted</i>	1 or 1b*	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED (<i>amoxicillin-pot clavulanate</i>)	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED (<i>amoxicillin-pot clavulanate</i>)	2	
AUGMENTIN ORAL TABLET (<i>amoxicillin-pot clavulanate</i>)	3	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION (<i>penicillin g benzathine & proc</i>)	3	
BICILLIN C-R INTRAMUSCULAR SUSPENSION (<i>penicillin g benzathine & proc</i>)	3	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted</i>	1 or 1b*	
UNASYN INJECTION SOLUTION RECONSTITUTED (<i>ampicillin-sulbactam sodium</i>)	3	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED (<i>ampicillin-sulbactam sodium</i>)	3	
ZOSYN INTRAVENOUS SOLUTION (<i>piperacillin-tazobactam in dex</i>)	3	
*PENICILLINASE-RESISTANT PENICILLINS*** - ANTIBIOTICS		
<i>dicloxacillin sodium oral capsule</i>	1 or 1b*	
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	3	

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Effective 01012025

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<i>nafcillin sodium injection solution reconstituted</i>	1 or 1b*	
<i>nafcillin sodium intravenous solution reconstituted</i>	1 or 1b*	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	3	
<i>oxacillin sodium injection solution reconstituted</i>	1 or 1b*	
<i>oxacillin sodium intravenous solution reconstituted</i>	1 or 1b*	
PROGESTINS - HORMONES		
*PROGESTINS*** - DRUGS FOR WOMEN		
<i>norethindrone acetate</i> (Gallifrey Oral Tablet)	1 or 1b*	
<i>medroxyprogesterone acetate oral tablet</i>	1 or 1a*	QL (1 tablet per 1 day)
<i>megestrol acetate oral suspension 625 mg/5ml</i>	1 or 1b*	
<i>norethindrone acetate oral tablet</i>	1 or 1b*	
<i>progesterone intramuscular oil</i>	1 or 1b*	
<i>progesterone oral capsule 100 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>progesterone oral capsule 200 mg</i>	1 or 1b*	QL (2 capsule per 1 day)
PROMETRIUM ORAL CAPSULE 100 MG (<i>progesterone</i>)	3	QL (2 capsules per 1 day)
PROMETRIUM ORAL CAPSULE 200 MG (<i>progesterone</i>)	3	QL (2 capsule per 1 day)
PROVERA ORAL TABLET (<i>medroxyprogesterone acetate</i>)	3	QL (1 tablet per 1 day)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM		
*AGENTS FOR OPIOID WITHDRAWAL*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>lofexidine hcl oral tablet</i>	1 or 1b*	QL (16 tablets per 1 day)
LUCEMYRA ORAL TABLET (<i>lofexidine hcl</i>)	3	QL (16 tablets per 1 day)
*ALCOHOL DETERRENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>acamprosate calcium oral tablet delayed release</i>	1 or 1b*	QL (6 tablet per 1 day)
<i>disulfiram oral tablet</i>	1 or 1b*	
*ANTI-CATAPLECTIC AGENTS*** - DRUGS FOR SLEEP DISORDER		
LUMRYZ ORAL PACKET (<i>sodium oxybate</i>)	4	PA; LD; QL (1 packet per 1 day); SP
LUMRYZ STARTER PACK ORAL THERAPY PACK (<i>sodium oxybate</i>)	4	PA; LD; QL (1 pack per 6 months); SP
<i>sodium oxybate oral solution</i>	3	PA; LD; QL (18 mL per 1 day)
XYREM ORAL SOLUTION (<i>sodium oxybate</i>)	3	PA; LD; QL (18 mL per 1 day)
*ANTI-CATAPLECTIC COMBINATIONS*** - DRUGS FOR SLEEP DISORDER		
XYWAV ORAL SOLUTION (<i>ca, mg, k, and na oxybates</i>)	4	PA; LD; QL (18 mL per 1 day)

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Effective 01012025

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*ANTIDEMENTIA AGENT COMBINATIONS*** - DRUGS FOR ALZHEIMER'S DISEASE		
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>memantine hcl-donepezil hcl</i>)	2	QL (1 capsule per 1 day)
*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>eplontersen sodium</i>)	4	PA; LD; QL (1 autoinjector per 28 days)
*BENZODIAZEPINES & TRICYCLIC AGENTS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>chlordiazepoxide-amitriptyline oral tablet</i>	1 or 1b*	
*CHOLINOMIMETICS - ACHE INHIBITORS*** - DRUGS FOR ALZHEIMER'S DISEASE		
ADLARITY TRANSDERMAL PATCH WEEKLY (<i>donepezil hcl</i>)	3	ST; QL (1 patch per 1 week)
ARICEPT ORAL TABLET 10 MG, 23 MG (<i>donepezil hcl</i>)	3	QL (1 tablet per 1 day)
ARICEPT ORAL TABLET 5 MG (<i>donepezil hcl</i>)	3	DO
<i>donepezil hcl oral tablet 10 mg, 23 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>donepezil hcl oral tablet 5 mg</i>	1 or 1b*	DO
<i>donepezil hcl oral tablet dispersible</i>	1 or 1b*	QL (1 tablet per 1 day)
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	3	ST; QL (1 patch per 1 day)
EXELON TRANSDERMAL PATCH 24 HOUR 4.6 MG/24HR (<i>rivastigmine</i>)	3	ST; QL (1 gram per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 8 mg</i>	1 or 1b*	DO
<i>galantamine hydrobromide oral solution</i>	1 or 1b*	QL (6 mL per 1 day)
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>galantamine hydrobromide oral tablet 4 mg</i>	1 or 1b*	DO
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>	1 or 1b*	DO
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 9.5 mg/24hr</i>	1 or 1b*	QL (1 patch per 1 day)
<i>rivastigmine transdermal patch 24 hour 4.6 mg/24hr</i>	1 or 1b*	QL (1 gram per 1 day)
*FIBROMYALGIA AGENT - SNRIS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
SAVELLA ORAL TABLET (<i>milnacipran hcl</i>)	2	QL (2 tablets per 1 day)
SAVELLA TITRATION PACK ORAL (<i>milnacipran hcl</i>)	2	QL (1 pack per 365 days)
*MELANOCORTIN RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>bremelanotide acetate</i>)	3	PA; QL (4 autoinjectors per 30 days)

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Effective 01012025

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*MOVEMENT DISORDER DRUG THERAPY*** - DRUGS FOR THE NERVOUS SYSTEM		
AUSTEDO ORAL TABLET (<i>deutetrabenazine</i>)	4	PA; LD; QL (4 tablets per 1 day); SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG (<i>deutetrabenazine</i>)	4	PA; LD; QL (2 tablets per 1 day); SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG (<i>deutetrabenazine</i>)	4	PA; LD; QL (1 tablet per 1 day); SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK (<i>deutetrabenazine</i>)	4	PA; LD; QL (2 kits per 1 year); SP
INGREZZA ORAL CAPSULE 40 MG (<i>valbenazine tosylate</i>)	4	PA; LD; DO; SP
INGREZZA ORAL CAPSULE 60 MG, 80 MG (<i>valbenazine tosylate</i>)	4	PA; LD; QL (1 capsule per 1 day); SP
INGREZZA ORAL CAPSULE SPRINKLE 40 MG (<i>valbenazine tosylate</i>)	4	PA; LD; DO; SP
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG (<i>valbenazine tosylate</i>)	4	PA; LD; QL (1 capsule per 1 day); SP
INGREZZA ORAL CAPSULE THERAPY PACK (<i>valbenazine tosylate</i>)	4	PA; LD; QL (1 pack per 1 one-time fill); SP
<i>tetrabenazine oral tablet 12.5 mg</i>	1 or 1b*	PA; LD; QL (8 tablets per 1 day); SP
<i>tetrabenazine oral tablet 25 mg</i>	1 or 1b*	PA; LD; QL (4 tablets per 1 day); SP
XENAZINE ORAL TABLET 12.5 MG (<i>tetrabenazine</i>)	4	PA; LD; QL (8 tablets per 1 day); SP
XENAZINE ORAL TABLET 25 MG (<i>tetrabenazine</i>)	4	PA; LD; QL (4 tablets per 1 day); SP
*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
AUBAGIO ORAL TABLET (<i>teriflunomide</i>)	4	PA; LD; QL (1 tablet per 1 day); SP
<i>teriflunomide oral tablet</i>	4	PA; LD; QL (1 tablet per 1 day); SP
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES*** - DRUGS FOR MULTIPLE SCLEROSIS		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	4	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	4	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	4	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	4	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	4	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	4	PA; LD; QL (2 packs per 46 weekss); SP

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MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	4	PA; LD; QL (2 packs per 46 weeks); SP
*MULTIPLE SCLEROSIS AGENTS - COMBINATIONS*** - DRUGS FOR MULTIPLE SCLEROSIS		
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION (<i>ocrelizumab-hyaluronidase-ocsq</i>)	4	PA; LD; QL (1 vial per 6 months); SP
*MULTIPLE SCLEROSIS AGENTS - INTERFERONS*** - DRUGS FOR MULTIPLE SCLEROSIS		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT (<i>interferon beta-1a</i>)	4	PA; LD; QL (4 kits per 28 days); SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT (<i>interferon beta-1a</i>)	4	PA; LD; QL (4 kits per 28 days); SP
BETASERON SUBCUTANEOUS KIT (<i>interferon beta-1b</i>)	4	PA; LD; QL (15 kits per 30 days); SP
EXTAVIA SUBCUTANEOUS KIT (<i>interferon beta-1b</i>)	4	PA; LD; QL (15 kits per 30 days); SP
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	4	PA; LD; QL (2 syringes per 28 days); SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>peginterferon beta-1a</i>)	4	PA; LD; QL (1 ML per 28 days); SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	4	PA; LD; QL (1 ML per 28 days); SP
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>peginterferon beta-1a</i>)	4	PA; LD; QL (1 ML per 28 days); SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	4	PA; LD; QL (1 ML per 28 days); SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>interferon beta-1a</i>)	4	PA; LD; QL (12 ML per 28 days); SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>interferon beta-1a</i>)	4	PA; LD; QL (4.2 ML per 28 days); SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>interferon beta-1a</i>)	4	PA; LD; QL (12 syringes per 28 days); SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>interferon beta-1a</i>)	4	PA; LD; QL (1 pack per 1 fill); SP
*MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR MULTIPLE SCLEROSIS		
BRIUMVI INTRAVENOUS SOLUTION (<i>ublituximab-xiiv</i>)	4	PA; LD; QL (3 vials per 24 weeks); SP
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>ofatumumab</i>)	4	PA; LD; QL (1 syringe per 28 days); SP
LEMTRADA INTRAVENOUS SOLUTION (<i>alemtuzumab</i>)	4	PA; LD; QL (3 vials per 365 days); SP
OCREVUS INTRAVENOUS SOLUTION (<i>ocrelizumab</i>)	4	PA; LD; QL (2 vials per 180 days); SP
TYSABRI INTRAVENOUS CONCENTRATE (<i>natalizumab</i>)	4	PA; LD; QL (1 vial per 28 days); SP

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*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE (<i>monomethyl fumarate</i>)	4	PA; LD; QL (4 capsules per 1 day); SP
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	1 or 1b*	PA; LD; QL (14 capsules per 365 days); SP
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	1 or 1b*	PA; LD; QL (2 capsules per 1 day); SP
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	1 or 1b*	PA; LD; QL (1 kit per 365 days); SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG (<i>dimethyl fumarate</i>)	4	PA; LD; QL (14 capsules per 365 days); SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG (<i>dimethyl fumarate</i>)	4	PA; LD; QL (2 capsules per 1 day); SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK (<i>dimethyl fumarate</i>)	4	PA; LD; QL (1 kit per 365 days); SP
VUMERITY ORAL CAPSULE DELAYED RELEASE (<i>diroximel fumarate</i>)	4	PA; LD; QL (4 capsules per 1 day); SP
*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS*** - DRUGS FOR MULTIPLE SCLEROSIS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>dalfampridine</i>)	4	PA; LD; QL (2 tablets per 1 day); SP
<i>dalfampridine er oral tablet extended release 12 hour</i>	4	PA; LD; QL (2 tablets per 1 day); SP
*MULTIPLE SCLEROSIS AGENTS*** - DRUGS FOR MULTIPLE SCLEROSIS		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>glatiramer acetate</i>)	4	PA; LD; QL (1 syringe per 1 day); SP
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	4	PA; LD; QL (12 syringe per 28 days); SP
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	4	PA; LD; QL (1 syringe per 1 day); SP
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	4	PA; LD; QL (12 syringe per 28 days); SP
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	4	PA; LD; QL (1 syringe per 1 day); SP
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	4	PA; LD; QL (12 syringe per 28 days); SP
*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS*** - DRUGS FOR ALZHEIMER'S DISEASE		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 7 mg</i>	1 or 1b*	DO
<i>memantine hcl er oral capsule extended release 24 hour 21 mg, 28 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>memantine hcl oral solution</i>	1 or 1b*	QL (10 mL per 1 day)
<i>memantine hcl oral tablet 10 mg</i>	1 or 1b*	QL (2 tablets per 1 day)

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	1 or 1b*	QL (1 tablet per 6 months)
<i>memantine hcl oral tablet 5 mg</i>	1 or 1b*	DO
NAMENDA TITRATION PAK ORAL TABLET (<i>memantine hcl</i>)	3	QL (1 tablet per 6 months)
*PHENOTHIAZINES & TRICYCLIC AGENTS*** - DRUGS FOR DEPRESSION		
<i>perphenazine-amitriptyline oral tablet</i>	1 or 1b*	AL
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>gabapentin (once-daily) oral tablet</i>	1 or 1b*	PA; DO
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	3	PA; DO
GRALISE ORAL TABLET 450 MG (<i>gabapentin (once-daily)</i>)	2	PA; DO
GRALISE ORAL TABLET 600 MG (<i>gabapentin (once-daily)</i>)	3	PA; QL (3 tablets per 1 day)
GRALISE ORAL TABLET 750 MG, 900 MG (<i>gabapentin (once-daily)</i>)	2	PA; QL (2 tablets per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG (<i>pregabalin</i>)	3	PA; DO
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG (<i>pregabalin</i>)	3	PA; QL (2 tablets per 1 day)
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	1 or 1b*	PA; DO
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
*PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS*** - DRUGS FOR DEPRESSION		
<i>fluoxetine hcl (pmd) oral tablet 10 mg</i>	1 or 1b*	DO
<i>fluoxetine hcl (pmd) oral tablet 20 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
*PSEUDOBULBAR AFFECT AGENT COMBINATIONS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
NUEDEXTA ORAL CAPSULE (<i>dextromethorphan-quinidine</i>)	3	PA; QL (2 capsules per 1 day)
*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS		
AQNEURSA ORAL PACKET (<i>levacetylleucine</i>)	4	PA; LD; QL (4 packets per 1 day)
<i>ergoloid mesylates oral tablet</i>	1 or 1b*	QL (3 tablets per 1 day)
MIPLYFFA ORAL CAPSULE (<i>arimoclomol citrate</i>)	4	PA; LD; QL (3 capsules per 1 day)
<i>pimozide oral tablet 1 mg</i>	1 or 1b*	AL; QL (10 tablets per 1 day)
<i>pimozide oral tablet 2 mg</i>	1 or 1b*	AL; QL (5 tablets per 1 day)
*RESTLESS LEG SYNDROME (RLS) AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
HORIZANT ORAL TABLET EXTENDED RELEASE (<i>gabapentin enacarbil</i>)	3	PA; QL (2 tablets per 1 day)
*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG*** - DRUGS FOR THE NERVOUS SYSTEM		
ADDYI ORAL TABLET (<i>flibanserin</i>)	3	PA; QL (1 tablet per 1 day)

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*SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>vutrisiran sodium</i>)	4	PA; LD; QL (1 syringe per 90 days); SP
ONPATTRO INTRAVENOUS SOLUTION (<i>patisiran sodium</i>)	4	PA; LD; QL (0.72 mL per 1 day); SP
*SMOKING DETERRENTS*** - DRUGS FOR DEPRESSION		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	1 or 1b*; \$0	QL (2 tablets per 1 day)
<i>cvs nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>cvs nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>cvs nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>cvs nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>cvs nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>eq nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>eq nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>eq nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>eq nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>eq nicotine step 3 transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>eq nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>ft nicotine mini mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>ft nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>ft nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>ft nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>gnp nicotine mini mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>gnp nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>gnp nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>gnp nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>gnp nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>goodsense nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>goodsense nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>habitrol transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>hm nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>hm nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>kls quit2 mouth/throat gum</i>	1 or 1b*; \$0	
<i>kls quit2 mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>kls quit4 mouth/throat gum</i>	1 or 1b*; \$0	
<i>kls quit4 mouth/throat lozenge</i>	1 or 1b*; \$0	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR (<i>nicotine</i>)	2; \$0	
NICORETTE MINI MOUTH/THROAT LOZENGE (<i>nicotine polacrilex</i>)	2; \$0	

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NICORETTE MOUTH/THROAT GUM (<i>nicotine polacrilex</i>)	2; \$0	
NICORETTE MOUTH/THROAT LOZENGE (<i>nicotine polacrilex</i>)	2; \$0	
NICORETTE STARTER KIT MOUTH/THROAT GUM (<i>nicotine polacrilex</i>)	2; \$0	
<i>nicotine mini mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>nicotine polacrilex mini mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>nicotine step 1 transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>nicotine step 2 transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>nicotine step 3 transdermal patch 24 hour</i>	1 or 1b*; \$0	
NICOTINE TRANSDERMAL KIT	2; \$0	
<i>nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
NICOTROL INHALATION INHALER (<i>nicotine</i>)	3; \$0	QL (16 cartridges per 1 day)
NICOTROL NS NASAL SOLUTION (<i>nicotine</i>)	3; \$0	QL (4 mL per 1 day)
<i>qc nicotine transdermal system transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>ra mini nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>ra nicotine gum mouth/throat gum</i>	1 or 1b*; \$0	
<i>ra nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>ra nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>ra nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>sm nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>sm nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>sm nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>sm nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>sm nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>thrive mouth/throat gum</i>	1 or 1b*; \$0	
<i>varenicline tartrate (starter) oral tablet therapy pack</i>	1 or 1b*; \$0	QL (53 dose pack per 365 days)
<i>varenicline tartrate oral tablet 0.5 mg</i>	1 or 1b*; \$0	QL (2 tablets per 1 day)
<i>varenicline tartrate oral tablet 1 mg</i>	1 or 1b*; \$0	QL (2 tablet per 1 day)
<i>varenicline tartrate(continue) oral tablet</i>	1 or 1b*; \$0	QL (2 tablet per 1 day)
*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>fingolimod hcl oral capsule</i>	4	PA; LD; QL (1 capsule per 1 day); SP
GILENYA ORAL CAPSULE (<i>fingolimod hcl</i>)	4	PA; LD; QL (1 capsule per 1 day); SP
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	4	PA; LD; QL (4 tablets per 1 day); SP
MAYZENT ORAL TABLET 1 MG, 2 MG (<i>siponimod fumarate</i>)	4	PA; LD; QL (1 tablet per 1 day); SP

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MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (<i>siponimod fumarate</i>)	4	PA; LD; QL (1 pack per 1 one time fill); SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (<i>siponimod fumarate</i>)	4	PA; LD; QL (1 pack per 1 fill); SP
PONVORY ORAL TABLET (<i>ponesimod</i>)	4	PA; LD; QL (1 tablet per 1 day); SP
PONVORY STARTER PACK ORAL TABLET THERAPY PACK (<i>ponesimod</i>)	4	PA; LD; QL (1 pack per 1 one time fill); SP
TASCENSO ODT ORAL TABLET DISPERSIBLE (<i>fingolimod lauryl sulfate</i>)	4	PA; LD; QL (1 tablet per 1 day)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK (<i>ozanimod hcl</i>)	4	PA; LD; QL (1 pack per 1 fill); SP
ZEPOSIA ORAL CAPSULE (<i>ozanimod hcl</i>)	4	PA; LD; QL (1 capsule per 1 day); SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK (<i>ozanimod hcl</i>)	4	PA; LD; QL (1 pack per 1 fill); SP
*THIENBENZODIAZEPINES & OPIOID ANTAGONISTS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
LYBALVI ORAL TABLET (<i>olanzapine-samidorphan</i>)	3	ST; QL (1 tablet per 1 day)
*THIENBENZODIAZEPINES & SSRIS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	1 or 1b*	AL; QL (1 capsule per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	1 or 1b*	DO; AL
SYMBYAX ORAL CAPSULE (<i>olanzapine-fluoxetine hcl</i>)	3	DO; AL
*VASOMOTOR SYMPTOM AGENTS - SSRIS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>paroxetine mesylate oral capsule</i>	1 or 1b*	
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS		
*ALPHA-PROTEINASE INHIBITOR (HUMAN)*** - DRUGS FOR ASTHMA/COPD		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED (<i>alpha1-proteinase inhibitor</i>)	4	PA; LD; SP
GLASSIA INTRAVENOUS SOLUTION (<i>alpha1-proteinase inhibitor</i>)	4	PA; LD; SP
PROLASTIN-C INTRAVENOUS SOLUTION (<i>alpha1-proteinase inhibitor</i>)	4	PA; LD
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED (<i>alpha1-proteinase inhibitor</i>)	4	PA; LD; SP
*CFTR POTENTIATORS*** - DRUGS FOR CYSTIC FIBROSIS		
KALYDECO ORAL PACKET (<i>ivacaftor</i>)	4	PA; LD; QL (2 packets per 1 day)
KALYDECO ORAL TABLET (<i>ivacaftor</i>)	4	PA; LD; QL (2 tablets per 1 day)
*CYSTIC FIBROSIS AGENT - COMBINATIONS*** - DRUGS FOR CYSTIC FIBROSIS		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (<i>lumacaftor-ivacaftor</i>)	4	PA; LD; QL (2 packets per 1 day)
ORKAMBI ORAL PACKET 75-94 MG (<i>lumacaftor-ivacaftor</i>)	4	PA; LD; QL (2 units per 1 day)

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ORKAMBI ORAL TABLET (<i>lumacaftor-ivacaftor</i>)	4	PA; LD; QL (4 tablet per 1 day)
SYMDEKO ORAL TABLET THERAPY PACK (<i>tezacaftor-ivacaftor</i>)	4	PA; LD; QL (1 carton per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK (<i>elexacaftor-tezacaftor-ivacaft</i>)	4	PA; LD; QL (1 carton per 28 days)
TRIKAFTA ORAL THERAPY PACK (<i>elexacaftor-tezacaftor-ivacaft</i>)	4	PA; LD; QL (1 carton per 28 days)
*CYSTIC FIBROSIS AGENTS - MISCELLANEOUS*** - DRUGS FOR CYSTIC FIBROSIS		
BRONCHITOL INHALATION CAPSULE (<i>mannitol (cystic fibrosis)</i>)	4	PA; LD; QL (560 tablets per 28 days); SP
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE (<i>mannitol (cystic fibrosis)</i>)	4	PA; LD; QL (1 test per 1 fill); SP
*HYDROLYTIC ENZYMES*** - DRUGS FOR THE LUNGS		
PULMOZYME INHALATION SOLUTION (<i>dornase alfa</i>)	4	PA; LD; QL (150 mL per 30 days); SP
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** - DRUGS FOR THE LUNGS		
OFEV ORAL CAPSULE (<i>nintedanib esylate</i>)	4	PA; LD; QL (2 capsules per 1 day); SP
*PULMONARY FIBROSIS AGENTS*** - DRUGS FOR THE LUNGS		
ESBRIET ORAL CAPSULE (<i>pirfenidone</i>)	4	PA; LD; QL (9 capsule per 1 day); SP
ESBRIET ORAL TABLET 267 MG (<i>pirfenidone</i>)	4	PA; LD; QL (9 tablets per 1 day); SP
ESBRIET ORAL TABLET 801 MG (<i>pirfenidone</i>)	4	PA; LD; QL (3 tablets per 1 day); SP
<i>pirfenidone oral capsule</i>	4	PA; LD; QL (9 capsule per 1 day); SP
<i>pirfenidone oral tablet 267 mg</i>	4	PA; LD; QL (9 tablets per 1 day); SP
<i>pirfenidone oral tablet 534 mg</i>	4	PA; LD; QL (3 tablets per 1 day)
<i>pirfenidone oral tablet 801 mg</i>	4	PA; LD; QL (3 tablets per 1 day); SP
SULFONAMIDES - DRUGS FOR INFECTIONS		
*SULFONAMIDES*** - ANTIBIOTICS		
<i>sulfadiazine oral tablet</i>	1 or 1b*	
TETRACYCLINES - DRUGS FOR INFECTIONS		
*AMINOMETHYLCYCLINES*** - ANTIBIOTICS		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED (<i>omadacycline tosylate</i>)	3	
NUZYRA ORAL TABLET (<i>omadacycline tosylate</i>)	3	PA; QL (30 tablets per 30 days)
*FLUOROCYCLINES*** - ANTIBIOTICS		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED (<i>eravacycline dihydrochloride</i>)	3	

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*GLYCYLCYCLINES*** - ANTIBIOTICS		
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED	3	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED (<i>tigecycline</i>)	3	
*TETRACYCLINES*** - ANTIBIOTICS		
<i>demeclocycline hcl oral tablet</i>	1 or 1b*	
DORYX MPC ORAL TABLET DELAYED RELEASE (<i>doxycycline hyclate</i>)	3	ST
<i>doxy 100 intravenous solution reconstituted</i>	1 or 1b*	QL (2 vials per 1 day)
<i>doxycycline hyclate intravenous solution reconstituted</i>	1 or 1b*	QL (2 vials per 1 day)
<i>doxycycline hyclate oral capsule 100 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>doxycycline hyclate oral capsule 50 mg</i>	1 or 1b*	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>doxycycline hyclate oral tablet 150 mg</i>	3	ST; QL (1 tablet per 1 day)
<i>doxycycline hyclate oral tablet 50 mg, 75 mg</i>	3	ST; QL (2 tablets per 1 day)
<i>doxycycline hyclate oral tablet delayed release</i>	3	ST; QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg</i>	3	ST; QL (1 capsule per 1 day)
<i>doxycycline monohydrate oral suspension reconstituted</i>	1 or 1b*	QL (600 mL per 30 days)
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>minocycline hcl</i>)	3	
<i>minocycline hcl er oral tablet extended release 24 hour</i>	3	ST; QL (1 tablet per 1 day)
<i>minocycline hcl oral capsule 100 mg, 75 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>minocycline hcl oral capsule 50 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>minocycline hcl oral tablet 100 mg, 75 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>minocycline hcl oral tablet 50 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>minocycline hcl</i>)	3	ST; QL (1 tablet per 1 day)
<i>mondoxyme nl oral capsule</i>	1 or 1b*	QL (2 capsules per 1 day)
SEYSARA ORAL TABLET (<i>sarecycline hcl</i>)	3	ST; QL (1 tablet per 1 day)
<i>targadox oral tablet</i>	3	ST; QL (2 tablets per 1 day)
<i>tetracycline hcl oral capsule</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>tetracycline hcl oral tablet</i>	3	ST; QL (4 tablets per 1 day)
THYROID AGENTS - HORMONES		
*ANTITHYROID AGENTS - RADIOPHARMACEUTICALS*** - DRUGS FOR THYROID		
SODIUM IODIDE I-131 ORAL SOLUTION	3	
*ANTITHYROID AGENTS*** - DRUGS FOR THYROID		
<i>methimazole oral tablet</i>	1 or 1a*	

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>propylthiouracil oral tablet</i>	1 or 1b*	
*THYROID HORMONES*** - DRUGS FOR THYROID		
ADTHYZA ORAL TABLET (<i>thyroid</i>)	3	
ARMOUR THYROID ORAL TABLET (<i>thyroid</i>)	3	
CYTOMEL ORAL TABLET (<i>liothyronine sodium</i>)	3	
ERMEZA ORAL SOLUTION (<i>levothyroxine sodium</i>)	3	
<i>euthyrox oral tablet</i>	1 or 1b*	
<i>levo-t oral tablet</i>	1 or 1b*	
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION 100 MCG/5ML, 200 MCG/5ML, 500 MCG/5ML	3	
<i>levothyroxine sodium intravenous solution 100 mcg/ml</i>	3	
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>levothyroxine sodium oral capsule</i>	1 or 1b*	
<i>levothyroxine sodium oral tablet</i>	1 or 1a*	
<i>levoxyl oral tablet</i>	1 or 1a*	
<i>liothyronine sodium intravenous solution</i>	1 or 1b*	
<i>liothyronine sodium oral tablet</i>	1 or 1b*	
<i>niva thyroid oral tablet</i>	3	
<i>np thyroid oral tablet</i>	1 or 1a*	
SYNTHROID ORAL TABLET (<i>levothyroxine sodium</i>)	3	
THYQUIDITY ORAL SOLUTION (<i>levothyroxine sodium</i>)	3	
<i>thyroid oral tablet</i>	3	
TIROSINT ORAL CAPSULE (<i>levothyroxine sodium</i>)	3	
TIROSINT-SOL ORAL SOLUTION (<i>levothyroxine sodium</i>)	3	
<i>unithroid oral tablet</i>	1 or 1a*	
TOXOIDS - BIOLOGICAL AGENTS		
*TOXOID COMBINATIONS*** - VACCINES		
ADACEL INTRAMUSCULAR SUSPENSION (<i>tetanus-diphth-acell pertussis</i>)	3; \$0	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>tetanus-diphth-acell pertussis</i>)	3; \$0	
DAPTACEL INTRAMUSCULAR SUSPENSION (<i>diphth-acell pertussis-tetanus</i>)	3; \$0	
INFANRIX INTRAMUSCULAR SUSPENSION (<i>diphth-acell pertussis-tetanus</i>)	3; \$0	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv vaccine</i>)	3; \$0	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-hepatitis b recomb-ipv</i>)	3; \$0	

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Effective 01012025

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PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>dtap-ipv-hib vaccine</i>)	3; \$0	
QUADRACEL INTRAMUSCULAR SUSPENSION (<i>dtap-ipv vaccine</i>)	3; \$0	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv vaccine</i>)	3; \$0	
TDVAX INTRAMUSCULAR SUSPENSION (<i>tetanus-diphtheria toxoids td</i>)	3; \$0	
TENIVAC INTRAMUSCULAR INJECTABLE (<i>tetanus-diphtheria toxoids td</i>)	3; \$0	
TETANUS-DIPHThERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	3; \$0	
VAXELIS INTRAMUSCULAR SUSPENSION (<i>dtap-ipv-hib-hepatitis b recmb</i>)	3	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv-hib-hepatitis b recmb</i>)	3	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR THE STOMACH		
ANTICHOLINERGIC COMBINATIONS* - DRUGS FOR STOMACH CRAMPS		
<i>chlordiazepoxide-clidinium oral capsule</i>	1 or 1b*	
LIBRAX ORAL CAPSULE (<i>chlordiazepoxide-clidinium</i>)	3	
*ANTISPASMODICS*** - DRUGS FOR STOMACH CRAMPS		
BENTYL INTRAMUSCULAR SOLUTION (<i>dicyclomine hcl</i>)	3	
<i>dicyclomine hcl intramuscular solution</i>	1 or 1b*	
<i>dicyclomine hcl oral capsule</i>	1 or 1a*	
<i>dicyclomine hcl oral solution</i>	1 or 1a*	
<i>dicyclomine hcl oral tablet</i>	1 or 1a*	
*BELLADONNA ALKALOIDS*** - DRUGS FOR STOMACH CRAMPS		
ATROPINE SULFATE INJECTION SOLUTION	3	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.25 MG/5ML, 0.5 MG/5ML, 1 MG/10ML	3	
ATROPINE SULFATE INTRAVENOUS SOLUTION	3	
*H-2 ANTAGONISTS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>cimetidine hcl oral solution</i>	1 or 1b*	QL (90 mL per 1 day)
<i>cimetidine oral tablet 300 mg, 400 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>cimetidine oral tablet 800 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>famotidine (pf) intravenous solution</i>	1 or 1b*	
<i>famotidine intravenous solution</i>	1 or 1b*	
<i>famotidine oral suspension reconstituted</i>	1 or 1b*	QL (5 mL per 1 day)
<i>famotidine oral tablet 40 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>famotidine premixed intravenous solution</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nizatidine oral capsule 150 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>nizatidine oral capsule 300 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
PEPCID ORAL TABLET 20 MG (<i>famotidine</i>)	3	QL (4 tablets per 1 day)
PEPCID ORAL TABLET 40 MG (<i>famotidine</i>)	3	QL (2 tablets per 1 day)
*MISC. ANTI-ULCER*** - DRUGS FOR ULCERS AND STOMACH ACID		
CARAFATE ORAL SUSPENSION (<i>sucralfate</i>)	3	
CARAFATE ORAL TABLET (<i>sucralfate</i>)	3	
<i>sucralfate oral suspension</i>	1 or 1b*	
<i>sucralfate oral tablet</i>	1 or 1b*	
*PPI - POTASSIUM-COMPETITIVE ACID BLOCKERS (P-CAB)*** - DRUGS FOR ULCERS AND STOMACH ACID		
VOQUEZNA ORAL TABLET 10 MG (<i>vonoprazan fumarate</i>)	3	PA; QL (1 tablet per 1 day)
VOQUEZNA ORAL TABLET 20 MG (<i>vonoprazan fumarate</i>)	3	PA; QL (56 tablets per 8 months)
*PROTON PUMP INHIBITOR-ANTACID COMBINATIONS*** - DRUGS FOR ULCERS AND STOMACH ACID		
KONVOMEPEP ORAL SUSPENSION RECONSTITUTED (<i>omeprazole-sodium bicarbonate</i>)	3	ST; QL (20 mL per 1 day)
<i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i>	3	ST; QL (1 capsule per 1 day)
<i>omeprazole-sodium bicarbonate oral packet</i>	3	ST; QL (1 packet per 1 day)
ZEGERID ORAL CAPSULE (<i>omeprazole-sodium bicarbonate</i>)	3	ST; QL (1 capsule per 1 day)
ZEGERID ORAL PACKET (<i>omeprazole-sodium bicarbonate</i>)	3	ST; QL (1 packet per 1 day)
*PROTON PUMP INHIBITORS*** - DRUGS FOR ULCERS AND STOMACH ACID		
ACIPHEX ORAL TABLET DELAYED RELEASE (<i>rabeprazole sodium</i>)	3	ST
DEXILANT ORAL CAPSULE DELAYED RELEASE (<i>dexlansoprazole</i>)	3	ST
<i>dexlansoprazole oral capsule delayed release</i>	3	ST
<i>esomeprazole magnesium oral capsule delayed release</i>	1 or 1b*	
<i>esomeprazole magnesium oral packet</i>	1 or 1b*	
<i>esomeprazole sodium intravenous solution reconstituted</i>	1 or 1b*	
<i>lansoprazole oral capsule delayed release 15 mg</i>	1 or 1b*	ST; BE; QL (1 capsule per 1 day)
<i>lansoprazole oral capsule delayed release 30 mg</i>	1 or 1b*	
<i>lansoprazole oral tablet delayed release dispersible</i>	3	ST
NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED (<i>esomeprazole sodium</i>)	3	
NEXIUM ORAL CAPSULE DELAYED RELEASE (<i>esomeprazole magnesium</i>)	3	ST
NEXIUM ORAL PACKET (<i>esomeprazole magnesium</i>)	3	ST
<i>omeprazole oral capsule delayed release</i>	1 or 1b*	
<i>pantoprazole sodium intravenous solution reconstituted</i>	1 or 1b*	

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<i>pantoprazole sodium oral packet</i>	3	ST
<i>pantoprazole sodium oral tablet delayed release</i>	1 or 1b*	
<i>pantoprazole sodium-nacl intravenous solution</i>	3	
PREVACID ORAL CAPSULE DELAYED RELEASE (<i>lansoprazole</i>)	3	ST
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE (<i>lansoprazole</i>)	3	ST
PRILOSEC ORAL PACKET (<i>omeprazole magnesium</i>)	3	ST
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED (<i>pantoprazole sodium</i>)	3	
PROTONIX ORAL PACKET (<i>pantoprazole sodium</i>)	3	ST
PROTONIX ORAL TABLET DELAYED RELEASE (<i>pantoprazole sodium</i>)	3	ST
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	ST
<i>rabeprazole sodium oral tablet delayed release</i>	3	ST
*QUATERNARY ANTICHOLINERGICS*** - DRUGS FOR STOMACH CRAMPS		
CUVPOSA ORAL SOLUTION (<i>glycopyrrolate</i>)	3	
GLYCATE ORAL TABLET (<i>glycopyrrolate</i>)	3	PA
<i>glycopyrrolate injection solution</i>	1 or 1b*	
<i>glycopyrrolate oral solution</i>	1 or 1b*	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1 or 1b*	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	PA
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.2 MG/ML, 0.4 MG/2ML	1 or 1b*	
<i>glycopyrrolate pf injection solution prefilled syringe 0.6 mg/3ml</i>	3	
GLYRX-PF INJECTION SOLUTION (<i>glycopyrrolate</i>)	3	
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE (<i>glycopyrrolate</i>)	3	
<i>methscopolamine bromide oral tablet</i>	1 or 1b*	
ROBINUL ORAL TABLET (<i>glycopyrrolate</i>)	3	
ROBINUL-FORTE ORAL TABLET (<i>glycopyrrolate</i>)	3	
*ULCER ANTI-INFECTIVE W/ BISMUTH COMBINATIONS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>bis subcit-metronid-tetracyc oral capsule</i>	1 or 1b*	ST; QL (1 pack per 1 fill)
<i>bismuth/metronidaz/tetracyclin oral capsule</i>	1 or 1b*	ST; QL (1 pack per 1 fill)
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	3	ST; QL (1 pack per 1 fill)
PYLERA ORAL CAPSULE (<i>bis subcit-metronid-tetracyc</i>)	3	ST; QL (1 pack per 1 fill)
*ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>amoxicill-clarithro-lansopraz oral therapy pack</i>	1 or 1b*	ST; QL (1 pack per 1 fill)
OMECLAMOX-PAK ORAL (<i>amoxicill-clarithro-omeprazole</i>)	3	ST; QL (1 pack per 1 fill)

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TALICIA ORAL CAPSULE DELAYED RELEASE (<i>amoxicill-rifabutin-omeprazole</i>)	3	ST; QL (1 pack per 1 fill)
*ULCER ANTI-INFECTIVE-PCAB COMBINATIONS*** - DRUGS FOR THE STOMACH		
VOQUEZNA DUAL PAK ORAL THERAPY PACK (<i>amoxicillin-vonoprazan</i>)	3	PA; QL (1 pack per 1 fill)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK (<i>amoxicill-clarithro-vonoprazan</i>)	3	PA; QL (1 pack per 1 fill)
*ULCER DRUGS - PROSTAGLANDINS*** - DRUGS FOR ULCERS AND STOMACH ACID		
CYTOTEC ORAL TABLET (<i>misoprostol</i>)	3	\$0 for Fully insured members in California
<i>misoprostol oral tablet</i>	1 or 1a*	\$0 for Fully insured members in California
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM		
*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)*** - DRUGS FOR THE BLADDER		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	1 or 1b*	QL (1 tablet per 1 day)
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>tolterodine tartrate</i>)	3	ST; QL (1 capsule per 1 day)
DETROL ORAL TABLET (<i>tolterodine tartrate</i>)	3	ST; QL (2 tablets per 1 day)
<i>fesoterodine fumarate er oral tablet extended release 24 hour</i>	1 or 1b*	QL (1 tablet per 1 day)
GELNIQUE TRANSDERMAL GEL (<i>oxybutynin chloride</i>)	3	ST; QL (1 sachet per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>oxybutynin chloride oral solution</i>	1 or 1b*	QL (20 mL per 1 day)
<i>oxybutynin chloride oral tablet 2.5 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>oxybutynin chloride oral tablet 5 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY (<i>oxybutynin</i>)	3	ST; BE; QL (8 patch per 28 days)
<i>solifenacin succinate oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>tolterodine tartrate oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>fesoterodine fumarate</i>)	3	ST; QL (1 tablet per 1 day)
<i>tropium chloride er oral capsule extended release 24 hour</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>tropium chloride oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
VESICARE LS ORAL SUSPENSION (<i>solifenacin succinate</i>)	3	PA; QL (10 mL per 1 day)
VESICARE ORAL TABLET (<i>solifenacin succinate</i>)	3	ST; QL (1 tablet per 1 day)
*URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS*** - DRUGS FOR THE BLADDER		
GEMTESA ORAL TABLET (<i>vibegron</i>)	3	ST; QL (1 tablet per 1 day)

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<i>mirabegron er oral tablet extended release 24 hour</i>	1 or 1b*	QL (1 tablet per 1 day)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER (<i>mirabegron</i>)	3	ST; QL (3 bottles per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>mirabegron</i>)	3	ST; QL (1 tablet per 1 day)
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** - DRUGS FOR THE BLADDER		
<i>bethanechol chloride oral tablet</i>	1 or 1b*	
*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS*** - DRUGS FOR THE BLADDER		
<i>flavoxate hcl oral tablet</i>	1 or 1b*	
VACCINES - BIOLOGICAL AGENTS		
*BACTERIAL VACCINES*** - VACCINES		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	3; \$0	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	3; \$0	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b recomb omv adj</i>)	3; \$0	
BIOTHRAX INTRAMUSCULAR SUSPENSION (<i>anthrax vaccine adsorbed</i>)	3	
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>pneumococcal 21-valent conjuga</i>)	3; \$0	
HIBERIX INJECTION SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	3; \$0	
MENQUADFI INTRAMUSCULAR SOLUTION (<i>mening acy&w-135 tetanus conj</i>)	3; \$0	
MENVEO INTRAMUSCULAR SOLUTION (<i>meningococcal a c y&w-135 olig</i>)	3; \$0	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>meningococcal a c y&w-135 olig</i>)	3; \$0	
PEDVAX HIB INTRAMUSCULAR SUSPENSION (<i>haemophilus b polysac conj vac</i>)	3; \$0	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>mening acyw(tet conj)-b(rcmb)</i>)	3; \$0	
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE (<i>pneumococcal vac polyvalent</i>)	2; \$0	
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>pneumococcal 20-val conj vacc</i>)	2; \$0	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b vac (recomb)</i>)	3; \$0	
TYPHIM VI INTRAMUSCULAR SOLUTION (<i>typhoid vi polysaccharide vacc</i>)	3	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>typhoid vi polysaccharide vacc</i>)	3	
VAXCHORA ORAL SUSPENSION RECONSTITUTED (<i>cholera vac live attenuated</i>)	3	

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VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>pneumococcal 15-val conj vacc</i>)	2; \$0	
VIVOTIF ORAL CAPSULE DELAYED RELEASE (<i>typhoid vaccine</i>)	2	
*VIRAL VACCINE COMBINATIONS*** - VACCINES		
M-M-R II INJECTION SOLUTION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	3; \$0	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	3; \$0	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles-mumps-rubella-varicell</i>)	3; \$0	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hepatitis a-hep b recomb vac</i>)	3; \$0	
*VIRAL VACCINES*** - VACCINES		
ABRYSCO INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>rsv pre-fusion f a&b vac rcmb</i>)	3; \$0	QL (1 injection per 1 lifetime)
ACAM2000 INJECTION SOLUTION RECONSTITUTED (<i>smallpox vaccine</i>)	3; \$0	
AFLURIA INTRAMUSCULAR SUSPENSION (<i>influenza virus vaccine split</i>)	2; \$0	QL (1 mL per 1 one-time fill)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza virus vacc split pf</i>)	2; \$0	QL (1 mL per 1 one-time fill)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>rsvpref3 vac recomb adjuvanted</i>)	3; \$0	PA; AL; QL (1 injection per 1 lifetime)
AUDENZ INTRAMUSCULAR EMULSION (<i>influenza a (h5n1) subunit adj</i>)	2; \$0	
AUDENZ INTRAMUSCULAR PREFILLED SYRINGE (<i>influenza a (h5n1) subunit adj</i>)	2; \$0	
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>covid-19 mrna virus vaccine</i>)	2; \$0	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>dengue virus vaccine live tetr</i>)	3	
ENGERIX-B INJECTION SUSPENSION (<i>hepatitis b vac recombinant</i>)	3; \$0	
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE (<i>hepatitis b vac recombinant</i>)	3; \$0	
ERVEBO INTRAMUSCULAR SUSPENSION (<i>ebola zaire virus vaccine live</i>)	3	
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac a&b surf ant adj</i>)	2; \$0	QL (1 mL per 1 one-time fill)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza virus vacc split pf</i>)	2; \$0	QL (1 mL per 1 one-time fill)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>influenza vac recombinant ha</i>)	2; \$0	QL (1 fill per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION (<i>influenza vac tiss-cult subunt</i>)	2; \$0	QL (1 fill per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac tiss-cult subunt</i>)	2; \$0	QL (1 fill per 180 days)

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Effective 01012025

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FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza virus vacc split pf</i>)	2; \$0	QL (1 mL per 1 one-time fill)
FLUMIST NASAL LIQUID (<i>influenza virus vaccine live</i>)	2; \$0	QL (1 fill per 180 days)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split high-dose</i>)	2; \$0	QL (1 mL per 1 one-time fill)
FLUZONE INTRAMUSCULAR SUSPENSION (<i>influenza virus vaccine split</i>)	2; \$0	QL (1 mL per 1 one-time fill)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza virus vacc split pf</i>)	2; \$0	QL (1 mL per 1 one-time fill)
GARDASIL 9 INTRAMUSCULAR SUSPENSION (<i>hvp 9-valent recomb vaccine</i>)	2; \$0	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hvp 9-valent recomb vaccine</i>)	2; \$0	
HAVRIX INTRAMUSCULAR SUSPENSION (<i>hepatitis a vaccine</i>)	3; \$0	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>hepatitis b vac recomb adj</i>)	3; \$0	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>rabies virus vaccine, hdc</i>)	3	
IPOLE INJECTION INJECTABLE (<i>poliovirus vaccine inactivated</i>)	3; \$0	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>chikungunya virus vaccine live</i>)	3	
IXIARO INTRAMUSCULAR SUSPENSION (<i>japanese encephalitis vac inac</i>)	3	
JYNNEOS SUBCUTANEOUS SUSPENSION (<i>smallpox & monkeypox vac, live</i>)	3; \$0	
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>covid-19 mrna virus vaccine</i>)	2; \$0	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>rsv mrna pre-f virus vaccine</i>)	3; \$0	AL; QL (1 syringe per 1 lifetime)
<i>novavax covid-19 vaccine intramuscular suspension prefilled syringe</i>	2; \$0	
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION (<i>covid-19 mrna virus vaccine</i>)	2; \$0	
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension</i>	2; \$0	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>rabies vaccine, pcec</i>)	3	
RECOMBIVAX HB INJECTION SUSPENSION (<i>hepatitis b vac recombinant</i>)	3; \$0	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE (<i>hepatitis b vac recombinant</i>)	3; \$0	
ROTARIX ORAL SUSPENSION (<i>rotavirus vaccine live oral</i>)	3; \$0	
ROTATEQ ORAL SOLUTION (<i>rotavirus vac live pentavalent</i>)	3; \$0	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>zoster vac recomb adjuvanted</i>)	3; \$0	

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Effective 01012025

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SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>covid-19 mrna virus vaccine</i>)	2; \$0	
STAMARIL INJECTION SUSPENSION RECONSTITUTED	3	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>tick-borne encephalitis vacc</i>)	3	
VAQTA INTRAMUSCULAR SUSPENSION (<i>hepatitis a vaccine</i>)	3; \$0	
VARIVAX INJECTION SUSPENSION RECONSTITUTED (<i>varicella virus vaccine live</i>)	3; \$0	
YF-VAX SUBCUTANEOUS INJECTABLE (<i>yellow fever vaccine</i>)	3	
VAGINAL AND RELATED PRODUCTS - DRUGS FOR WOMEN		
*IMIDAZOLE-RELATED ANTIFUNGALS*** - DRUGS FOR INFECTIONS		
GYNAZOLE-1 VAGINAL CREAM (<i>butoconazole nitrate (1 dose)</i>)	3	
<i>miconazole 3 vaginal suppository</i>	1 or 1b*	
<i>terconazole vaginal cream 0.4 %</i>	1 or 1b*	QL (90 grams per 30 days)
<i>terconazole vaginal cream 0.8 %</i>	1 or 1b*	QL (40 grams per 30 days)
<i>terconazole vaginal suppository</i>	1 or 1b*	QL (6 suppositories per 30 days)
*MISCELLANEOUS VAGINAL PRODUCTS*** - DRUGS FOR WOMEN		
INTRAROSA VAGINAL INSERT (<i>prasterone</i>)	3	ST; QL (1 insert per 1 day)
*SPERMICIDES*** - BIRTH CONTROL PILLS		
ENCARE VAGINAL SUPPOSITORY (<i>nonoxynol-9</i>)	2; \$0	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL (<i>nonoxynol-9</i>)	2; \$0	
TODAY SPONGE VAGINAL (<i>nonoxynol-9</i>)	2; \$0	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM (<i>nonoxynol-9</i>)	2; \$0	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL (<i>nonoxynol-9</i>)	2; \$0	
*VAGINAL ANTI-INFECTIVES*** - DRUGS FOR INFECTIONS		
CLEOCIN VAGINAL CREAM (<i>clindamycin phosphate</i>)	3	
CLEOCIN VAGINAL SUPPOSITORY (<i>clindamycin phosphate</i>)	2	
<i>clindamycin phosphate vaginal cream</i>	1 or 1b*	
CLINDESSE VAGINAL CREAM (<i>clindamycin phosphate (1 dose)</i>)	3	
<i>metronidazole vaginal gel</i>	1 or 1b*	
NUVESSA VAGINAL GEL (<i>metronidazole</i>)	3	
VANAZOLE VAGINAL GEL (<i>metronidazole</i>)	1 or 1b*	
XACIATO VAGINAL GEL (<i>clindamycin phosphate</i>)	3	PA; QL (1 applicator per 1 fill)
*VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS*** - DRUGS FOR WOMEN		
PHEXXI VAGINAL GEL (<i>lactic ac-citric ac-pot bitart</i>)	3	\$0
*VAGINAL ESTROGENS*** - DRUGS FOR WOMEN		
ESTRACE VAGINAL CREAM (<i>estradiol</i>)	3	QL (42.5 grams per 30 days)

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<i>estradiol vaginal cream</i>	1 or 1b*	QL (42.5 grams per 30 days)
<i>estradiol vaginal tablet</i>	1 or 1b*	QL (18 tablet per 28 days)
ESTRING VAGINAL RING (<i>estradiol</i>)	3	QL (1 ring per 90 days)
FEMRING VAGINAL RING (<i>estradiol acetate</i>)	3	QL (1 ring per 90 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG (<i>estradiol</i>)	3	QL (18 inserts per 28 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 4 MCG (<i>estradiol</i>)	3	QL (18 packs per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG (<i>estradiol</i>)	3	QL (18 inserts per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT 4 MCG (<i>estradiol</i>)	3	QL (18 packs per 28 days)
PREMARIN VAGINAL CREAM (<i>estrogens, conjugated</i>)	2	QL (1 gm per 1 day)
VAGIFEM VAGINAL TABLET (<i>estradiol</i>)	3	QL (18 tablet per 28 days)
<i>yuvaferm vaginal tablet</i>	1 or 1b*	QL (18 tablet per 28 days)
*VAGINAL PROGESTINS*** - DRUGS FOR WOMEN		
CRINONE VAGINAL GEL 4 % (<i>progesterone</i>)	4	LD; SP
CRINONE VAGINAL GEL 8 % (<i>progesterone</i>)	4	PA; LD; QL (1 applicator per 1 day); SP
ENDOMETRIN VAGINAL INSERT (<i>progesterone</i>)	3	PA
VASOPRESSORS - DRUGS FOR THE HEART		
*ANAPHYLAXIS THERAPY AGENTS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
ADRENALIN INJECTION SOLUTION (<i>epinephrine</i>)	3	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR (<i>epinephrine</i>)	3	ST; QL (2 pens per 1 fill)
<i>epinephrine (anaphylaxis) injection solution</i>	1 or 1b*	
<i>epinephrine injection solution auto-injector</i>	1 or 1b*	QL (2 pens per 1 fill)
EPINEPHRINESNAP INJECTION KIT (<i>epinephrine</i>)	3	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR (<i>epinephrine</i>)	3	ST; QL (2 pens per 1 fill)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR (<i>epinephrine</i>)	3	ST; QL (2 pens per 1 fill)
NEFFY NASAL SOLUTION (<i>epinephrine</i>)	3	ST; QL (1 carton per 1 fill)
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
<i>droxidopa oral capsule 100 mg</i>	1 or 1b*	PA; LD; QL (3 capsules per 1 day); SP
<i>droxidopa oral capsule 200 mg, 300 mg</i>	1 or 1b*	PA; LD; QL (6 capsules per 1 day); SP
NORTHERA ORAL CAPSULE 100 MG (<i>droxidopa</i>)	3	PA; LD; QL (3 capsules per 1 day); SP
NORTHERA ORAL CAPSULE 200 MG, 300 MG (<i>droxidopa</i>)	3	PA; LD; QL (6 capsules per 1 day); SP

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Effective 01012025

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*VASOPRESSORS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
ADRENALIN-NACL INTRAVENOUS SOLUTION (<i>epinephrine-nacl</i>)	3	
AKOVAZ INTRAVENOUS SOLUTION (<i>ephedrine sulfate (pressors)</i>)	3	
AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE (<i>ephedrine sulfate (pressors)</i>)	3	
BIORPHEN INTRAVENOUS SOLUTION (<i>phenylephrine hcl (pressors)</i>)	3	
EMERPHED INTRAVENOUS SOLUTION (<i>ephedrine sulfate (pressors)</i>)	3	
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE (<i>ephedrine sulfate (pressors)</i>)	3	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION	3	
<i>epinephrine injection solution 10 mg/10ml</i>	3	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/10ML	3	
EPINEPHRINE PF INJECTION SOLUTION	3	
GIAPREZA INTRAVENOUS SOLUTION (<i>angiotensin ii acetate</i>)	3	
IMMPHENTIV INTRAVENOUS SOLUTION (<i>phenylephrine hcl (pressors)</i>)	3	
LEVOPHED INTRAVENOUS SOLUTION (<i>norepinephrine bitartrate</i>)	3	
<i>midodrine hcl oral tablet</i>	1 or 1b*	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION 10 MG/ML	3	
<i>phenylephrine hcl (pressors) intravenous solution prefilled syringe 5 mg/50ml</i>	3	
REZIPRES INTRAVENOUS SOLUTION (<i>ephedrine hcl</i>)	3	
VAZCULEP INTRAVENOUS SOLUTION (<i>phenylephrine hcl (pressors)</i>)	3	
VITAMINS - DRUGS FOR NUTRITION		
*VITAMIN A*** - DRUGS FOR NUTRITION		
AQUASOL A INTRAMUSCULAR SOLUTION (<i>vitamin a</i>)	3	
*VITAMIN B-1*** - DRUGS FOR NUTRITION		
<i>thiamine hcl injection solution</i>	1 or 1b*	
*VITAMIN C*** - DRUGS FOR NUTRITION		
ASCOR INTRAVENOUS SOLUTION (<i>ascorbic acid</i>)	3	
*VITAMIN D*** - DRUGS FOR NUTRITION		
DRISDOL ORAL CAPSULE (<i>ergocalciferol</i>)	3	
<i>ergocalciferol oral capsule</i>	1 or 1a*	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	1 or 1a*	
*VITAMIN K*** - DRUGS FOR NUTRITION		
<i>phytonadione injection solution</i>	1 or 1b*	
<i>phytonadione oral tablet</i>	1 or 1b*	
<i>vitamin k1 injection solution</i>	1 or 1b*	

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Effective 01012025

Index

1ST TIER UNIFINE PENTIPS	209	ACTI-LANCE UNIVERSAL 23G	197	ADVOCATE INSULIN PEN	
1ST TIER UNIFINE PENTIPS PLUS	209	ACTIMMUNE	97	NEEDLES	209
<i>abacavir sulfate</i>	114	ACTIVASE	182	ADVOCATE INSULIN SYRINGE	209
<i>abacavir sulfate-lamivudine</i>	112	ACTIVELLA	168	ADVOCATE LANCETS	197
ABELCET	66	ACTONEL	159	ADVOCATE LANCETS 30G	197
ABILIFY	110	ACTOPLUS MET	62	ADVOCATE LANCING DEVICE	197
ABILIFY ASIMTUFII	110	ACTOS	62	ADVOCATE RAPID-SAFE	
ABILIFY MAINTENA	110	ACULAR	247	LANCING	197
ABILIFY MYCITE MAINTENANCE		ACULAR LS	247	ADVOCATE REDI-CODE	153
KIT	110	ACUVAIL	247	ADVOCATE REDI-CODE+ TEST	153
ABILIFY MYCITE STARTER KIT	110	<i>acyclovir</i>	117, 144	ADVOCATE SAFETY LANCETS	197
<i>abiraterone acetate</i>	83	<i>acyclovir sodium</i>	117	ADVOCATE SAFETY LANCETS	
ABLYSINOL	126	ACZONE	138	26G	197
ABRAXANE	100	ADACEL	266	ADVOCATE TEST	153
ABRILADA (1 PEN)	18	ADAKVEO	186	ADYNOVATE	177
ABRILADA (2 PEN)	18	<i>adalimumab-aacf (2 pen)</i>	18	ADZENYS XR-ODT	12
ABRILADA (2 SYRINGE)	18	<i>adalimumab-aacf (2 syringe)</i>	18	<i>adzynta</i>	177
ABRYSVO	272	<i>adalimumab-aacf(cd/uc/hs strt)</i>	18	AFINITOR	93
ABSORICA	139	<i>adalimumab-aacf(ps/uv starter)</i>	18	AFINITOR DISPERZ	92
ABSORICA LD	139	<i>adalimumab-aaty (1 pen)</i>	18	<i>afirmelle</i>	129
ACAM2000	272	<i>adalimumab-aaty (2 pen)</i>	18	AFLURIA	272
<i>acamprosate calcium</i>	255	<i>adalimumab-aaty (2 syringe)</i>	19	AFLURIA PRESERVATIVE FREE	272
ACANYA	139	<i>adalimumab-adaz</i>	19	AFREZZA	56
<i>acarbose</i>	54	<i>adalimumab-adbm (2 pen)</i>	19	AFSTYLA	178
ACCOLATE	39	<i>adalimumab-adbm (2 syringe)</i>	19	<i>aftera</i>	133
ACCRUFER	185	<i>adalimumab-adbm(cd/uc/hs strt)</i>	19	<i>afterpill</i>	133
ACCU-CHEK AVIVA PLUS	153	<i>adalimumab-adbm(ps/uv starter)</i>	19	AGAMATRIX AMP TEST	153
ACCU-CHEK FASTCLIX LANCET	197	<i>adalimumab-fkjp (2 pen)</i>	19	AGAMATRIX JAZZ TEST	153
ACCU-CHEK FASTCLIX LANCETS	197	<i>adalimumab-fkjp (2 syringe)</i>	19	AGAMATRIX KEYNOTE TEST	153
ACCU-CHEK GUIDE TEST	153	<i>adalimumab-ryvk (2 pen)</i>	19	AGAMATRIX PRESTO TEST	153
ACCU-CHEK SAFE-T PRO		<i>adalimumab-ryvk (2 syringe)</i>	19	AGAMATRIX ULTRA-THIN	
LANCETS	197	<i>adapalene</i>	139, 140	LANCETS	197
ACCU-CHEK SMARTVIEW	153	ADAPALENE	140	AGAMREE	135
ACCU-CHEK SOFTCLIX LANCET		<i>adapalene-benzoyl peroxide</i>	139	AGGRASTAT	180
DEV	197	ADASUVE	109	AGRYLIN	182
ACCU-CHEK SOFTCLIX LANCETS	197	ADBRY	144	AIMOVIG	217
ACCUPRIL	72	ADCETRIS	86	<i>aimso lubricated</i>	195
ACCURETIC	72	ADCIRCA	126	AIMSCO TWIST LANCETS 32G	197
<i>accutane</i>	139	ADDERALL	11	AIMSCO TWIST LANCETS 33G	197
ACCUTREND GLUCOSE	153	ADDERALL XR	11	AIRDUO RESPICLICK 113/14	37
<i>acebutolol hcl</i>	119	ADDYI	260	AIRDUO RESPICLICK 232/14	37
ACETADOTE	63	<i>adefovir dipivoxil</i>	116	AIRDUO RESPICLICK 55/14	37
<i>acetaminophen</i>	25	ADEMPAS	125	AIRSUPRA	37
<i>acetaminophen-codeine</i>	27	<i>adenosine</i>	35	AJOVY	217
<i>acetazolamide</i>	158	ADIPEX-P	13	AKEEGA	91
<i>acetazolamide er</i>	158	<i>adjustable lancing device</i>	197	<i>ak-fluor</i>	246
<i>acetazolamide sodium</i>	158	ADLARITY	256	AKLIEF	140
<i>acetic acid</i>	176, 251	ADMELOG	56	AKOVAZ	276
<i>acetylcysteine</i>	63, 138	ADMELOG SOLOSTAR	56	AKTEN	246
ACIPHEX	268	ADRENALIN	275	AKYNZEO	64
<i>acitretin</i>	142	ADRENALIN-NACL	276	AKYNZEO (READY-TO-USE)	64
ACTEMRA	22	<i>adriamycin</i>	95	AKYNZEO (TO-BE-DILUTED)	64
ACTEMRA ACTPEN	22	ADTHYZA	266	ALA SCALP	145
ACTHAR	161	ADVAIR DISKUS	37	<i>ala-cort</i>	145
ACTHAR GEL	161	ADVAIR HFA	37	<i>albendazole</i>	34
ACTHIB	271	ADVANCE INTUITION TEST	153	ALBUKED 25	181
ACTIFLOVIT EAR HEALTH	237	ADVANCE MICRO-DRAW TEST	153	ALBUKED 5	181
ACTIFOAM COLLAGEN SPONGE	187	ADVANCED MOBILE LANCET	197	ALBUMIN HUMAN	181
ACTI-LANCE 28G	197	ADVATE	177	ALBUMINEX	181
ACTI-LANCE LITE LANCETS 28G	197	ADVOCATE INSULIN PEN		ALBUMIN-ZLB	181
ACTI-LANCE SPECIAL LANCETS		NEEDLE	209	ALBURX	181
17G	197			ALBUTEIN	181

<i>albuterol sulfate</i>	38	<i>amiloride hcl</i>	159	ANNOVERA	132
ALBUTEROL SULFATE	38	<i>amiloride-hydrochlorothiazide</i>	158	ANORO ELLIPTA	37
<i>albuterol sulfate hfa</i>	38	<i>aminocaproic acid</i>	186, 187	<i>anti-oxidant</i>	231
ALCAINE	247	<i>aminophylline</i>	41	ANTIVENIN LATRODECTUS	
<i>alclometasone dipropionate</i>	145	AMINOSYN II	241	MACTANS	252
ALDACTONE	159	<i>aminosyn ii</i>	242	ANTIVENIN MICRURUS FULVIUS	252
ALDURAZYME	164	AMINOSYN-PF	242	ANTIVERT	65
ALECENSA	85	AMINOSYN-PF 7%	242	ANUSOL-HC	33
<i>alendronate sodium</i>	160	<i>amiodarone hcl</i>	36	ANZEMET	64
<i>alfuzosin hcl er</i>	175	AMITIZA	170	APADAZ	30
ALIMTA	84	<i>amitriptyline hcl</i>	53	<i>apap-caff-dihydrocodeine</i>	27
ALIQOPA	102	AMJEVITA	19	APEXICON E	145
<i>aliskiren fumarate</i>	77	AMJEVITA-PED 10KG TO <15KG	19	APHEXDA	183
ALKINDI SPRINKLE	135	AMJEVITA-PED 15KG TO <30KG	19	APIDRA	56
<i>allbee/c</i>	229	<i>amlodipine besy-benazepril hcl</i>	71	APIDRA SOLOSTAR	56
<i>allopurinol</i>	177	<i>amlodipine besylate</i>	120	APLENZIN	50
<i>allopurinol sodium</i>	177	<i>amlodipine besylate-valsartan</i>	74	APOKYN	105
ALLZITAL	25	<i>amlodipine-atorvastatin</i>	124	<i>apomorphine hcl</i>	106
<i>almotriptan malate</i>	217	<i>amlodipine-olmesartan</i>	74	APONVIE	65
ALOCRIAL	244	<i>amlodipine-valsartan-hctz</i>	76	<i>apraclonidine hcl</i>	247
<i>alogliptin benzoate</i>	55	AMMONUL	167	<i>aprepitant</i>	65
<i>alogliptin-metformin hcl</i>	55	<i>amnesteem</i>	140	APRETUDE	113
<i>alogliptin-pioglitazone</i>	56	AMNIOFIX	151	<i>apri</i>	129
ALOMIDE	244	AMNIOTEXT	151	APRISO	171
<i>alophen</i>	192	AMONDYS 45	241	APTENSIO XR	14
ALOPRIM	177	<i>amoxapine</i>	53	APTIOM	43
ALORA	169	<i>amoxicill-clarithro-lansopraz</i>	269	APTIVUS	114
<i>alose tron hcl</i>	171	<i>amoxicillin</i>	253	<i>aq insulin syringe</i>	209
ALPHAGAN P	247	<i>amoxicillin-pot clavulanate</i>	254	<i>aqinject pen needle</i>	209
ALPHANATE	178	<i>amoxicillin-pot clavulanate er</i>	254	AQNEURSA	260
ALPHANINE SD	178	AMPHADASE	223	AQUALANCE LANCETS 30G	197
<i>alprazolam</i>	35	AMPHENOL-40	151	AQUASOL A	276
<i>alprazolam er</i>	35	<i>amphetamine sulfate</i>	12	<i>aquastat</i>	221
ALPRAZOLAM INTENSOL	35	<i>amphetamine-dextroamphet er</i>	11	Aquastat Sfr	221
<i>alprazolam xr</i>	35	<i>amphetamine-dextroamphetamine</i>	11	ARAKODA	81
ALPROLIX	178	<i>amphet-dextroamphet 3-bead er</i>	11	ARALAST NP	263
ALREX	248	<i>amphotericin b</i>	66	<i>aranelle</i>	135
ALTACE	72	<i>amphotericin b liposome</i>	66	ARANESP (ALBUMIN FREE) ...	183, 184
<i>altafluor benox</i>	246	<i>ampicillin</i>	254	ARAVA	25
<i>altavera</i>	129	<i>ampicillin sodium</i>	254	ARAZLO	140
ALTOPREV	70	<i>ampicillin-sulbactam sodium</i>	254	ARCALYST	22
ALTRENO	140	AMPYRA	259	AREXVY	272
ALTUVIIIIO	178	AMRIX	237	<i>arformoterol tartrate</i>	38
ALUNBRIG	85	AMVISC	249	ARGATROBAN	43
ALVAIZ	186	AMVUTTRA	261	ARGATROBAN IN SODIUM	
ALVESCO	40	AMZEEQ	138	CHLORIDE	43
<i>alvimopan</i>	173	ANAFRANIL	53	<i>argyle sterile saline</i>	176
<i>alyacen 1/35</i>	129	<i>anagrelide hcl</i>	182	<i>argyle sterile water</i>	224
<i>alyacen 7/7/7</i>	134	ANALPRAM-HC	33	ARICEPT	256
ALYGLO	252	ANAPROX DS	23	ARIKAYCE	17
ALYMSYS	103	ANASCORP	252	ARIMIDEX	97
<i>alyq</i>	126	<i>anastrozole</i>	97	<i>aripiprazole</i>	110, 111
<i>amantadine hcl</i>	104	ANAVIP	252	ARISTADA	111
AMBIEN	189	ANCOBON	66	ARISTADA INITIO	111
AMBIEN CR	189	ANDEXXA	63	ARIXTRA	42
AMBISOME	66	ANDROGEL PUMP	32	<i>armodafinil</i>	14
<i>ambrisentan</i>	125	ANECTINE	241	ARMOUR THYROID	266
<i>amcinonide</i>	145	ANESTHESIA S/I-40A	174	ARNUITY ELLIPTA	40
AMCINONIDE	145	ANESTHESIA S/I-40H	174	AROMASIN	97
AMELUZ	150	ANESTHESIA S/I-40S	174	ARRANON	84
<i>amethyst</i>	132	ANGELIQ	168	<i>arsenic trioxide</i>	97
AMIDATE	174	ANGIOMAX	42	ARTESUNATE	81
<i>amikacin sulfate</i>	17	ANKTIVA	96	ARTHROTEC	22

<i>articadent dental</i>	193	<i>atovaquone-proguanil hcl</i>	81	AZATHIOPRINE SODIUM.....	226
ARTISS.....	186	<i>atracurium besylate</i>	241	<i>azelaic acid</i>	150
ARZERRA.....	86	ATRALIN.....	140	<i>azelastine hcl</i>	240, 244
ASCENIV.....	252	ATROPINE SULFATE.....	244, 267	<i>azelastine-fluticasone</i>	239
ASCLERA.....	226	ATROVENT HFA.....	39	AZELEX.....	140
<i>ascomp-codeine</i>	27	AUBAGIO.....	257	AZESCO.....	233
ASCOR.....	276	<i>aubra eq</i>	129	AZILECT.....	104, 105
<i>asenapine maleate</i>	109	AUDENZ.....	272	<i>azithromycin</i>	194
<i>ashlyna</i>	133	AUGMENTIN.....	254	AZMIRO.....	32
ASMANEX (120 METERED DOSES).....	40	AUGMENTIN ES-600.....	254	AZOPT.....	246
ASMANEX (14 METERED DOSES).....	40	AUGTYRO.....	94	AZOR.....	74
ASMANEX (30 METERED DOSES).....	40	<i>aum insulin safety pen needle</i>	209	AZSTARYS.....	14
ASMANEX (60 METERED DOSES).....	40	AUM MINI INSULIN PEN NEEDLE.....	209	<i>aztreonam</i>	80
ASMANEX HFA.....	40	<i>aum pen needle</i>	209	AZULFIDINE.....	172
ASPARLAS.....	96	AUM READYGARD DUO PEN.....	209	AZULFIDINE EN-TABS.....	172
<i>aspirin</i>	26	NEEDLE.....	209	<i>azurette</i>	129
<i>aspirin 81</i>	26	AUM SAFETY PEN NEEDLE.....	209	<i>b complex (lipotropics)</i>	237
<i>aspirin adult low dose</i>	26	AURLUMYN.....	125	<i>b complex 100 tr</i>	229
<i>aspirin adult low strength</i>	26	AURORA LANCET SUPER THIN.....	125	<i>b complex formula 1 (lipotrop)</i>	237
<i>aspirin childrens</i>	26	30G.....	197	<i>b complex formula 1 (w/ fa)</i>	229
<i>aspirin ec adult low dose</i>	26	AURORA LANCET THIN 23G.....	197	<i>b complex-b12</i>	228
<i>aspirin ec low dose</i>	26	AURORA PEN NEEDLES.....	209	<i>b complex-c</i>	229
<i>aspirin ec low strength</i>	26	<i>aurovela 1.5/30</i>	129	B COMPLEX-C-BIOTIN-E-FA.....	229
<i>aspirin low dose</i>	26	<i>aurovela 1/20</i>	129	<i>b complex-c-folic acid</i>	228
<i>aspirin regimen</i>	26	<i>aurovela 24 fe</i>	129	<i>b-100 b-complex</i>	229
<i>aspirin-dipyridamole er</i>	182	<i>aurovela fe 1.5/30</i>	129	<i>b-100 complex cr</i>	229
ASPRUZYO SPRINKLE.....	34	<i>aurovela fe 1/20</i>	129	<i>b-100 tr</i>	229
ASSURE 3 TEST.....	153	AURYXIA.....	173	<i>b-50 complex</i>	229
ASSURE 4 TEST.....	153	AUSTEDO.....	257	BABYBIG.....	252
ASSURE COMFORT LANCETS 28G.....	197	AUSTEDO XR.....	257	<i>bac</i>	25
ASSURE ID DUO PRO PEN.....	209	AUSTEDO XR PATIENT.....	257	<i>bacitracin</i>	245
NEEDLES.....	209	TITRATION.....	257	<i>bacitracin-polymyxin b</i>	245
ASSURE ID PRO PEN NEEDLES.....	209	AUTO-LANCET.....	197	<i>bacitra-neomycin-polymyxin-hc</i>	248
ASSURE ID SAFETY PEN.....	209	AUTO-LANCET MINI.....	198	<i>baclofen</i>	237
NEEDLES.....	209	AUTOLET II CLINISAFE.....	198	BACTRIM.....	78
ASSURE II.....	153	AUTOLET LANCING DEVICE.....	198	BACTRIM DS.....	78
ASSURE II CHECK.....	153	AUTOLET LITE CLINISAFE.....	198	BAFIERTAM.....	259
ASSURE LANCE LANCETS.....	197	AUTOLET LITE STARTER PACK.....	198	<i>balance b-100</i>	237
ASSURE LANCE LANCETS 21G.....	197	AUTOLET MINI.....	198	<i>balance b-50</i>	229
ASSURE LANCE PLUS SAFETY.....	197	AUTOLET PLATFORMS.....	198	<i>balanced b complex</i>	229
25G.....	197	AUTOLET PLUS.....	198	<i>balanced b-100</i>	229
ASSURE LANCE PLUS SAFETY.....	197	AUVELITY.....	50	<i>balanced b-50 complex</i>	237
30G.....	197	AUVI-Q.....	275	<i>balanced b-50/fa</i>	229
ASSURE LANCE SAFETY LANCET.....	197	AVALIDE.....	74	BALCOLTRA.....	129
28G.....	197	<i>avanafil</i>	126	BALFAXAR.....	178
ASSURE PLATINUM.....	153	AVAPRO.....	75	<i>balsalazide disodium</i>	172
ASSURE PRISM MULTI TEST.....	153	AVASTIN.....	103	BALVERSA.....	90
ASSURE PRO TEST.....	153	AVEED.....	32	<i>balziva</i>	129
ASTAGRAF XL.....	224	<i>aviane</i>	129	BANZEL.....	44
ATABEX EC.....	233	AVITENE.....	187	BAQSIMI ONE PACK.....	54
ATABEX OB.....	233	AVITENE FLOUR.....	187	BAQSIMI TWO PACK.....	54
ATACAND.....	75	AVODART.....	175	BARACLUDGE.....	116
ATACAND HCT.....	74	AVONEX PEN.....	258	BARHEMSYS.....	65
<i>atazanavir sulfate</i>	114	AVONEX PREFILLED.....	258	BASAGLAR KWIKPEN.....	56
ATEL VIA.....	160	AVSOLA.....	174	BASAGLAR TEMPO PEN.....	56
<i>atenolol</i>	119	AVYCAZ.....	127	BAVENCIO.....	88
<i>atenolol-chlorthalidone</i>	77	<i>ayuna</i>	129	BAXDELA.....	169
ATGAM.....	223	AYVAKIT.....	94	<i>bayer aspirin ec low dose</i>	26
ATIVAN.....	35	<i>azacitidine</i>	84	<i>bayer low dose</i>	26
<i>atomoxetine hcl</i>	11	AZACTAM.....	80	BCG VACCINE.....	271
ATORVALIQ.....	70	<i>azasan</i>	226	<i>b-compleet-100</i>	229
<i>atorvastatin calcium</i>	70	AZASITE.....	245	<i>b-compleet-50</i>	229
<i>atovaquone</i>	78	<i>azathioprine</i>	226	<i>b-complex</i>	229

<i>b-complex (folic acid)</i>	229	BESPONSA.....	86	BRAFTOVI.....	89
<i>b-complex balanced</i>	228	BESREMI.....	97	BRENZAVVY.....	60
<i>b-complex plus b-12</i>	228	BETADINE OPHTHALMIC PREP.....	245	BREO ELLIPTA.....	37
<i>b-complex/b-12</i>	228	<i>betaine</i>	163	BREVIBLOC.....	119
<i>b-complex/electrolytes</i>	229	<i>betamethasone dipropionate</i>	145	BREVIBLOC IN NACL.....	119
<i>b-complex/vitamin c</i>	228	<i>betamethasone dipropionate aug</i>	145	BREVIBLOC PREMIXED.....	119
<i>b-complex-c</i>	229	<i>betamethasone valerate</i>	145	BREVIBLOC PREMIXED DS.....	119
<i>b-complex-c (w/folic acid)</i>	228	BETAPACE.....	119	BREVITAL SODIUM.....	175
BD AUTOSHIELD DUO.....	209	BETAPACE AF.....	119	BREXAFEMME.....	66
<i>bd heparin posiflush</i>	42	BETASERON.....	258	Breyna.....	37
BD INSULIN SYR ULTRAFINE II.....	209	<i>betaxolol hcl</i>	119, 243	BREZTRI AEROSPHERE.....	37
BD INSULIN SYRINGE.....	210	<i>bethanechol chloride</i>	271	BRIDION.....	63
BD INSULIN SYRINGE HALF-UNIT.....	210	BETHKIS.....	17	<i>briellyn</i>	129
BD INSULIN SYRINGE.....	210	BETIMOL.....	243	BRILINTA.....	180
MICROFINE.....	210	BETOPTIC-S.....	243	<i>brimonidine tartrate</i>	150, 247
BD INSULIN SYRINGE U/F.....	210	<i>better b complex</i>	229	<i>brimonidine tartrate-timolol</i>	243
BD INSULIN SYRINGE U/F 1/2UNIT.....	210	BEVESPI AEROSPHERE.....	37	<i>brinzolamide</i>	246
BD INSULIN SYRINGE U-500.....	210	<i>bexagliflozin</i>	60	BRIUMVI.....	258
BD INSULIN SYRINGE.....	210	<i>bexarotene</i>	102, 152	BRIVIACT.....	44
ULTRAFINE.....	210	BEXSERO.....	271	BRIXADI.....	31
BD MICROTAINER LANCETS.....	198	BEYAZ.....	129	BRIXADI (WEEKLY).....	31
BD PEN NEEDLE MICRO U/F.....	210	BEYFORTUS.....	252	<i>bromfenac sodium</i>	247
BD PEN NEEDLE MINI U/F.....	210	<i>bicalutamide</i>	83	<i>bromfenac sodium (once-daily)</i>	247
BD PEN NEEDLE NANO 2ND GEN.....	210	BICILLIN C-R.....	254	<i>bromocriptine mesylate</i>	104
BD PEN NEEDLE NANO U/F.....	210	BICILLIN C-R 900/300.....	254	BROMSITE.....	247
BD PEN NEEDLE ORIGINAL U/F.....	210	BICILLIN L-A.....	254	BRONCHITOL.....	264
BD PEN NEEDLE SHORT U/F.....	210	BIDIL.....	124	BRONCHITOL TOLERANCE TEST.....	264
<i>bd posiflush</i>	221	<i>big 100</i>	229	BROVANA.....	38
Bd Posiflush Safescrub.....	221	<i>big 100 (biotin)</i>	229	BRUKINSA.....	89
BD SAFETYGLIDE INSULIN.....	210	BIJUVA.....	168	BRYHALI.....	145
SYRINGE.....	210	BIKTARVY.....	112	BSS.....	246
BD VEO INSULIN SYR U/F 1/2UNIT.....	210	BILTRICIDE.....	34	BSS PLUS.....	246
BD VEO INSULIN SYRINGE U/F.....	210	<i>bimatoprost</i>	150, 250	<i>budesonide</i>	33, 40, 135
BELBUCA.....	31	BIMZELX.....	142	<i>budesonide er</i>	135
BELEODAQ.....	91	BINOSTO.....	160	<i>budesonide-formoterol fumarate</i>	37
BELRAPZO.....	82	BIORPHEN.....	276	<i>bumetanide</i>	158
BELSOMRA.....	189	BIOTEL CARE TEST STRIPS.....	153	BUMEX.....	158
<i>benazepril hcl</i>	72, 73	BIOTHRAX.....	271	BUPHENYL.....	167
<i>benazepril-hydrochlorothiazide</i>	72	<i>bis subcit-metronid-tetracyc</i>	269	BUPIVACAINE FISIOPHARMA.....	193
<i>bendamustine hcl</i>	82	<i>bisacodyl</i>	192	<i>bupivacaine hcl (pf)</i>	193
BENDEKA.....	83	<i>bisacodyl ec</i>	192	<i>bupivacaine-epinephrine</i>	193
BENEFIX.....	178	<i>bismuth/metronidaz/tetracyclin</i>	269	<i>bupivacaine-epinephrine (pf)</i>	193
BENICAR.....	75	<i>bisoprolol fumarate</i>	119	<i>buprenorphine</i>	31
BENICAR HCT.....	74	<i>bisoprolol-hydrochlorothiazide</i>	77	<i>buprenorphine hcl</i>	31
BENLYSTA.....	222	<i>bivalirudin trifluoroacetate</i>	42	<i>buprenorphine hcl-naloxone hcl</i>	31
BENTYL.....	267	BIVIGAM.....	252	<i>bupropion hcl</i>	50
BENZALKONIUM CHLORIDE.....	112	<i>bleomycin sulfate</i>	95	<i>bupropion hcl er (smoking det)</i>	261
BENZAMYCIN.....	139	BLINCYTO.....	89	<i>bupropion hcl er (sr)</i>	50
BENZHYDROCODONE-ACETAMINOPHEN.....	30	<i>blisovi 24 fe</i>	129	<i>bupropion hcl er (xl)</i>	50
BENZNIDAZOLE.....	34	<i>blisovi fe 1.5/30</i>	129	<i>buspirone hcl</i>	34
<i>benzonatate</i>	137	<i>blisovi fe 1/20</i>	129	<i>busulfan</i>	83
<i>benzoyl peroxide-erythromycin</i>	139	BLOOD GLUCOSE TEST.....	153	BUSULFEX.....	83
<i>benzphetamine hcl</i>	13	<i>blood glucose test strips 333</i>	153	<i>butalbital-acetaminophen</i>	25
<i>benztropine mesylate</i>	104	BLOXIVERZ.....	82	<i>butalbital-apap-caff-cod</i>	27
BEOVU.....	250	BLULINK GLUCOSE TEST.....	153	<i>butalbital-apap-caffeine</i>	25, 26
<i>bepotastine besilate</i>	244	BONJESTA.....	65	<i>butalbital-asa-caff-codeine</i>	27
BEPREVE.....	244	BOOSTRIX.....	266	<i>butalbital-aspirin-caffeine</i>	26
BERINERT.....	179	<i>bortezomib</i>	94	<i>butorphanol tartrate</i>	31
BESIVANCE.....	245	BORUZU.....	94	BUTRANS.....	31
		<i>bosentan</i>	125	BYDUREON BCISE.....	59
		BOSULIF.....	88	BYETTA 10 MCG PEN.....	59
		BOTOX.....	241	BYETTA 5 MCG PEN.....	59
		BOTOX COSMETIC.....	148	BYFAVO.....	188

BYLVAY	171	CAREONE BLOOD GLUCOSE TEST	153	<i>cefpodoxime proxetil</i>	128
BYLVAY (PELLETS)	171	.....	153	<i>cefprozil</i>	128
BYOOVIZ	250	CAREONE INSULIN SYRINGE	210	<i>ceftazidime</i>	128
BYSTOLIC	119	CAREONE LANCET SUPER THIN	198	<i>ceftriaxone sodium</i>	128
CABENUVA	112	30G	198	CEFTRIAXONE SODIUM	128
<i>cabergoline</i>	161	CAREONE LANCET THIN 23G	198	<i>ceftriaxone sodium in dextrose</i>	128
CABLIVI	179	CAREONE UNIFINE PENTIPS PLUS	210	CEFTRIAXONE SODIUM-DEXTROSE	128
CABOMETYX	93	.....	210	<i>cefuroxime axetil</i>	128
CABTREO	139	CARESENS LANCETS	198	<i>cefuroxime sodium</i>	128
CADUET	124	CARESENS LANCETS 30G	198	CELEBREX	21
<i>caffeine citrate</i>	13	CARESENS N GLUCOSE TEST	153	<i>celecoxib</i>	21
<i>calcipotriene</i>	143	CARETOUCH INSULIN SYRINGE ..	210	CELESTONE SOLUSPAN	137
<i>calcipotriene-betameth diprop</i>	152	CARETOUCH LANCING/EJECTOR ..	198	CELEXA	51
<i>calcitonin (salmon)</i>	160	CARETOUCH PEN NEEDLES	210	CELLCEPT	224
<i>calcitrene</i>	143	CARETOUCH SAFETY LANCETS ..	198	CELLCEPT INTRAVENOUS	224
<i>calcitriol</i>	143, 163	CARETOUCH SAFETY LANCETS ..	198	CELLUGEL	249
<i>calcium acetate</i>	173	26G	198	CELONTIN	49
<i>calcium acetate (phos binder)</i>	173	CARETOUCH TEST	153	<i>cephalexin</i>	127
CALCIUM GLUCONATE	219	CARETOUCH TWIST LANCETS	198	CEPROTIN	181
CALCIUM GLUCONATE-NACL	219	28G	198	CEQUA	246
CALDOLOR	23	CARETOUCH TWIST LANCETS	198	CEQR SIMPLICITY 2U	210
CALQUENCE	89	CARETOUCH TWIST LANCETS	198	CERDELGA	183
CAMBIA	217	30G	198	CEREBYX	48
CAMCEVI	99	CARETOUCH TWIST LANCETS	198	CEREZYME	183
<i>camila</i>	134	CARETOUCH TWIST MC	198	CERVIDIL	251
CAMPTOSAR	103	LANCETS 30G	198	<i>cetirizine hcl</i>	68
<i>camrese</i>	133	<i>carglumic acid</i>	163	CETRAXAL	251
<i>camrese lo</i>	133	<i>carisoprodol</i>	237	<i>cetorelix acetate</i>	161
CAMZYOS	124	<i>carmustine</i>	101	CETROTIDE	161
CANASA	172	CARNITOR	160	<i>cevimeline hcl</i>	227
CANCIDAS	66	CARNITOR SF	160	<i>charlotte 24 fe</i>	129
<i>candesartan cilexetil</i>	75	CAROSPIR	159	<i>chateau eq</i>	129
<i>candesartan cilexetil-hctz</i>	74	<i>carteolol hcl</i>	243	CHEMET	62
<i>capecitabine</i>	84	<i>cartia xt</i>	121	CHENODAL	170
CAPLYTA	106	<i>carvedilol</i>	118	<i>childrens aspirin</i>	26
CAPRELSA	93	<i>carvedilol phosphate er</i>	118	<i>chloramphenicol sod succinate</i>	79
<i>captopril</i>	73	CASODEX	83	<i>chlordiazepoxide hcl</i>	35
<i>captopril-hydrochlorothiazide</i>	72	CASPOFUNGIN ACETATE	66	<i>chlordiazepoxide-amitriptyline</i>	256
CAPVAXIVE	271	CATAPRES-TTS-1	76	<i>chlordiazepoxide-clidinium</i>	267
CARAC	142	CATAPRES-TTS-2	76	<i>chlorhexidine gluconate</i>	226
CARAFATE	268	CATAPRES-TTS-3	76	<i>chloroprocaine hcl (pf)</i>	194
CARBAGLU	163	CATHFLO ACTIVASE	182	<i>chloroquine phosphate</i>	81
<i>carbamazepine</i>	44	CAVERJECT	125	<i>chlorothiazide sodium</i>	159
<i>carbamazepine er</i>	44	CAVERJECT IMPULSE	124	<i>chlorpromazine hcl</i>	109, 110
CARBATROL	44	CAYA	196	CHLORPROMAZINE HCL	110
<i>carbidopa</i>	105	CAYSTON	80	<i>chlorthalidone</i>	159
<i>carbidopa-levodopa</i>	105	<i>cefaclor</i>	127, 128	<i>chlorzoxazone</i>	237
<i>carbidopa-levodopa er</i>	105	CEFACTOR ER	127	CHOLBAM	170
<i>carbidopa-levodopa-entacapone</i>	105	<i>cefadroxil</i>	127	<i>cholestyramine</i>	69
<i>carbinoxamine maleate</i>	67, 68	<i>cefazolin sodium</i>	127	<i>cholestyramine light</i>	69
<i>carbinoxamine maleate er</i>	67	CEFAZOLIN SODIUM	127	CHORIONIC GONADOTROPIN	165
<i>carboplatin</i>	83	CEFAZOLIN SODIUM-DEXTROSE ..	127	CHOSEN LANCETS 30G	198
<i>carboprost tromethamine</i>	251	<i>cefazolin sodium-dextrose</i>	127	CHOSEN LANCING DEVICE	198
CARDENE IV	120	<i>cefdinir</i>	128	CHOSEN SAFETY LANCETS 28G ..	198
CARDIOM LANCING DEVICE ..	198	<i>cefepime hcl</i>	128	<i>chromic chloride</i>	221
CARDIZEM	121	CEFEPIME HCL	128	CIALIS	126
CARDIZEM CD	120	CEFEPIME-DEXTROSE	128	CIBINQO	144
CARDIZEM LA	120, 121	<i>cefixime</i>	128	<i>ciclodan</i>	141
CARDURA	77	CEFOTAN	128	<i>ciclopirox</i>	141
CARDURA XL	175	<i>cefotaxime sodium</i>	128	<i>ciclopirox olamine</i>	141
CAREFINE PEN NEEDLES	210	<i>cefotetan disodium</i>	128	<i>cidofovir</i>	115
<i>careone advanced lancing dev</i>	198	<i>cefoxitin sodium</i>	128	<i>cilostazol</i>	181
		CEFOXITIN SODIUM-DEXTROSE ..	128		

CILOXAN.....	245	CLIMARA.....	169	COBENFY STARTER PACK.....	109
CIMDUO.....	112	CLIMARA PRO.....	168	COCAINE HCL.....	240
CIMERLI.....	250	Clindacin.....	139	CODEINE SULFATE.....	28
<i>cimetidine</i>	267	<i>clindacin etz</i>	139	<i>codeine sulfate</i>	28
<i>cimetidine hcl</i>	267	<i>clindacin-p</i>	139	CODITUSSIN AC.....	137
CIMZIA.....	174	CLINDAGEL.....	139	CODITUSSIN DAC.....	138
CIMZIA (2 SYRINGE).....	174	<i>clindamycin hcl</i>	80	COLAZAL.....	172
CIMZIA-STARTER.....	174	<i>clindamycin palmitate hcl</i>	80	<i>colchicine</i>	177
<i>cinacalcet hcl</i>	160	<i>clindamycin phos-benzoyl perox</i>	139	<i>colchicine-probenecid</i>	177
CINQAIR.....	39	<i>clindamycin phosphate</i>	80, 139, 274	<i>colesevelam hcl</i>	69
CINRYZE.....	179	<i>clindamycin phosphate in d5w</i>	80	COLESTID.....	69
CINVANTI.....	65	CLINDAMYCIN PHOSPHATE IN		<i>colestipol hcl</i>	69
CIPRO.....	169, 170	NACL.....	80	<i>colistimethate sodium (cba)</i>	81
CIPRO HC.....	251	<i>clindamycin-tretinoin</i>	139	COLUMVI.....	89
<i>ciprofloxacin hcl</i>	170, 245, 251	CLINDESSE.....	274	COLY-MYCIN M.....	81
<i>ciprofloxacin in d5w</i>	170	CLINIMIX E/DEXTROSE (2.75/5)....	242	COMBIGAN.....	243
<i>ciprofloxacin-dexamethasone</i>	251	CLINIMIX E/DEXTROSE (4.25/10)..	242	COMBIPATCH.....	168
<i>ciprofloxacin-fluocinolone pf</i>	251	CLINIMIX E/DEXTROSE (4.25/5)....	242	COMBIVENT RESPIMAT.....	37
<i>cisatracurium besylate</i>	241	CLINIMIX E/DEXTROSE (5/15).....	242	COMBOGESIC.....	22
<i>cisatracurium besylate (pf)</i>	241	CLINIMIX E/DEXTROSE (5/20).....	242	COMETRIQ (100 MG DAILY DOSE).....	93
<i>cisplatin</i>	83	CLINIMIX E/DEXTROSE (8/10).....	242	COMETRIQ (140 MG DAILY DOSE).....	93
CISPLATIN.....	83	CLINIMIX E/DEXTROSE (8/14).....	242	COMETRIQ (60 MG DAILY DOSE)....	93
CITALOPRAM HYDROBROMIDE....	51	CLINIMIX/DEXTROSE (4.25/10).....	242	COMFORT ASSIST INSULIN	
<i>citalopram hydrobromide</i>	51	CLINIMIX/DEXTROSE (4.25/5).....	242	SYRINGE.....	210
CITRANATAL 90 DHA.....	236	CLINIMIX/DEXTROSE (5/15).....	242	COMFORT ASSURED LANCETS	
CITRANATAL ASSURE.....	236	CLINIMIX/DEXTROSE (5/20).....	242	28G.....	198
CITRANATAL B-CALM.....	233	CLINIMIX/DEXTROSE (6/5).....	242	COMFORT ASSURED LANCETS	
CITRANATAL HARMONY.....	236	CLINIMIX/DEXTROSE (8/10).....	242	33G.....	198
CITRANATAL MEDLEY.....	236	CLINIMIX/DEXTROSE (8/14).....	242	COMFORT EZ INSULIN SYRINGE.....	210
<i>citrate of magnesia</i>	191	<i>clinisol sf</i>	242	COMFORT EZ MICRO PEN	
<i>citroma</i>	191	CLINOLIPID.....	242	NEEDLES.....	210
<i>cladribine</i>	84	<i>clinpro 5000</i>	227	COMFORT EZ PEN NEEDLES.....	210
CLARINEX.....	68	<i>clobazam</i>	43	COMFORT EZ PRO PEN NEEDLES	
CLARINEX-D 12 HOUR.....	138	<i>clobetasol propionate</i>	145, 248	.....	210, 211
<i>clarithromycin</i>	194	<i>clobetasol propionate e</i>	145	COMFORT EZ SHORT PEN	
<i>clarithromycin er</i>	194	<i>clobetasol propionate emulsion</i>	145	NEEDLES.....	211
CLASSIC PRENATAL.....	233	CLOBEX.....	145	COMFORT TOUCH INSULIN PEN	
CLEANLET LANCETS 28G.....	198	CLOBEX SPRAY.....	145	NEED.....	211
<i>clearlax</i>	190	<i>clocortolone pivalate</i>	145	COMFORT TOUCH LANCETS 31G.....	198
CLEMASTINE FUMARATE.....	68	<i>clodan</i>	145	COMFORT TOUCH PLUS	
<i>clemastine fumarate</i>	68	CLODERM.....	146	LANCETS 28G.....	198
CLENPIQ.....	189	<i>clofarabine</i>	84	COMFORT TOUCH PLUS	
CLEOCIN.....	80, 274	Clomid.....	165	LANCETS 30G.....	198
CLEOCIN PHOSPHATE.....	80	<i>clomiphene citrate</i>	165	COMFORT TOUCH TWIST	
CLEOCIN-T.....	138	<i>clomipramine hcl</i>	53	LANCET 30G.....	198
CLEVER CHEK AUTO-CODE TEST	153	<i>clonazepam</i>	43	COMIRNATY.....	272
CLEVER CHEK AUTO-CODE		<i>clonidine</i>	76	COMPLERA.....	112
VOICE.....	153	<i>clonidine er</i>	76	COMPLETE NATAL DHA.....	235
CLEVER CHEK LANCETS.....	198	<i>clonidine hcl</i>	76	COMPLETENATE.....	233
CLEVER CHEK TEST.....	153	<i>clonidine hcl er</i>	11	<i>complex b-100</i>	229
CLEVER CHOICE AUTO-CODE		<i>clopidogrel bisulfate</i>	182	COMPLEX B-100-INOSITOL.....	237
TEST.....	153	<i>clorazepate dipotassium</i>	35	<i>complex b-50 prolonged release</i>	230
CLEVER CHOICE COMFORT EZ		<i>clotrimazole</i>	148, 226	<i>compro</i>	110
.....	198, 210	<i>clotrimazole-betamethasone</i>	141	CO-NATAL FA.....	233
CLEVER CHOICE LANCETS 21G....	198	<i>clozapine</i>	108	CONCEPT DHA.....	233
CLEVER CHOICE LANCETS 23G....	198	CLOZARIL.....	108	CONCEPT OB.....	233
CLEVER CHOICE LANCETS 28G....	198	C-NATE DHA.....	233	CONCERTA.....	14
CLEVER CHOICE LANCETS 28G....	198	CNJ-016.....	252	<i>condoms</i>	195
CLEVER CHOICE MICRO TEST.....	153	COAGADEX.....	178	CONDYLOX.....	149
CLEVER CHOICE NO CODING.....	153	COAGUCHEK LANCETS.....	198	CONJUPRI.....	121
CLEVER CHOICE TALK SYSTEM..	153	<i>coal tar</i>	151	<i>constulose</i>	190
CLEVIPREX.....	121	COARTEM.....	81	CONTOUR NEXT TEST.....	153
CLICKFINE PEN NEEDLES.....	210	COBENFY.....	109	CONTOUR PLUS TEST.....	154

CONTOUR TEST.....	154	CVS GLUCOSE METER TEST STRIPS.....	154	<i>dalfampridine er</i>	259
CONTRAVE.....	13	<i>cvs inner ear plus</i>	237	DALIRESP.....	40
CONZIP.....	28	CVS LANCETS 21G.....	199	DALVANCE.....	79
COOL BLOOD GLUCOSE TEST STRIPS.....	154	CVS LANCETS MICRO THIN 33G.....	199	<i>danazol</i>	32
COPASIL.....	151	CVS LANCETS ORIGINAL.....	199	DANTRIUM.....	238
COPAXONE.....	259	CVS LANCETS THIN 26G.....	199	<i>dantrolene sodium</i>	238
COPIKTRA.....	102	CVS LANCETS ULTRA THIN 30G.....	199	DANYELZA.....	87
CORDRAN.....	146	<i>cvs lancing device</i>	199	<i>dapagliflozin pro-metformin er</i>	60
COREG.....	118	<i>cvs magnesium citrate</i>	191	<i>dapagliflozin propanediol</i>	60
COREG CR.....	118	<i>cvs milk of magnesia</i>	191	<i>dapsone</i>	80, 139
CORIFACT.....	178	<i>cvs nicotine</i>	261	DAPTACEL.....	266
CORLANOR.....	127	<i>cvs nicotine polacrilex</i>	261	DAPTOMYCIN.....	79
CORTEF.....	135	CVS PRENATAL.....	233	<i>daptomycin-sodium chloride</i>	79
CORTENEMA.....	33	<i>cvs purelax</i>	190	DARAPRIM.....	81
CORTIFOAM.....	33	<i>cvs super b complex/c</i>	229	<i>darifenacin hydrobromide er</i>	270
<i>cortisone acetate</i>	135	<i>cvs true metrix glucose test</i>	154	<i>darunavir</i>	114
CORTISPORIN-TC.....	251	CVS ULTRA THIN LANCETS.....	199	DARZALEX.....	86
CORTROPHIN.....	161	<i>cyanocobalamin</i>	183	DARZALEX FASPRO.....	96
CORVERT.....	36	CYANOKIT.....	63	<i>dasatinib</i>	88
COSELA.....	101	<i>cyclobenzaprine hcl</i>	237, 238	<i>dasetta 1/35</i>	130
COSENTYX.....	142	<i>cyclobenzaprine hcl er</i>	237	<i>dasetta 7/7/7</i>	135
COSENTYX (300 MG DOSE).....	142	CYCLOGYL.....	244	DAUNORUBICIN HCL.....	95
COSENTYX SENSOREADY (300 MG).....	142	CYCLOMYDRIL.....	244	DAURISMO.....	91
COSENTYX SENSOREADY PEN.....	142	<i>cyclopentolate hcl</i>	244	DAVIMET-FLUORIDE.....	232
COSENTYX UNOREADY.....	143	<i>cyclophosphamide</i>	101	DAXXIFY.....	148
COSOFT.....	243	CYCLOPHOSPHAMIDE.....	101	DAYBUE.....	241
COSOFT PF.....	243	<i>cycloserine</i>	82	DAYPRO.....	23
COTELLIC.....	92	CYCLOSET.....	56	<i>daysee</i>	133
COTEMPLA XR-ODT.....	14	<i>cyclosporine</i>	223, 246	DAYTRANA.....	14
COXANTO.....	23	<i>cyclosporine modified</i>	223	DAYVIGO.....	189
COZAAR.....	75	CYGNUS DUAL.....	151	D-CARE BLOOD GLUCOSE.....	154
CREON.....	157	CYKLOKAPRON.....	187	DDAVP.....	167
CRESEMBA.....	66	CYLTEZO (2 PEN).....	19	DDAVP PF.....	167
CRESTOR.....	70	CYLTEZO (2 SYRINGE).....	20	<i>deblitane</i>	134
CREXONT.....	105	CYLTEZO-CD/UC/HS STARTER.....	20	<i>decitabine</i>	84
CRINONE.....	275	CYLTEZO-PSORIASIS/UV STARTER.....	20	<i>deferasirox</i>	62
CROFAB.....	252	CYMBALTA.....	52	<i>deferasirox granules</i>	62
<i>cromolyn sodium</i>	38, 170, 244	<i>cyproheptadine hcl</i>	68	<i>deferiprone</i>	62
<i>crotan</i>	151	CYRAMZA.....	103	<i>deferoxamine mesylate</i>	63
<i>cryselle-28</i>	130	<i>cyred eq</i>	130	DEFITELIO.....	182
CRYSVITA.....	168	CYSTADANE.....	163	<i>deflazacort</i>	135
<i>cupric chloride</i>	221	CYSTADROPS.....	250	DEFLUX.....	177
CUPRIMINE.....	222	CYSTAGON.....	175	DELESTROGEN.....	169
CURAE.....	133	CYSTARAN.....	250	DELSTRIGO.....	112
<i>curity sterile saline</i>	176	<i>cytarabine</i>	84	<i>delyla</i>	130
CUTAQUIG.....	252	<i>cytarabine (pf)</i>	84	DELZICOL.....	172
CUVITRU.....	252	CYTOGAM.....	252	<i>demeclocycline hcl</i>	265
CUVPOSA.....	269	CYTOMEL.....	266	DEMEROL.....	28
CUVRIOR.....	222	CYTOTEC.....	270	DEM SER.....	74
CVS ADVANCED GLUCOSE TEST.....	154	<i>dabigatran etexilate mesylate</i>	43	DENAVIR.....	144
<i>cvs aspirin adult low dose</i>	26	<i>dacarbazine</i>	97	DENG VAXIA.....	272
<i>cvs aspirin adult low strength</i>	26	<i>dactinomycin</i>	95	<i>denta 5000 plus</i>	227
<i>cvs aspirin ec</i>	26	<i>daily multiple vitamins</i>	231	<i>denta 5000 plus sensitive</i>	227
<i>cvs aspirin low dose</i>	26	<i>daily value multivitamin</i>	231	<i>dentagel</i>	227
<i>cvs aspirin low strength</i>	26	<i>daily vitamins</i>	231	DEPAKOTE.....	49
<i>cvs b complex plus c</i>	229	<i>daily vite</i>	231	DEPAKOTE ER.....	49
<i>cvs balanced b50</i>	237	<i>daily vite multivitamin/iron</i>	230	DEPAKOTE SPRINKLES.....	49
<i>cvs c-lax laxative</i>	192	<i>daily vites</i>	231	DEPEN TITRATABS.....	222
<i>cvs folic acid</i>	184	<i>daily-vite</i>	231	DEPO-ESTRADIOL.....	169
<i>cvs gentle laxative</i>	192	<i>daily-vite multivitamin</i>	231	DEPO-MEDROL.....	135
<i>cvs gentle laxative womens</i>	192			DEPO-PROVERA.....	134
				DEPO-SUBQ PROVERA 104.....	134
				DEPO-TESTOSTERONE.....	32

DERMA-SMOOTH/FS BODY	146	DIATHRIVE BLOOD GLUCOSE TEST	154	DOBUTAMINE-DEXTROSE.....	124
DERMOTIC	251	DIATHRIVE GLUCOSE TEST	154	DOCETAXEL	100
DESCOVY	112	DIATHRIVE LANCET ULTRA THIN 30	199	DOCIVYX	100
DESFERAL	63	DIATHRIVE LANCETS	199	<i>dodex</i>	183
<i>desflurane</i>	175	DIATHRIVE LANCING DEVICE	199	<i>dofetilide</i>	36
<i>desipramine hcl</i>	53	DIATHRIVE PEN NEEDLE	211	DOJOLVI	242
<i>desloratadine</i>	68	DIATHRIVE+ GLUCOSE TEST	154	<i>dolishale</i>	132
<i>desmopressin ace spray refrig</i>	167	<i>diazepam</i>	35, 43	DOLOBID	26
<i>desmopressin acetate</i>	167, 168	<i>diazepam intensol</i>	35	<i>donepezil hcl</i>	256
DESMOPRESSIN ACETATE	168	<i>diazoxide</i>	54	DOPAMINE HCL	124
<i>desmopressin acetate pf</i>	168	DIBENZYLINE	74	DOPAMINE-DEXTROSE	124
<i>desmogestrel-ethinyl estradiol</i>	129	<i>dichlorphenamide</i>	158	DOPRAM	13
<i>desonide</i>	146	DICLEGIS	65	DOPTLET	186
DESOWEN	146	<i>diclofenac epolamine</i>	141	DORYX MPC	265
<i>desoximetasone</i>	146	<i>diclofenac potassium</i>	23	<i>dorzolamide hcl</i>	246
DESOXYN	12	<i>diclofenac potassium(migraine)</i>	217	<i>dorzolamide hcl-timolol mal</i>	243
DESVENLAFAXINE ER	52	<i>diclofenac sodium</i>	23, 141, 142, 247	<i>dorzolamide hcl-timolol mal pf</i>	243
<i>desvenlafaxine succinate er</i>	52	<i>diclofenac sodium er</i>	23	<i>dotti</i>	169
DETROL	270	<i>diclofenac-misoprostol</i>	22	DOVATO	112
DETROL LA	270	<i>dicloxacillin sodium</i>	254	<i>doxazosin mesylate</i>	77
DEXABLISS	135	<i>dicyclomine hcl</i>	267	<i>doxepin hcl</i>	53, 142, 188
<i>dexamethasone</i>	135, 136	<i>diethylpropion hcl</i>	13	<i>doxercalciferol</i>	163
DEXAMETHASONE INTENSOL	135	<i>diethylpropion hcl er</i>	13	DOXIL	95
<i>dexamethasone sod phos +rfid</i>	136	DIFFERIN	140	<i>doxorubicin hcl</i>	95
<i>dexamethasone sod phosphate pf</i>	136	DIFICID	195	<i>doxorubicin hcl liposomal</i>	95
DEXAMETHASONE SOD PHOSPHATE PF	136	<i>diflorasone diacetate</i>	146	<i>doxy 100</i>	265
<i>dexamethasone sodium phosphate</i>	136, 248	DIFLUCAN	67	<i>doxycycline</i>	150
DEXAMETHASONE SODIUM PHOSPHATE	136	<i>diflunisal</i>	26	<i>doxycycline hyclate</i>	265
DEXCOM G6 RECEIVER	199	<i>difluprednate</i>	248	<i>doxylamine-pyridoxine</i>	65
DEXCOM G6 SENSOR	199	DIGIFAB	63	DRISDOL	276
DEXCOM G6 TRANSMITTER	199	<i>digoxin</i>	123	DRIZALMA SPRINKLE	52
DEXCOM G7 RECEIVER	199	<i>dihydroergotamine mesylate</i>	217	<i>dronabinol</i>	65
DEXCOM G7 SENSOR	199	DILANTIN	48	<i>droperidol</i>	34
DEXEDRINE	12	DILANTIN INFATABS	48	DROPLET GENTEEL LANCING DEVICE	199
DEXILANT	268	DILANTIN-125	48	DROPLET INSULIN SYRINGE	211
<i>dexlansoprazole</i>	268	DILAUDID	28	DROPLET LANCETS ULTRA THIN 30G	199
DEXMEDETOMIDINE HCL	189	<i>diltiazem hcl</i>	121	DROPLET LANCING DEVICE	199
<i>dexmedetomidine hcl</i>	189	DILTIAZEM HCL	121	DROPLET MICRON	211
<i>dexmedetomidine hcl in nacl</i>	189	<i>diltiazem hcl er</i>	121	DROPLET PEN NEEDLES	211
DEXMEDETOMIDINE HCL- DEXTROSE	189	<i>diltiazem hcl er beads</i>	121	DROPLET PERSONAL LANCETS 30G	199
<i>dexmethylphenidate hcl</i>	14	<i>diltiazem hcl er coated beads</i>	121	DROPSAFE SAFETY PEN NEEDLES	211
<i>dexmethylphenidate hcl er</i>	14	<i>dilt-xr</i>	121	DROPSAFE SAFETY SYRINGE/NEEDLE	211
<i>dexrazoxane</i>	97	DIMENHYDRINATE	65	<i>drospiren-eth estrad-levomefol</i>	130
<i>dexrazoxane hcl</i>	97	<i>dimethyl fumarate</i>	259	<i>drospirenone-ethinyl estradiol</i>	130
DEXTENZA	248	<i>dimethyl fumarate starter pack</i>	259	DROXIA	183
<i>dextroamphetamine sulfate</i>	12	DIOVAN	75	<i>droxidopa</i>	275
<i>dextroamphetamine sulfate er</i>	12	DIOVAN HCT	74	DRUG MART LANCETS THIN 26G	199
<i>dextrose</i>	242	DIPENTUM	172	DRUG MART ON-THE-GO LANCET 30G	199
DEXTROSE	242	<i>diphenhydramine hcl</i>	68	DRUG MART UNIFINE PENTIPS	211
DEXTROSE 5%/ELECTROLYTE #48	219	<i>diphenoxylate-atropine</i>	62	PLUS	211
<i>dextrose in lactated ringers</i>	219	DIPRIVAN	174	DRUG MART UNILET LANCETS 28G	199
DEXTROSE-SODIUM CHLORIDE	219	DIPROLENE	146	DRUG MART UNILET LANCETS 30G	199
<i>dextrose-sodium chloride</i>	219	<i>dipyridamole</i>	182		
DEXYCU	248	DISCOVISC	249		
DHIVY	105	<i>disopyramide phosphate</i>	36		
DIACOMIT	44	<i>disulfiram</i>	255		
<i>dialyvite 800</i>	228	DIURIL	159		
		<i>divalproex sodium</i>	49		
		<i>divalproex sodium er</i>	49		
		DIVIGEL	169		
		<i>dobutamine hcl</i>	124		

DRUG MART UNILET LANCETS		ELEPSIA XR.....	44
33G.....	199	ELESTRIN.....	169
DSUVIA.....	28	<i>eletriptan hydrobromide</i>	217
DUAKLIR PRESSAIR.....	37	ELFABRIO.....	161
DUAVEE.....	169	ELIDEL.....	149
DUETACT.....	62	ELIGARD.....	99
DUEXIS.....	22	ELIMITE.....	151
<i>dulcolax</i>	191	<i>elinest</i>	130
<i>dulcolax milk of magnesia</i>	191	ELIQUIS.....	41
DULERA.....	37	ELIQUIS DVT/PE STARTER PACK...41	
<i>duloxetine hcl</i>	52	ELITEK.....	97
DUOBRII.....	152	<i>elite-ob</i>	233
DUO-CARE TEST.....	154	ELIXOPHYLLIN.....	41
DUOPA.....	105	ELLA.....	133
DUOVISC.....	249	ELLENCEN.....	95
DUPIXENT.....	144	ELMIRON.....	176
<i>duramorph</i>	28	ELOCTATE.....	178
DUREX EXTRA SENSITIVE THIN..	195	ELREXFIO.....	89
DUREX REALFEEL.....	195	<i>eluryng</i>	132
DUREX TROPICAL.....	195	ELYXYB.....	217
DUREZOL.....	248	ELZONRIS.....	96
DUROLANE.....	239	EMBRACE BLOOD GLUCOSE	
DURYSTA.....	250	TEST.....	154
<i>dutasteride</i>	175	EMBRACE EVO BLOOD GLUCOSE	
<i>dutasteride-tamsulosin hcl</i>	176	TEST.....	154
DUVYZAT.....	241	EMBRACE LANCETS ULTRA THIN	
DYANAVEL XR.....	12	30G.....	200
<i>dyclopro</i>	149	<i>embrace lancng device/ejector</i>	200
DYMISTA.....	240	EMBRACE PEN NEEDLES.....	211
DYRENIUM.....	159	EMBRACE PRESSURE	
DYSPORT.....	241	ACTIVATED 21G.....	200
<i>e.e.s. 400</i>	194	EMBRACE PRESSURE	
E.E.S. GRANULES.....	194	ACTIVATED 28G.....	200
<i>ear health formula</i>	237	EMBRACE PRO GLUCOSE TEST...154	
<i>ear health plus</i>	237	EMBRACE TALK GLUCOSE TEST.154	
EASY COMFORT INSULIN		EMBRACE WAVE BLOOD	
SYRINGE.....	211	GLUCOSE.....	154
<i>easy comfort insulin syringe</i>	211	EMEND.....	65
EASY COMFORT LANCETS.....	199	EMEND TRI-PACK.....	65
EASY COMFORT LANCETS TWIST		EMERPHED.....	276
TOP.....	199	EMFLAZA.....	136
EASY COMFORT PEN NEEDLES....	211	EMGALITY.....	217
EASY GLIDE PEN NEEDLES.....	211	EMGALITY (300 MG DOSE).....	217
EASY MAX BLOOD GLUCOSE		EMPAVELI.....	180
TEST.....	154	EMPLICITI.....	88
<i>easy mini eject lancng device</i>	199	EMSAM.....	50
<i>easy mini lancng device</i>	199	<i>emtricitabine</i>	115
EASY PLUS II GLUCOSE TEST.....	154	<i>emtricitabine-tenofovir df</i>	112
EASY STEP TEST.....	154	EMTRIVA.....	115
EASY TALK BLOOD GLUCOSE		EMVERM.....	34
TEST.....	154	Emzahh.....	134
EASY TALK PLUS II TEST STRIPS.154		<i>enalapril maleate</i>	73
EASY TOUCH FLIPLOCK INSULIN		<i>enalaprilat</i>	73
SY.....	211	<i>enalapril-hydrochlorothiazide</i>	72
EASY TOUCH HEALTHPRO		ENBRACE HR.....	233
GLUCOSE.....	154	ENBREL.....	25
EASY TOUCH INSULIN SAFETY		ENBREL MINI.....	25
SYR.....	211	ENBREL SURECLICK.....	25
EASY TOUCH INSULIN SYRINGE.211		ENCARE.....	274
EASY TOUCH LANCETS 21G.....	199	ENDARI.....	183
EASY TOUCH LANCETS 23G.....	199	ENDO AVITENE.....	187
EASY TOUCH LANCETS 26G.....	199	<i>endocet</i>	31
EASY TOUCH LANCETS 28G.....	199	ENDOMETRIN.....	275
EASY TOUCH LANCETS			
28G/TWIST.....	199		
EASY TOUCH LANCETS 30G.....	199		
EASY TOUCH LANCETS			
30G/TWIST.....	199		
EASY TOUCH LANCETS 32G.....	199		
EASY TOUCH LANCETS			
32G/TWIST.....	199		
EASY TOUCH LANCETS			
33G/TWIST.....	200		
EASY TOUCH LANCING DEVICE..	200		
EASY TOUCH PEN NEEDLES.....	211		
EASY TOUCH SAFETY LANCETS			
21G.....	200		
EASY TOUCH SAFETY LANCETS			
23G.....	200		
EASY TOUCH SAFETY LANCETS			
26G.....	200		
EASY TOUCH SAFETY LANCETS			
28G.....	200		
EASY TOUCH SAFETY PEN			
NEEDLES.....	211		
EASY TOUCH SHEATHLOCK			
SYRINGE.....	211		
EASY TOUCH TEST.....	154		
EASY TRAK BLOOD GLUCOSE			
TEST.....	154		
EASY TRAK II GLUCOSE TEST....	154		
<i>easygel</i>	227		
EASYGLUCO.....	154		
EASYMAX 15 TEST.....	154		
EASYMAX TEST.....	154		
EASYPRO BLOOD GLUCOSE TEST			
.....	154		
EASYPRO PLUS.....	154		
EBGLYSS.....	144		
EC-NAPROSYN.....	23		
<i>ec-naproxen</i>	23		
<i>econazole nitrate</i>	148		
<i>econtra one-step</i>	133		
<i>ecotrin low strength</i>	26		
ECOZA.....	148		
<i>edaravone</i>	240		
EDARBI.....	75		
EDARBYCLOR.....	74		
EDECIN.....	158		
<i>edetate calcium disodium</i>	63		
EDEX.....	125		
EDLUAR.....	189		
EDURANT.....	114		
<i>efavirenz</i>	114		
<i>efavirenz-emtricitab-tenofo df</i>	112		
<i>efavirenz-lamivudine-tenofovir</i>	112		
EFFEXOR XR.....	52		
EFFIENT.....	182		
EFUDEX.....	142		
EGRIFTA SV.....	162		
ELAHERE.....	96		
ELAPRASE.....	164		
ELCYS.....	242		
ELELYSO.....	183		
ELEMENT COMPACT TEST.....	154		
ELEMENT TEST.....	154		

<i>endur-b</i>	230	EQL COLOR LANCETS 21G.....	200	<i>ethynodiol diac-eth estradiol</i>	130
ENFAMIL EXPECTA.....	236	EQL COLOR LANCETS MICRO 33G.....	200	<i>etodolac</i>	23
ENGERIX-B.....	272	<i>eql gentle laxative</i>	192	<i>etodolac er</i>	23
ENHERTU.....	96	EQL INSULIN SYRINGE.....	211	<i>etomidate</i>	174
Enilloring.....	132	<i>eql laxative</i>	192	<i>etonogestrel-ethinyl estradiol</i>	132
ENJAYMO.....	180	<i>eql magnesium citrate</i>	191	ETOPOPHOS.....	100
ENLITE GLUCOSE SENSOR.....	200	EQL PRENATAL FORMULA.....	233	<i>etoposide</i>	100
<i>enoxaparin sodium</i>	42	<i>eql super b complex/vitamin c</i>	228	<i>etravirine</i>	114
<i>enpresse-28</i>	135	EQL SUPER THIN LANCETS 30G... 200	200	EUCRISA.....	150
<i>enskyce</i>	130	EQL THIN LANCETS 26G.....	200	EUFLEXXA.....	239
ENSPRYNG.....	225	EQUETRO.....	106	EULEXIN.....	83
ENSTILAR.....	152	ERAXIS.....	66	<i>euthyrox</i>	266
<i>entacapone</i>	106	ERBITUX.....	90	EVAMIST.....	169
ENTADFI.....	176	<i>ergocalciferol</i>	276	EVEKEO.....	12
<i>entecavir</i>	116	<i>ergoloid mesylates</i>	260	EVENTITY.....	166
ENTRESTO.....	124	ERGOMAR.....	217	<i>everolimus</i>	93, 225
ENTYVIO.....	172	<i>ergotamine-caffeine</i>	217	EVERSENSE 365 SENSOR/HOLDER.....	200
ENTYVIO PEN.....	172	<i>eribulin mesylate</i>	100	EVERSENSE 365 SMART TRANSMIT.....	200
<i>enulose</i>	173	ERIVEDGE.....	91	EVERSENSE E3 SENSOR/HOLDER.....	200
ENVARUSUS XR.....	224	ERLEADA.....	83	EVERSENSE E3 SMART TRANSMITTER.....	200
EOHILIA.....	136	<i>erlotinib hcl</i>	90	EVERSENSE SENSOR/HOLDER.....	200
EPANED.....	73	ERMEZA.....	266	EVERSENSE SMART TRANSMITTER.....	200
EPCLUSA.....	116	<i>errin</i>	134	EVISTA.....	166
EPHEDRINE SULFATE (PRESSORS).....	276	ERTACZO.....	148	EVKEEZA.....	68
EPICORD.....	151	<i>ertapenem sodium</i>	79	EVOLUTION AUTOCODE.....	154
EPIDIOLEX.....	44	ERVEBO.....	272	EVOMELA.....	101
EPIDUO.....	139	<i>ery</i>	139	EVOTAZ.....	112
EPIDUO FORTE.....	139	ERYGEL.....	139	EVOXAC.....	228
EPIFIX.....	151	ERYPED 200.....	194	EVRYSDI.....	241
EPIFIX MICRONIZED.....	151	ERYPED 400.....	194	EXELDERM.....	148
EPIFOAM.....	151	<i>ery-tab</i>	194	EXELON.....	256
<i>epinastine hcl</i>	244	ERYTHROCIN LACTOBIONATE.....	194	<i>exemestane</i>	97
<i>epinephrine</i>	275, 276	<i>erythromycin</i>	139, 194, 245	EXFORGE.....	74
EPINEPHRINE.....	276	<i>erythromycin base</i>	194	EXFORGE HCT.....	76
<i>epinephrine (anaphylaxis)</i>	275	<i>erythromycin ethylsuccinate</i>	194	EXJADE.....	62
EPINEPHRINE PF.....	276	<i>erythromycin lactobionate</i>	194	<i>ex-lax ultra</i>	192
EPINEPHRINESNAP.....	275	ERZOFRI.....	107	EXONDYS 51.....	241
EPIPEN 2-PAK.....	275	ESBRIET.....	264	EXTAVIA.....	258
EPIPEN JR 2-PAK.....	275	<i>escitalopram oxalate</i>	51	EXTENCILLINE.....	254
<i>epitol</i>	44	ESGIC.....	26	EYLEA.....	250
EPIVIR.....	115	ESKATA.....	151	EYLEA HD.....	250
EPKINLY.....	89	<i>esmolol hcl</i>	119	EYSUVIS.....	248
<i>eplerenone</i>	77	ESMOLOL HCL.....	119	E-Z JECT LANCET MICRO-THIN 33G.....	200
EPOGEN.....	184	<i>esmolol hcl-sodium chloride</i>	119	E-Z JECT LANCET SUPER THIN 30G.....	200
<i>epoprostenol sodium</i>	125	<i>esomeprazole magnesium</i>	268	E-Z JECT LANCETS.....	200
EPRONTIA.....	44	<i>esomeprazole sodium</i>	268	E-Z JECT LANCETS 21G.....	200
EPSOLAY.....	140	ESPEROCT.....	178	E-Z JECT LANCETS THIN 26G.....	200
<i>eptifibatide</i>	180	<i>estarylla</i>	130	EZALLOR SPRINKLE.....	70
<i>eq aspirin adult low dose</i>	26	<i>estazolam</i>	188	<i>ezetimibe</i>	71
<i>eq aspirin low dose</i>	26	ESTRACE.....	169, 274	<i>ezetimibe-simvastatin</i>	71
EQ BLOOD GLUCOSE TEST.....	154	<i>estradiol</i>	169, 275	EZ-LETS LANCETS 21G.....	200
<i>eq clearlax</i>	190	<i>estradiol valerate</i>	169	EZ-LETS LANCETS 26G.....	200
<i>eq gentle laxative</i>	192	<i>estradiol-norethindrone acet</i>	168	EZ-LETS LANCETS 28G.....	200
<i>eq laxative</i>	190	ESTRING.....	275	EZ-LETS LANCETS 30G.....	200
<i>eq magnesium citrate</i>	191	ESTROFACTORS.....	231	<i>fa-8</i>	184
<i>eq nicotine</i>	261	ESTROGEL.....	169	FABHALTA.....	180
<i>eq nicotine polacrilex</i>	261	<i>eszopiclone</i>	189	FABIOR.....	140
<i>eq nicotine step 3</i>	261	<i>ethacrynate sodium</i>	158		
<i>eql aspirin low dose</i>	26	<i>ethacrynic acid</i>	158		
<i>eql b complex 50</i>	230	<i>ethambutol hcl</i>	82		
<i>eql b-100 complex</i>	230	ETHAMOLIN.....	226		
<i>eql clearlax</i>	190	<i>ethosuximide</i>	49		

FABRAZYME.....	161	<i>finasteride</i>	152, 175	<i>fluoxetine hcl (pmd)</i>	260
<i>falmina</i>	130	FINGERSTIX LANCETS.....	200	<i>fluphenazine decanoate</i>	110
<i>famciclovir</i>	117	<i>finngolimod hcl</i>	262	<i>fluphenazine hcl</i>	110
<i>famotidine</i>	267	FINTEPLA.....	44	<i>flurandrenolide</i>	146
<i>famotidine (pf)</i>	267	Finzala.....	130	FLURA-SAFE.....	246
<i>famotidine premixed</i>	267	FIORICET.....	26	<i>flurazepam hcl</i>	188
FANAPT.....	107	FIORICET/CODEINE.....	27	<i>flurbiprofen</i>	23
FANAPT TITRATION PACK.....	107	FIRAZYR.....	179	<i>flurbiprofen sodium</i>	247
FANTASY LUBRICATED.....	195	FIRDAPSE.....	82	<i>fluticasone furoate-vilanterol</i>	37
FANTASY LUBRICATED/SPERMICIDE.....	195	FIRMAGON.....	98	<i>fluticasone propionate</i>	146, 240
FARESTON.....	84	FIRMAGON (240 MG DOSE).....	98	<i>fluticasone propionate diskus</i>	40
FARXIGA.....	60	FIRVANQ.....	79	<i>fluticasone propionate hfa</i>	40
FASENRA.....	39	<i>flac</i>	251	<i>fluticasone-salmeterol</i>	37
FASENRA PEN.....	39	FLAGYL.....	78	<i>fluvastatin sodium</i>	70
FASLODEX.....	98	FLAREX.....	248	<i>fluvastatin sodium er</i>	70
FC2 FEMALE CONDOM.....	195	FLAVOVIT EAR HEALTH.....	237	<i>fluvoxamine maleate</i>	51
<i>febuxostat</i>	177	<i>flavoxate hcl</i>	271	<i>fluvoxamine maleate er</i>	51
FEIBA.....	178	FLEBOGAMMA DIF.....	252	FLUZONE.....	273
<i>felbamate</i>	48	<i>flecainide acetate</i>	36	FLUZONE HIGH-DOSE.....	273
FELBATOL.....	48	FLECTOR.....	142	FML FORTE.....	248
<i>felodipine er</i>	122	FLEET STIMULANT.....	192	FML LIQUIFILM.....	248
FEMARA.....	97	FLEQSUVY.....	238	FOCALIN.....	15
FEMCAP.....	195	FLEXBUMIN.....	181	FOCALIN XR.....	15
FEMLYV.....	130	FLOLAN.....	125	<i>focinvez</i>	65
FEMRING.....	275	FLOLIPID.....	70	<i>folate</i>	184
<i>fenofibrate</i>	69	FLOMAX.....	175	FOLGARD OS.....	230
<i>fenofibrate micronized</i>	69	FLORAFOL PEDIATRIC.....	232	<i>folic acid</i>	184
<i>fenofibric acid</i>	69	FLORIVA.....	220, 233	FOLIVANE-OB.....	233
FENOPROFEN CALCIUM.....	23	FLORIVA PLUS.....	232	FOLLISTIM AQ.....	165
<i>fenopropfen calcium</i>	23	<i>floxuridine</i>	84	FOLOTYN.....	84
FENSOLVI (6 MONTH).....	164	FLUAD.....	272	<i>foltabs 800</i>	184
<i>fantanyl</i>	28	FLUARIX.....	272	<i>fomepizole</i>	63
<i>fantanyl citrate</i>	28	FLUBLOK.....	272	<i>fondaparinux sodium</i>	42
FENTANYL CITRATE (PF).....	28	FLUCELVAX.....	272	FORA 6 CONNECT.....	154
<i>fantanyl citrate (pf)</i>	28	<i>fluconazole</i>	67	FORA 6 CONNECT/GTEL TEST.....	154
<i>fantanyl citrate pf</i>	28	FLUCONAZOLE IN SODIUM CHLORIDE.....	67	FORA BLOOD GLUCOSE TEST.....	154
FENTANYL CITRATE PF.....	28	<i>fluconazole in sodium chloride</i>	67	FORA D15G BLOOD GLUCOSE TEST.....	155
FERAHEME.....	185	<i>flucytosine</i>	66	FORA D20 BLOOD GLUCOSE TEST.....	155
FERRIPROX.....	63	<i>fludarabine phosphate</i>	84	FORA D40/G31 BLOOD GLUCOSE.....	155
FERRIPROX TWICE-A-DAY.....	63	<i>fludrocortisone acetate</i>	137	FORA G20 BLOOD GLUCOSE TEST.....	155
FERRLECIT.....	185	FLULAVAL.....	273	FORA G30/PREM V10 GLUCOSE TEST.....	155
<i>ferumoxytol</i>	185	<i>flumazenil</i>	63	FORA GD20 TEST.....	155
<i>fesoterodine fumarate er</i>	270	FLUMIST.....	273	FORA GD50 BLOOD GLUCOSE TEST.....	155
FETROJA.....	129	<i>flunisolide</i>	240	FORA GTEL BLOOD GLUCOSE TEST.....	155
FETZIMA.....	52	<i>fluocinolone acetamide</i>	146, 251	FORA LANCETS.....	200
FETZIMA TITRATION.....	52	<i>fluocinolone acetamide body</i>	146	FORA LANCING DEVICE.....	200
<i>fexmid</i>	238	<i>fluocinolone acetamide scalp</i>	146	FORA TN'G ADVANCE PRO.....	155
FIASP.....	56	<i>fluocinonide</i>	146	FORA TN'G/TN'G VOICE.....	155
FIASP FLEXTOUCH.....	56	<i>fluocinonide emulsified base</i>	146	FORA V10 BLOOD GLUCOSE TEST.....	155
FIASP PENFILL.....	56	<i>fluorescein</i>	246	FORA V12 BLOOD GLUCOSE TEST.....	155
FIASP PUMPCART.....	56	FLUORESCIN SODIUM/BENOXINATE.....	246	FORA V20 BLOOD GLUCOSE TEST.....	155
FIBRICOR.....	69	<i>fluorescein-benoxinate</i>	246	FORA V30A BLOOD GLUCOSE TEST.....	155
FIBRYGA.....	178	FLUORESCITE.....	246	FORA V40 BLOOD GLUCOSE TEST.....	155
FIFTY50 GLUCOSE TEST 2.0.....	154	<i>fluoridex</i>	227	FORACARE GD40 TEST.....	155
FIFTY50 PEN NEEDLES.....	211	<i>fluoridex daily renewal</i>	227		
FIFTY50 SAFETY SEAL LANCETS.....	200	<i>fluoridex enhanced whitening</i>	227		
FIFTY50 SUPERIOR COMFORT SYR.....	212	FLUORIDEX SENSITIVITY RELIEF.....	227		
FIFTY50 UNILET LANCETS 33G.....	200	<i>fluorometholone</i>	248		
FILSPARI.....	176	<i>fluorouracil</i>	84, 142		
FILSUVEZ.....	152	<i>fluoxetine hcl</i>	51		
FINACEA.....	150	FLUOXETINE HCL.....	51		

FORACARE PREMIUM V10 TEST ...	155	FUROSCIX.....	158	GENTEEL BUTTERFLY TOUCH	
FORACARE TEST N GO TEST	155	<i>furosemide</i>	158	LANCET	201
FORANE.....	175	FUZEON.....	113	GENTEEL CONTACT TIPS (BLUE).....	201
FORFIVO XL.....	50	FYARRO.....	93	GENTEEL CONTACT TIPS	
<i>formaldehyde</i>	112	<i>fyavolv</i>	168	(CLEAR).....	201
<i>formoterol fumarate</i>	38	FYCOMPACT.....	43	GENTEEL CONTACT TIPS	
FORTEO.....	165	FYLNETRA.....	184	(GREEN).....	201
FOSAMAX.....	160	<i>fyremadel</i>	161	GENTEEL CONTACT TIPS	
FOSAMAX PLUS D.....	160	<i>g tussin ac</i>	137	(ORANGE).....	201
<i>fosamprenavir calcium</i>	114	<i>gabapentin</i>	44	GENTEEL CONTACT TIPS	
<i>fosaprepitant dimeglumine</i>	65	<i>gabapentin (once-daily)</i>	260	(RAINBOW).....	201
<i>foscarnet sodium</i>	115	GALAFOLD.....	161	GENTEEL CONTACT TIPS	
FOSCAVIR.....	115	<i>galantamine hydrobromide</i>	256	(VIOLET).....	201
<i>fosfomycin tromethamine</i>	81	<i>galantamine hydrobromide er</i>	256	GENTEEL CONTACT TIPS	
<i>fosinopril sodium</i>	73	Gallifrey.....	255	(YELLOW).....	201
<i>fosinopril sodium-hctz</i>	72	GALZIN.....	221	GENTEEL LANCING KIT (BLUE).....	201
<i>fosphenytoin sodium</i>	49	GAMASTAN.....	252	GENTEEL NOZZLES.....	201
FOSRENOL.....	173	GAMIFANT.....	225	GENTEEL PLUS LANCING	
FOTIVDA.....	93	GAMMAGARD.....	252	(BLACK).....	201
FRAGMIN.....	42	GAMMAGARD S/D LESS IGA.....	252	GENTEEL PLUS LANCING	
<i>fraiche 5000 dental</i>	227	GAMMAKED.....	252	(PURPLE).....	201
FREESTYLE INSULINX TEST.....	155	GAMMAPLEX.....	253	GENTEEL PLUS LANCING	
FREESTYLE LANCETS.....	200	GAMUNEX-C.....	253	(WHITE).....	201
FREESTYLE LIBRE 14 DAY		GANCICLOVIR.....	115	GENTEEL PLUS LANCING	
READER.....	200	GANCICLOVIR SODIUM.....	115	DEV(BLUE).....	201
FREESTYLE LIBRE 14 DAY		<i>ganciclovir sodium</i>	116	GENTEEL PLUS LANCING	
SENSOR.....	200	GANIRELIX ACETATE.....	161	DEV(PINK).....	201
FREESTYLE LIBRE 2 PLUS		GARDASIL 9.....	273	<i>gentle laxative</i>	191, 192
SENSOR.....	201	GASTROCROM.....	170	<i>gentlelax</i>	190
FREESTYLE LIBRE 2 READER.....	201	<i>gatifloxacin</i>	245	GENULTIMATE TEST.....	155
FREESTYLE LIBRE 2 SENSOR.....	201	GATTEX.....	171	GENVOYA.....	112
FREESTYLE LIBRE 3 PLUS		<i>gavilax</i>	190	GEODON.....	106
SENSOR.....	201	GAVILYTE-C.....	189	GHT TEST.....	155
FREESTYLE LIBRE 3 READER.....	201	<i>gavilyte-g</i>	190	GIAPREZA.....	276
FREESTYLE LIBRE 3 SENSOR.....	201	Gavilyte-N With Flavor Pack.....	190	GILENYA.....	262
FREESTYLE LIBRE READER.....	201	GAVRETO.....	94	GILOTRIF.....	90
FREESTYLE LITE TEST.....	155	GAZYVA.....	86	GIMOTI.....	171
FREESTYLE PRECISION NEO TEST		GE100 BLOOD GLUCOSE TEST.....	155	GIVLAARI.....	177
.....	155	<i>gefitinib</i>	90	GLASSIA.....	263
FREESTYLE TEST.....	155	GELFILM.....	187	<i>glatiramer acetate</i>	259
FREESTYLE UNISTICK II		GEL-FLOW NT.....	187	<i>glatopa</i>	259
LANCETS.....	201	GELFOAM.....	187	GLEEVEC.....	88
<i>fresenius propoven</i>	174	GELFOAM COMPRESSED SIZE 100		GLEOSTINE.....	101
FRESKARO MAGNESIUM		.....	187	GLIADEL WAFER.....	101
CITRATE.....	191	GELFOAM DENTAL PACK SIZE 4.....	187	<i>glimepiride</i>	61
FROVA.....	218	GELFOAM SPONGE.....	187	<i>glipizide</i>	61
<i>frovatriptan succinate</i>	218	GELFOAM SPONGE SIZE 100.....	187	<i>glipizide er</i>	61
FRUZAQLA.....	103	GELFOAM SPONGE SIZE 200.....	187	<i>glipizide xl</i>	61
<i>ft aspirin</i>	26	GELFOAM SPONGE SIZE 50.....	187	<i>glipizide-metformin hcl</i>	61
<i>ft aspirin low dose</i>	26	GELNIQUE.....	270	GLOBAL EASE INJECT PEN	
<i>ft b-100 complex pr</i>	230	GEL-ONE.....	239	NEEDLES.....	212
<i>ft clearlax</i>	190	GELSYN-3.....	239	GLOBAL EASY GLIDE INSULIN	
<i>ft folic acid</i>	184	GEMCITABINE HCL.....	84	SYR.....	212
<i>ft laxative</i>	192	<i>gemcitabine hcl</i>	84	GLOBAL EASY GLIDE PEN	
<i>ft magnesium citrate</i>	191	<i>gemfibrozil</i>	69	NEEDLES.....	212
<i>ft milk of magnesia</i>	191	<i>gemmily</i>	130	GLOBAL INJECT EASE INSULIN	
<i>ft nicotine</i>	261	GEMTESA.....	270	SYR.....	212
<i>ft nicotine mini</i>	261	<i>generlac</i>	173	GLOBAL INJECT EASE LANCETS	
<i>ft prenatal</i>	233	<i>gengraf</i>	223	28G.....	201
FULL SPECTRUM B/VITAMIN C.....	228	GENOTROPIN.....	162	GLOBAL INJECT EASE LANCETS	
FULPHILA.....	184	GENOTROPIN MINIQUICK.....	162	30G.....	201
<i>fulvestrant</i>	98	<i>gentamicin in saline</i>	17	GLOBAL INSULIN SYRINGES.....	212
FUNGIMEZ.....	141	<i>gentamicin sulfate</i>	17, 141, 245	<i>global lancing device</i>	201

GLOPERBA	177	<i>gnp nicotine polacrilex</i>	261	GUARDIAN LINK 3	
GLUCAGON EMERGENCY	55	GNP PRENATAL	233	TRANSMITTER	202
GLUCO PERFECT 3 TEST	155	GNP STERILE LANCETS 28G	201	GUARDIAN REAL-TIME REPLACE	
GLUCOCARD 01 SENSOR PLUS	155	GNP STERILE LANCETS 30G	201	PED	202
GLUCOCARD EXPRESSION TEST	155	GNP STERILE LANCETS 33G	201	GUARDIAN SENSOR (3)	202
GLUCOCARD SHINE TEST	155	GNP TRUE METRIX GLUCOSE		GUARDIAN SENSOR 3	202
GLUCOCARD VITAL TEST	155	STRIPS	155	GVOKE HYPOPEN 1-PACK	55
GLUCOCARD X-SENSOR	155	GNP TRUETRACK SMART		GVOKE HYPOPEN 2-PACK	55
GLUCOCOM LANCETS 28G	201	SYSTEM	155	GVOKE PFS	55
GLUCOCOM LANCETS 30G	201	GNP TRUETRACK TEST STRIPS	155	GYNAZOLE-1	274
GLUCOCOM LANCETS 33G	201	GNP ULTICARE PEN NEEDLES	212	<i>habitrol</i>	261
GLUCOCOM TEST	155	GNP ULTIGUARD SAFEPAK		HADLIMA	20
GLUCONAVII BLOOD GLUCOSE		NEEDLE	212	HADLIMA PUSHTOUCH	20
TEST	155	GNP ULTRA COM INSULIN		HAEGARDA	179
GLUCOPRO INSULIN SYRINGE	212	SYRINGE	212	HAEMOLANCE	202
GLUCOSE METER TEST	155	<i>gnp womens gentle laxative</i>	192	HAEMOLANCE LOW FLOW	
GLUCOTROL XL	61	GOCOVRI	104	LANCETS	202
GLUMETZA	54	<i>gohibic</i>	180	HAEMOLANCE PLUS	202
<i>glyburide</i>	61	GOJJI BLOOD GLUCOSE TEST	155	HAEMOLANCE PLUS HIGH FLOW	202
<i>glyburide micronized</i>	61	GOJJI BLOOD TEST		HAEMOLANCE PLUS LOW FLOW	202
<i>glyburide-metformin</i>	61	STRIP/LANCETS	156	HAEMOLANCE PLUS MAX FLOW	202
GLYCATE	269	GOJJI LANCING DEVICE/CLEAR		HAEMOLANCE PLUS PEDIATRIC	
<i>glycine</i>	176	CAP	201	FLOW	202
<i>glycine urologic</i>	176	GOJJI STERILE LANCETS	201	<i>hailey 1.5/30</i>	130
<i>glycolax</i>	190	GOLYTELY	190	<i>hailey 24 fe</i>	130
GLYCOPHOS	220	GONAL-F	165	<i>hailey fe 1.5/30</i>	130
<i>glycopyrrolate</i>	269	GONAL-F RFF	165	<i>hailey fe 1/20</i>	130
GLYCOPYRROLATE	269	GONAL-F RFF REDIJECT	165	HALAVEN	100
GLYCOPYRROLATE PF	269	<i>goodsense aspirin</i>	27	<i>halcinonide</i>	146
<i>glycopyrrolate pf</i>	269	<i>goodsense aspirin low dose</i>	27	HALCION	188
<i>glydo</i>	149	<i>goodsense bisacodyl ec</i>	192	HALDOL DECANOATE	108
GLYRX-PF	269	<i>goodsense bisacodyl laxative</i>	192	<i>halobetasol propionate</i>	146
GLYXAMBI	60	GOODSENSE BLOOD GLUCOSE	156	HALOBETASOL PROPIONATE	146
<i>gnp adult aspirin low strength</i>	26	<i>goodsense clearlax</i>	190	Haloette	132
<i>gnp aspirin</i>	27	GOODSENSE CLICKFINE PEN		HALOG	146
<i>gnp aspirin low dose</i>	27	NEEDLE	212	<i>haloperidol</i>	108
<i>gnp b-100 complex</i>	230	GOODSENSE COLOR LANCETS		<i>haloperidol decanoate</i>	108
<i>gnp b-50 complex</i>	230	33G	201	<i>haloperidol lactate</i>	108
<i>gnp b-complex plus vitamin c</i>	228	GOODSENSE LANCETS 26G UNIV	202	HARVONI	116
<i>gnp clearlax</i>	190	GOODSENSE LANCETS 30G	202	HAVRIX	273
GNP CLICKFINE PEN NEEDLES	212	GOODSENSE LANCETS 30G UNIV	202	HEALON DUET PRO	249
GNP EASY TOUCH GLUCOSE		GOODSENSE LANCETS 33G	202	HEALON GV PRO	249
TEST	155	GOODSENSE LANCETS 33G UNIV	202	HEALON PRO	249
<i>gnp essential one daily</i>	231	<i>goodsense lancing device</i>	202	HEALON5 PRO	249
<i>gnp folic acid</i>	184	<i>goodsense magnesium citrate</i>	191	HEALTH CARE LANCING DEVICE	202
<i>gnp gentle laxative</i>	192	<i>goodsense milk of magnesia</i>	191	HEALTHWISE INSULIN	
GNP INSULIN SYRINGE	212	<i>goodsense nicotine</i>	261	SYR/NEEDLE	212
GNP INSULIN SYRINGES	212	GOODSENSE PEN NEEDLE		HEALTHWISE MICRON PEN	
GNP INSULIN SYRINGES 28GX1/2"		PENFINE	212	NEEDLES	212
.....	212	GOPRELTO	240	HEALTHWISE SHORT PEN	
GNP INSULIN SYRINGES 29GX1/2"		GRALISE	260	NEEDLES	212
.....	212	<i>granisetron hcl</i>	64	<i>healthy hair/skin/nails</i>	231
GNP INSULIN SYRINGES		GRANIX	184	<i>healthylax</i>	190
30GX5/16"	212	GRASTEK	16	<i>heather</i>	134
GNP INSULIN SYRINGES		<i>griseofulvin microsize</i>	66	<i>h-e-b aspirin</i>	27
31GX5/16"	212	<i>griseofulvin ultramicrosize</i>	66	<i>h-e-b incontrol adv lancing</i>	202
GNP LANCETS 21G	201	<i>guaifenesin-codeine</i>	137	H-E-B INCONTROL LANCETS 28G	202
GNP LANCETS THIN 26G	201	<i>guanfacine hcl</i>	76	H-E-B INCONTROL LANCETS 30G	202
GNP LANCING SYSTEM DEVICE	201	<i>guanfacine hcl er</i>	11	H-E-B INCONTROL LANCETS 33G	202
<i>gnp magnesium citrate</i>	191	GUARDIAN 4 GLUCOSE SENSOR	202	H-E-B INCONTROL PEN NEEDLES	212
<i>gnp milk of magnesia</i>	191	GUARDIAN 4 TRANSMITTER	202	H-E-B INCONTROL UNIFINE	
<i>gnp nicotine</i>	261	GUARDIAN CONNECT		PENTIP	212
<i>gnp nicotine mini</i>	261	TRANSMITTER	202		

HECTOROL.....	163	HUMULIN N.....	57	HY-VEE THIN LANCETS.....	202
HELIDAC THERAPY.....	269	HUMULIN N KWIKPEN.....	57	HYZAAR.....	74, 75
HEMABATE.....	251	HUMULIN R.....	57	<i>ibandronate sodium</i>	160
HEMADY.....	136	HUMULIN R U-500		IBRANCE.....	97, 98
HEMANGEOL.....	119	(CONCENTRATED).....	57	IBSRELA.....	171
HEMLIBRA.....	177	HUMULIN R U-500 KWIKPEN.....	57	<i>ibu</i>	23
HEMOFIL M.....	178	HW EMBRACE PRO GLUCOSE		<i>ibuprofen</i>	23
HEPAGAM B.....	253	TEST.....	156	<i>ibuprofen lysine</i>	23
<i>heparin (porcine) in nacl</i>	42	HW EMBRACE TALK GLUCOSE		<i>ibuprofen-famotidine</i>	22
HEPARIN (PORCINE) IN NAACL.....	42	TEST.....	156	<i>ibutilide fumarate</i>	36
<i>heparin na (pork) lock flsh pf</i>	42	HYALGAN.....	239	<i>icatibant acetate</i>	179
HEPARIN SOD (PORCINE) IN D5W ..	42	HYCAMTIN.....	103	<i>iclevia</i>	133
<i>heparin sod (porcine) in d5w</i>	42	HYCODAN.....	137	ICLUSIG.....	88, 89
<i>heparin sod (pork) lock flush</i>	42	<i>hydralazine hcl</i>	77	<i>icosapent ethyl</i>	69
<i>heparin sodium (porcine)</i>	42	HYDREA.....	97	IDACIO (2 PEN).....	21
HEPARIN SODIUM (PORCINE).....	42	<i>hydrochlorothiazide</i>	159	IDACIO (2 SYRINGE).....	21
<i>heparin sodium (porcine) pf</i>	42	<i>hydrocod poli-chlorphe poli er</i>	138	IDACIO-CROHNS/UC STARTER.....	21
HEPARIN SODIUM (PORCINE) PF.....	42	<i>hydrocodone bitartrate er</i>	28	IDACIO-PSORIASIS STARTER.....	21
HEPLISAV-B.....	273	<i>hydrocodone bit-homatrop mbr</i>	137	IDAMYCIN PFS.....	95
HEPZATO W/50MM CATHETER.....	101	<i>hydrocodone-acetaminophen</i>	28	<i>idarubicin hcl</i>	95
HEPZATO W/62MM CATHETER.....	101	<i>hydrocodone-ibuprofen</i>	28	IDELVION.....	178
HER STYLE.....	133	<i>hydrocortisone</i>	33, 136, 147	IDHIFA.....	99
HERCEPTIN.....	87	<i>hydrocortisone (perianal)</i>	33	IDOSE TR.....	250
HERCEPTIN HYLECTA.....	96	<i>hydrocortisone ace-pramoxine</i>	33	IFEX.....	101
HERZUMA.....	87	<i>hydrocortisone butyrate</i>	147	<i>ifosfamide</i>	101
<i>hetastarch-nacl</i>	181	<i>hydrocortisone sod suc (pf)</i>	136	IFOSFAMIDE.....	101
HETLIOZ.....	189	<i>hydrocortisone valerate</i>	147	IGALMI.....	189
HETLIOZ LQ.....	189	<i>hydrocortisone-acetic acid</i>	251	IGLUCOSE TEST STRIPS.....	156
HEXATRIONE.....	136	<i>hydromet</i>	137	IHEALTH BLOOD GLUCOSE TEST	
HEXTEND.....	181	<i>hydromorphone hcl</i>	28	STR.....	156
HIBERIX.....	271	<i>hydromorphone hcl er</i>	28	IHEALTH LANCING DEVICE.....	202
<i>hidex 6-day</i>	136	HYDROMORPHONE HCL PF.....	28	IHEEZO.....	247
HIGH POTENCY MULTIVITAMIN.....	231	<i>hydromorphone hcl pf</i>	28	ILARIS.....	22
HIPREX.....	81	<i>hydroxocobalamin acetate</i>	183	ILEVRO.....	247
HIZENTRA.....	253	HYDROXYCHLOROQUINE		ILIDERM.....	150
<i>hm clearlax</i>	190	SULFATE.....	81	ILUMYA.....	143
<i>hm milk of magnesia</i>	191	<i>hydroxychloroquine sulfate</i>	81	ILUVIEN.....	248
<i>hm nicotine polacrilex</i>	261	<i>hydroxyurea</i>	97	<i>imatinib mesylate</i>	89
HM ULTICARE INSULIN SYRINGE.....	212	<i>hydroxyzine hcl</i>	34	IMBRUVICA.....	90
HM ULTICARE MINI PEN		<i>hydroxyzine pamoate</i>	34	IMCIVREE.....	14
NEEDLES.....	212	HYFTOR.....	149	IMDELLTRA.....	89
HM ULTICARE SHORT PEN		HYLENEX.....	223	IMFINZI.....	88
NEEDLES.....	212	HYMOVIS.....	239	<i>imipenem-cilastatin</i>	78
HORIZANT.....	260	HYMPAVZI.....	177	<i>imipramine hcl</i>	53
HULIO (2 PEN).....	20	HYPERHEP B.....	253	<i>imipramine pamoate</i>	53
HULIO (2 SYRINGE).....	20	HYPERRAB.....	253	<i>imiquimod</i>	148
HUMALOG.....	56, 57	HYPERRHO S/D.....	253	<i>imiquimod pump</i>	148
HUMALOG JUNIOR KWIKPEN.....	56	HYPERSAL.....	138	IMITREX.....	218
HUMALOG KWIKPEN.....	56	HYPERTET.....	253	IMITREX STATDOSE REFILL.....	218
HUMALOG MIX 50/50 KWIKPEN.....	56	HYPOLANCE AST LANCING.....	202	IMITREX STATDOSE SYSTEM.....	218
HUMALOG MIX 75/25.....	57	HYQVIA.....	253	IMJUDO.....	87
HUMALOG MIX 75/25 KWIKPEN.....	56	HYRIMOZ.....	20	IMMPHENTIV.....	276
HUMALOG TEMPO PEN.....	57	HYRIMOZ-CROHNS/UC STARTER.....	20	IMOGAM RABIES-HT.....	253
HUMATE-P.....	178	HYRIMOZ-PED<40KG CROHN		IMOVAX RABIES.....	273
HUMATIN.....	17	STARTER.....	20	IMPAVIDO.....	78
HUMATROPE.....	162	HYRIMOZ-PED>/=40KG CROHN		IMPOYZ.....	147
HUMIRA (2 PEN).....	20	START.....	21	IMURAN.....	226
HUMIRA (2 SYRINGE).....	20	HYRIMOZ-PLAQ PSOR/UVEIT		IMVEXXY MAINTENANCE PACK.....	275
HUMIRA-CD/UC/HS STARTER.....	20	START.....	21	IMVEXXY STARTER PACK.....	275
HUMIRA-PSORIASIS/UVEIT		HYRIMOZ-PLAQUE PSORIASIS		IN TOUCH BLOOD GLUCOSE TEST	
STARTER.....	20	START.....	21	.....	156
HUMULIN 70/30.....	57	HYSINGLA ER.....	29	IN TOUCH LANCING DEVICE.....	202
HUMULIN 70/30 KWIKPEN.....	57	HY-VEE LANCETS.....	202		

IN TOUCH STERILE LANCETS 30G	INVEGA.....	107	<i>jencycla</i>	134
.....	INVEGA HAFYERA.....	107	JENLIVA PRENATAL/POSTNATAL	233
<i>inatal gt</i>	INVEGA SUSTENNA.....	107	JENTADUETO.....	55
INBRIJA.....	INVEGA TRINZA.....	107	JENTADUETO XR.....	55
<i>incassia</i>	INVELTYS.....	248	JESDUVROQ.....	185
INCONTROL ULTICARE PEN	INVOKAMET.....	60	JEUVEAU.....	148
NEEDLES.....	INVOKAMET XR.....	60	JEVTANA.....	100
INCRELEX.....	INVOKANA.....	60	<i>jinteli</i>	168
INCRUSE ELLIPTA.....	IONOSOL-MB IN D5W.....	219	JIVI.....	178
<i>indapamide</i>	IOPIDINE.....	247	JOENJA.....	222
INDERAL LA.....	IPOL.....	273	<i>jolessa</i>	133
INDERAL XL.....	<i>ipratropium bromide</i>	39, 240	JORNAY PM.....	15
INDOCIN.....	<i>ipratropium-albuterol</i>	37	Joyeaux.....	130
<i>indomethacin</i>	IQIRVO.....	173	JUBLIA.....	148
<i>indomethacin er</i>	<i>irbesartan</i>	75	<i>juleber</i>	130
<i>indomethacin sodium</i>	<i>irbesartan-hydrochlorothiazide</i>	75	JULUCA.....	112
INFANRIX.....	IRESSA.....	90	<i>junel 1.5/30</i>	130
INFED.....	<i>irinotecan hcl</i>	103	<i>junel 1/20</i>	130
INFINITY BLOOD GLUCOSE TEST	ISENTRESS.....	113	<i>junel fe 1.5/30</i>	130
INFINITY VOICE.....	ISENTRESS HD.....	113	<i>junel fe 1/20</i>	130
INFLECTRA.....	<i>isibloom</i>	130	<i>junel fe 24</i>	130
INFLIXIMAB.....	<i>isoflurane</i>	175	JUXTAPID.....	71
INFUMORPH 200.....	ISOLYTE-P IN D5W.....	219	JYLAMVO.....	84
INFUMORPH 500.....	ISOLYTE-S.....	219	JYNARQUE.....	166
INFUVITE ADULT.....	ISOLYTE-S PH 7.4.....	219	JYNNEOS.....	273
INFUVITE PEDIATRIC.....	<i>isoniazid</i>	82	KABIVEN.....	243
INGREZZA.....	<i>isoproterenol hcl</i>	38	KADCYLA.....	96
INJECTAFER.....	ISORDIL TITRADOSE.....	34	<i>kaitlib fe</i>	130
INLYTA.....	<i>isosorb dinitrate-hydralazine</i>	124	KALBITOR.....	181
INNOPRAN XL.....	<i>isosorbide dinitrate</i>	34	KALETRA.....	112
INPEFA.....	<i>isosorbide mononitrate</i>	34	<i>kalliga</i>	130
INQOVI.....	<i>isosorbide mononitrate er</i>	34	KALYDECO.....	263
INREBIC.....	<i>isotretinoin</i>	140	KAMELEON LUBRICATED.....	195
INSPRA.....	<i>isradipine</i>	122	KANJINTI.....	87
INSTAT.....	ISTALOL.....	243	KANUMA.....	164
INSULIN ASP PROT & ASP	ISTODAX.....	91	KAPSPARGO SPRINKLE.....	119
FLEXPEN.....	ISTURISA.....	161	KARBINAL ER.....	68
INSULIN ASPART.....	ITOVEBI.....	102	KARDIAMEMBRANE.....	151
INSULIN ASPART FLEXPEN.....	<i>itraconazole</i>	67	<i>kariva</i>	129
INSULIN ASPART PENFILL.....	<i>ivabradine hcl</i>	127	KATERZIA.....	122
INSULIN ASPART PROT &	<i>ivermectin</i>	34, 150	KCENTRA.....	178
ASPART.....	IWILFIN.....	101	KCL (0.149%) IN NACL.....	219
<i>insulin degludec</i>	IXCHIQ.....	273	<i>kcl (0.149%) in nacl</i>	219
<i>insulin degludec flextouch</i>	IXEMPRA KIT.....	100	KCL (0.298%) IN NACL.....	219
<i>insulin glargine max solostar</i>	IXIARO.....	273	<i>kcl in dextrose-nacl</i>	219
<i>insulin glargine solostar</i>	IXINITY.....	178	KCL IN DEXTROSE-NACL.....	219
INSULIN GLARGINE-YFGN.....	IYUZEH.....	250	KCL-LACTATED RINGERS-D5W...	219
INSULIN LISPRO.....	IZERVAY.....	246	KEDBUMIN.....	181
INSULIN LISPRO (1 UNIT DIAL).....	JADENU.....	63	KEDRAB.....	253
INSULIN LISPRO JUNIOR	JADENU SPRINKLE.....	63	<i>kelnor 1/35</i>	130
KWIKPEN.....	<i>jaimiess</i>	133	<i>kelnor 1/50</i>	130
INSULIN LISPRO PROT & LISPRO...	JAKAFI.....	99	KENALOG.....	147
INSULIN SYRINGE.....	<i>jantoven</i>	41	KENALOG-10.....	136
<i>insulin syringe-needle u-100</i>	JANUMET.....	55	KENALOG-40.....	136
INSULIN SYRINGE-NEEDLE U-100	JANUMET XR.....	55	KENALOG-80.....	136
INSUPEN PEN NEEDLES.....	JANUVIA.....	55	KENDALL HYDROGEL WOUND	
INTELENCE.....	JARDIANCE.....	60	DRESS.....	153
INTERCEED.....	<i>jasmiel</i>	130	KENGREAL.....	180
INTERCEED (TC7).....	JATENZO.....	32	KEPIVANCE.....	97
INTRALIPID.....	Javygtor.....	166	KEPPRA.....	44
INTRAROSA.....	JAYPIRCA.....	90	KEPPRA XR.....	44
<i>introvale</i>	JELMYTO.....	95	KERENDIA.....	165
INTUNIV.....	JEMPERLI.....	87	KESIMPTA.....	258

KETALAR.....	174	Kourzeq.....	228	<i>lancet device with ejector</i>	203
<i>ketamine hcl</i>	174	KOVALTRY.....	178	LANCETS.....	203
<i>ketoconazole</i>	66, 148	<i>kp aspirin</i>	27	LANCETS 30G.....	203
<i>ketodan</i>	148	<i>kp b complex-c</i>	228	LANCETS 33G.....	203
<i>ketoprofen</i>	23, 24	<i>kp bisacodyl</i>	192	LANCETS MICRO THIN 33G.....	203
<i>ketoprofen er</i>	23	<i>kp folic acid</i>	184	LANCETS SUPER THIN.....	203
<i>ketorolac tromethamine</i>	24, 247	KP PRENATAL MULTIVITAMINS.....	233	LANCETS SUPER THIN 28G.....	203
KETOROLAC TROMETHAMINE.....	24	K-PHOS.....	220	LANCETS THIN.....	203
KEVEYIS.....	158	K-PHOS NO 2.....	176	LANCETS ULTRA THIN.....	203
KEVZARA.....	22	K-PHOS-NEUTRAL.....	220	LANCETS ULTRA THIN 30G.....	203
KEYTRUDA.....	87	KPN PRENATAL.....	233	<i>lancing device</i>	203
KHAPZORY.....	98	KRAZATI.....	92	LANOXIN.....	123
KIMMTRAK.....	89	KRINTAFEL.....	81	LANOXIN PEDIATRIC.....	123
<i>kimono</i>	195	KRISTALOSE.....	190	LANREOTIDE ACETATE.....	166
KIMONO COLORS.....	195	KROGER AUTOLET LANCING		<i>lansoprazole</i>	268
KIMONO MAXX-LARGE FLARE.....	195	DEVICE.....	202	<i>lanthanum carbonate</i>	173
<i>kimono micro thin</i>	195	KROGER BLOOD GLUCOSE TEST.....	156	LANTUS.....	57
<i>kimono micro thin plus</i>	195	KROGER HEALTHPRO GLUCOSE		LANTUS SOLOSTAR.....	57
<i>kimono plus</i>	195	TEST.....	156	LANZO.....	203
<i>kimono ps</i>	195	KROGER HEALTHPRO LANCET		<i>lapatinib ditosylate</i>	93
<i>kimono ps plus</i>	195	26G.....	202	<i>larin 1.5/30</i>	130
<i>kimono sensation</i>	195	KROGER INSULIN SYRINGE.....	213	<i>larin 1/20</i>	130
<i>kimono sensation plus</i>	195	KROGER LANCETS.....	202	<i>larin 24 fe</i>	130
KIMONO SPECIAL.....	195	KROGER LANCETS 21G.....	202	<i>larin fe 1.5/30</i>	130
KIMYRSA.....	79	KROGER LANCETS MICRO THIN		<i>larin fe 1/20</i>	130
KINERET.....	22	33G.....	202	LASIX.....	158
KINNEY LANCETS.....	202	KROGER LANCETS SUPER THIN.....	203	<i>latanoprost</i>	250
KINNEY THIN LANCETS.....	202	KROGER LANCETS THIN.....	203	LATISSE.....	150
KINRAY INSULIN SYRINGE.....	213	KROGER LANCETS THIN 26G.....	203	LATUDA.....	106
KINRIX.....	266	KROGER LANCETS ULTRATHIN		LAVARE WOUND WASH.....	152
KIPROFEN.....	24	30G.....	203	<i>laxative</i>	192
KISQALI (200 MG DOSE).....	98	<i>kroger lancing device</i>	203	<i>layolis fe</i>	130
KISQALI (400 MG DOSE).....	98	KROGER PEN NEEDLES.....	213	LAZCLUZE.....	90
KISQALI (600 MG DOSE).....	98	KROGER PREMIUM GLUCOSE		<i>leader advanced lancing device</i>	203
KITABIS PAK.....	17	TEST.....	156	LEADER INSULIN SYRINGE.....	213
KLARON.....	139	KRYSTEXXA.....	177	LEADER UNIFINE PENTIPS.....	213
Klayesta.....	141	K-TAB.....	221	LEADER UNIFINE PENTIPS PLUS.....	213
KLISYRI (250 MG).....	149	<i>kurvelo</i>	130	LEDIPASVIR-SOFOSBUVIR.....	116
KLISYRI (350 MG).....	149	KUVAN.....	166	<i>leena</i>	135
KLONOPIN.....	43	KYLEENA.....	134	<i>leflunomide</i>	25
<i>klor-con</i>	221	KYPROLIS.....	94	LEMTRADA.....	258
<i>klor-con 10</i>	220	KYZATREX.....	32	<i>lenalidomide</i>	224
<i>klor-con m10</i>	220	<i>labetalol hcl</i>	118	LENTOCILIN.....	254
<i>klor-con m15</i>	220	<i>lacosamide</i>	45	LENVIMA (10 MG DAILY DOSE).....	103
<i>klor-con m20</i>	220	<i>lactated ringers</i>	219, 224	LENVIMA (12 MG DAILY DOSE).....	103
KLOXXADO.....	63	LACTULOSE.....	191	LENVIMA (14 MG DAILY DOSE).....	103
<i>kls aspirin low dose</i>	27	<i>lactulose</i>	191	LENVIMA (18 MG DAILY DOSE).....	103
<i>kls laxaclear</i>	190	<i>lactulose encephalopathy</i>	173	LENVIMA (20 MG DAILY DOSE).....	104
<i>kls quit2</i>	261	LAGEVRIO.....	117	LENVIMA (24 MG DAILY DOSE).....	104
<i>kls quit4</i>	261	LAMICTAL.....	45	LENVIMA (4 MG DAILY DOSE).....	104
KMART VALU INSULIN SYRINGE		LAMICTAL ODT.....	45	LENVIMA (8 MG DAILY DOSE).....	104
29G.....	213	LAMICTAL STARTER.....	45	LEQVIO.....	71
KMART VALU INSULIN SYRINGE		LAMICTAL XR.....	45	LESCOL XL.....	70
30G.....	213	<i>lamivudine</i>	115, 116	<i>lessina</i>	131
KOATE.....	178	<i>lamivudine-zidovudine</i>	112	LETAIRIS.....	125
KOATE-DVI.....	178	<i>lamotrigine</i>	45	<i>letrozole</i>	97
<i>kobee</i>	229	<i>lamotrigine er</i>	45	<i>leucovorin calcium</i>	98
KOGENATE FS.....	178	<i>lamotrigine starter kit-blue</i>	45	LEUKERAN.....	101
KONVOMEPE.....	268	<i>lamotrigine starter kit-green</i>	45	LEUKINE.....	185
KORLYM.....	60	<i>lamotrigine starter kit-orange</i>	45	<i>leuprolide acetate</i>	99
KORSUVA.....	226	LAMPIT.....	78	<i>leuprolide acetate (3 month)</i>	99
KOSELUGO.....	92	LAMZEDE.....	159	<i>levalbuterol hcl</i>	38
KOSHER PRENATAL PLUS IRON.....	233	<i>lancet device</i>	203	<i>levalbuterol tartrate</i>	38

<i>levamlodipine maleate</i>	122	LIPOFEN	69	LOTREL	71, 72
<i>levetiracetam</i>	46	<i>lipoflavovit</i>	237	LOTRONEX	171
<i>levetiracetam er</i>	45, 46	LIPOTRIAD	237	<i>lovastatin</i>	70
LEVETIRACETAM IN NAACL	46	<i>liraglutide</i>	59	LOVAZA	69
<i>levobunolol hcl</i>	243	<i>lisdexamphetamine dimesylate</i>	12	LOVENOX	42
<i>levocarnitine</i>	160, 161	<i>lisinopril</i>	73	<i>low-ogestrel</i>	131
<i>levocarnitine sf</i>	161	<i>lisinopril-hydrochlorothiazide</i>	72	<i>loxapine succinate</i>	109
<i>levocetirizine dihydrochloride</i>	68	LITE TOUCH LANCETS	203	<i>lo-zumandimine</i>	131
<i>levofloxacin</i>	170, 245	LITE TOUCH LANCING PEN	203	<i>lubiprostone</i>	170
<i>levofloxacin in d5w</i>	170	LITETOUCH INSULIN SYRINGE ...	213	LUCEMYRA	255
<i>levoleucovorin calcium</i>	98	LITETOUCH LANCETS	203	LUCENTIS	250
<i>levoleucovorin calcium pf</i>	98	LITETOUCH PEN NEEDLES	213	LUGOLS STRONG IODINE	112
<i>levonest</i>	135	LITFULO	140	<i>luliconazole</i>	148
<i>levonorgest-eth est & eth est</i>	133	<i>lithium</i>	106	LUMAKRAS	92
<i>levonorgest-eth estrad 91-day</i>	133	<i>lithium carbonate</i>	106	LUMIGAN	250
<i>levonorgest-eth estradiol-iron</i>	131	<i>lithium carbonate er</i>	106	LUMIZYME	161
<i>levonorgestrel</i>	133	LITHOBID	106	LUMRYZ	255
<i>levonorgestrel-ethinyl estrad</i>	131, 133	LITHOSTAT	176	LUMRYZ STARTER PACK	255
<i>levonorg-eth estrad triphasic</i>	135	LIVALO	70	LUNESTA	189
LEVOPHED	276	LIVDELZI	173	LUNSUMIO	89
<i>levora 0.15/30 (28)</i>	131	LIVE BETTER LANCET SUPER		LUPKYNIS	223
<i>levorphanol tartrate</i>	29	THIN	203	LUPRON DEPOT (1-MONTH) ...	99, 100
<i>levo-t</i>	266	LIVMARLI	171	LUPRON DEPOT (3-MONTH)	100
LEVOTHYROXINE SODIUM	266	LIVTENCITY	116	LUPRON DEPOT (4-MONTH)	100
<i>levothyroxine sodium</i>	266	<i>lmd in d5w</i>	181	LUPRON DEPOT (6-MONTH)	100
<i>levoxyl</i>	266	<i>lmd in nacl</i>	181	LUPRON DEPOT-PED (1-MONTH) ..	164
LEVULAN KERASTICK	150	LO LOESTRIN FE	129	LUPRON DEPOT-PED (3-MONTH) ..	164
LEXAPRO	51	LOCOID	147	LUPRON DEPOT-PED (6-MONTH) ..	164
LEXETTE	147	LODINE	24	<i>lurasidone hcl</i>	106, 107
<i>l-glutamine</i>	183	LODOCO	124	LUTATHERA	96
LIALDA	172	LODOSYN	105	<i>lutura</i>	131
LIBERTY MEDICAL LANCETS	203	<i>loestrin 1.5/30 (21)</i>	131	LUZU	148
LIBERTY MINI LANCING DEVICE	203	<i>loestrin 1/20 (21)</i>	131	LYBALVI	263
LIBERTY NEXT GENERATION		<i>loestrin fe 1.5/30</i>	131	<i>lyleq</i>	134
TEST	156	<i>loestrin fe 1/20</i>	131	<i>lyllana</i>	169
LIBERTY TEST	156	<i>lofena</i>	24	LYNPARZA	102
LIBERVANT	43	<i>lofexidine hcl</i>	255	LYRICA	46
LIBRAX	267	<i>lojaimiess</i>	133	LYRICA CR	260
LIBTAYO	88	LOKELMA	225	LYSODREN	83
LICART	142	LOMAIRA	13	LYTGOBI (12 MG DAILY DOSE)	91
<i>lidocaine</i>	149	LOMOTIL	62	LYTGOBI (16 MG DAILY DOSE)	91
<i>lidocaine hcl</i>	149, 193, 226	LONGS INSULIN SYRINGE	213	LYTGOBI (20 MG DAILY DOSE)	91
<i>lidocaine hcl (cardiac)</i>	36	LONGS LANCETS STANDARD	203	LYUMJEV	58
LIDOCAINE HCL (CARDIAC) PF	36	LONGS LANCETS THIN	203	LYUMJEV KWIKPEN	58
<i>lidocaine hcl (cardiac) pf</i>	36	LONGS LANCETS ULTRA THIN ...	203	LYUMJEV TEMPO PEN	58
<i>lidocaine hcl (pf)</i>	193	LONSURF	96	LYVISPAH	238
<i>lidocaine hcl urethral/mucosal</i>	149	<i>loperamide hcl</i>	62	<i>lyza</i>	134
<i>lidocaine in d5w</i>	36	LOPID	69	MACROBID	81
<i>lidocaine viscous hcl</i>	226	<i>lopinavir-ritonavir</i>	112	MACRODANTIN	81
<i>lidocaine-epinephrine</i>	193	LOPRESSOR	119	<i>mafenide acetate</i>	144
<i>lidocaine-epinephrine (pf)</i>	193	LOQTORZI	88	MAGELLAN INSULIN SAFETY	
<i>lidocaine-prilocaine</i>	152	<i>lorazepam</i>	35	SYR	213
LIDODERM	149	<i>lorazepam intensol</i>	35	<i>magnesium citrate</i>	191
LIKMEZ	78	LORBRENA	85	MAGNESIUM SULFATE	220
LILETTA (52 MG)	134	LOREEV XR	35	MAGNESIUM SULFATE IN D5W ...	220
LINCOCIN	80	<i>loryna</i>	131	MALARONE	81
<i>lincomycin hcl</i>	80	<i>losartan potassium</i>	75	<i>malathion</i>	151
<i>linezolid</i>	80	<i>losartan potassium-hctz</i>	75	<i>manganese chloride</i>	220
<i>linezolid in sodium chloride</i>	80	LOTEMAX	248	<i>mannitol</i>	158
LINZESS	171	LOTEMAX SM	248	MARATHON MEDICAL PENTIPS ...	213
<i>liothyronine sodium</i>	266	LOTENSIN	73	<i>maraviroc</i>	113
LIPITOR	70	LOTENSIN HCT	72	MARCAINE	193
<i>lipo flavonoid plus</i>	237	<i>loteprednol etabonate</i>	248	MARCAINE PRESERVATIVE FREE	193

MARCAINE/EPINEPHRINE.....	193	MEIJER LANCETS UNIVERSAL		<i>methylergonovine maleate</i>	251
MARCAINE/EPINEPHRINE PF.....	193	21G.....	204	METHYLIN.....	15
MAR-COF CG EXPECTORANT.....	137	MEIJER LANCETS UNIVERSAL		<i>methylphenidate</i>	16
MARGENZA.....	87	30G.....	204	<i>methylphenidate hcl</i>	15, 16
MARINOL.....	65	MEIJER LANCETS UNIVERSAL		<i>methylphenidate hcl er</i>	15
<i>marlissa</i>	131	33G.....	204	<i>methylphenidate hcl er (cd)</i>	15
MARPLAN.....	50	MEIJER PEN NEEDLES.....	213	<i>methylphenidate hcl er (la)</i>	15
MASONATAL.....	233	MEIJER SUPER THIN LANCETS.....	204	<i>methylphenidate hcl er (osm)</i>	15
MATULANE.....	97	MEIJER TRUETEST.....	156	METHYLPHENIDATE HCL ER	
<i>matzim la</i>	122	MEIJER TRUETRACK TEST.....	156	(OSM).....	15
MAVENCLAD (10 TABS).....	257	MEKINIST.....	92	<i>methylphenidate hcl er (xr)</i>	15
MAVENCLAD (4 TABS).....	257	MEKTOVI.....	92	<i>methylprednisolone</i>	136
MAVENCLAD (5 TABS).....	257	<i>meloxicam</i>	24	<i>methylprednisolone sodium succ</i>	136
MAVENCLAD (6 TABS).....	257	<i>melphalan hcl</i>	101	<i>methyltestosterone</i>	32
MAVENCLAD (7 TABS).....	257	<i>memantine hcl</i>	259, 260	<i>metoclopramide hcl</i>	171
MAVENCLAD (8 TABS).....	257	<i>memantine hcl er</i>	259	<i>metolazone</i>	159
MAVENCLAD (9 TABS).....	258	MENEST.....	169	<i>metoprolol succinate er</i>	119
MAVYRET.....	116	MENOPUR.....	165	<i>metoprolol tartrate</i>	119
MAXALT.....	218	MENOSTAR.....	169	<i>metoprolol-hydrochlorothiazide</i>	77
MAXALT-MLT.....	218	MENQUADFI.....	271	METROCREAM.....	150
MAXICOMFORT II PEN NEEDLE... 213		MENVEO.....	271	METROGEL.....	150
MAXI-COMFORT INSULIN		<i>meperidine hcl</i>	29	METROLOTION.....	150
SYRINGE.....	213	<i>meprobamate</i>	34	METRONIDAZOLE.....	78
MAXI-COMFORT SAFETY PEN		MEPRON.....	78	<i>metronidazole</i>	78, 150, 274
NEEDLE.....	213	MEPSEVII.....	165	<i>metryrosine</i>	74
MAXICOMFORT SYR 27G X 1/2" ...213		<i>mercaptopurine</i>	84	<i>mexiletine hcl</i>	36
MAXIDEX.....	248	<i>meropenem</i>	79	MI PASTE.....	196
MAXITROL.....	248	MEROPENEM-SODIUM CHLORIDE.79		MI PASTE PLUS.....	196
<i>maxi-tuss ac</i>	137	<i>merzee</i>	131	MIACALCIN.....	160
MAXI-TUSS CD.....	138	<i>mesalamine</i>	172	Mibelas 24 Fe.....	131
<i>maxx</i>	195	<i>mesalamine er</i>	172	MICAFUNGIN SODIUM.....	66
<i>maxx plus</i>	195	<i>mesalamine-cleanser</i>	172	<i>micafungin sodium-nacl</i>	66
MAYZENT.....	262	<i>mesna</i>	103	MICARDIS.....	76
MAYZENT STARTER PACK.....	263	MESNEX.....	103	MICARDIS HCT.....	75
<i>meclizine hcl</i>	65	MESTINON.....	82	<i>miconazole 3</i>	274
<i>meclofenamate sodium</i>	24	METADATE CD.....	15	<i>miconazole-zinc oxide-petrolat</i>	141
MEDIC INSULIN SYRINGE.....	213	<i>metaxalone</i>	238	MICRHOGAM ULTRA-FILTERED	
MEDICHOICE SAFETY LANCET ...203		<i>metformin hcl</i>	54	PLUS.....	253
MEDICHOICE SAFETY LANCET		METFORMIN HCL.....	54	MICRODOT PEN NEEDLE.....	213
EXTRA.....	203	<i>metformin hcl er</i>	54	MICRODOT TEST.....	156
MEDICHOICE SAFETY LANCET		<i>metformin hcl er (mod)</i>	54	<i>microgestin 1.5/30</i>	131
NORM.....	203	<i>metformin hcl er (osm)</i>	54	<i>microgestin 1/20</i>	131
MEDICINE SHOPPE PEN NEEDLES213		METHADONE HCL.....	29	<i>microgestin fe 1.5/30</i>	131
MEDLANCE PLUS EXTRA 21G.....	203	<i>methadone hcl</i>	29	<i>microgestin fe 1/20</i>	131
MEDLANCE PLUS LITE 25G.....	203	<i>methadone hcl intensol</i>	29	MICROLET LANCETS.....	204
MEDLANCE PLUS SPECIAL 0.8MM		METHADOSE.....	29	MICROLET NEXT LANCING	
.....	203	<i>methadose</i>	29	DEVICE.....	204
MEDLANCE PLUS SUPERLITE 30G		METHADOSE SUGAR-FREE.....	29	<i>midazolam hcl</i>	188
.....	203	<i>methamphetamine hcl</i>	12	<i>midazolam hcl (pf)</i>	188
MEDLANCE PLUS UNIVERSAL		<i>methazolamide</i>	158	MIDAZOLAM HCL-SODIUM	
21G.....	203	<i>methenamine hippurate</i>	81	CHLORIDE.....	188
MEDROL.....	136	<i>methergine</i>	251	<i>midazolam-sodium chloride (pf)</i>	188
<i>medroxyprogesterone acetate</i>	134, 255	<i>methimazole</i>	265	<i>midodrine hcl</i>	276
<i>mefenamic acid</i>	24	METHITEST.....	32	MIEBO.....	250
<i>mefloquine hcl</i>	81	<i>methocarbamol</i>	238	MIFEPREX.....	159
<i>mega multiple/chelated mineral</i>	237	<i>methotrexate sodium</i>	84	<i>mifepristone</i>	60, 159
<i>megestrol acetate</i>	102, 255	<i>methotrexate sodium (pf)</i>	84	<i>migergot</i>	217
MEIJER BLOOD GLUCOSE TEST ... 156		<i>methoxsalen rapid</i>	143	<i>miglitol</i>	54
MEIJER ESSENTIAL GLUCOSE		<i>methscopolamine bromide</i>	269	<i>miglustat</i>	183
TEST.....	156	<i>methsuximide</i>	49	MIGRANAL.....	217
MEIJER LANCETS.....	203	<i>methylidopa</i>	76	<i>mili</i>	131
MEIJER LANCETS THIN.....	203	<i>methylene blue</i>	63	<i>milk of magnesia</i>	191
		<i>methylene blue (antidote)</i>	63	<i>milrinone lactate</i>	124

<i>milrinone lactate in dextrose</i>	124	<i>morphine sulfate (concentrate)</i>	29	MYGLUCOHEALTH LANCETS 30G	204
<i>mimvey</i>	168	<i>morphine sulfate (pf)</i>	29	MYGLUCOHEALTH TEST	156
<i>mineral oil heavy</i>	191	MORPHINE SULFATE (PF)	29	MYHIBBIN	224
<i>mini lancing device</i>	204	<i>morphine sulfate er</i>	29	MYLERAN	83
MINILINK REAL-TIME TRANSMITTER	204	<i>morphine sulfate er beads</i>	29	MYLOTARG	86
MINIMED 630G GUARDIAN PRESS	204	MOTTEGRITY	170	MYOBLOC	241
MINIVELLE	169	MOTPOLY XR	46	MYRBETRIQ	271
MINOCIN	265	MOUNJARO	59	MYSOLINE	46
<i>minocycline hcl</i>	265	MOVANTIK	173	MYTESI	62
<i>minocycline hcl er</i>	265	MOVIPREP	190	MYXREDLIN	58
MINOLIRA	265	MOXIFLOXACIN HCL	170	<i>na ferric gluc cplx in sucrose</i>	186
<i>minoxidil</i>	77	<i>moxifloxacin hcl</i>	170, 245	<i>na sulfate-k sulfate-mg sulf</i>	190
MIOCHOL-E	244	<i>moxifloxacin hcl (2x day)</i>	245	NABI-HB	253
MIOSTAT	244	<i>moxifloxacin hcl in nacl</i>	170	<i>nabumetone</i>	24
MIPLYFFA	260	MOZOBIL	183	<i>nadolol</i>	120
<i>mirabegron er</i>	271	MRESVIA	273	<i>nafcillin sodium</i>	255
MIRAPEX ER	106	MS CONTIN	29	NAFCILLIN SODIUM IN DEXTROSE	254
MIRCERA	184	MS INSULIN SYRINGE	213	<i>naftifine hcl</i>	141
MIRENA (52 MG)	134	MULPLETA	186	NAFTIN	141
<i>mirtazapine</i>	49	MULTAQ	36	NAGLAZYME	165
MIRVASO	150	MULTI PRENATAL	233	<i>nalbuphine hcl</i>	31
<i>misoprostol</i>	270	<i>multi vitamin</i>	231	NALFON	24
MITIGARE	177	MULTI VITAMIN W/D-3	231	<i>nalmeffene hcl</i>	63
<i>mitigo</i>	29	<i>multi-lancet device</i>	204	NALOCET	31
<i>mitomycin</i>	95, 245	MULTI-LANCET DEVICE 2	204	<i>naloxone hcl</i>	63, 64
MITOSOL	245	<i>multiple electro type 1 ph 5.5</i>	219	<i>naltrexone hcl</i>	64
<i>mitoxantrone hcl</i>	95	<i>multiple electro type 1 ph 7.4</i>	219	NAMENDA TITRATION PAK	260
<i>mm aspirin</i>	27	<i>multiple vitamin-folic acid</i>	231	NAMZARIC	256
MM BLULINK GLUCOSE TEST	156	<i>multiple vitamins</i>	231	NAPRELAN	24
<i>mm clearlax</i>	191	<i>multiple vitamins/iron</i>	230	NAPROSYN	24
MM EASY TOUCH GLUCOSE	156	MULTITRACE-4 PEDIATRIC	221	<i>naproxen</i>	24
MM INSULIN SYRINGE/NEEDLE	213	MULTIVITAMIN	231	<i>naproxen dr</i>	24
MM LANCING DEVICE	204	<i>multi-vitamin</i>	231	<i>naproxen sodium</i>	24
MM PEN NEEDLES	213	<i>multivitamin adult</i>	231	<i>naproxen sodium er</i>	24
MM TWIST LANCETS	204	<i>multivitamin iron-free</i>	231	<i>naproxen-esomeprazole mg</i>	22
M-M-R II	272	<i>multivitamin plus iron adult</i>	230	<i>naratriptan hcl</i>	218
M-NATAL PLUS	233	<i>multivitamin w/fluoride</i>	232	NARCAN	64
<i>modafinil</i>	16	<i>multivitamin/fluoride</i>	232	NARDIL	50
MODERNA COVID-19 VAC 6M-11Y	273	<i>multi-vitamin/fluoride</i>	232	NAROPIN	193
<i>moexipril hcl</i>	73	<i>multi-vitamin/fluoride/iron</i>	232	NASCOBAL	183
<i>molindone hcl</i>	109	<i>multi-vitamin/iron</i>	230	NATACYN	245
<i>mometasone furoate</i>	147, 240	MULTI-VIT-FLOR	232	<i>natal pnv</i>	234
<i>mondoxyne nl</i>	265	MULTRY'S	221	NATALVIT	234
MONJUVI	86	<i>mupirocin</i>	141	NATAZIA	133
MONOFERRIC	186	<i>mupirocin calcium</i>	141	<i>nateglinide</i>	60
MONOJECT BONE MARROW BIOPSY	193	<i>mutamycin</i>	95	NATESTO	32
<i>monoject flush syringe</i>	221	MVASI	104	NATROBA	151
MONOJECT INSULIN SYRINGE	213	<i>my choice</i>	133	<i>nat-rul b-50</i>	237
<i>monoject sodium chloride flush</i>	221	<i>my way</i>	133	<i>nat-rul daily-vite+iron</i>	230
MONOJECT ULTRA COMFORT SYRINGE	213	MYALEPT	164	NAYZILAM	43
MONOLET LANCETS	204	MYCAMINE	66	<i>nebiivolol hcl</i>	119
MONOLET OPD LANCETS	204	MYCAPSSA	166	NEBUPENT	78
MONOLETTOR SAFETY LANCETS	204	<i>mycophenolate mofetil</i>	224	Nebusal	138
<i>mono-lynyah</i>	131	<i>mycophenolate mofetil hcl</i>	224	<i>necon 0.5/35 (28)</i>	131
MONOVISC	239	<i>mycophenolate sodium</i>	224	NEEVO DHA	234
<i>montelukast sodium</i>	39	<i>mycophenolic acid</i>	224	<i>nefazodone hcl</i>	51
MORPHINE SULFATE	29	MYDAYIS	11	NEFFY	275
<i>morphine sulfate</i>	29	MYDCOMBI	244	<i>nelarabine</i>	84
		MYDRIACYL	244	NEMLUVIO	149
		MYFEMBREE	168	NEOMULTIVITE	231
		MYFORTIC	224	<i>neomycin sulfate</i>	17

<i>neomycin-bacitracin zn-polymyx</i>	245	<i>nicotine step 2</i>	262	<i>nortrel 1/35 (21)</i>	131
<i>neomycin-polymyxin b gu</i>	175	<i>nicotine step 3</i>	262	<i>nortrel 1/35 (28)</i>	131
<i>neomycin-polymyxin-dexameth</i>	248	NICOTROL	262	<i>nortrel 7/7/7</i>	135
<i>neomycin-polymyxin-gramicidin</i>	245	NICOTROL NS	262	<i>nortriptyline hcl</i>	53, 54
<i>neomycin-polymyxin-hc</i>	248, 251	<i>nifedipine</i>	122	NORVASC	122
NEONATAL COMPLETE	234	<i>nifedipine er</i>	122	NORVIR	114
NEONATAL PLUS	234	<i>nifedipine er osmotic release</i>	122	NOURIANZ	104
<i>neonatal prenatal</i>	234	<i>nikki</i>	131	NOVA MAX GLUCOSE TEST	156
NEONATAL VITAMIN	234	NILANDRON	83	NOVA SAFETY LANCETS 23G	204
<i>neo-polycin</i>	245	<i>nilutamide</i>	83	NOVA SAFETY LANCETS 28G	204
<i>neo-polycin hc</i>	248	<i>nimodipine</i>	122	NOVA SUREFLEX LANCETS	204
NEOPROFEN	24	NINJACOF-XG	137	NOVA SUREFLEX LANCING	
NEORAL	223	NINLARO	94	DEVICE	204
NEOSTIGMINE METHYLSULFATE	82	NIPENT	97	NOVAREL	165
NEO-SYNALAR	141	NIPRIDE RTU	77	<i>novavax covid-19 vaccine</i>	273
NEOX 100	151	<i>nisoldipine er</i>	122	<i>novite</i>	231
NEOX CORD 1K	151	<i>nitazoxanide</i>	78	NOVOEIGHT	178
<i>nephro vitamins</i>	228	NITHIODOTE	62	NOVOFINE PEN NEEDLE	213
NEPHRO-VITE	228	<i>nitisinone</i>	163	NOVOFINE PLUS PEN NEEDLE	213
NERLYNX	93	NITRO-BID	34	NOVOLIN 70/30	58
NESACAINE	194	NITRO-DUR	34	NOVOLIN 70/30 FLEXPEN	58
NESACAINE-MPF	194	<i>nitrofurantoin</i>	81	NOVOLIN 70/30 FLEXPEN RELION	58
NESTABS	234	<i>nitrofurantoin macrocrystal</i>	81	NOVOLIN 70/30 RELION	58
NESTABS DHA	234	<i>nitrofurantoin monohyd macro</i>	81	NOVOLIN N	58
NESTABS ONE	236	<i>nitroglycerin</i>	33, 34	NOVOLIN N FLEXPEN	58
<i>neuac</i>	139	NITROGLYCERIN	34	NOVOLIN N FLEXPEN RELION	58
NEULASTA	185	<i>nitroglycerin in d5w</i>	34	NOVOLIN N RELION	58
NEULASTA ONPRO	185	NITROLINGUAL	34	NOVOLIN R	58
NEUPOGEN	185	<i>nitroprusside sodium</i>	77	NOVOLIN R FLEXPEN	58
NEUPRO	106	<i>nitroprusside sodium-nacl</i>	77	NOVOLIN R FLEXPEN RELION	58
NEURONTIN	46	NITROSTAT	34	NOVOLIN R RELION	58
NEUTEK 2TEK TEST	156	NITYR	163	NOVOLOG	58
NEVANAC	247	<i>niva thyroid</i>	266	NOVOLOG 70/30 FLEXPEN	
<i>nevirapine</i>	114	NIVA-PLUS	234	RELION	58
<i>nevirapine er</i>	114	NIVESTYM	185	NOVOLOG FLEXPEN	58
<i>new day</i>	133	<i>nizatidine</i>	268	NOVOLOG FLEXPEN RELION	58
NEXAVAR	93	NOCDURNA	168	NOVOLOG MIX 70/30	58
NEXICLON XR	76	<i>nora-be</i>	134	NOVOLOG MIX 70/30 FLEXPEN	58
NEXIUM	268	NORDITROPIN FLEXPEN	162	NOVOLOG MIX 70/30 RELION	58
NEXIUM I.V.	268	<i>norelgestromin-eth estradiol</i>	132	NOVOLOG PENFILL	58
NEXLETOL	68	<i>norethin ace-eth estrad-fe</i>	131	NOVOLOG RELION	59
NEXLIZET	68	<i>norethindrone</i>	134	NOVOSEVEN RT	179
NEXOBRID	148	<i>norethindrone acetate</i>	255	NOXAFIL	67
NEXPLANON	134	<i>norethindrone acet-ethinyl est</i>	131	<i>np thyroid</i>	266
NEXTERONE	36	<i>norethindrone-eth estradiol</i>	168	NPLATE	186
NEXTSTELLIS	131	<i>norethindron-ethinyl estrad-fe</i>	135	NUBEQA	84
NEXVIAZYME	161	<i>norethin-eth estradiol-fe</i>	131	NUCALA	39
NGENLA	162	<i>norgesic</i>	238	NUCYNTA	30
<i>niacin (antihyperlipidemic)</i>	71	<i>norgestimate-eth estradiol</i>	131	NUCYNTA ER	30
<i>niacin er (antihyperlipidemic)</i>	71	<i>norgestim-eth estrad triphasic</i>	135	NUEDEXTA	260
<i>niacor</i>	71	NORITATE	150	NULIBRY	164
<i>nicardipine hcl</i>	122	NORLIQVA	122	NULOJIX	226
NICARDIPINE HCL IN NACL	122	<i>norlyroc</i>	134	NUMBRINO	240
NICODERM CQ	261	<i>normal saline flush</i>	221	NUPLAZID	107
NICORETTE	262	NORMOSOL-M IN D5W	219	NURTEC	216
NICORETTE MINI	261	NORMOSOL-R	219	NUTRILIPID	243
NICORETTE STARTER KIT	262	NORMOSOL-R IN D5W	219	NUTROPIN AQ NUSPIN 10	162
NICOTINE	262	NORMOSOL-R PH 7.4	219	NUTROPIN AQ NUSPIN 20	162
<i>nicotine</i>	262	NORPACE	36	NUTROPIN AQ NUSPIN 5	162
<i>nicotine mini</i>	262	NORPACE CR	36	NUVARING	132
<i>nicotine polacrilex</i>	262	NORPRAMIN	53	NUVESSA	274
<i>nicotine polacrilex mini</i>	262	NORTHERA	275	NUVIGIL	16
<i>nicotine step 1</i>	262	<i>nortrel 0.5/35 (28)</i>	131	NUWIQ	179

NUZYRA	264	OMNIPOD 5 LIBRE2 PLUS G6.....	209	OPTIONS GYNOL II	
<i>nyamyc</i>	141	OMNIPOD 5 LIBRE2 PLUS G6		CONTRACEPTIVE	274
<i>nylia 1/35</i>	131	PODS	209	OPTIUMEZ TEST	156
<i>nylia 7/7/7</i>	135	OMNIPOD CLASSIC PODS (GEN 3)	209	OPVEE	64
NYMALIZE	122	OMNIPOD DASH INTRO (GEN 4)...	209	OPZELURA	144
<i>nystatin</i>	66, 141, 226	OMNIPOD DASH PDM (GEN 4).....	209	ORABLOC	193
<i>nystatin-triamcinolone</i>	141	OMNIPOD DASH PODS (GEN 4).....	209	ORACEA	150
<i>nystop</i>	141	OMNIPOD GO	209	ORALAIR	17
NYVEPRIA	185	OMNITROPE	162	<i>oralone</i>	228
OB COMPLETE	234	OMVOH	172	ORAPRED ODT	136
OB COMPLETE ONE	234	ON CALL EXPRESS BLOOD		ORAVIG	226
OB COMPLETE PETITE	234	GLUCOSE	156	ORBACTIV	79
OB COMPLETE PREMIER	234	ONCASPAR	96	ORENCIA	25
OB COMPLETE/DHA	234	<i>once daily</i>	231	ORENCIA CLICKJECT	25
<i>obizur</i>	179	<i>ondansetron</i>	64	ORENITRAM	125
OCALIVA	170	<i>ondansetron hcl</i>	64	ORENITRAM MONTH 1	125
<i>ocella</i>	131	<i>one daily</i>	231	ORENITRAM MONTH 2	125
OCREVUS	258	<i>one daily essential</i>	231	ORENITRAM MONTH 3	125
OCREVUS ZUNOVO	258	<i>one daily essentials</i>	231	ORFADIN	163
OCTAGAM	253	<i>one daily multivitamin adult</i>	231	ORGOVYX	98
OCTAPLAS BLOOD GROUP A	181	<i>one daily multivitamin/iron</i>	230	ORIAHNN	169
OCTAPLAS BLOOD GROUP AB	181	ONE DROP TEST	156	ORLISSA	161
OCTAPLAS BLOOD GROUP B	181	ONE VITE DAILY MULTIVITAMIN	231	ORKAMBI	263, 264
OCTAPLAS BLOOD GROUP O	182	ONE VITE WOMENS	234	ORLADEYO	181
<i>octreotide acetate</i>	166, 167	ONE VITE WOMENS PLUS	234	<i>orlistat</i>	14
OCUFLOX	245	<i>one-daily multi vitamins</i>	231	Ormalvi	158
ODACTRA	17	<i>one-daily multi-vitamin</i>	231	<i>orphenadrine citrate</i>	238
ODEFSEY	112	<i>one-daily multi-vitamin/iron</i>	230	<i>orphenadrine citrate er</i>	238
ODOMZO	91	<i>one-daily/iron</i>	230	ORPHENADRINE-ASPIRIN-	
OFEV	264	ONELAX MAGNESIUM CITRATE..	191	CAFFEINE	238
<i>ofloxacin</i>	170, 245, 251	ONETOUCH DELICA PLUS		<i>orphengesic forte</i>	238
OGIVRI	87	LANCET30G	204	ORSERDU	102
OGSIVEO	91	ONETOUCH DELICA PLUS		ORTHOVISC	239
OHTUVAYRE	40	LANCET33G	204	<i>oseltamivir phosphate</i>	117, 118
OJEMDA	89	ONETOUCH DELICA PLUS		<i>osmitrol</i>	159
OJJAARA	99	LANCING	204	OSMOLEX ER	104
<i>olanzapine</i>	111	ONETOUCH DELICA SAFETY		OSPHENA	166
<i>olanzapine-fluoxetine hcl</i>	263	LANCING	204	OTEZLA	25
OLINVYK	30	ONETOUCH ULTRA	156	OTOVEL	251
<i>olmesartan medoxomil</i>	76	ONETOUCH ULTRA BLUE TEST ...	156	OTREXUP	18
<i>olmesartan medoxomil-hctz</i>	75	ONETOUCH ULTRA TEST	156	OVIDE	151
<i>olmesartan-amlodipine-hctz</i>	76	ONETOUCH ULTRASOFT 2		OVIDREL	165
<i>olopatadine hcl</i>	240, 244, 245	LANCETS	204	<i>oxacillin sodium</i>	255
OLPRUVA (2 GM DOSE)	167	ONETOUCH VERIO	156	OXACILLIN SODIUM IN	
OLPRUVA (3 GM DOSE)	167	ONEXTON	139	DEXTROSE	255
OLPRUVA (4 GM DOSE)	167	ONFI	43	<i>oxaliplatin</i>	83
OLPRUVA (5 GM DOSE)	167	ONGENTYS	106	<i>oxaprozin</i>	24
OLPRUVA (6 GM DOSE)	167	ONGLYZA	55	<i>oxazepam</i>	35
OLPRUVA (6.67 GM DOSE)	167	ONIVYDE	103	<i>oxcarbazepine</i>	46
OLUMIANT	18	ONPATTRO	261	<i>oxcarbazepine er</i>	46
OMECLAMOX-PAK	269	ONTRUZANT	87	OXERVATE	247
<i>omega-3-acid ethyl esters</i>	69	ONUREG	84	<i>oxiconazole nitrate</i>	148
OMEGAVEN	243	ONYDA XR	11	OXISTAT	148
<i>omeprazole</i>	268	ONZETRA XSAIL	218	OXLUMO	176
<i>omeprazole-sodium bicarbonate</i>	268	<i>opcicon one-step</i>	133	OXTELLAR XR	46
OMIDRIA	249	OPDIVO	88	<i>oxybutynin chloride</i>	270
OMNARIS	240	OPDUALAG	86	<i>oxybutynin chloride er</i>	270
OMNICAP	231	OPFOLDA	161	<i>oxycodone hcl</i>	30
OMNIFLEX DIAPHRAGM	196	OPILL	134	OXYCODONE-ACETAMINOPHEN ...	31
OMNIPOD 5 DEXG7G6 INTRO GEN		OPIPZA	111	<i>oxycodone-acetaminophen</i>	31
5	209	OPSUMIT	126	OXYCONTIN	30
OMNIPOD 5 DEXG7G6 PODS GEN		OPSYNVI	124	<i>oxymorphone hcl</i>	30
5	209	<i>option 2</i>	133	<i>oxymorphone hcl er</i>	30

<i>oxytocin</i>	251	PAVBLU	250	PFIZER COVID-19 VAC-TRIS 5-11Y	273
OXYTROL	270	PAXIL	51	.....	273
OZEMPIC (0.25 OR 0.5 MG/DOSE) ...	59	PAXIL CR	51	<i>pfizer covid-19 vac-tris 6m-4y</i>	273
OZEMPIC (1 MG/DOSE)	59	PAXLOVID (150/100)	115	<i>pfizerpen</i>	254
OZEMPIC (2 MG/DOSE)	59	PAXLOVID (300/100)	115	PHARMACIST CHOICE	
OZOBAX DS	238	<i>pazopanib hcl</i>	93	AUTOCODE	156
OZURDEX	249	PC UNIFINE PENTIPS	213	PHARMACIST CHOICE LANCETS	204
<i>pacerone</i>	36	PEDIAPRED	136	PHARMACIST CHOICE NO	
<i>paclitaxel</i>	100	PEDIARIX	266	CODING	156
PACLITAXEL PROTEIN-BOUND		PEDMARK	101	PHARMACY COUNTER LANCETS	204
PART	100	PEDVAX HIB	271	PHEBURANE	167
PADCEV	87	<i>peg 3350</i>	191	<i>phendimetrazine tartrate</i>	13
PALFORZIA (12 MG DAILY DOSE) ..	16	<i>peg 3350-kcl-na bicarb-nacl</i>	190	PHENDIMETRAZINE TARTRATE	
PALFORZIA (120 MG DAILY		<i>peg-3350/electrolytes</i>	190	ER	13
DOSE)	16	<i>peg-3350/electrolytes/ascorbat</i>	190	<i>phenelzine sulfate</i>	50
PALFORZIA (160 MG DAILY		PEGASYS	117	PHENERGAN	68
DOSE)	16	<i>peg-kcl-nacl-nasulf-na asc-c</i>	190	<i>phenobarbital</i>	188
PALFORZIA (20 MG DAILY DOSE) ..	16	PEG-PREP	190	<i>phenobarbital sodium</i>	188
PALFORZIA (200 MG DAILY		PEMAZYRE	91	<i>phenoxybenzamine hcl</i>	74
DOSE)	16	<i>pemetrexed</i>	85	<i>phentermine hcl</i>	13
PALFORZIA (240 MG DAILY		<i>pemetrexed dipotassium</i>	85	<i>phentolamine mesylate</i>	74
DOSE)	16	<i>pemetrexed disodium</i>	85	<i>phenylephrine hcl</i>	244
PALFORZIA (3 MG DAILY DOSE) ...	17	<i>pemetrexed ditromethamine</i>	85	PHENYLEPHRINE HCL	
PALFORZIA (300 MG		PEMFEXY	85	(PRESSORS)	276
MAINTENANCE)	17	PEMGARDA	252	<i>phenylephrine hcl (pressors)</i>	276
PALFORZIA (300 MG TITRATION) ..	17	PEMRYDI RTU	85	PHENYTEK	49
PALFORZIA (40 MG DAILY DOSE) ..	17	<i>pen needle/5-bevel tip</i>	213	<i>phenytoin</i>	49
PALFORZIA (6 MG DAILY DOSE) ...	17	PEN NEEDLES	213	<i>phenytoin infatabs</i>	49
PALFORZIA (80 MG DAILY DOSE) ..	17	PEN NEEDLES 5/16"	213	<i>phenytoin sodium</i>	49
PALFORZIA INITIAL ESCALATION	17	PENBRAYA	271	<i>phenytoin sodium extended</i>	49
PALINGEN FLOW	151	<i>peniclovir</i>	144	PHESGO	96
PALINGEN HYDROMEMBRANE	151	<i>penicillamine</i>	222	PHEXXI	274
PALINGEN INOVOFLO	152	PENICILLIN G POT IN DEXTROSE	254	<i>philith</i>	131
PALINGEN MEMBRANE	152	<i>penicillin g potassium</i>	254	<i>phillips milk of magnesia</i>	192
PALINGEN XPLUS		<i>penicillin g sodium</i>	254	<i>phospha 250 neutral</i>	220
HYDROMEMBRANE	152	<i>penicillin v potassium</i>	254	PHOSPHOLINE IODIDE	244
PALINGEN XPLUS MEMBRANE	152	PENNSAID	142	<i>phosphorous</i>	220
<i>paliperidone er</i>	107	PENTACEL	267	<i>phospho-trin 250 neutral</i>	220
PALONOSETRON HCL	64	PENTAM	78	<i>phospho-trin k500</i>	220
<i>palonosetron hcl</i>	64	<i>pentamidine isethionate</i>	78	PHOTOFRIN	97
PALYNZIQ	166	PENTASA	172	PHOTREXA-PHOTREXA VISCOUS	
PAMELOR	54	<i>pentazocine-naloxone hcl</i>	31	KIT	247
<i>pamidronate disodium</i>	160	PENTIPS	213	PHOXILLUM B22K4/0	222
PAMIDRONATE DISODIUM	160	PENTIPS GENERIC PEN NEEDLES	213	PHOXILLUM BK4/2.5	222
PANCREAZE	158	<i>pentobarbital sodium</i>	188	<i>physiolyte</i>	224
PANDEL	147	<i>pentoxifylline er</i>	181	<i>physiosol irrigation</i>	224
PANHEMATIN	181	PEPCID	268	<i>phytonadione</i>	276
PANRETIN	142	PERCOCET	31	PIASKY	180
<i>pantoprazole sodium</i>	268, 269	PERFECT LANCETS 28G	204	PIFELTRO	114
<i>pantoprazole sodium-nacl</i>	269	PERFECT LANCETS 30G	204	<i>pilocarpine hcl</i>	228, 244
PANZYGA	253	PERFECT POINT SAFETY		<i>pimecrolimus</i>	149
PARADIGM REAL-TIME		LANCETS	204	<i>pimozide</i>	260
TRANSMITTER	204	PERFOROMIST	38	<i>pimtrea</i>	129
PARAGARD INTRAUTERINE		PERIDEX	226	<i>pindolol</i>	120
COPPER	133	PERIKABIVEN	243	<i>pioglitazone hcl</i>	62
<i>paraplatin</i>	83	<i>perindopril erbumine</i>	73	<i>pioglitazone hcl-glimepiride</i>	62
<i>paricalcitol</i>	163	<i>perinopril</i>	227	<i>pioglitazone hcl-metformin hcl</i>	62
PARLODEL	104	PERJETA	87	PIP BLOOD GLUCOSE TEST STRIP	156
PARNATE	50	<i>permethrin</i>	151	PIP LANCETS 28G	204
<i>paroxetine hcl</i>	51	<i>perphenazine</i>	110	PIP LANCETS 30G	204
<i>paroxetine hcl er</i>	51	<i>perphenazine-amitriptyline</i>	260	<i>pip pen needles 31g x 5mm</i>	214
<i>paroxetine mesylate</i>	263	PERSERIS	107	<i>pip pen needles 32g x 4mm</i>	214
PARSABIV	160	PERTZYE	158	<i>piperacillin sod-tazobactam so</i>	254

PIQRAY (200 MG DAILY DOSE).....	102	PRADAXA.....	43	<i>prenatal vitamins</i>	234
PIQRAY (250 MG DAILY DOSE).....	102	PRALUENT.....	71	PRENATAL VITAMINS.....	234
PIQRAY (300 MG DAILY DOSE).....	102	<i>pramipexole dihydrochloride</i>	106	PRENATAL/IRON.....	235
<i>pirfenidone</i>	264	<i>pramipexole dihydrochloride er</i>	106	PRENATAL-U.....	235
<i>piroxicam</i>	24	PRAMOSONE.....	151	PRENATE.....	236
<i>pitavastatin calcium</i>	70	PRAMOTIC.....	251	PRENATE AM.....	237
PITOCIN.....	251	<i>prasugrel hcl</i>	182	PRENATE DHA.....	236
PLAQUENIL.....	81	<i>pravastatin sodium</i>	70	PRENATE ELITE.....	235
PLASMA-LYTE A.....	220	PRAXBIND.....	63	PRENATE ENHANCE.....	236
PLAVIX.....	182	<i>praziquantel</i>	34	PRENATE ESSENTIAL.....	236
PLEGRIDY.....	258	<i>prazosin hcl</i>	77	PRENATE MINI.....	236
PLEGRIDY STARTER PACK.....	258	PRECEDEX.....	189	PRENATE PIXIE.....	236
<i>plenamine</i>	242	PRECISION SURE-DOSE SYRINGE.....	214	PRENATE RESTORE.....	236
PLENVU.....	190	PRECISION XTRA BLOOD		PRENATRIX.....	235
<i>plerixafor</i>	183	GLUCOSE.....	156	PRENATRYL.....	235
PLIAGLIS.....	152	PRED FORTE.....	249	PREPIDIL.....	251
PLUVICTO.....	96	PRED MILD.....	249	PRESTALIA.....	72
PNEUMOVAX 23.....	271	<i>prednisolone</i>	136	PRETOMANID.....	82
<i>pnv prenatal plus multivit+dha</i>	234	<i>prednisolone acetate</i>	249	PREVACID.....	269
PNV TABS 20-1.....	234	<i>prednisolone sodium phosphate</i>	136	PREVACID SOLUTAB.....	269
<i>pnv-dha</i>	236	PREDNISOLONE SODIUM		<i>prevalite</i>	69
PNV-DHA+DOCUSATE.....	236	PHOSPHATE.....	249	PREVDUO.....	62
PNV-OMEGA.....	234	<i>prednisone</i>	137	PREVENT DROPSAFE PEN	
<i>pnv-select</i>	234	PREDNISONONE INTENSOL.....	136	NEEDLES.....	214
POCKETCHEM EZ TEST.....	156	PREFERRED PLUS INSULIN		PREVENT SAFETY PEN NEEDLES.....	214
<i>podofilox</i>	149	SYRINGE.....	214	PREVIDENT.....	227
POGO AUTOMATIC TEST		PREFERRED PLUS LANCETS		PREVIDENT 5000 BOOSTER PLUS.....	227
CARTRIDGES.....	156	COLOR.....	204	PREVIDENT 5000 DRY MOUTH.....	227
POKONZA.....	221	PREFERRED PLUS LANCETS THIN		PREVIDENT 5000 ENAMEL	
POLIVY.....	87	.....	204	PROTECT.....	227
<i>polocaine</i>	193	PREFERRED PLUS UNIFINE		PREVIDENT 5000 KIDS.....	227
<i>polocaine-mpf</i>	193	PENTIPS.....	214	PREVIDENT 5000 ORTHO	
<i>polycin</i>	245	<i>pregabalin</i>	46	DEFENSE.....	227
<i>polyethylene glycol 3350</i>	191	<i>pregabalin er</i>	260	PREVIDENT 5000 PLUS.....	227
<i>polymyxin b sulfate</i>	81	PREGEN DHA.....	236	PREVIDENT 5000 SENSITIVE.....	227
<i>polymyxin b-trimethoprim</i>	245	PREGENNA.....	234	PREVNAR 20.....	271
POLY-TUSSIN AC.....	138	PREGNYL.....	165	PREVYMIS.....	116
POLY-VI-FLOR.....	232	PREMARIN.....	169, 275	PREZCOBIX.....	113
POLY-VI-FLOR/IRON.....	232	PREMASOL.....	242	PREZISTA.....	114
POMALYST.....	92	PREMESISRX.....	236	PRIFTIN.....	82
POMBILITI.....	161	PREMIUM BLOOD GLUCOSE TEST		PRIOSEC.....	269
PONVORY.....	263	.....	156	PRIMACARE.....	235
PONVORY STARTER PACK.....	263	PREMPHASE.....	168	PRIMAQUINE PHOSPHATE.....	81
<i>portia-28</i>	131	PREMPRO.....	168	PRIMAXIN IV.....	78
PORTRAZZA.....	90	<i>prena 1 true</i>	236	<i>primidone</i>	46
<i>posaconazole</i>	67	<i>prena1</i>	236	PRIORIX.....	272
POSFREA.....	64	PRENA1 PEARL.....	234	PRISMASOL B22GK 4/0.....	222
POSIMIR.....	193	PRENAISSANCE.....	236	PRISMASOL BGK 0/2.5.....	222
POTASSIUM ACETATE.....	221	PRENAISSANCE PLUS.....	236	PRISMASOL BGK 2/0.....	222
POTASSIUM CHLORIDE.....	221	PRENATAL.....	234	PRISMASOL BGK 2/3.5.....	223
<i>potassium chloride</i>	221	PRENATAL (W/IRON & FA).....	234	PRISMASOL BGK 4/0/1.2.....	223
<i>potassium chloride crys er</i>	221	PRENATAL 19.....	234	PRISMASOL BGK 4/2.5.....	223
<i>potassium chloride er</i>	221	<i>prenatal 19</i>	234	PRISMASOL BK 0/0/1.2.....	223
POTASSIUM CHLORIDE IN NACL.....	220	PRENATAL COMPLETE.....	234	PRISTIQ.....	52, 53
<i>potassium chloride in nacl</i>	220	PRENATAL FORTE.....	234	PRIVIGEN.....	253
<i>potassium citrate er</i>	175	PRENATAL MULTIVITAMIN +		PRO COMFORT INSULIN SYRINGE	
<i>potassium cl in dextrose 5%</i>	219	DHA.....	236	.....	214
POTASSIUM PHOSPHATES.....	220	PRENATAL ONE DAILY.....	234	PRO COMFORT LANCETS 30G.....	204
<i>potassium phosphates</i>	220	PRENATAL PLUS.....	234	PRO COMFORT LANCETS 31G.....	204
<i>potassium phosphates(66 meq k)</i>	220	PRENATAL PLUS		PRO COMFORT PEN NEEDLES.....	214
POTASSIUM PHOSPHATES(71		VITAMIN/MINERAL.....	234	<i>pro comfort safety lancets 30g</i>	205
MEQ K).....	220	PRENATAL VITAMIN AND		PRO VOICE V8/V9 GLUCOSE.....	157
POTELIGEO.....	86	MINERAL.....	234	PROAIR RESPICLICK.....	38

<i>probenecid</i>	177	PROVISC.....	249	QUELICIN.....	241
<i>procainamide hcl</i>	36	PROZAC.....	51	QUESTRAN.....	69
PROCARDIA XL.....	122	PRUDOXIN.....	142	QUESTRAN LIGHT.....	69
<i>procentra</i>	12	<i>pseudoeph-bromphen-dm</i>	138	<i>quetiapine fumarate</i>	109
<i>prochlorperazine</i>	110	PTS PANELS EGLU TEST.....	157	<i>quetiapine fumarate er</i>	109
<i>prochlorperazine edisylate</i>	110	PULMICORT.....	40	QUFLORA FE.....	231
<i>prochlorperazine maleate</i>	110	PULMICORT FLEXHALER.....	40	QUFLORA FE PEDIATRIC.....	232
PROCRIT.....	184	Pulmosal.....	138	QUFLORA PEDIATRIC.....	232
PROCTOCORT.....	33	PULMOZYME.....	264	QUICKTEK TEST.....	157
PROCTOFOAM HC.....	33	PURE COMFORT LANCETS 30G.....	205	QUILLICHEW ER.....	16
<i>procto-med hc</i>	33	PURE COMFORT PEN NEEDLE.....	214	QUILLIVANT XR.....	16
<i>proctosol hc</i>	33	<i>pure comfort safety pen needle</i>	214	<i>quin b strong b-25</i>	230
<i>proctozone-hc</i>	33	PURIXAN.....	85	<i>quinapril hcl</i>	73
PROCYSBI.....	175, 176	<i>px advanced lancing device</i>	205	<i>quinapril-hydrochlorothiazide</i>	72
PRODIGY INSULIN SYRINGE.....	214	PX EXTRA SHORT PEN NEEDLES.....	214	<i>quinidine gluconate er</i>	36
PRODIGY LANCETS 28G.....	205	PX INSULIN SYRINGE.....	214	<i>quinidine sulfate</i>	36
PRODIGY LANCING DEVICE.....	205	PX LANCETS MICROTHIN 33G.....	205	<i>quinine sulfate</i>	81
PRODIGY NO CODING BLOOD GLUC.....	157	PX LANCETS ULTRA THIN 28G.....	205	QUINTABS.....	231
PRODIGY SAFETY LANCETS 26G.....	205	PX MINI PEN NEEDLES.....	214	QUINTET AC BLOOD GLUCOSE TEST.....	157
PRODIGY TWIST TOP LANCETS 28G.....	205	PX PEN NEEDLE.....	214	QUINTET BLOOD GLUCOSE TEST.....	157
PROFILNINE.....	179	PYLERA.....	269	QULIPTA.....	216
<i>progesterone</i>	255	<i>pyrazinamide</i>	82	QUVIVIQ.....	189
PROGLYCEM.....	55	<i>pyridostigmine bromide</i>	82	QUZYTIR.....	68
PROGRAF.....	225	<i>pyridostigmine bromide er</i>	82	QVAR REDIHALER.....	41
PROLASTIN-C.....	263	<i>pyrimethamine</i>	81	<i>ra aspirin adult low dose</i>	27
PROLATE.....	31	PYRUKYND.....	182	<i>ra aspirin adult low strength</i>	27
PROLENSA.....	247	PYRUKYND TAPER PACK.....	182	<i>ra aspirin childrens</i>	27
PROLEUKIN.....	96	QBRELIS.....	73	<i>ra aspirin ec</i>	27
PROLIA.....	166	QBREXZA.....	150	<i>ra aspirin ec adult low st</i>	27
PROMACTA.....	186	<i>qc advanced lancing device</i>	205	<i>ra aspirin ec adult low st</i>	27
<i>promethazine hcl</i>	68	<i>qc aspirin low dose</i>	27	<i>ra balanced b-100</i>	230
<i>promethazine vc</i>	138	<i>qc b50 prolonged release</i>	230	<i>ra balanced b-100 cr</i>	230
<i>promethazine-codeine</i>	138	<i>qc b-complex/vitamin c</i>	228	<i>ra balanced b-50</i>	230
<i>promethazine-dm</i>	138	<i>qc childrens aspirin</i>	27	<i>ra balanced b-50 tr</i>	230
<i>promethazine-phenylephrine</i>	138	<i>qc daily multivitamins/iron</i>	230	<i>ra b-complex</i>	228
<i>promethegan</i>	68	<i>qc essentials</i>	231	<i>ra b-complex with b-12</i>	228
PROMETRIUM.....	255	<i>qc folic acid</i>	184	RA E-ZJECT LANCETS 28G.....	205
<i>propafenone hcl</i>	36	<i>qc gentle laxative</i>	192	RA E-ZJECT LANCETS THIN 26G.....	205
<i>propafenone hcl er</i>	36	<i>qc gentle laxative womens</i>	192	RA E-ZJECT LANCETS THIN 28G.....	205
<i>proparacaine hcl</i>	247	QC LANCETS SUPER THIN 30G.....	205	RA E-ZJECT LANCETS ULTRA THIN.....	205
PROPECIA.....	152	QC LANCETS ULTRA THIN.....	205	<i>ra folic acid</i>	184
PROPEL.....	240	<i>qc laxative</i>	192	RA INSULIN SYRINGE.....	214
PROPEL MINI.....	240	<i>qc magnesium citrate</i>	192	<i>ra laxative</i>	191, 192
PROPEL MINI SDS.....	240	<i>qc milk of magnesia</i>	192	<i>ra magnesium citrate</i>	192
<i>propofol</i>	174	<i>qc natura-lax</i>	191	<i>ra milk of magnesia</i>	192
<i>propranolol hcl</i>	120	<i>qc nicotine transdermal system</i>	262	<i>ra mini nicotine</i>	262
<i>propranolol hcl er</i>	120	QC PEN NEEDLES.....	214	<i>ra nicotine</i>	262
<i>propylthiouracil</i>	266	QC PRENATAL.....	235	<i>ra nicotine gum</i>	262
PROQUAD.....	272	QC UNIFINE PENTIPS.....	214	<i>ra nicotine polacrilex</i>	262
PRO-RED AC.....	138	QC UNILET LANCETS 28G.....	205	RA PEN NEEDLES.....	214
PROSCAR.....	175	QC UNILET LANCETS MICRO THIN.....	205	RA PRENATAL.....	235
PROSOL.....	242	QDOLO.....	30	RA PRENATAL FORMULA.....	235
PROSTIN VR.....	226	QELBREE.....	11	<i>ra womens laxative</i>	192
<i>protamine sulfate</i>	182	QINLOCK.....	93	RABAVERT.....	273
PROTONIX.....	269	QNASL.....	240	RABEPRAZOLE SODIUM.....	269
PROTOPAM CHLORIDE.....	63	QNASL CHILDRENS.....	240	<i>rabeprazole sodium</i>	269
<i>protriptyline hcl</i>	54	QSYMIA.....	13	RADICAVA ORS.....	240
PROVAYBLUE.....	63	QTERN.....	60	RADICAVA ORS STARTER KIT.....	240
PROVERA.....	255	QUADRACEL.....	267	RADIOGARDASE.....	63
PROVIDA OB.....	235	QUALAQUIN.....	81	RAGWITEK.....	17
PROVIGIL.....	16	<i>quazepam</i>	188	<i>raloxifene hcl</i>	166
		QUDEXY XR.....	46, 47	<i>ramelteon</i>	189

<i>ramipril</i>	73	RELION TRUE METRIX TEST		<i>ribavirin</i>	117, 118
<i>ranolazine er</i>	34	STRIPS.....	157	RIDAURA.....	22
RAPAFLO.....	175	RELION ULTIMA TEST.....	157	<i>rifabutin</i>	82
RAPAMUNE.....	225	RELION ULTRA THIN LANCETS		RIFADIN.....	82
RAPIVAB.....	118	30G.....	205	<i>rifampin</i>	82
<i>rasagiline mesylate</i>	105	RELION ULTRA THIN PLUS		RIGHTEST ALTERNATE SITE	
RASUVO.....	18	LANCETS.....	205	ADAPT.....	205
RAVICTI.....	167	RELISTOR.....	173	RIGHTEST GD500 LANCING	
<i>raya sure pen needle</i>	214	RELNATE DHA.....	235	DEVICE.....	205
RAYALDEE.....	163	RELPAX.....	218	RIGHTEST GL300 LANCETS.....	205
RAYOS.....	137	RELTONE.....	170	RIGHTEST GS100 BLOOD	
<i>react</i>	133	REMERON.....	49	GLUCOSE.....	157
READYLANCE SAFETY LANCETS	205	REMERON SOLTAB.....	50	RIGHTEST GS300 BLOOD	
REALITY INSULIN SYRINGE.....	214	REMESENSE.....	196	GLUCOSE.....	157
REALITY LANCETS.....	205	REMICADE.....	174	RIGHTEST GS550 BLOOD	
REALITY LATEX CONDOMS.....	195	<i>remifentanyl hcl</i>	30	GLUCOSE.....	157
REALITY LATEX/ULTRA		REMODULIN.....	125	RIGHTEST GT333 BLOOD	
TEXTURED.....	195	RENACIDIN.....	176	GLUCOSE.....	157
REALITY LATEX/ULTRA THIN.....	195	<i>renal vitamin</i>	228	RIGHTEST GT333 GLUCOSE TEST	157
REALITY TRIGGER LANCETS.....	205	<i>rena-vite</i>	228	<i>riluzole</i>	240
REBIF.....	258	RENFLEXIS.....	174	<i>rimantadine hcl</i>	117
REBIF REBIDOSE.....	258	RENOVA.....	140	RIMSO-50.....	176
REBIF REBIDOSE TITRATION		RENOVA PUMP.....	140	<i>ringers</i>	220
PACK.....	258	REVELA.....	173	<i>ringers irrigation</i>	224
REBIF TITRATION PACK.....	258	<i>repaglinide</i>	60	RINVOQ.....	18
REBINYN.....	179	REPATHA.....	71	RINVOQ LQ.....	18
REBLOZYL.....	183	REPATHA PUSHTRONEX SYSTEM.	71	RIOMET.....	54
REBYOTA.....	173	REPATHA SURECLICK.....	71	<i>risanoid plus</i>	237
RECARBRIO.....	79	RESTASIS.....	246	<i>risedronate sodium</i>	160
RECLAST.....	160	RESTASIS MULTIDOSE.....	246	RISPERDAL.....	108
<i>reclipsen</i>	131	RESTORIL.....	188	RISPERDAL CONSTA.....	108
RECOMBINATE.....	179	RETACRIT.....	184	<i>risperidone</i>	108
RECOMBIVAX HB.....	273	RETEVMO.....	94	<i>risperidone microspheres er</i>	108
RECORLEV.....	161	RETIN-A.....	140	RITALIN.....	16
RECOTHROM.....	187	RETIN-A MICRO.....	140	RITALIN LA.....	16
RECOTHROM SPRAY KIT.....	187	RETIN-A MICRO PUMP.....	140	<i>ritonavir</i>	114
RECTIV.....	33	RETISERT.....	249	RITUXAN.....	86
REFUAH PLUS BLOOD GLUCOSE		RETROVIR.....	115	RITUXAN HYCELA.....	96
TEST.....	157	REVATIO.....	126	<i>rivastigmine</i>	256
REGLAN.....	171	REVCОВI.....	159	<i>rivastigmine tartrate</i>	256
REGONOL.....	82	REVLIMID.....	224	<i>rivelsa</i>	133
REGANEX.....	152	<i>revonto</i>	238	RIVFLOZA.....	176
RELAFEN DS.....	24	REVUFORJ.....	92	RIXUBIS.....	179
RELENZA DISKHALER.....	118	REXALL BLOOD GLUCOSE TEST.	157	<i>rizatriptan benzoate</i>	218
RELEUKO.....	185	REXALL LANCETS ULTRA THIN		ROBAXIN.....	238
RELEXXII.....	16	30G.....	205	ROBINUL.....	269
RELION BLOOD GLUCOSE TEST...157		REXTOVY.....	64	ROBINUL-FORTE.....	269
RELION CONFIRM/MICRO TEST...157		REXULTI.....	111	ROCALTROL.....	163
RELION GLUCOSE TEST STRIPS...157		REYATAZ.....	114	ROCKLATAN.....	246
RELION INSULIN SYRINGE.....	214	REYVOW.....	218	<i>rocuronium bromide</i>	241
RELION LANCET DEVICES 30G.....	205	REZDIFFRA.....	171	<i>roflumilast</i>	40
RELION LANCETS.....	205	REZIPRES.....	276	ROLVEDON.....	185
RELION LANCETS MICRO-THIN		REZLIDHIA.....	99	<i>romidepsin</i>	91
33G.....	205	REZUROCK.....	226	<i>ropinirole hcl</i>	106
RELION LANCETS THIN 26G.....	205	REZVOGLAR KWIKPEN.....	59	<i>ropinirole hcl er</i>	106
RELION LANCETS ULTRA-THIN		REZZAYO.....	66	<i>ropivacaine hcl</i>	193
30G.....	205	RHOFADE.....	150	<i>rosuvastatin calcium</i>	70
RELION LANCING DEVICE.....	205	RHOGAM ULTRA-FILTERED PLUS		ROTARIX.....	273
RELION MINI PEN NEEDLES.....	214	.....	253	ROTATEQ.....	273
RELION PEN NEEDLES.....	214	RHOPHYLAC.....	253	ROWASA.....	172
RELION PREMIER TEST.....	157	RHOPRESSA.....	247	<i>roweepra</i>	47
RELION PRIME TEST.....	157	RIABNI.....	86	ROXICODONE.....	30
RELION SHORT PEN NEEDLES.....	214	RIASTAP.....	179	ROXYBOND.....	30

ROZEREM.....	189	<i>sb polyethylene glycol 3350</i>	191	SIMPONI.....	21
ROZLYTREK.....	94	SCEMBLIX.....	89	SIMPONI ARIA.....	21
RUBRACA.....	102	SCENESSE.....	149	SIMULECT.....	225
RUCONEST.....	180	<i>scopolamine</i>	65	<i>simvastatin</i>	70
<i>rufinamide</i>	47	SECUADO.....	109	SINEMET.....	105
RUKOBIA.....	113	SECURESAFE INSULIN SYRINGE.....	214	SINGLE-LET.....	206
RUXIENCE.....	86	SECURESAFE SAFETY PEN		SINGULAIR.....	40
RYALTRIS.....	240	NEEDLES.....	214	<i>sirolimus</i>	225
RYANODEX.....	238	SEGLENTIS.....	32	SIRTURO.....	82
RYBELSUS.....	59	SEGLUROMET.....	60	<i>sitagliptin</i>	55
RYBREVANT.....	94	<i>select-lite device/lancets</i>	206	<i>sitagliptin base-metformin hcl</i>	55
<i>ryclora</i>	67	<i>select-lite lancing device</i>	206	SITAVIG.....	117
RYDAPT.....	93	SELECT-OB.....	235	SIVEXTRO.....	80
RYDEX.....	138	SELECT-OB+DHA.....	236	SKYCLARYS.....	241
RYKINDO.....	108	<i>selegiline hcl</i>	105	SKYLA.....	134
RYLAZE.....	96	SELENIUM SULFIDE.....	144	SKYRIZI.....	143, 172
RYPLAZIM.....	182	SELZENTRY.....	113	SKYRIZI PEN.....	143
RYSTIGGO.....	225	SEMGLEE (YFGN).....	59	SKYTROFA.....	162
RYTARY.....	105	SE-NATAL 19.....	235	SLYND.....	134
RYTELO.....	101	SENSIPAR.....	160	<i>sm aspirin adult low strength</i>	27
RYVENT.....	68	<i>sensorcaine</i>	193	<i>sm aspirin ec low strength</i>	27
SABRIL.....	48	<i>sensorcaine/epinephrine</i>	193	<i>sm aspirin low dose</i>	27
SAFETY LANCET 30G/PRESSURE		<i>sensorcaine-mpf</i>	193	<i>sm b super vitamin complex</i>	228
ACT.....	205	<i>sensorcaine-mpf/epinephrine</i>	193	<i>sm b100 complex</i>	230
SAFETY LANCETS.....	205	SENSORCAINE-MPF/EPINEPHRINE		<i>sm balanced b-100</i>	229
SAFETY LANCETS 21G.....	205	.....	193	<i>sm balanced b-50</i>	229
SAFETY LANCETS 23G.....	205	SEREVENT DISKUS.....	38	<i>sm b-complex</i>	230
SAFETY LANCETS 28G.....	206	SERNIVO.....	147	SM B-COMPLEX/VITAMIN C.....	228
<i>safety pen needles</i>	214	SEROQUEL.....	109	<i>sm clearlax</i>	191
SAFYRAL.....	132	SEROQUEL XR.....	109	<i>sm folic acid</i>	184
<i>sajazir</i>	179	SEROSTIM.....	162	<i>sm gentle laxative</i>	192
SALAGEN.....	228	SERTRALINE HCL.....	51	SM LANCETS 33G.....	206
<i>saline flush</i>	221	<i>sertraline hcl</i>	51	<i>sm milk of magnesia</i>	192
SAMSCA.....	166	<i>setlakin</i>	133	<i>sm multiple vitamins essential</i>	232
SANCUSO.....	64	<i>sevelamer carbonate</i>	173	<i>sm multiple vitamins/iron</i>	230
SANDIMMUNE.....	223	<i>sevelamer hcl</i>	173	<i>sm nicotine</i>	262
SANDOSTATIN.....	167	SEVENFACT.....	179	<i>sm nicotine polacrilex</i>	262
SANDOSTATIN LAR DEPOT.....	167	<i>sevoflurane</i>	175	SM ONE DAILY PRENATAL.....	235
SANTYL.....	148	SEYSARA.....	265	SM PRENATAL VITAMINS.....	235
SAPHNELO.....	226	SEZABY.....	188	<i>sm super b complex/c</i>	229
SAPHRIS.....	109	<i>sf</i>	227	SM TRUEDRAW LANCING	
<i>sapropterin dihydrochloride</i>	166	<i>sf 5000 plus</i>	227	DEVICE.....	206
<i>saps health plus lancets</i>	206	SFROWASA.....	172	<i>sm vitamin b complex/vitamin c</i>	229
SAPS HEALTH TWIST TOP		<i>sharobel</i>	134	SMART DIABETES VANTAGE	
LANCETS.....	206	SHINGRIX.....	273	LANCING.....	206
SAPS TWIST TOP LANCETS.....	206	SIGNIFOR.....	167	SMART SENSE COLOR LANCETS	
SAPSCARE TWIST TOP LANCETS.....	206	SIGNIFOR LAR.....	167	33G.....	206
SARCLISA.....	86	SIKLOS.....	183	SMART SENSE PREMIUM TEST.....	157
SAVAYSA.....	41	<i>sildenafil citrate</i>	126	SMART SENSE STANDARD	
SAVELLA.....	256	SILENOR.....	188	LANCETS.....	206
SAVELLA TITRATION PACK.....	256	SILIQ.....	143	SMART SENSE SUPER THIN	
<i>saxagliptin hcl</i>	55	<i>silodosin</i>	175	LANCETS.....	206
<i>saxagliptin-metformin er</i>	55	SILVADENE.....	144	SMART SENSE THIN LANCETS	
SAXENDA.....	13	<i>silver sulfadiazine</i>	145	26G.....	206
<i>sb bisacodyl laxative ec</i>	192	SIMBRINZA.....	243	SMART SENSE VALUE TEST.....	157
<i>sb childrens aspirin</i>	27	SIMLANDI (1 PEN).....	21	SMARTEST BLOOD GLUCOSE	
<i>sb gentle lax-women</i>	192	SIMLANDI (2 PEN).....	21	TEST.....	157
SB INSULIN SYRINGE.....	214	SIMLANDI (2 SYRINGE).....	21	SMARTEST LANCETS 28G.....	206
SB LANCETS THIN.....	206	<i>simliya</i>	129	SMOFLIPID.....	243
SB LANCETS ULTRA THIN.....	206	<i>simpesse</i>	133	<i>smooth lax</i>	191
<i>sb low dose asa ec</i>	27	SIMPLE DIAGNOSTICS LANCING		SOANZ.....	158
<i>sb magnesium citrate</i>	192	DEV.....	206	<i>sod benz-sod phenylacet</i>	167
<i>sb milk of magnesia</i>	192			SODIUM ACETATE.....	218

<i>sodium acetate</i>	218	SPRITAM	47	<i>super b complex/vitamin c</i>	229
<i>sodium bicarbonate</i>	219	SPRIX	24	<i>super b-complex</i>	230
<i>sodium chloride</i>	138, 176, 221	SPRYCEL	89	<i>super b-complex + vitamin c</i>	229
<i>sodium chloride (pf)</i>	221	<i>sps (sodium polystyrene sulf)</i>	225	<i>super b-complex/vit c/fa</i>	228
<i>sodium fluoride</i>	220, 227	<i>sronyx</i>	132	<i>super dec b-100</i>	230
<i>sodium fluoride 5000 enamel</i>	227	<i>ssd</i>	145	<i>super quints b-50</i>	230
<i>sodium fluoride 5000 plus</i>	227	<i>st joseph aspirin</i>	27	SUPER THIN LANCETS	206
<i>sodium fluoride 5000 ppm</i>	227	<i>st joseph low dose</i>	27	SUPPRELIN LA	164
<i>sodium fluoride 5000 sensitive</i>	227	STAMARIL	274	SUPRANE	175
SODIUM IODIDE I-131	265	STEGLATRO	60	SUPREME TEST	157
SODIUM NITRITE	63	STEGLUJAN	60	SUPREP BOWEL PREP KIT	190
<i>sodium nitroprusside</i>	78	STELARA	143, 173	SURE COMFORT INSULIN	
<i>sodium oxybate</i>	255	STENDRA	126	SYRINGE	214
<i>sodium phenylbutyrate</i>	167	STERILANCE TL	206	SURE COMFORT LANCETS 18G	206
<i>sodium phosphates</i>	220	<i>sterile water for irrigation</i>	224	SURE COMFORT LANCETS 21G	206
<i>sodium polystyrene sulfonate</i>	225	STIMUFEND	185	SURE COMFORT LANCETS 23G	206
<i>sodium tetradecyl sulfate</i>	226	STIOLTO RESPIMAT	37	SURE COMFORT LANCETS 28G	206
SODIUM THIOSULFATE	63	STIVARGA	93	SURE COMFORT LANCETS 30G	206
SOFDRA	150	STRATTERA	11	<i>sure comfort lancng pen</i>	206
SOFOSBUVIR-VELPATASVIR	116	STRAVIX	152	SURE COMFORT PEN NEEDLES	214
SOGROYA	162	STRENSIQ	163	<i>sure comfort pen needles</i>	214
SOHONOS	239	<i>streptomycin sulfate</i>	17	<i>surebiotic probiotic support</i>	62
SOLESTA	223	<i>stress b complex/iron</i>	230	SURELITE LANCETS	206
<i>solifenacin succinate</i>	270	<i>stress formula</i>	232	SURGICEL FIBRILLAR	187
SOLQUA	59	<i>stress formula (folic acid)</i>	228	SURGICEL NU-KNIT	187
SOLIRIS	180	<i>stress formula/iron</i>	230	SURGICEL SNOW 1"X2"	187
SOLOSEC	17	<i>stress formula/zinc/energy</i>	232	SURGICEL SNOW 2"X4"	187
SOLTAMOX	84	<i>stresstabs energy</i>	232	SURGICEL SNOW 4"X4"	187
SOLU-CORTEF	137	STRIBILD	113	SUSTOL	64
SOLU-MEDROL	137	STRIVERDI RESPIMAT	38	SUSVIMO (IMPLANT 1ST FILL)	250
SOLU-MEDROL (PF)	137	STROMECTOL	34	SUSVIMO (IMPLANT REFILL)	251
SOLUS V2 LANCETS 28G	206	STRONTIUM CHLORIDE SR-89	96	SUTAB	190
SOLUS V2 LANCING DEVICE	206	SUBLOCADE	31	SUTENT	93
SOLUS V2 TEST	157	SUBOXONE	31, 32	<i>syeda</i>	132
SOLUS V2 TWIST LANCETS 30G	206	<i>subvenite</i>	47	SYFOVRE	246
SOMA	238	<i>subvenite starter kit-blue</i>	47	SYLVANT	224
SOMATULINE DEPOT	167	<i>subvenite starter kit-green</i>	47	SYMBICORT	37
SOMAVERT	162	<i>subvenite starter kit-orange</i>	47	SYMBYAX	263
SOOLANTRA	150	SUCCINYLMCHOLINE CHLORIDE	241	SYMDEKO	264
<i>sorafenib tosylate</i>	93	SUCRAID	158	SYMFI	113
SORBITOL	176	<i>sucralfate</i>	268	SYMFI LO	113
SORBITOL-MANNITOL	176	SUFENTANIL CITRATE	30	SYMLINPEN 120	54
SORILUX	143	SUFLAVE	190	SYMLINPEN 60	54
SOTALOL HCL	120	SULAR	122	SYMPAZAN	43
<i>sotalol hcl</i>	120	<i>sulconazole nitrate</i>	148	SYMPROIC	173
<i>sotalol hcl (af)</i>	120	<i>sulfacetamide sodium</i>	249	SYMTUZA	113
SOTRADECOL	226	<i>sulfacetamide sodium (acne)</i>	139	SYNAGIS	252
<i>sotradecol</i>	226	<i>sulfacetamide-prednisolone</i>	248	SYNALAR	147
SOTYKTU	143	<i>sulfadiazine</i>	264	SYNAREL	164
SOTYLIZE	120	<i>sulfamethoxazole-trimethoprim</i>	78	SYNDROS	65
SOVALDI	117	SULFAMYLON	145	SYNJARDY	60
SOVUNA	81	<i>sulfasalazine</i>	172	SYNJARDY XR	61
SPEVIGO	143	<i>sulfatrim pediatric</i>	78	SYNOJOYNT	239
SPIKEVAX	274	<i>sulindac</i>	24	SYNTHROID	266
<i>spinosad</i>	151	<i>sumatriptan</i>	218	SYNVISC	239
SPIRIVA HANDIHALER	39	<i>sumatriptan succinate</i>	218	SYNVISC ONE	239
SPIRIVA RESPIMAT	39	<i>sumatriptan succinate refill</i>	218	SYPRINE	222
<i>spironolactone</i>	159	<i>sumatriptan-naproxen sodium</i>	217	SYRINGE AVITENE	187
<i>spironolactone-hctz</i>	158	<i>sunitinib malate</i>	93	<i>tab-a-vite</i>	232
SPORANOX	67	SUNLENCA	113	<i>tab-a-vite/beta carotene</i>	232
SPRAVATO (56 MG DOSE)	51	SUNOSI	13	<i>tab-a-vite/iron</i>	230
SPRAVATO (84 MG DOSE)	51	SUPARTZ FX	239	TAB-A-VITE/IRON/BETA	
<i>sprintec 28</i>	132	<i>super b complex/fa/vit c</i>	228	CAROTENE	230

TABLOID.....	85	<i>telmisartan-amlodipine</i>	74	THROMBI-GEL 100.....	186
TABRECTA.....	92	<i>telmisartan-hctz</i>	75	THROMBI-GEL 40.....	186
TACHOSIL.....	187	<i>temazepam</i>	188	THROMBIN-JMI.....	187
TACLONEX.....	152	TEMBEXA.....	117	THROMBIN-JMI EPISTAXIS.....	187
<i>tacrolimus</i>	149, 225	TEMODAR.....	98	THROMBI-PAD.....	186
<i>tadalafil</i>	126	<i>temozolomide</i>	98	THROMBOGEN.....	187, 188
<i>tadalafil (pah)</i>	126	<i>temsirolimus</i>	93	THYMOGLOBULIN.....	223
TADLIQ.....	126	<i>tencon</i>	26	THYQUIDITY.....	266
TAFINLAR.....	89	TENIVAC.....	267	<i>thyroid</i>	266
<i>tafluprost (pf)</i>	250	<i>tenofovir disoproxil fumarate</i>	115	<i>tiadylt er</i>	122, 123
TAGRISSO.....	90	TENORETIC 100.....	77	<i>tiagabine hcl</i>	48
<i>take action</i>	133	TENORETIC 50.....	77	TIAZAC.....	123
TAKHZYRO.....	181	TENORMIN.....	119	TIBSOVO.....	99
TALICIA.....	270	TEPADINA.....	83	TICE BCG.....	97
TALTZ.....	143	TEPEZZA.....	163	TICOVAC.....	274
TALVEY.....	89	TEPMETKO.....	92	TIGAN.....	65
TALZENNA.....	102	<i>terazosin hcl</i>	77	TIGECYCLINE.....	265
TAMIFLU.....	118	<i>terbinafine hcl</i>	66	TIKOSYN.....	36
<i>tamoxifen citrate</i>	84	<i>terbutaline sulfate</i>	38, 39	<i>tilia fe</i>	135
<i>tamsulosin hcl</i>	175	<i>terconazole</i>	274	<i>timolol hemihydrate</i>	243
TANLOR.....	238	<i>teriflunomide</i>	257	<i>timolol maleate</i>	120, 243
<i>taperdex 12-day</i>	137	<i>teriparatide</i>	165	<i>timolol maleate (once-daily)</i>	243
<i>taperdex 6-day</i>	137	TERIPARATIDE.....	165	<i>timolol maleate ocudose</i>	243
<i>taperdex 7-day</i>	137	TERLIVAZ.....	168	<i>timolol maleate pf</i>	243
TARCEVA.....	90	<i>terrell</i>	175	TIMOPTIC OCUDOSE.....	243
<i>targadox</i>	265	TESTIM.....	32	<i>tinidazole</i>	78
TARGRETIN.....	102, 152	TESTOPEL.....	32	<i>tiopronin</i>	176
<i>tarina 24 fe</i>	132	<i>testosterone</i>	33	<i>tiotropium bromide monohydrate</i>	39
<i>tarina fe 1/20 eq</i>	132	<i>testosterone cypionate</i>	32	<i>tirofiban hcl in nacl</i>	180
TARON-C DHA.....	235	<i>testosterone enanthate</i>	33	TIROSINT.....	266
TARPEYO.....	137	TETANUS-DIPHThERIA TOXOIDS		TIROSINT-SOL.....	266
TASCENSO ODT.....	263	TD.....	267	TISSEEL.....	186
TASIGNA.....	89	<i>tetrabenazine</i>	257	TISSUEBLUE.....	249
<i>tasimelteon</i>	189	<i>tetracaine hcl</i>	247	<i>tis-u-sol</i>	224
TASMAR.....	105	<i>tetracycline hcl</i>	265	TIVDAK.....	88
<i>tavaborole</i>	150	TEVIMBRA.....	88	TIVICAY.....	113
TAVALISSE.....	182	TEXACORT.....	147	TIVICAY PD.....	113
TAVNEOS.....	180	TEZSPIRE.....	41	<i>tizanidine hcl</i>	238
<i>taysofy</i>	132	TGT BLOOD GLUCOSE TEST.....	157	TLANDO.....	33
TAYTULLA.....	132	TGT LANCET MICRO THIN 33G.....	206	<i>tm-daily vite</i>	232
TAZAROTENE.....	140	TGT LANCET THIN 26G.....	206	TNKASE.....	183
<i>tazarotene</i>	144	TGT LANCET ULTRA THIN 30G.....	206	TOBI.....	17
<i>tazicef</i>	128	<i>tgt lancing device</i>	206	TOBI PODHALER.....	17
TAZICEF.....	128	THALITONE.....	159	TOBRADEX.....	248
TAZORAC.....	144	THALOMID.....	222	TOBRADEX ST.....	248
TAZVERIK.....	92	THAM.....	219	<i>tobramycin</i>	17, 245
TDVAX.....	267	THE LIQUILIFT TRACE.....	221	<i>tobramycin sulfate</i>	17
TECENTRIQ.....	88	THEO-24.....	41	<i>tobramycin-dexamethasone</i>	248
TECENTRIQ HYBREZA.....	96	<i>theophylline</i>	41	TOBEX.....	245
TECFIDERA.....	259	<i>theophylline er</i>	41	TODAY SPONGE.....	274
TECHLITE AST LANCETS.....	206	THERA.....	232	<i>today's health lancing device</i>	207
TECHLITE INSULIN SYRINGE.....	214	<i>thera-tabs</i>	232	TODAY'S HEALTH PEN NEEDLES.....	215
TECHLITE LANCETS.....	206	THEREMS.....	232	TODAY'S HEALTH SHORT PEN	
TECHLITE LANCETS 26G.....	206	<i>thiamine hcl</i>	276	NEEDLE.....	215
TECHLITE PEN NEEDLES.....	215	THIOLA.....	176	TODAY'S HEALTH THIN LANCETS	
TECHLITE PLUS PEN NEEDLES.....	215	THIOLA EC.....	176	28G.....	207
TECVAYLI.....	89	<i>thioridazine hcl</i>	110	TODAY'S HEALTH THIN LANCETS	
TEFLARO.....	129	<i>thiotepa</i>	83	30G.....	207
TEGLUTIK.....	240	<i>thiothixene</i>	111	TOFIDENCE.....	22
TEGRETOL.....	47	<i>thrive</i>	262	TOLAK.....	142
TEGRETOL-XR.....	47	THRIVITE RX.....	235	<i>tolcapone</i>	105
TEKTRUNA.....	77	THROMBATE III.....	182	TOLECTIN 600.....	24
<i>telmisartan</i>	76	THROMBI-GEL 10.....	186	<i>tolmetin sodium</i>	24

TOLSURA.....	67	TRETEN.....	179	TROKENDI XR.....	47, 48
<i>tolterodine tartrate</i>	270	TREXALL.....	85	TROPHAMINE.....	242
<i>tolterodine tartrate er</i>	270	TREXIMET.....	217	<i>tropicamide</i>	244
<i>tolvaptan</i>	166	<i>trezix</i>	27	<i>tropium chloride</i>	270
TOPAMAX.....	47	<i>triamcinolone acetonide</i>	147, 228	<i>tropium chloride er</i>	270
TOPAMAX SPRINKLE.....	47	<i>triamcinolone in absorbase</i>	147	TRUDHESA.....	217
TOPCARE CLICKFINE PEN		<i>triamterene</i>	159	<i>true comfort insulin syringe</i>	215
NEEDLES.....	215	<i>triamterene-hctz</i>	158	TRUE COMFORT INSULIN	
TOPCARE LANCETS MICRO-THIN		<i>triazolam</i>	188	SYRINGE.....	215
33G.....	207	TRIBENZOR.....	76	TRUE COMFORT PEN NEEDLES.....	215
TOPCARE ULTRA COMFORT INS		TRICARE.....	235	TRUE COMFORT PRO INSULIN	
SYR.....	215	TRICOR.....	69	SYR.....	215
TOPICORT.....	147	Tridacaine Ii.....	149	TRUE COMFORT PRO PEN	
TOPICORT SPRAY.....	147	Tridacaine Iii.....	149	NEEDLES.....	215
<i>topiramate</i>	47	<i>triderm</i>	147	<i>true comfort safety lancets</i>	207
<i>topiramate er</i>	47	<i>trientine hcl</i>	222	TRUE COMFORT TWIST TOP	
TOPOTECAN HCL.....	103	TRIESENCE.....	249	LANCETS.....	207
<i>topotecan hcl</i>	103	<i>tri-estarylla</i>	135	<i>true cover</i>	196
TOPROL XL.....	119	<i>trifluoperazine hcl</i>	110	<i>true daily vite</i>	232
<i>toremifene citrate</i>	84	<i>trifluridine</i>	245	TRUE FOCUS BLOOD GLUCOSE	
TORISEL.....	93	<i>trihexyphenidyl hcl</i>	104	STRIP.....	157
Torpenz.....	93	TRIJARDY XR.....	60	<i>true folic acid</i>	184
<i>torseamide</i>	158	TRIKAFTA.....	264	<i>true laxative</i>	191
TOSYMRA.....	218	<i>tri-legest fe</i>	135	TRUE METRIX BLOOD GLUCOSE	
TOTALVISC.....	249	TRILEPTAL.....	47	TEST.....	157
TOUJEO MAX SOLOSTAR.....	59	<i>tri-lynyah</i>	135	<i>true multivitamin</i>	232
TOUJEO SOLOSTAR.....	59	TRILIPIX.....	70	TRUEDRAW LANCING DEVICE.....	207
<i>tovet</i>	147	<i>tri-lo-estarylla</i>	135	TRUEPLUS 5-BEVEL PEN	
TOVIAZ.....	270	<i>tri-lo-marzia</i>	135	NEEDLES.....	215
TPN ELECTROLYTES.....	220	<i>tri-lo-mili</i>	135	TRUEPLUS INSULIN SYRINGE.....	215
TPOXX.....	117	<i>tri-lo-sprintec</i>	135	TRUEPLUS LANCETS 26G.....	207
TRACLEER.....	126	TRI-LUMA.....	148	TRUEPLUS LANCETS 28G.....	207
TRADJENTA.....	55	TRILURON.....	239	TRUEPLUS LANCETS 30G.....	207
TRALEMENT.....	221	<i>trimethobenzamide hcl</i>	65	TRUEPLUS LANCETS 33G.....	207
TRAMADOL HCL.....	30	TRIMETHOPRIM.....	78	TRUEPLUS PEN NEEDLES.....	215
<i>tramadol hcl</i>	30	<i>tri-mili</i>	135	TRUEPLUS SAFETY LANCETS 28G	
<i>tramadol hcl (er biphasic)</i>	30	<i>trimipramine maleate</i>	54	.....	207
<i>tramadol hcl er</i>	30	TRINATAL RX 1.....	235	TRUETEST TEST.....	157
<i>tramadol-acetaminophen</i>	32	<i>trinate</i>	235	TRUETRACK TEST.....	157
<i>trandolapril</i>	73	TRINTELLIX.....	52	TRULANCE.....	170
<i>trandolapril-verapamil hcl er</i>	72	TRIPTODUR.....	164	TRULICITY.....	59
<i>tranexamic acid</i>	187	TRISENOX.....	97	TRUMENBA.....	271
TRANEXAMIC ACID-NACL.....	187	<i>tri-sprintec</i>	135	TRUQAP.....	85
TRANSDERM-SCOP.....	65	TRISTART DHA.....	236	TRUSKIN.....	152
<i>tranlycypromine sulfate</i>	50	TRIUMEQ.....	113	TRUSTEX COLOR CONDOMS +	
TRAVASOL.....	242	TRIUMEQ PD.....	113	LUBE.....	196
TRAVATAN Z.....	250	TRI-VI-FLOR.....	232	TRUSTEX LUB/RIBBED/STUDDED.....	196
TRAVEL LANCETS ADVANCED		TRI-VI-FLORO.....	233	TRUSTEX LUB/SPERMICIDE EX	
28G.....	207	<i>tri-vite/fluoride</i>	233	ST.....	196
<i>travoprost (bak free)</i>	250	<i>trivora (28)</i>	135	TRUSTEX LUB/SPERMICIDE XL.....	196
TRAZIMERA.....	87	<i>tri-vylibra</i>	135	TRUSTEX LUBRICATED.....	196
<i>trazodone hcl</i>	51, 52	<i>tri-vylibra lo</i>	135	TRUSTEX LUBRICATED EX	
TREANDA.....	83	TRODELVY.....	103	LARGE.....	196
TRECATOR.....	82	TROGARZO.....	113	TRUSTEX LUBRICATED EXTRA	
TRELEGY ELLIPTA.....	37	TROJAN ENZ.....	195	ST.....	196
TRELSTAR MIXJECT.....	100	TROJAN MAGNUM.....	196	TRUSTEX	
TREMFYA.....	143	TROJAN ULTRA RIBBED		LUBRICATED/SPERMICIDE.....	196
<i>treprostinil</i>	125	LUBRICATED.....	196	TRUSTEX NATURAL CONDOMS +	
TRESIBA.....	59	TROJAN ULTRA THIN.....	196	LUBE.....	196
TRESIBA FLEXTOUCH.....	59	TROJAN ULTRA		TRUSTEX NON-LUBRICATED.....	196
<i>tretinoin</i>	102, 140	THIN/SPERMICIDAL.....	196	TRUSTEX RIA LUB/SPERMICIDE..	196
<i>tretinoin microsphere</i>	140	TROJAN-ENZ LUBRICATED.....	196	TRUSTEX RIA LUBRICATED.....	196
<i>tretinoin microsphere pump</i>	140	TROJAN-ENZ/SPERMICIDAL.....	196	TRUSTEX RIA NON-LUBRICATED.....	196

TRUSTEX-NONOXYNOL-9/RIB/STUD.....	196	ULTRA FLO INSULIN SYR 1/2 UNIT.....	215	UNISTIK NORMAL.....	208
TRUVADA.....	113	ULTRA FLO INSULIN SYRINGE.....	215	UNISTIK PRO SAFETY LANCET....	208
TRUXIMA.....	86	ULTRA THIN LANCETS 31G.....	207	UNISTIK SAFETY LANCETS 28G... 208	
TRYVIO.....	77	ULTRA THIN PEN NEEDLES.....	215	UNISTIK SAFETY LANCETS 30G... 208	
TUDORZA PRESSAIR.....	39	ULTRACARE INSULIN SYRINGE.....	215	UNISTIK TOUCH SAFETY LANC 21G.....	208
TUKYSA.....	87	ULTRA-CARE LANCETS 30G.....	207	UNISTIK TOUCH SAFETY LANC 23G.....	208
TURALIO.....	94	ULTRACARE PEN NEEDLES.....	216	UNISTIK TOUCH SAFETY LANC 28G.....	208
TURPENTINE.....	149	ULTRAFOAM SPONGE 2X6.25X7CM.....	188	UNISTIK TOUCH SAFETY LANC 30G.....	208
Turqoz.....	132	ULTRAFOAM SPONGE 8X12.5X1CM.....	188	UNISTRIP1 GENERIC.....	157
TUSNEL C.....	138	ULTRAFOAM SPONGE 8X12.5X3CM.....	188	<i>unithroid</i>	266
TUXARIN ER.....	138	ULTRAFOAM SPONGE 8X25X1CM.....	188	UNITUXIN.....	87
TWINRIX.....	272	ULTRAFOAM SPONGE 8X6.25X1CM.....	188	UNIVERSAL 1 LANCETS THIN 26G.....	208
TWIRLA.....	132	ULTRA-THIN II AUTO LANCET.....	207	UNIVERSAL 1 LANCETS THIN 33G.....	208
<i>twist top lancets 30g</i>	207	ULTRA-THIN II INS SYR SHORT.....	216	UNIVERSAL 1 LANCETS ULTRA THIN.....	208
TWYNEO.....	139	ULTRA-THIN II INSULIN SYRINGE.....	216	UPLIZNA.....	225
TYBLUME.....	132	ULTRA-THIN II LANCETS.....	207	UPNEEQ.....	250
TYBOST.....	115	ULTRA-THIN II MINI PEN NEEDLE.....	216	UPTRAVI.....	126
<i>tydemy</i>	132	ULTRA-THIN II PEN NEEDLE SHORT.....	216	UPTRAVI TITRATION.....	126
TYENNE.....	22	ULTRA-THIN II PEN NEEDLES.....	216	UROCIT-K 10.....	175
TYGACIL.....	265	ULTRAVATE.....	147	UROCIT-K 15.....	175
TYKERB.....	94	UNASYN.....	254	UROXATRAL.....	175
TYMLOS.....	166	UNDECATREX.....	33	URSO FORTE.....	170
TYPHIM VI.....	271	UNIFINE PENTIPS.....	216	URSODIOL.....	170
TYRVAYA.....	243	UNIFINE PENTIPS PLUS.....	216	<i>ursodiol</i>	170
TYSABRI.....	258	UNIFINE PROTECT PEN NEEDLE.....	216	UVADEX.....	97
TYVASO.....	125	UNIFINE SAFECONTROL PEN NEEDLE.....	216	UZEDY.....	108
TYVASO DPI INSTITUTIONAL KIT.....	125	UNIFINE ULTRA PEN NEEDLE.....	216	VABOMERE.....	79
TYVASO DPI MAINTENANCE KIT.....	125	UNILET COMFORTOUCH LANCET.....	207	VABYSMO.....	244
TYVASO DPI TITRATION KIT.....	125	UNILET EXCELITE.....	207	VAFSEO.....	185
TYVASO REFILL KIT.....	125	UNILET EXCELITE II.....	207	VAGIFEM.....	275
TYVASO STARTER KIT.....	125	UNILET G.P. LANCET.....	207	<i>valacyclovir hcl</i>	117
TZIELD.....	54	UNILET G.P. SUPERLITE LANCET.....	207	VALCHLOR.....	142
UBRELVY.....	216	UNILET GP 28 ULTRA THIN.....	207	VALCYTE.....	116
UCERIS.....	33, 137	UNILET LANCET.....	207	<i>valganciclovir hcl</i>	116
UDENYCA.....	185	UNILET MICRO-THIN 33G.....	207	VALIUM.....	35
UDENYCA ONBODY.....	185	UNILET SUPERLITE LANCET.....	207	<i>valproate sodium</i>	49
ULORIC.....	177	UNILET SUPER-THIN 30G.....	207	<i>valproic acid</i>	49
ULTANE.....	175	UNILET ULTRA-THIN 28G.....	207	<i>valrubicin</i>	95
ULTICARE INSULIN SAFETY SYR.....	215	UNISTIK 1.....	207	VALSARTAN.....	76
ULTICARE INSULIN SYR 1/2 UNIT.....	215	UNISTIK 2.....	207	<i>valsartan</i>	76
ULTICARE INSULIN SYRINGE.....	215	UNISTIK 2 COMFORT.....	207	<i>valsartan-hydrochlorothiazide</i>	75
ULTICARE MICRO PEN NEEDLES.....	215	UNISTIK 2 EXTRA.....	207	VALSTAR.....	95
ULTICARE MINI PEN NEEDLES.....	215	UNISTIK 2 NEONATAL.....	208	VALTOCO 10 MG DOSE.....	43
ULTICARE PEN NEEDLES.....	215	UNISTIK 2 NORMAL.....	208	VALTOCO 15 MG DOSE.....	43
ULTICARE SHORT PEN NEEDLES.....	215	UNISTIK 2 SUPER.....	208	VALTOCO 20 MG DOSE.....	43
ULTIGUARD SAFEPAK PEN NEEDLE.....	215	UNISTIK 3.....	208	VALTOCO 5 MG DOSE.....	43
ULTIGUARD SAFEPAK SYR/NEEDLE.....	215	UNISTIK 3 COMFORT.....	208	VALTRESX.....	117
ULTI-LANCE AUTOMATIC.....	207	UNISTIK 3 EXTRA.....	208	VALUE HEALTH INSULIN SYRINGE.....	216
ULTILET CLASSIC LANCETS.....	207	UNISTIK 3 GENTLE.....	208	VALUE PLUS LANCET STANDARD 21G.....	208
ULTILET LANCETS.....	207	UNISTIK 3 NEONATAL.....	208	VALUE PLUS LANCETS SUPER THIN.....	208
ULTILET PEN NEEDLE.....	215	UNISTIK 3 NORMAL.....	208	VALUE PLUS LANCETS THIN 26G.....	208
ULTILET SAFETY LANCETS.....	207	UNISTIK CZT COMFORT.....	208	<i>value plus lancing device</i>	208
ULTILET SAFETY LANCETS 23G.....	207	UNISTIK CZT NORMAL.....	208	VANCOCIN.....	79
ULTIVA.....	30				
ULTOMIRIS.....	180				
<i>ultra b-100 complex</i>	237				
ULTRA COMFORT INSULIN SYRINGE.....	215				
ULTRA FLO INSULIN PEN NEEDLES.....	215				

VANCOMYCIN HCL.....	79, 80	VERIFINE PLUS PEN NEEDLE.....	216	VITAFOL ULTRA.....	236
<i>vancomycin hcl</i>	80	VERIFINE SAFE LANCET MINI 21G	.....	VITAFOL-OB.....	235
<i>vancomycin hcl in dextrose</i>	79	.....	208	VITAFOL-OB+DHA.....	236
VANCOMYCIN HCL IN DEXTROSE	79	VERIFINE SAFE LANCET MINI 23G	.....	VITAFOL-ONE.....	236
VANCOMYCIN HCL IN NACL.....	79	.....	208	<i>vitalee</i>	232
VANDAZOLE.....	274	VERIFINE SAFE LANCET MINI 28G	.....	VITALIPID N INFANT.....	233
VANFLYTA.....	94	.....	208	VITAMEDMD ONE	.....
VANISHPOINT INSULIN SYRINGE	216	VERIFINE SAFE LANCET MINI 30G	.....	RX/QUATREFOLIC.....	236
VANOS.....	147	.....	208	<i>vitamin b complex</i>	228
VAQTA.....	274	VERIFINE UNIVERSAL LANCETS	.....	<i>vitamin b complex w/b-12</i>	228
<i>varденаfil hcl</i>	126	28G.....	208	<i>vitamin d (ergocalciferol)</i>	276
<i>varenicline tartrate</i>	262	VERIFINE UNIVERSAL LANCETS	.....	<i>vitamin k1</i>	276
<i>varenicline tartrate (starter)</i>	262	30G.....	208	<i>vitamin-b complex</i>	228
<i>varenicline tartrate(continue)</i>	262	VERIFINE UNIVERSAL LANCETS	.....	VITAPEARL.....	235
VARITHENA.....	226	33G.....	208	VITATHELY WITH GINGER.....	235
VARIVAX.....	274	VERKAZIA.....	246	VITATRUE.....	236
VARIZIG.....	253	VERQUVO.....	127	VITLIPID N ADULT.....	232
VARUBI (180 MG DOSE).....	66	VERSACLOZ.....	108	VITLIPID N INFANT.....	233
VASCEPA.....	69	VERZENIO.....	98	VITRAKVI.....	95
VASERETIC.....	72	VESICARE.....	270	VIVA DHA.....	235
<i>vasopressin</i>	168	VESICARE LS.....	270	VIVAGUARD INO TEST STRIPS.....	157
<i>vasopressin +rfid</i>	168	<i>vestura</i>	132	VIVAGUARD LANCETS.....	208
<i>vasopressin-sodium chloride</i>	168	VEVYE.....	246	VIVAGUARD LANCETS 30G.....	208
VASOSTRICT.....	168	VFEND.....	67	VIVAGUARD LANCING DEVICE... 208	.....
VASOTEC.....	73	VFEND IV.....	67	VIVAGUARD SAFETY LANCETS	.....
VAXCHORA.....	271	V-GO 20.....	209	28G.....	208
VAXELIS.....	267	V-GO 30.....	209	VIVELLE-DOT.....	169
VAXNEUVANCE.....	272	V-GO 40.....	209	<i>vivimusta</i>	83
VAZCULEP.....	276	VIAGRA.....	126	VIVITROL.....	64
VCF VAGINAL CONTRACEPTIVE.	274	VIBATIV.....	80	VIVJOA.....	66
VECAMYL.....	77	VIBERZI.....	171	VIVOTIF.....	272
VECTIBIX.....	90	VICTOZA.....	59	VIZIMPRO.....	90
VECTICAL.....	144	VIDAZA.....	85	VOGELXO.....	33
<i>vecuronium bromide</i>	241	<i>vienna</i>	132	VOGELXO PUMP.....	33
VEGZELMA.....	104	<i>vigabatin</i>	48	<i>volnea</i>	129
VELCADE.....	94	<i>vigadrone</i>	48	VONJO.....	99
VELETRI.....	125	Vigadrone.....	48	VONVENDI.....	179
<i>velivet</i>	135	VIGAFYDE.....	48	VOQUEZNA.....	268
VELPHORO.....	173	VIGAMOX.....	245	VOQUEZNA DUAL PAK.....	270
VELSIPITY.....	174	Vigpoder.....	48	VOQUEZNA TRIPLE PAK.....	270
VELTASSA.....	225	VIIBRYD.....	52	VORANIGO.....	99
VEMLIDY.....	116	VIJOICE.....	225	VORAXAZE.....	97
VENCLEXTA.....	88	<i>vilazodone hcl</i>	52	<i>voriconazole</i>	67
VENCLEXTA STARTING PACK.....	88	VILTEPSO.....	241	VOSEVI.....	116
VENIPUNCTURE PX1	.....	VIMIZIM.....	164	VOTRIENT.....	94
PHLEBOTOMY.....	152	VIMOVO.....	22	VOWST.....	173
<i>venlafaxine besylate er</i>	53	VIMPAT.....	48	VOXZOGO.....	165
<i>venlafaxine hcl</i>	53	VINATE DHA RF.....	235	VOYDEYA.....	180
<i>venlafaxine hcl er</i>	53	<i>vinblastine sulfate</i>	100	VP INSULIN SYRINGE.....	216
VENOFER.....	186	<i>vincristine sulfate</i>	100	VPRIV.....	183
VENTAVIS.....	125	<i>vinorelbine tartrate</i>	100	VRAYLAR.....	107
VENTOLIN HFA.....	39	VIOKACE.....	158	VTAMA.....	144
VEOPOZ.....	180	<i>viorele</i>	129	VUITY.....	244
VEOZAH.....	165	VIRACEPT.....	114	VUMERITY.....	259
<i>verapamil hcl</i>	123	VIRAZOLE.....	118	VUSION.....	141
<i>verapamil hcl er</i>	123	VIREAD.....	115	VYALEV.....	105
VERASENS BLOOD GLUCOSE	.....	VISCOAT.....	249	VYEPTI.....	217
TEST.....	157	VISIONBLUE.....	249	<i>vyfemla</i>	132
VEREGEN.....	140	VISTOGARD.....	63	VYLEESI.....	256
VERELAN.....	123	VISUDYNE.....	247	<i>vylibra</i>	132
VERELAN PM.....	123	<i>vit e-vit c-beta carotene</i>	232	VYLOY.....	87
VERIFINE INSULIN PEN NEEDLE..	216	VITAFOL FE+.....	236	VYNDAMAX.....	127
VERIFINE INSULIN SYRINGE.....	216	VITAFOL GUMMIES.....	235	VYNDAQEL.....	127

VYONDYS 53.....	241	XELJANZ.....	18	YUFLYMA (2 PEN).....	21
VYTORIN.....	71	XELJANZ XR.....	18	YUFLYMA (2 SYRINGE).....	21
VYVANSE.....	12	XELODA.....	85	YUFLYMA-CD/UC/HS STARTER.....	21
VYVGART.....	225	XELPROS.....	250	YUPELRI.....	39
VYVGART HYTRULO.....	223	XELSTRYM.....	12	YUSIMRY.....	21
VYXEOS.....	96	XEMBIFY.....	253	YUTIQ.....	249
VYZULTA.....	250	XENAZINE.....	257	<i>yuvafem</i>	275
WAINUA.....	256	XENICAL.....	14	<i>zafemy</i>	132
WAKIX.....	14	XENPOZYME.....	159	<i>zafirlukast</i>	40
WALGREENS LANCETS.....	208	XEOMIN.....	241	<i>zaleplon</i>	189
WALGREENS LANCETS MICRO		XERAVA.....	264	ZALTRAP.....	104
THIN.....	209	XERESE.....	144	ZALVIT.....	235
WALGREENS LANCETS SUPER		XERMELo.....	174	ZANAFLEX.....	238
THIN.....	209	XGEVA.....	166	ZANOSAR.....	101
WALGREENS THIN LANCETS.....	209	XHANCE.....	240	ZARONTIN.....	49
WALGREENS ULTRA THIN		XIAFLEX.....	223	ZARXIO.....	185
LANCETS.....	209	XIFAXAN.....	78	ZAVESCA.....	183
<i>warfarin sodium</i>	41	XIGDUO XR.....	61	ZAVZPRET.....	216
<i>water for irrigation, sterile</i>	224	XIIDRA.....	244	ZEGALOGUE.....	55
WEGMANS UNIFINE PENTIPS		XIPERE.....	249	ZEGERID.....	268
PLUS.....	216	<i>xirun</i>	148	ZEJULA.....	102
WEGOvy.....	13	XOFIGO.....	96	ZELAPAR.....	105
WELCHOL.....	69	XOFLUZA (40 MG DOSE).....	118	ZELBORAF.....	89
WELIREG.....	91	XOFLUZA (80 MG DOSE).....	118	ZEMAIRA.....	263
WELLBUTRIN SR.....	50	XOLAIR.....	38	ZEMBRACE SYMTOUCH.....	218
WELLBUTRIN XL.....	50	XOLREMDI.....	183	ZEMDRI.....	17
<i>vera</i>	132	XOPENEX HFA.....	39	ZEMPLAR.....	163
<i>wesnatal dha complete</i>	235	XOSPATA.....	94	<i>zenatane</i>	140
<i>wes-phos 250 neutral</i>	220	XPHOZAH.....	161	ZENPEP.....	158
WESTAB PLUS.....	235	XPOVIO (100 MG ONCE WEEKLY).....	95	<i>zenzedi</i>	12, 13
WESTGEL DHA.....	236	XPOVIO (40 MG ONCE WEEKLY).....	95	ZEPATIER.....	116
WIDE-SEAL DIAPHRAGM 60.....	196	XPOVIO (40 MG TWICE WEEKLY).....	95	ZEPBOUND.....	13
WIDE-SEAL DIAPHRAGM 65.....	196	XPOVIO (60 MG ONCE WEEKLY).....	95	ZEPOSIA.....	263
WIDE-SEAL DIAPHRAGM 70.....	196	XPOVIO (60 MG TWICE WEEKLY).....	95	ZEPOSIA 7-DAY STARTER PACK.....	263
WIDE-SEAL DIAPHRAGM 75.....	196	XPOVIO (80 MG ONCE WEEKLY).....	95	ZEPOSIA STARTER KIT.....	263
WIDE-SEAL DIAPHRAGM 80.....	197	XPOVIO (80 MG TWICE WEEKLY).....	95	ZEPZELCA.....	83
WIDE-SEAL DIAPHRAGM 85.....	197	XTAMPZA ER.....	30	ZERBAXA.....	127
WIDE-SEAL DIAPHRAGM 90.....	197	XTANDI.....	84	ZERViate.....	245
WIDE-SEAL DIAPHRAGM 95.....	197	<i>xulane</i>	132	ZESTORETIC.....	72
WILATE.....	179	XULTOPHY.....	60	ZESTRIL.....	73
WINLEVI.....	140	XURIDEN.....	162	ZETIA.....	71
WINREVAIR.....	125	XYLOCAINE.....	193	ZEVALIN Y-90.....	96
WINRHO SDF.....	253	XYLOCAINE/EPINEPHRINE.....	193	ZEVrx INSULIN SYRINGE.....	216
<i>wixela inhub</i>	37	XYLOCAINE-MPF.....	194	ZEVrx PEN NEEDLES.....	216
<i>womans laxative</i>	192	XYLOCAINE-MPF/EPINEPHRINE.....	193	ZEVrx TWIST TOP LANCETS 30G.....	209
<i>womens laxative</i>	192	XYNTHA.....	179	ZIAGEN.....	114
<i>wymzya fe</i>	132	XYNTHA SOLOFUSE.....	179	ZIANA.....	139
WYNZORA.....	152	XYOSTED.....	33	<i>zidovudine</i>	115
XACDURO.....	78	XYREM.....	255	ZIEXTENZO.....	185
XACIATO.....	274	XYWAV.....	255	ZIIHERA.....	87
XADAGO.....	105	Yargesa.....	183	ZILBRYSQ.....	180
XALATAN.....	250	YASMIN 28.....	132	<i>zileuton er</i>	36
XALKORI.....	85	YAZ.....	132	ZILRETTA.....	137
XANAX.....	35	YCANTh.....	149	ZILXI.....	150
XANAX XR.....	35	YERVOY.....	87	ZIMHI.....	64
XARACOLL.....	193	YF-VAX.....	274	<i>zinc chloride</i>	222
XARELTO.....	41	<i>yl balanced b-100</i>	230	<i>zinc sulfate</i>	222
XARELTO STARTER PACK.....	41	<i>yl folic acid</i>	184	ZINPLAVA.....	252
XATMEP.....	85	YONDELIS.....	103	ZIOPTAN.....	250
XCOPRI.....	48	YONSA.....	83	ZIPHEX.....	235
XCOPRI (250 MG DAILY DOSE).....	48	YORVIPATH.....	163	<i>ziprasidone hcl</i>	107
XCOPRI (350 MG DAILY DOSE).....	48	YOSPRALA.....	182	<i>ziprasidone mesylate</i>	107
XDEMvY.....	246	YUFLYMA (1 PEN).....	21	ZIPSOR.....	24

ZIRABEV	104
ZIRGAN	245
ZITHROMAX	194
ZITHROMAX TRI-PAK	194
ZITHROMAX Z-PAK	194
ZITUVIMET	55
ZITUVIMET XR	56
ZITUVIO	55
ZOCOR	70
ZOKINVY	223
ZOLADEX	100
<i>zoledronic acid</i>	160
ZOLEDRONIC ACID	160
ZOLINZA	91
<i>zolmitriptan</i>	218
ZOLOFT	51
<i>zolpidem tartrate</i>	189
<i>zolpidem tartrate er</i>	189
ZOMACTON	162
ZOMIG	218
Zomig	218
ZONALON	142
ZONEGRAN	48
ZONISADE	48
<i>zonisamide</i>	48
ZONTIVITY	182
ZORTRESS	225
ZORYVE	144, 150
ZOSYN	254
<i>zovia 1/35 (28)</i>	132
ZOVIRAX	144
ZTALMY	48
ZTLIDO	149
ZUBSOLV	32
ZULRESSO	50
<i>zumandimine</i>	132
ZURZUVAE	50
ZYCLARA	149
ZYCLARA PUMP	149
ZYDELIG	102
ZYFLO	37
ZYKADIA	86
ZYLET	248
ZYMFENTRA (1 PEN)	174
ZYMFENTRA (2 PEN)	174
ZYMFENTRA (2 SYRINGE)	174
ZYNLONTA	86
ZYNYZ	88
ZYPITAMAG	71
ZYPREXA	111
ZYPREXA RELPREVV	111
ZYPREXA ZYDIS	111
ZYTIGA	83
ZYVOX	80

For information about your pharmacy benefit, log in at [anthem.com/ca](https://www.anthem.com/ca).

You'll find the most up-to-date drug list and details about your benefits.

If you still have questions, we're here. Just call the Member Services number on your ID card.

Speech and hearing impaired (TDD/TTY) users

Call 1-800-221-6915, Monday through Friday, 8:30 a.m. to 5 p.m.ET.



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Rev. 3/19

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

Spanish

Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

Vietnamese

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

Korean

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Tagalog

May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

Russian

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

Arabic

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة.
(711 :TDD/TTY)

Armenian

Դուք իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY/TDD: 711)

Farsi

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید. (TTY/TDD: 711)

French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

Japanese

この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

Haitian

Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: 711)

Italian

Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

Polish

Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

Punjabi

ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Navajo

Bee ná ahoót'í t'áá ni nizaad k'ehjí níká a'doowó t'áá jík'e. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí béésh bee hane'í bikáá' áá jì' hodiílnih. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí béésh bee hane'í bikáá' áá jì' hodiílnih. (TTY/TDD: 711)

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.