



National Drug List

Drug list — Three Tier Drug Plan California CDI fully insured

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.**

2024 National Drug List Plan Names

2025 National Drug List Plan Names

Here are a few things to remember:

- You can view and search our current drug lists when you visit 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 Please note: The formulary is subject to change and all previous versions of the formulary are no longer in effect.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.
- 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 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.

National Drug List

Three-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	14
ALTERNATIVE MEDICINES - VITAMINS AND MINERALS	15
AMEBICIDES - DRUGS FOR INFECTIONS	15
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS	16
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER	16
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER	19
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER	21
ANDROGENS-ANABOLIC - HORMONES	25
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS	26
ANTHELMINTICS - DRUGS FOR INFECTIONS	26
ANTIANGINAL AGENTS - DRUGS FOR THE HEART	26
ANTIANGIOTENSIN AGENTS - DRUGS FOR THE NERVOUS SYSTEM	27
ANTIARRHYTHMICS - DRUGS FOR THE HEART	28
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS	29
ANTICOAGULANTS - DRUGS FOR THE BLOOD	32
ANTICONVULSANTS - DRUGS FOR THE NERVOUS SYSTEM	34
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM	38
ANTIDIABETICS - HORMONES	41
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS FOR THE STOMACH	46
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING	46
ANTIEMETICS - DRUGS FOR THE STOMACH	48
ANTIFUNGALS - DRUGS FOR INFECTIONS	49
ANTIHISTAMINES - DRUGS FOR THE LUNGS	51
ANTIHYPERTENSIVES - DRUGS FOR THE HEART	52
ANTIHYPERTENSIVES - DRUGS FOR THE HEART	54
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS	59
ANTIMALARIALS - DRUGS FOR INFECTIONS	62
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES	63
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS	63
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER	63
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS FOR THE NERVOUS SYSTEM	83
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM	85
ANTISEPTICS & DISINFECTANTS - ANTISEPTICS AND DISINFECTANTS	89
ANTIVIRALS - DRUGS FOR INFECTIONS	89
BETA BLOCKERS - DRUGS FOR THE HEART	95
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART	96
CARDIOTONICS - DRUGS FOR THE HEART	99
CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART	99
CEPHALOSPORINS - DRUGS FOR INFECTIONS	102
CONTRACEPTIVES - DRUGS FOR WOMEN	104
CORTICOSTEROIDS - HORMONES	110
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS	112
DERMATOLOGICALS - DRUGS FOR THE SKIN	114
DIAGNOSTIC PRODUCTS	125
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR NUTRITION	126
DIGESTIVE AIDS - DRUGS FOR THE STOMACH	126
DIURETICS - DRUGS FOR THE HEART	126
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES	128
ESTROGENS - HORMONES	136
FLUOROQUINOLONES - DRUGS FOR INFECTIONS	137
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH	138
GENERAL ANESTHETICS - DRUGS FOR PAIN AND FEVER	141
GENTOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM	141
GOUT AGENTS - DRUGS FOR PAIN AND FEVER	143
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD	143
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION	149

HEMOSTATICS - DRUGS FOR THE BLOOD	152
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS FOR THE NERVOUS SYSTEM	153
LAXATIVES - DRUGS FOR THE STOMACH	155
LOCAL ANESTHETICS-PARENTERAL - DRUGS FOR PAIN AND FEVER	158
MACROLIDES - DRUGS FOR INFECTIONS	159
MEDICAL DEVICES AND SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT	160
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM	179
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION	180
MISCELLANEOUS THERAPEUTIC CLASSES - VITAMINS AND MINERALS	184
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT	188
MULTIVITAMINS - DRUGS FOR NUTRITION	190
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES	200
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE	201
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES	202
NUTRIENTS - DRUGS FOR NUTRITION	203
OPHTHALMIC AGENTS - DRUGS FOR THE EYE	205
OTIC AGENTS - DRUGS FOR THE EAR	212
OXYTOCICS - HORMONES	213
PASSIVE IMMUNIZING AND TREATMENT AGENTS - BIOLOGICAL AGENTS	213
PENICILLINS - DRUGS FOR INFECTIONS	215
PHARMACEUTICAL ADJUVANTS	216
PROGESTINS - HORMONES	216
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM	216
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS	223
SULFONAMIDES - DRUGS FOR INFECTIONS	224
TETRACYCLINES - DRUGS FOR INFECTIONS	224
THYROID AGENTS - HORMONES	225
TOXOIDS - BIOLOGICAL AGENTS	226
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR THE STOMACH	227
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM	229
VACCINES - BIOLOGICAL AGENTS	230
VAGINAL AND RELATED PRODUCTS - DRUGS FOR WOMEN	233
VASOPRESSORS - DRUGS FOR THE HEART	234
VITAMINS - DRUGS FOR NUTRITION	235



National 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 you pay after you have paid the deductible, if a deductible applies to the health care benefit.

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

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

“**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**” means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

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

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

“**Formulary**” or “**prescription drug list**” means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.

“**Generic drug**” means a drug that is the same as its BRAND name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in 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.

“**Non-formulary drug**” means a prescription drug that is not listed on this 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” means your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

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

“Prescription” means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

“Prescription drug” means a drug that by law requires a prescription.

“Prior Authorization (PA)” means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take 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)” means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.



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;

ANALGESIC OPIOID AGONISTS - ARTHRITIS AND PAIN DRUGS
ABSTRAL SUBLINGUAL TABLET 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl</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

<i>codeine sulfate oval tablet 15 mg, 30 mg</i>

- 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 estradiol (Portia Oral Tablet 0.015-0.020 Mg)</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 833-236-6196. 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.

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.

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 the highest cost share. They often include non-preferred brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition.

Three-Tier

CURRENT AS OF 11/1/2024

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
*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>atomoxetine hcl oral capsule</i>	1 or 1b*	PA
*AMPHETAMINE MIXTURES*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<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)
*AMPHETAMINES*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<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
<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)
<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>procentra oral solution</i>	1 or 1b*	PA; QL (60 mL per 1 day)

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Effective 11012024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<i>zenedi oral tablet 10 mg, 7.5 mg</i>	1 or 1b*	PA; QL (6 tablets per 1 day)
<i>zenedi oral tablet 15 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>zenedi oral tablet 2.5 mg, 5 mg</i>	1 or 1b*	PA; DO
<i>zenedi oral tablet 20 mg, 30 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
*ANALEPTICS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>caffeine citrate intravenous solution</i>	3	
<i>caffeine citrate oral solution</i>	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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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 (DNRIS)*** - 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
*HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS*** - DRUGS FOR SLEEP DISORDER		
WAKIX ORAL TABLET 17.8 MG <i>(pitolisant hcl)</i>	3	PA; LD; QL (2 tablets per 1 day); SP
WAKIX ORAL TABLET 4.45 MG <i>(pitolisant hcl)</i>	3	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)
*MELANOCORTIN 4 (MC4) RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
IMCIVREE SUBCUTANEOUS SOLUTION <i>(setmelanotide acetate)</i>	3	PA; BE; QL (9 vials per 30 days)
*STIMULANTS - MISC.*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<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)
<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
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<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)
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>)	3	PA; QL (1 kit per 1 fill)
PALFORZIA (120 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	3	PA; QL (1 kit per 1 fill)
PALFORZIA (160 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	3	PA; QL (1 kit per 1 fill)
PALFORZIA (20 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	3	PA; QL (1 kit per 1 fill)
PALFORZIA (200 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	3	PA; QL (1 kit per 1 fill)
PALFORZIA (240 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	3	PA; QL (1 kit per 1 fill)
PALFORZIA (3 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	3	PA; QL (1 kit per 1 fill)
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET (<i>peanut powder-dnfp</i>)	3	PA; QL (1 packet per 1 day)
PALFORZIA (300 MG TITRATION) ORAL PACKET (<i>peanut powder-dnfp</i>)	3	PA; QL (1 kit per 1 fill)
PALFORZIA (40 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	3	PA; QL (1 kit per 1 fill)
PALFORZIA (6 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	3	PA; QL (1 kit per 1 fill)
PALFORZIA (80 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	3	PA; QL (1 kit per 1 fill)
PALFORZIA INITIAL ESCALATION ORAL (<i>peanut powder-dnfp</i>)	3	PA; QL (1 kit per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
ALTERNATIVE MEDICINES - VITAMINS AND MINERALS		
*ALTERNATIVE MEDICINE - AL'S*** - VITAMINS AND MINERALS		
<i>aloe vera leaf juice oral liquid</i>	1 or 1b*	
*ALTERNATIVE MEDICINE - BO'S*** - VITAMINS AND MINERALS		
<i>boswellia oral tablet</i>	2	
*ALTERNATIVE MEDICINE - CH'S*** - VITAMINS AND MINERALS		
<i>vitex fruit oral capsule</i>	2	
*ALTERNATIVE MEDICINE - GO'S*** - VITAMINS AND MINERALS		
<i>goldenseal root oral capsule 333 mg</i>	2	
*ALTERNATIVE MEDICINE - GR'S*** - VITAMINS AND MINERALS		
<i>grape seed oral capsule 100 mg</i>	2	
*ALTERNATIVE MEDICINE - LA'S** - VITAMINS AND MINERALS		
CALMAID ORAL CAPSULE (<i>lavender oil</i>)	1 or 1b*	
*ALTERNATIVE MEDICINE - MA'S*** - VITAMINS AND MINERALS		
<i>maca root oral capsule</i>	2	
*ALTERNATIVE MEDICINE - ME'S*** - VITAMINS AND MINERALS		
<i>ft melatonin extra strength oral tablet dispersible</i>	1 or 1b*	
MAX SLEEP JUNIOR ORAL LIQUID (<i>melatonin</i>)	1 or 1b*	
*ALTERNATIVE MEDICINE - SA'S*** - VITAMINS AND MINERALS		
<i>saw palmetto berries oral capsule 585 mg</i>	2	
*ALTERNATIVE MEDICINE COMBINATIONS - THREE INGREDIENTS*** - VITAMINS AND MINERALS		
<i>gnp cranberry plus prob w/vitc oral tablet</i>	2	
AMEBICIDES - DRUGS FOR INFECTIONS		
*AMEBICIDES*** - DRUGS FOR PARASITES		
SOLOSEC ORAL PACKET (<i>secnidazole</i>)	3	PA; QL (2 grams per 1 fill)

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Effective 11012024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS		
*AMINOGLYCOSIDES*** - ANTIBIOTICS		
<i>amikacin sulfate injection solution</i>	1 or 1b*	
ARIKAYCE INHALATION SUSPENSION (<i>amikacin sulfate liposome</i>)	3	PA; LD; QL (1 kit per 28 days)
BETHKIS INHALATION NEBULIZATION SOLUTION (<i>tobramycin</i>)	3	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
<i>neomycin sulfate oral tablet</i>	1 or 1a*	
<i>streptomycin sulfate intramuscular solution reconstituted</i>	1 or 1b*	
TOBI PODHALER INHALATION CAPSULE (<i>tobramycin</i>)	3	LD; QL (224 capsules per 28 days); SP
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	1 or 1b*	LD; QL (224 mL per 28 days); SP
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1 or 1b*	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	
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER		
*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
RINVOQ LQ ORAL SOLUTION (<i>upadacitinib</i>)	3	PA; QL (12 mL per 1 day); SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>upadacitinib</i>)	3	PA; QL (1 tablet per 1 day); SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (<i>upadacitinib</i>)	3	PA; QL (84 tablets per 12 weeks); SP
XELJANZ ORAL SOLUTION (<i>tofacitinib citrate</i>)	3	PA; QL (10 mL per 1 day); SP
XELJANZ ORAL TABLET (<i>tofacitinib citrate</i>)	3	PA; QL (2 tablets per 1 day); SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>tofacitinib citrate</i>)	3	PA; QL (1 tablet per 1 day); SP
*ANTIRHEUMATIC ANTIMETABOLITES*** - ARTHRITIS AND PAIN DRUGS		
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>methotrexate (anti-rheumatic)</i>)	3	PA; QL (4 auto-injector per 28 days); SP
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>methotrexate (anti-rheumatic)</i>)	3	PA; QL (4 auto-injector per 28 days); SP
*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*** - ARTHRITIS AND PAIN DRUGS		
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit</i>	3	PA; QL (2 auto-injectors per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit</i>	3	PA; QL (2 syringes per 28 days)
<i>adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.4ml</i>	3	PA; QL (1 month per 6 one-time fills)
<i>adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.8ml</i>	3	PA; QL (1 kit per 1 one-time fill)
<i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.4ml</i>	3	PA; QL (1 month per 6 one-time fills)
<i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.8ml</i>	3	PA; QL (1 kit per 1 one-time fill)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (adalimumab)	3	PA; QL (2 pens per 28 days); SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (adalimumab)	3	PA; QL (2 pens per 28 days (QL exception needed for maintenance therapy)); SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (adalimumab)	3	PA; QL (2 syringes per 28 days); SP
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (adalimumab)	3	PA; QL (1 kit per 1 one-time fill); SP
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (adalimumab)	3	PA; QL (1 kit per 1 one-time fill); SP
SIMPONI ARIA INTRAVENOUS SOLUTION (golimumab)	3	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (golimumab)	3	PA; QL (1 pen per 28 days); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (golimumab)	3	PA; QL (1 syringe per 28 days); SP
*CYCLOOXYGENASE 2 (COX-2) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
<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)
*GOLD COMPOUNDS*** - ARTHRITIS AND PAIN DRUGS		
RIDAURA ORAL CAPSULE (auranofin)	2	QL (3 capsules per 1 day)
*INTERLEUKIN-1 BLOCKERS*** - ARTHRITIS AND PAIN DRUGS		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED (rilonacept)	3	PA; LD; QL (4 vials per 28 days); SP
*INTERLEUKIN-1BETA BLOCKERS*** - ARTHRITIS AND PAIN DRUGS		
ILARIS SUBCUTANEOUS SOLUTION (canakinumab)	3	PA; LD; QL (2 vials per 28 days); SP
*NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
COMBOGESIC INTRAVENOUS SOLUTION (ibuprofen-acetaminophen)	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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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	
DAYPRO ORAL TABLET (<i>oxaprozin</i>)	3	QL (2 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)
<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)
FLANAX ORAL TABLET (<i>naproxen sodium</i>)	1 or 1b*	
<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)
<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 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>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)
LODINE ORAL TABLET (<i>etodolac</i>)	3	QL (2 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 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)
<i>naproxen dr oral tablet delayed release</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 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 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)
<i>sulindac oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>tolmetin sodium oral capsule</i>	1 or 1b*	QL (3 capsules per 1 day)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
OTEZLA ORAL TABLET (<i>apremilast</i>)	3	PA; QL (2 tablets per 1 day); SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	3	PA; QL (1 pack per 365 days); SP
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (<i>apremilast</i>)	3	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)
*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS*** - ARTHRITIS AND PAIN DRUGS		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE (<i>etanercept</i>)	3	PA; QL (4 cartridge per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION (<i>etanercept</i>)	3	PA; QL (8 injections per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>etanercept</i>)	3	PA; QL (8 syringes per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (<i>etanercept</i>)	3	PA; QL (4 syringes per 28 days); SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>etanercept</i>)	3	PA; 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		
<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 50-325 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<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*	
<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	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>sm childrens aspirin oral tablet chewable</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 120-12 mg/5ml</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)
*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)
*HYDROCODONE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>hydrocodone-acetaminophen oral solution</i>	1 or 1b*	QL (90 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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, 60 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)
DEMEROL INJECTION SOLUTION (meperidine hcl)	3	
DILAUDID INJECTION SOLUTION (hydromorphone hcl)	3	
DILAUDID ORAL LIQUID (hydromorphone hcl)	3	QL (24 mL per 1 day)
DILAUDID ORAL TABLET (hydromorphone hcl)	3	QL (6 tablets per 1 day)
DSUVIA SUBLINGUAL TABLET SUBLINGUAL (sufentanil citrate)	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 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*	
INFUMORPH 200 INJECTION SOLUTION (morphine sulfate microinfusion)	3	
INFUMORPH 500 INJECTION SOLUTION (morphine sulfate microinfusion)	3	
<i>levorphanol tartrate oral tablet</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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 (methadone hcl)	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 (methadone hcl)	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*	
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</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)
NUCYNTA ORAL TABLET 100 MG (tapentadol hcl)	3	QL (181 tablets per 30 days)
NUCYNTA ORAL TABLET 50 MG (tapentadol hcl)	3	QL (6 tablets per 1 day)
NUCYNTA ORAL TABLET 75 MG (tapentadol hcl)	3	QL (8 tablet per 1 day)
OLINVYK INTRAVENOUS SOLUTION (oliceridine fumarate)	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 15 mg</i>	1 or 1b*	PA; QL (6 tablets 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 (tramadol hcl)	3	AL; QL (80 mL per 1 day)
<i>remifentanyl hcl intravenous solution reconstituted</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROXICODONE ORAL TABLET (<i>oxycodone hcl</i>)	3	QL (6 tablets per 1 day)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (<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*	AL; QL (16 tablets per 1 day)
<i>tramadol hcl oral tablet 50 mg</i>	1 or 1b*	AL; QL (8 tablets per 1 day)
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED (<i>remifentanil hcl</i>)	3	
*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)
<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)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	1 or 1b*	QL (30 ML 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)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	1 or 1b*	QL (6 tablet 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>)	3	QL (4 syringes per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>buprenorphine</i>)	3	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)
<i>nalbuphine hcl injection solution</i>	1 or 1b*	QL (2 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pentazocine-naloxone hcl oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>buprenorphine</i>)	3	QL (1 syringe per 28 days)
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		
<i>tramadol-acetaminophen oral tablet</i>	1 or 1b*	AL; QL (8 tablet per 1 day)
ANDROGENS-ANABOLIC - HORMONES		
*ANDROGENS*** - DRUGS FOR MEN		
<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)
NATESTO NASAL GEL (<i>testosterone</i>)	3	PA; QL (3 pump bottles per 30 days)
TESTOPEL IMPLANT PELLETT (<i>testosterone</i>)	3	PA
<i>testosterone cypionate intramuscular solution</i>	1 or 1b*	PA
<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)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>testosterone enanthate</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*	
*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 LOCAL ANESTHETICS*** - RECTAL PREPARATIONS		
<i>eq hemorrhoid relief external cream</i>	1 or 1b*	
*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*	
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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	
ANTI-ANXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTI-ANXIETY 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	
*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 (3 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)
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>oxazepam oral capsule</i>	1 or 1b*	QL (4 capsules 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*	
*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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORVERT INTRAVENOUS SOLUTION (<i>ibutilide fumarate</i>)	3	
<i>dofetilide oral capsule</i>	1 or 1b*	
<i>ibutilide fumarate intravenous solution</i>	1 or 1b*	
MULTAQ ORAL TABLET (<i>dronedaronе 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)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS		
*ADRENERGIC COMBINATIONS*** - DRUGS FOR ASTHMA/COPD		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>umeclidinium-vilanterol</i>)	2	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)
<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)
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)
*ANTI-IGE MONOCLONAL ANTIBODIES*** - DRUGS FOR ASTHMA/COPD		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>omalizumab</i>)	3	PA; QL (4 auto-injectors per 28 days); SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML, 75 MG/0.5ML (<i>omalizumab</i>)	3	PA; QL (2 auto-injectors per 28 days); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	3	PA; LD; QL (4 prefilled syringes per 28 days); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>omalizumab</i>)	3	PA; QL (2 prefilled syringes per 28 days); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>)	3	PA; LD; QL (2 prefilled syringes per 28 days); SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>omalizumab</i>)	3	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*	
<i>terbutaline sulfate oral tablet</i>	1 or 1b*	
*BRONCHODILATORS - ANTICHOLINERGICS*** - DRUGS FOR ASTHMA/COPD		
ATROVENT HFA INHALATION AEROSOL SOLUTION (<i>ipratropium bromide hfa</i>)	2	QL (2 inhalers per 30 days)
<i>ipratropium bromide inhalation solution</i>	1 or 1b*	QL (300 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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>)	3	PA; LD; QL (1 autoinjector per 8 weekss); SP
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML (<i>benralizumab</i>)	3	PA; QL (1 syringe per 8 weeks); SP
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (<i>benralizumab</i>)	3	PA; LD; QL (1 syringes per 8 weekss); SP
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>mepolizumab</i>)	3	PA; LD; QL (1 autoinjector per 4 weekss); SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	3	PA; LD; QL (1 syringe per 4 weekss); SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>mepolizumab</i>)	3	PA; LD; QL (1 injection per 28 days); SP
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>mepolizumab</i>)	3	PA; LD; QL (1 injections per 28 days); SP
*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)*** - DRUGS FOR ASTHMA/COPD		
CINQAIR INTRAVENOUS SOLUTION (<i>reslizumab</i>)	3	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)
<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>)	3	PA; 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		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone furoate</i>)	2	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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (beclomethasone diprop hfa)	2	QL (1 inhaler per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (beclomethasone diprop hfa)	2	QL (2 inhalers per 30 days)
*THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS*** - DRUGS FOR ASTHMA/COPD		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (tezepelumab-ekko)	3	PA; LD; QL (1 syringe per 28 days); SP
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (tezepelumab-ekko)	3	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 (theophylline)	1 or 1b*	QL (112.5 mL per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (theophylline)	2	QL (4 tablets per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG (theophylline)	2	QL (3 capsules per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 400 MG (theophylline)	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 (apixaban)	2	QL (74 tablets per 365 days)
ELIQUIS ORAL TABLET 2.5 MG (apixaban)	2	QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	2	QL (74 tablets per 30 days)
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)
*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)
*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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bivalirudin trifluoroacetate intravenous solution</i>	1 or 1b*	
<i>bivalirudin trifluoroacetate intravenous solution reconstituted</i>	1 or 1b*	
*THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE*** - DRUGS TO PREVENT BLOOD CLOTS		
ARGATROBAN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
ARGATROBAN INTRAVENOUS SOLUTION	3	
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)
NAYZILAM NASAL SOLUTION (<i>midazolam (anticonvulsant)</i>)	3	PA; QL (10 mL per 30 days)
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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</i>	1 or 1b*	QL (10 tablets per 1 day)
DIACOMIT ORAL CAPSULE 250 MG (stiripentol)	3	PA; DO
DIACOMIT ORAL CAPSULE 500 MG (stiripentol)	3	PA; QL (6 capsules per 1 day)
DIACOMIT ORAL PACKET 250 MG (stiripentol)	3	PA; DO
DIACOMIT ORAL PACKET 500 MG (stiripentol)	3	PA; QL (6 packets per 1 day)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR (levetiracetam)	3	QL (2 tablets per 1 day)
EPIDIOLEX ORAL SOLUTION (cannabidiol)	3	PA; LD; SP
<i>epitol oral tablet</i>	1 or 1b*	QL (8 tablets per 1 day)
FINTEPLA ORAL SOLUTION (fenfluramine hcl)	3	PA; 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)
<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)
<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)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
LEVETIRACETAM IN NACL INTRAVENOUS SOLUTION	3	
<i>levetiracetam intravenous solution</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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
<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)
<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, 75 mg</i>	1 or 1b*	QL (2 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 (topiramate)	3	ST; QL (1 capsule per 1 day)
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 150 MG, 200 MG (topiramate)	3	ST; QL (2 capsules per 1 day)
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 25 MG (topiramate)	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 (levetiracetam)	3	QL (2 tablets per 1 day)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG (levetiracetam)	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)
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>topiramate oral tablet 200 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>zonisamide oral capsule</i>	1 or 1b*	QL (6 capsule per 1 day)
ZTALMY ORAL SUSPENSION (<i>ganaxolone</i>)	3	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)
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		
<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>)	3	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	
<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*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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)
*VALPROIC ACID*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<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</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	
REMERON SOLTAB ORAL TABLET DISPERSIBLE (<i>mirtazapine</i>)	3	
*ANTIDEPRESSANTS - MISC.*** - DRUGS FOR DEPRESSION		
<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
*GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID*** - DRUGS FOR DEPRESSION		
ZULRESSO INTRAVENOUS SOLUTION (<i>brexanolone</i>)	3	PA; LD; SP
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG (<i>zuranolone</i>)	3	PA; LD; QL (28 capsules per 1 fill)
ZURZUVAE ORAL CAPSULE 30 MG (<i>zuranolone</i>)	3	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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
*N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS*** - DRUGS FOR DEPRESSION		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK (<i>esketamine hcl</i>)	3	PA; QL (4 kits per 28 days)
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK (<i>esketamine hcl</i>)	3	PA; QL (4 kits per 28 days)
*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)*** - DRUGS FOR DEPRESSION		
<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*	
<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 ORAL SUSPENSION (<i>paroxetine hcl</i>)	3	ST
<i>sertraline hcl oral concentrate</i>	1 or 1b*	
<i>sertraline hcl oral tablet</i>	1 or 1b*	
*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
<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)
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)*** - DRUGS FOR DEPRESSION		
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
<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)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (levomilnacipran hcl)	3	ST; QL (1 capsule per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK (levomilnacipran hcl)	3	ST; QL (28 pack per 365 days)
<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 225 mg</i>	1 or 1b*	QL (1 tablet 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
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<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-mzww</i>)	3	PA
*BIGUANIDES*** - DRUGS FOR DIABETES		
<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)
<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*	
GLUCAGON EMERGENCY INJECTION KIT	1 or 1b*	QL (2 kits per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
*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)
*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		
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 50/50 SUBCUTANEOUS SUSPENSION (<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)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (<i>insulin lispro prot & lispro</i>)	2	QL (30 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE (<i>insulin lispro</i>)	2	QL (30 mL per 30 days)
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 LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL (30 mL per 30 days)
INSULIN LISPRO INJECTION SOLUTION	2	ST; 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)
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)
MYXREDLIN INTRAVENOUS SOLUTION (<i>insulin regular(human) in nacl</i>)	3	
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)*** - DRUGS FOR DIABETES		
<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>)	2	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)
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		
<i>mifepristone oral tablet 300 mg</i>	1 or 1b*	PA; 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)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS*** - DRUGS FOR DIABETES		
<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)
JARDIANCE ORAL TABLET (<i>empagliflozin</i>)	2	ST; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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)
SYNJARDY ORAL TABLET (<i>empagliflozin-metformin hcl</i>)	2	ST; QL (2 tablets per 1 day)
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 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)
<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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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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		
<i>pioglitazone hcl-metformin hcl oral tablet</i>	1 or 1b*	ST; QL (3 tablets per 1 day)
*THIAZOLIDINEDIONES*** - DRUGS FOR DIABETES		
<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>eq stomach relief oral tablet</i>	1 or 1b*	
<i>eq stomach relief oral tablet chewable</i>	1 or 1b*	
FORTIFY OPTIMA WOMENS ADV CARE ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	2	
PRIMADOPHILUS KIDS ORAL TABLET CHEWABLE (<i>probiotic product</i>)	1 or 1b*	
<i>probioflex oral capsule</i>	2	
<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>	1 or 1b*	PA; LD; SP
<i>deferasirox oral packet</i>	1 or 1b*	PA; LD; SP

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<i>deferasirox oral tablet</i>	1 or 1b*	PA; LD; SP
<i>deferasirox oral tablet soluble</i>	1 or 1b*	PA; LD; SP
<i>deferiprone oral tablet</i>	1 or 1b*	PA; LD
FERRIPROX ORAL SOLUTION (<i>deferiprone</i>)	3	PA
FERRIPROX TWICE-A-DAY ORAL TABLET (<i>deferiprone</i>)	3	PA
*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>	1 or 1b*	SP
DEFERFAL INJECTION SOLUTION RECONSTITUTED (<i>deferoxamine mesylate</i>)	3	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*	
<i>methylene blue intravenous solution prefilled syringe</i>	3	
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*	
<i>sugammadex sodium intravenous solution prefilled syringe 100 mg/ml</i>	3	
VISTOGARD ORAL PACKET (<i>uridine triacetate</i>)	3	PA; 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)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BONJESTA ORAL TABLET EXTENDED 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	
<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	
<i>aprepitant oral</i>	1 or 1b*	QL (15 capsules per 25 days)
<i>aprepitant oral capsule 125 mg</i>	1 or 1b*	QL (5 capsules per 25 days)
<i>aprepitant oral capsule 40 mg</i>	1 or 1b*	QL (1 capsule per 1 fill)
<i>aprepitant oral capsule 80 & 125 mg</i>	1 or 1b*	QL (15 capsules per 25 days)
<i>aprepitant oral capsule 80 mg</i>	1 or 1b*	QL (10 capsules per 25 days)
CINVANTI INTRAVENOUS EMULSION (<i>aprepitant</i>)	3	PA; QL (5 vials per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED (<i>aprepitant</i>)	3	QL (15 kit per 30 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; QL (5 vial per 30 days)
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>casposfungin acetate</i>)	3	QL (1 vial per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	3	
<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 (TRITERPENOIDS)*** - 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)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 ORAL PACKET (<i>posaconazole</i>)	3	PA; QL (31 packet 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 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 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>eq allergy relief oral tablet 4 mg</i>	1 or 1b*	
*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
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)
*ANTIHISTAMINES - NON-SEDATING*** - DRUGS FOR ALLERGIES		
<i>cetirizine hcl oral solution</i>	1 or 1b*	QL (10 mL per 1 day)
CLARINEX ORAL TABLET (<i>desloratadine</i>)	3	ST; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>eq allergy relief childrens oral suspension</i>	1 or 1b*	
<i>levocetirizine dihydrochloride oral solution</i>	1 or 1b*	QL (10 mL per 1 day)
<i>levocetirizine dihydrochloride oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>mm allergy relief 24 hour oral tablet</i>	1 or 1b*	
QUZYTIR INTRAVENOUS SOLUTION (cetirizine hcl)	3	
*ANTIHISTAMINES - PHENOTHIAZINES*** - DRUGS FOR ALLERGIES		
PHENERGAN INJECTION SOLUTION (promethazine hcl)	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*	
ANTHYPERLIPIDEMICS - DRUGS FOR THE HEART		
*ACL INHIB-INTestinal CHOLESTEROL ABSORPTION INHIB COMB*** - DRUGS FOR CHOLESTEROL		
NEXLIZET ORAL TABLET (bempedoic acid-ezetimibe)	3	PA; QL (1 tablet per 1 day)
*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS*** - DRUGS FOR CHOLESTEROL		
NEXLETOL ORAL TABLET (bempedoic acid)	3	PA; QL (1 tablet per 1 day)
*ANGIOPROTEIN-LIKE PROTEIN 3 (ANGPTL3) INHIBITORS*** - DRUGS FOR CHOLESTEROL		
EVKEEZA INTRAVENOUS SOLUTION (evinacumab-dgnb)	3	PA
*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)
<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 (icosapent ethyl)	2	PA; QL (8 capsules per 1 day)
VASCEPA ORAL CAPSULE 1 GM (icosapent ethyl)	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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
*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)
FENOGLIDE ORAL TABLET (<i>fenofibrate</i>)	3	ST; 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)
*HMG COA REDUCTASE INHIBITORS*** - DRUGS FOR CHOLESTEROL		
<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)
<i>fluvastatin sodium oral capsule</i>	1 or 1b*; \$0	DO
<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>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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
*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)
*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS*** - DRUGS FOR CHOLESTEROL		
<i>ezetimibe oral tablet</i>	1 or 1b*	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; DO
JUXTAPID ORAL CAPSULE 20 MG, 30 MG (<i>lomitapide mesylate</i>)	3	PA; 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>)	3	PA; 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, 5-10 mg, 5-20 mg</i>	1 or 1b*	DO
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)

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*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, 5-6.25 mg</i>	1 or 1b*	DO
<i>benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<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*	DO
<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	DO
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		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1 or 1a*	DO
<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, 50 mg</i>	1 or 1b*	DO
<i>enalapril maleate oral solution</i>	1 or 1b*	QL (40 mg per 1 day)
<i>enalapril maleate oral tablet 10 mg, 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, 20 mg</i>	1 or 1b*	DO
<i>fosinopril sodium oral tablet 40 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOTENSIN ORAL TABLET 10 MG, 20 MG (<i>benazepril hcl</i>)	3	DO
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, 20 mg, 5 mg</i>	1 or 1b*	DO
<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, 5 mg</i>	1 or 1b*	DO
<i>ramipril oral capsule 10 mg</i>	1 or 1b*	QL (2 capsules 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)
*AGENTS FOR PHEOCHROMOCYTOMA*** - DRUGS FOR HIGH BLOOD PRESSURE		
DEMSEER ORAL CAPSULE (<i>metyrosine</i>)	3	PA; QL (16 capsules per 1 day); SP
DIBENZYLINE ORAL CAPSULE (<i>phenoxybenzamine hcl</i>)	3	PA; QL (12 capsules per 1 day)
<i>metyrosine oral capsule</i>	1 or 1b*	PA; 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*	DO
<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*	DO
<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*	DO
*ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<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)
EDARBYCLOR ORAL TABLET (<i>azilsartan-chlorthalidone</i>)	3	QL (1 tablet 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*	DO
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>	1 or 1b*	DO
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>telmisartan-hctz oral tablet 40-12.5 mg</i>	1 or 1b*	DO
<i>telmisartan-hctz oral tablet 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*	DO
<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		
<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
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)
<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)
<i>valsartan oral solution</i>	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*	DO
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg</i>	1 or 1b*	DO
<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)
*ANTIADRENERGICS - CENTRALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY (<i>clonidine</i>)	3	QL (0.29 patches per 1 day)
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY (<i>clonidine</i>)	3	QL (0.29 patches per 1 day)
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY (<i>clonidine</i>)	3	QL (0.29 patches per 1 day)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	1 or 1a*	DO
<i>clonidine hcl oral tablet 0.3 mg</i>	1 or 1a*	QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clonidine transdermal patch weekly</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)
*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)
*SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>eplerenone oral tablet</i>	1 or 1b*	
INSPIRA 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*	
<i>sodium nitroprusside intravenous solution</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS		
*ANTI-INFECTIVE AGENTS - MISC.*** - DRUGS FOR INFECTIONS		
AEMCOLO ORAL TABLET DELAYED RELEASE (<i>rifamycin sodium</i>)	3	PA; QL (12 tablets per 30 days)
FLAGYL ORAL CAPSULE (<i>metronidazole</i>)	3	
IMPAVIDO ORAL CAPSULE (<i>miltefosine</i>)	3	PA; QL (84 capsules per 1 fill)
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	
PENTAM INJECTION SOLUTION RECONSTITUTED (<i>pentamidine isethionate</i>)	3	
<i>pentamidine isethionate inhalation solution reconstituted</i>	1 or 1b*	
<i>pentamidine isethionate injection solution reconstituted</i>	1 or 1b*	
<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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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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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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 NA CL 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>)	3	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
*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)
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)

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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	
FIRDAPSE ORAL TABLET (<i>amifampridine phosphate</i>)	3	PA; 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
BENDEKA INTRAVENOUS SOLUTION (<i>bendamustine hcl</i>)	3	PA; LD; SP
<i>busulfan intravenous solution</i>	1 or 1b*	SP

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BUSULFEX INTRAVENOUS SOLUTION (<i>busulfan</i>)	3	SP
<i>carboplatin intravenous solution</i>	1 or 1b*	SP
<i>cisplatin intravenous solution</i>	1 or 1b*	SP
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED	3	SP
MYLERAN ORAL TABLET (<i>busulfan</i>)	2; OC	OC
<i>oxaliplatin intravenous solution</i>	1 or 1b*	SP
<i>oxaliplatin intravenous solution reconstituted</i>	1 or 1b*	SP
<i>paraplatin intravenous solution</i>	1 or 1b*	SP
TEPADINA INJECTION SOLUTION RECONSTITUTED (<i>thiotepa</i>)	3	SP
<i>thiotepa injection solution reconstituted</i>	1 or 1b*	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
*ANTIADRENALS*** - DRUGS FOR CANCER		
LYSODREN ORAL TABLET (<i>mitotane</i>)	2; OC	QL (38 tablet per 1 day); OC
*ANTIANDROGENS*** - DRUGS FOR CANCER		
<i>bicalutamide oral tablet</i>	1 or 1b*; OC	QL (1 tablet per 1 day); OC
CASODEX ORAL TABLET (<i>bicalutamide</i>)	3; OC	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
<i>nilutamide oral tablet</i>	1 or 1b*; OC	QL (1 tablet per 1 day); OC
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	QL (1 tablet per 1 day); OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOLTAMOX ORAL SOLUTION (<i>tamoxifen citrate</i>)	2; OC; \$0	OC
<i>tamoxifen citrate oral tablet</i>	1 or 1b*; OC; \$0	OC
<i>toremifene citrate oral tablet</i>	1 or 1b*; OC	QL (1 tablet per 1 day); OC
*ANTIMETABOLITES*** - DRUGS FOR CANCER		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED (<i>pemetrexed disodium</i>)	3	PA; SP
ARRANON INTRAVENOUS SOLUTION (<i>nelarabine</i>)	3	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*	SP
<i>clofarabine intravenous solution</i>	1 or 1b*	SP
<i>cytarabine (pf) injection solution</i>	1 or 1b*	SP
<i>cytarabine injection solution</i>	1 or 1b*	SP
<i>decitabine intravenous solution reconstituted</i>	1 or 1b*	SP
<i>floxuridine injection solution reconstituted</i>	1 or 1b*	SP
<i>fludarabine phosphate intravenous solution</i>	1 or 1b*	SP
<i>fludarabine phosphate intravenous solution reconstituted</i>	1 or 1b*	SP
<i>fluorouracil intravenous solution</i>	1 or 1b*	SP
FOLOTYN INTRAVENOUS SOLUTION (<i>pralatrexate</i>)	3	SP
GEMCITABINE HCL INTRAVENOUS SOLUTION	3	SP
<i>gemcitabine hcl intravenous solution reconstituted</i>	1 or 1b*	SP
JYLAMVO ORAL SOLUTION (<i>methotrexate</i>)	3; OC	PA; OC
<i>mercaptopurine oral tablet</i>	1 or 1b*; OC	OC
<i>methotrexate sodium (pf) injection solution</i>	1 or 1b*	
<i>methotrexate sodium injection solution</i>	1 or 1b*	
<i>methotrexate sodium injection solution reconstituted</i>	1 or 1b*	
<i>methotrexate sodium oral tablet</i>	1 or 1b*; OC	OC
<i>nelarabine intravenous solution</i>	1 or 1b*	SP
ONUREG ORAL TABLET (<i>azacitidine</i>)	3; OC	PA; LD; QL (14 tablets per 28 days); SP; OC
<i>pemetrexed disodium intravenous solution</i>	3	PA; SP
<i>pemetrexed disodium intravenous solution reconstituted</i>	1 or 1b*	PA; SP
<i>pemetrexed ditromethamine intravenous solution reconstituted</i>	3	PA; SP
<i>pemetrexed intravenous solution 1 gm/40ml, 100 mg/4ml</i>	3	PA; SP
<i>pemetrexed intravenous solution 500 mg/20ml</i>	3	PA
PEMFEXY INTRAVENOUS SOLUTION (<i>pemetrexed</i>)	3	PA
PEMRYDI RTU INTRAVENOUS SOLUTION (<i>pemetrexed disodium</i>)	3	PA; SP
PURIXAN ORAL SUSPENSION (<i>mercaptopurine</i>)	3; OC	PA; LD; OC
TABLOID ORAL TABLET (<i>thioguanine</i>)	2; OC	OC

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TREXALL ORAL TABLET (<i>methotrexate sodium</i>)	2; OC	ST; OC
VIDAZA INJECTION SUSPENSION RECONSTITUTED (<i>azacitidine</i>)	3	PA; LD; SP
XATMEP ORAL SOLUTION (<i>methotrexate</i>)	3; OC	PA; OC
*ANTINEOPLASTIC - AKT INHIBITORS*** - DRUGS FOR CANCER		
TRUQAP ORAL TABLET (<i>capivasertib</i>)	3; OC	PA; 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; QL (1 tablet per 1 day); OC
ALUNBRIG ORAL TABLET 30 MG (<i>brigatinib</i>)	2; OC	PA; QL (6 tablets per 1 day); OC
ALUNBRIG ORAL TABLET 90 MG (<i>brigatinib</i>)	2; OC	PA; QL (2 tablets per 1 day); OC
ALUNBRIG ORAL TABLET THERAPY PACK (<i>brigatinib</i>)	2; OC	PA; 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
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
*ANTINEOPLASTIC - ANTI-CD19 ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED (<i>loncastuximab tesirine-lpyl</i>)	3	PA

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*ANTINEOPLASTIC - ANTI-CD20 ANTIBODIES*** - DRUGS FOR CANCER		
ARZERRA INTRAVENOUS CONCENTRATE (<i>ofatumumab</i>)	3	PA; 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; SP
TRUXIMA INTRAVENOUS SOLUTION (<i>rituximab-abbs</i>)	3	PA; SP
*ANTINEOPLASTIC - ANTI-CD22 ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
BESPONSA 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
*ANTINEOPLASTIC - ANTI-CD79B ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED (<i>polatuzumab vedotin-piiq</i>)	3	PA; LD; SP
*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
UNITUXIN INTRAVENOUS SOLUTION (<i>dinutuximab</i>)	3	
*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; SP

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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; SP
TUKYSA ORAL TABLET (<i>tucatinib</i>)	3; OC	PA; QL (4 tablets per 1 day); OC
*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
LIBTAYO INTRAVENOUS SOLUTION (<i>cemiplimab-rwlc</i>)	3	PA
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; SP
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; QL (2 tablets per 1 day); OC
VENCLEXTA ORAL TABLET 100 MG (<i>venetoclax</i>)	3; OC	PA; QL (6 tablet per 1 day); OC
VENCLEXTA ORAL TABLET 50 MG (<i>venetoclax</i>)	3; OC	PA; QL (1 tablet per 1 day); OC

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VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK (<i>venetoclax</i>)	3; OC	PA; 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; QL (4 capsules per 1 day); SP; OC
BOSULIF ORAL CAPSULE 50 MG (<i>bosutinib</i>)	2; OC	PA; QL (1 capsule per 1 day); SP; OC
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	2; OC	PA; QL (4 tablet per 1 day); SP; OC
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	2; OC	PA; QL (1 tablet per 1 day); SP; OC
<i>dasatinib oral tablet</i>	1 or 1b*; OC	PA; QL (1 tablet per 1 day); SP; OC
<i>imatinib mesylate oral tablet</i>	1 or 1b*; OC	PA; QL (2 tablets per 1 day); SP; OC
SPRYCEL ORAL TABLET (<i>dasatinib</i>)	2; OC	PA; QL (1 tablet per 1 day); SP; OC
TASIGNA ORAL CAPSULE (<i>nilotinib hcl</i>)	2; OC	PA; 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
EPKINLY SUBCUTANEOUS SOLUTION (<i>epcoritamab-bysp</i>)	3	PA
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED (<i>tarlatamab-dlle</i>)	3	PA; SP
KIMMTRAK INTRAVENOUS SOLUTION (<i>tebentafusp-tebn</i>)	3	PA
LUNSUMIO INTRAVENOUS SOLUTION (<i>mosunetuzumab-axgb</i>)	3	PA; LD; SP
TALVEY SUBCUTANEOUS SOLUTION (<i>talquetamab-tgvs</i>)	3	PA
TECVAYLI SUBCUTANEOUS SOLUTION (<i>teclistamab-cqyv</i>)	3	PA
*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; QL (8 bottles per 28 days); OC
OJEMDA ORAL TABLET (<i>tovorafenib</i>)	3; OC	PA; 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

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*ANTINEOPLASTIC - BTK INHIBITORS*** - DRUGS FOR CANCER		
BRUKINSA ORAL CAPSULE (<i>zanubrutinib</i>)	3; OC	PA; QL (4 capsules per 1 day); OC
CALQUENCE ORAL TABLET (<i>acalabrutinib maleate</i>)	2; OC	PA; QL (2 capsules per 1 day); OC
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	2; OC	PA; QL (3 capsule per 1 day); OC
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	2; OC	PA; QL (1 tablet per 1 day); OC
IMBRUVICA ORAL SUSPENSION (<i>ibrutinib</i>)	2; OC	PA; QL (8 mL per 1 day); OC
IMBRUVICA ORAL TABLET (<i>ibrutinib</i>)	2; OC	PA; 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; 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; 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; QL (1 tablet per 1 day); OC
LAZCLUZE ORAL TABLET 80 MG (<i>lazertinib mesylate</i>)	3; OC	PA; QL (2 tablets per 1 day); OC
PORTRAZZA INTRAVENOUS SOLUTION (<i>necitumumab</i>)	3	LD; SP
TAGRISSO ORAL TABLET (<i>osimertinib mesylate</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
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>futibatinib</i>)	3; OC	PA; QL (3 tablets per 1 day); OC
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>futibatinib</i>)	3; OC	PA; QL (4 tablets per 1 day); OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK (futibatinib)	3; OC	PA; QL (5 tablets per 1 day); OC
PEMAZYRE ORAL TABLET 13.5 MG (pemigatinib)	3; OC	PA; QL (1 tablet per 1 day); OC
PEMAZYRE ORAL TABLET 4.5 MG, 9 MG (pemigatinib)	3; OC	PA; QL (14 tablets per 21 days); OC
*ANTINEOPLASTIC - GAMMA SECRETASE INHIBITORS*** - DRUGS FOR CANCER		
OGSIVEO ORAL TABLET 100 MG, 150 MG (nirogacestat hydrobromide)	3; OC	PA; QL (2 tablets per 1 day); OC
OGSIVEO ORAL TABLET 50 MG (nirogacestat hydrobromide)	3; OC	PA; QL (6 tablets per 1 day); OC
*ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS*** - DRUGS FOR CANCER		
DAURISMO ORAL TABLET 100 MG (glasdegib maleate)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
DAURISMO ORAL TABLET 25 MG (glasdegib maleate)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
ERIVEDGE ORAL CAPSULE (vismodegib)	2; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
ODOMZO ORAL CAPSULE (sonidegib phosphate)	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
*ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS*** - DRUGS FOR CANCER		
WELIREG ORAL TABLET (belzutifan)	3; OC	PA; QL (3 tablets per 1 day); OC
*ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS*** - DRUGS FOR CANCER		
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED (belinostat)	3	PA; LD; SP
ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED (romidepsin)	3	PA; LD; SP
<i>romidepsin intravenous solution reconstituted</i>	1 or 1b*	PA; LD; SP
ZOLINZA ORAL CAPSULE (vorinostat)	2; OC	PA; QL (4 capsule per 1 day); SP; OC
*ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS*** - DRUGS FOR CANCER		
AKEEGA ORAL TABLET (niraparib-abiraterone acetate)	3; OC	PA; LD; QL (2 tablets per 1 day); OC
*ANTINEOPLASTIC - IMMUNOMODULATORS*** - DRUGS FOR CANCER		
POMALYST ORAL CAPSULE (pomalidomide)	3; OC	PA; LD; QL (21 capsules per 28 days); SP; OC
*ANTINEOPLASTIC - KRAS INHIBITORS*** - DRUGS FOR CANCER		
KRAZATI ORAL TABLET (adagrasib)	3; OC	PA; QL (6 tablets per 1 day); OC
LUMAKRAS ORAL TABLET 120 MG (sotorasib)	3; OC	PA; LD; QL (8 tablets per 1 day); SP; OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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; QL (8 capsules per 1 day); OC
KOSELUGO ORAL CAPSULE 25 MG (<i>selumetinib sulfate</i>)	3; OC	PA; 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 - MET INHIBITORS*** - DRUGS FOR CANCER		
TABRECTA ORAL TABLET (<i>capmatinib hcl</i>)	3; OC	PA; QL (4 tablets per 1 day); SP; OC
TEPMETKO ORAL TABLET (<i>tepotinib hcl</i>)	3; OC	PA; QL (2 tablets per 1 day); OC
*ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS*** - DRUGS FOR CANCER		
TAZVERIK ORAL TABLET (<i>tazemetostat hbr</i>)	3; OC	PA; QL (8 tablets per 1 day); OC
*ANTINEOPLASTIC - MTOR KINASE INHIBITORS*** - DRUGS FOR CANCER		
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1 or 1b*; OC	PA; SP; OC
<i>everolimus oral tablet soluble</i>	1 or 1b*; OC	PA; SP; OC
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED (<i>sirolimus protein-bound part</i>)	3	PA
<i>temsirolimus intravenous solution</i>	1 or 1b*	PA; SP
TORISEL INTRAVENOUS SOLUTION (<i>temsirolimus</i>)	3	PA; SP
<i>everolimus (Torpenz Oral Tablet)</i>	1 or 1b*; OC	PA; 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; QL (3 tablet per 1 day); OC
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	2; OC	PA; 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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOTIVDA ORAL CAPSULE (<i>tivozanib hcl</i>)	3; OC	PA; 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; QL (3 tablets per 1 day); OC
RYDAPT ORAL CAPSULE (<i>midostaurin</i>)	3; OC	PA; 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
TURALIO ORAL CAPSULE (<i>pexidartinib hcl</i>)	3; OC	PA; QL (4 capsules per 1 day); OC
VANFLYTA ORAL TABLET (<i>quizartinib dihydrochloride</i>)	3; OC	PA; QL (2 tablets per 1 day); 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; 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; SP
<i>bortezomib injection solution reconstituted 3.5 mg</i>	1 or 1b*	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; SP
*ANTINEOPLASTIC - RET INHIBITORS*** - DRUGS FOR CANCER		
GAVRETO ORAL CAPSULE (<i>pralsetinib</i>)	3; OC	PA; LD; QL (4 capsules per 1 day); OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RETEVMO ORAL CAPSULE 40 MG (<i>selpercatinib</i>)	3; OC	PA; LD; QL (6 capsules per 1 day); SP; OC
RETEVMO ORAL CAPSULE 80 MG (<i>selpercatinib</i>)	3; OC	PA; LD; QL (4 capsules per 1 day); SP; OC
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG (<i>selpercatinib</i>)	3; OC	PA; QL (2 tablets per 1 day); SP; OC
RETEVMO ORAL TABLET 40 MG (<i>selpercatinib</i>)	3; OC	PA; QL (3 tablets per 1 day); SP; OC
*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS*** - DRUGS FOR CANCER		
AUGTYRO ORAL CAPSULE (<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
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; QL (1 carton per 28 days); OC
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; QL (1 carton per 28 days); OC
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; QL (1 carton per 28 days); OC
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; QL (1 carton per 28 days); OC
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; QL (1 pack per 1 week); OC
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; QL (1 carton per 28 days); OC
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; QL (32 tablets per 28 weeks); OC
*ANTINEOPLASTIC ANTIBIOTICS*** - DRUGS FOR CANCER		
<i>adriamycin intravenous solution reconstituted</i>	1 or 1b*	SP
<i>bleomycin sulfate injection solution reconstituted</i>	1 or 1b*	SP
<i>dactinomycin intravenous solution reconstituted</i>	1 or 1b*	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DAUNORUBICIN HCL INTRAVENOUS SOLUTION	3	SP
DOXIL INTRAVENOUS SUSPENSION (<i>doxorubicin hcl liposomal</i>)	3	PA; SP
<i>doxorubicin hcl intravenous solution</i>	3	SP
<i>doxorubicin hcl intravenous solution reconstituted</i>	1 or 1b*	SP
<i>doxorubicin hcl liposomal intravenous suspension</i>	1 or 1b*	PA; SP
ELLECE INTRAVENOUS SOLUTION (<i>epirubicin hcl</i>)	3	PA; SP
IDAMYCIN PFS INTRAVENOUS SOLUTION (<i>idarubicin hcl</i>)	3	SP
<i>idarubicin hcl intravenous solution</i>	1 or 1b*	SP
JELMYTO SOLUTION RECONSTITUTED (<i>mitomycin</i>)	3	PA
<i>mitomycin intravenous solution reconstituted</i>	1 or 1b*	SP
<i>mitomycin intravesical solution prefilled syringe</i>	3	
<i>mutamycin intravenous solution reconstituted</i>	1 or 1b*	SP
<i>valrubicin intravesical solution</i>	1 or 1b*	LD; SP
VALSTAR INTRAVESICAL SOLUTION (<i>valrubicin</i>)	3	LD; SP
*ANTINEOPLASTIC -ANTIBODY FOR RADIOPHARMACEUTICAL THERAPY*** - DRUGS FOR CANCER		
ZEVALIN Y-90 INTRAVENOUS KIT (<i>ibritumomab tiuxetan for y-90</i>)	3	PA
*ANTINEOPLASTIC ANTIBODY-DRUG COMPLEXES*** - DRUGS FOR CANCER		
ELAHERE INTRAVENOUS SOLUTION (<i>mirvetuximab soravtansine-gynx</i>)	3	PA
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-fihj</i>)	3	PA; LD; SP
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION (<i>trastuzumab-hyaluronidase-oyks</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
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

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ONCASPAR INJECTION SOLUTION (<i>pegaspargase</i>)	3	PA
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
PLUVICTO INTRAVENOUS SOLUTION (<i>lutetium lu 177 vipivotide tet</i>)	3	PA
STRONTIUM CHLORIDE SR-89 INTRAVENOUS SOLUTION	3	
XOFIGO INTRAVENOUS SOLUTION (<i>radium ra 223 dichloride</i>)	3	PA
*ANTINEOPLASTICS - INTERLEUKINS & AGONISTS*** - DRUGS FOR CANCER		
ANKTIVA INTRAVESICAL SOLUTION (<i>nogapendekin alfa inbakic-pmln</i>)	3	PA; SP
ELZONRIS INTRAVENOUS SOLUTION (<i>tagraxofusp-erzs</i>)	3	PA
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>aldesleukin</i>)	3	PA; SP
*ANTINEOPLASTICS - PHOTOACTIVATED AGENTS*** - DRUGS FOR CANCER		
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>porfimer sodium</i>)	3	
UVADEX EXTRACORPOREAL SOLUTION (<i>methoxsalen photopheresis</i>)	3	
*ANTINEOPLASTICS MISC.*** - DRUGS FOR CANCER		
ACTIMMUNE SUBCUTANEOUS SOLUTION (<i>interferon gamma-1b</i>)	3	PA; LD; SP
<i>arsenic trioxide intravenous solution</i>	1 or 1b*	SP
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>ropeginterferon alfa-2b-njft</i>)	3	PA; QL (2 mL per 28 days)
<i>dacarbazine intravenous solution reconstituted</i>	1 or 1b*	SP
HYDREA ORAL CAPSULE (<i>hydroxyurea</i>)	3; OC	OC
<i>hydroxyurea oral capsule</i>	1 or 1b*; OC	OC
MATULANE ORAL CAPSULE (<i>procarbazine hcl</i>)	2; OC	OC
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED (<i>pentostatin</i>)	3	SP
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED (<i>bcg live</i>)	3	SP
TRISENOX INTRAVENOUS SOLUTION (<i>arsenic trioxide</i>)	3	SP
*AROMATASE INHIBITORS*** - DRUGS FOR CANCER		
<i>anastrozole oral tablet</i>	1 or 1b*; OC; \$0	QL (1 tablet per 1 day); OC
AROMASIN ORAL TABLET (<i>exemestane</i>)	3; OC	QL (2 tablets per 1 day); OC
<i>exemestane oral tablet</i>	1 or 1b*; OC; \$0	QL (2 tablets per 1 day); OC
FEMARA ORAL TABLET (<i>letrozole</i>)	3; OC	QL (1 tablet per 1 day); OC
<i>letrozole oral tablet</i>	1 or 1b*; OC; \$0	QL (1 tablet per 1 day); OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*CARBOXYPEPTIDASE ENZYME AGENTS*** - DRUGS FOR CANCER		
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED (glucarpidase)	3	
*CARDIAC PROTECTIVE AGENTS*** - DRUGS FOR CANCER		
<i>dexrazoxane hcl intravenous solution reconstituted</i>	1 or 1b*	SP
<i>dexrazoxane intravenous solution reconstituted</i>	1 or 1b*	SP
*CHEMOTHERAPY ADJUNCTS - HYPERURICEMIA AGENTS*** - DRUGS FOR CANCER		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED (<i>rasburicase</i>)	3	PA; SP
*CHEMOTHERAPY ADJUNCTS - KERATINOCYTE GROWTH FACTORS*** - DRUGS FOR CANCER		
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED (<i>palifermin</i>)	3	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
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; QL (0.75 tablet per 1 day); SP; OC
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	2; OC	PA; QL (1.5 tablets per 1 day); SP; OC
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	2; OC	PA; 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; SP
<i>fulvestrant intramuscular solution prefilled syringe</i>	1 or 1b*	PA; 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*	
<i>leucovorin calcium injection solution reconstituted</i>	1 or 1b*	
<i>leucovorin calcium oral tablet</i>	1 or 1b*	
<i>levoleucovorin calcium intravenous solution reconstituted</i>	1 or 1b*	PA
<i>levoleucovorin calcium pf intravenous solution</i>	1 or 1b*	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS*** - DRUGS FOR CANCER		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>degarelix acetate</i>)	3	PA; QL (2 units per 310 days); SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>degarelix acetate</i>)	3	PA; QL (1 kit per 28 days); SP
ORGOVYX ORAL TABLET (<i>relugolix</i>)	3; OC	PA; QL (1 tablet per 1 day); OC
*IMIDAZOTETRAZINES*** - DRUGS FOR CANCER		
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED (<i>temozolomide</i>)	2	PA; SP
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg</i>	1 or 1b*; OC	PA; QL (2 capsules per 1 day); SP; OC
<i>temozolomide oral capsule 20 mg</i>	1 or 1b*; OC	PA; QL (4 capsule per 1 day); SP; OC
<i>temozolomide oral capsule 5 mg</i>	1 or 1b*; OC	PA; QL (3 capsule per 1 day); SP; OC
*ISOCITRATE DEHYDROGENASE 1 & 2 (IDH1 & IDH2) INHIBITORS*** - DRUGS FOR CANCER		
VORANIGO ORAL TABLET 10 MG (<i>vorasidenib</i>)	3; OC	PA; QL (2 tablets per 1 day); OC
VORANIGO ORAL TABLET 40 MG (<i>vorasidenib</i>)	3; OC	PA; QL (1 tablet per 1 day); OC
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS*** - DRUGS FOR CANCER		
REZLIDHIA ORAL CAPSULE (<i>olutasidenib</i>)	3; OC	PA; QL (2 capsules per 1 day); OC
TIBSOVO ORAL TABLET (<i>ivosidenib</i>)	3; OC	PA; 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; QL (1 tablet per 1 day); OC
VONJO ORAL CAPSULE (<i>pacritinib citrate</i>)	3; OC	PA; QL (4 capsules per 1 day); OC
*LHRH ANALOGS*** - DRUGS FOR CANCER		
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE (<i>leuprolide mesylate (6 month)</i>)	3	PA; QL (1 syringe per 24 weekss)
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	3	PA; QL (1 syringe per 84 days); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	3	PA; QL (1 syringe per 112 days); SP
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	3	PA; QL (1 syringe per 168 days); SP
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	3	PA; QL (1 syringe per 28 days); SP
<i>leuprolide acetate (3 month) intramuscular injectable</i>	3	PA; QL (1 kit per 12 weeks); SP
<i>leuprolide acetate injection kit</i>	1 or 1b*	PA; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (<i>leuprolide acetate</i>)	3	PA; QL (1 syringe kit per 28 days); SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (<i>leuprolide acetate</i>)	3	PA; QL (1 kit per 28 days); SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT (<i>leuprolide acetate (3 month)</i>)	3	PA; QL (1 kit per 84 days); SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT (<i>leuprolide acetate (4 month)</i>)	3	PA; QL (1 kit per 112 days); SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT (<i>leuprolide acetate (6 month)</i>)	3	PA; QL (1 syringe kit per 168 days); SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG (<i>triptorelin pamoate</i>)	3	PA; QL (1 vial per 84 days); SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG (<i>triptorelin pamoate</i>)	3	PA; QL (1 syringe per 168 days); SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG (<i>triptorelin pamoate</i>)	3	PA; QL (1 kit per 28 days); SP
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG (<i>goserelin acetate</i>)	3	PA; QL (1 EA per 84 days); SP
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG (<i>goserelin acetate</i>)	3	PA; 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; SP
DOCETAXEL INTRAVENOUS SOLUTION	3	PA; SP
DOCIVYX INTRAVENOUS SOLUTION (<i>docetaxel</i>)	3	PA; SP
<i>eribulin mesylate intravenous solution</i>	1 or 1b*	PA; SP
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED (<i>etoposide phosphate</i>)	3	SP
<i>etoposide intravenous solution</i>	1 or 1b*	SP
<i>etoposide oral capsule</i>	1 or 1b*; OC	SP; OC
HALAVEN INTRAVENOUS SOLUTION (<i>eribulin mesylate</i>)	3	PA; SP
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED (<i>ixabepilone</i>)	3	PA; SP
JEVTANA INTRAVENOUS SOLUTION (<i>cabazitaxel</i>)	3	PA; LD; SP
<i>paclitaxel intravenous concentrate</i>	1 or 1b*	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA; LD; SP
<i>vinblastine sulfate intravenous solution</i>	1 or 1b*	SP
<i>vincristine sulfate intravenous solution</i>	1 or 1b*	SP
<i>vinorelbine tartrate intravenous solution</i>	1 or 1b*	SP
*MYELOPROTECTIVE AGENTS*** - DRUGS FOR CANCER		
COSELA INTRAVENOUS SOLUTION RECONSTITUTED (<i>trilaciclib dihydrochloride</i>)	3	PA
*NITROGEN MUSTARDS AND RELATED ANALOGUES*** - DRUGS FOR CANCER		
<i>cyclophosphamide injection solution reconstituted</i>	1 or 1b*	SP
<i>cyclophosphamide intravenous solution 1 gm/2ml, 1000 mg/10ml, 2 gm/4ml, 2000 mg/20ml, 500 mg/5ml</i>	3	SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML	3	SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 2 GM/10ML	3	
<i>cyclophosphamide intravenous solution 500 mg/ml</i>	3	
<i>cyclophosphamide oral capsule</i>	1 or 1b*; OC	SP; OC
CYCLOPHOSPHAMIDE ORAL TABLET	3; OC	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	
HEPZATO W/62MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED (<i>melphalan hcl</i>)	3	
IFEX INTRAVENOUS SOLUTION RECONSTITUTED (<i>ifosfamide</i>)	3	SP
<i>ifosfamide intravenous solution</i>	1 or 1b*	SP
<i>ifosfamide intravenous solution reconstituted 1 gm</i>	1 or 1b*	SP
IFOSFAMIDE INTRAVENOUS SOLUTION RECONSTITUTED 3 GM	3	SP
LEUKERAN ORAL TABLET (<i>chlorambucil</i>)	2; OC	OC
<i>melphalan hcl intravenous solution reconstituted</i>	1 or 1b*	SP
*NITROSOUREAS*** - DRUGS FOR CANCER		
<i>carmustine intravenous solution reconstituted</i>	1 or 1b*	SP
GLEOSTINE ORAL CAPSULE (<i>lomustine</i>)	3; OC	PA; SP; OC
GLIADEL WAFER IMPLANT WAFER (<i>carmustine in polifeprosan</i>)	3	
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED (<i>streptozocin</i>)	3	SP
*OLIGONUCLEOTIDE TELOMERASE INHIBITORS*** - DRUGS FOR CANCER		
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED (<i>imetelstat sodium</i>)	3	PA

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*ORNITHINE DECARBOXYLASE (ODC) INHIBITORS*** - DRUGS FOR CANCER		
IWILFIN ORAL TABLET (<i>eflornithine hcl</i>)	3; OC	PA; QL (8 tablets per 1 day); OC
*OTOPROTECTIVE AGENTS*** - DRUGS FOR CANCER		
PEDMARK INTRAVENOUS SOLUTION (<i>sodium thiosulfate</i>)	3	PA
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS*** - DRUGS FOR CANCER		
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED (<i>copanlisib hcl</i>)	3	PA
COPIKTRA ORAL CAPSULE (<i>duvelisib</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>alpelisib</i>)	3; OC	PA; QL (1 tablet per 1 day); SP; OC
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>alpelisib</i>)	3; OC	PA; QL (2 tablets per 1 day); SP; OC
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>alpelisib</i>)	3; OC	PA; 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	OC
<i>megestrol acetate oral tablet</i>	1 or 1b*; OC	OC
*RETINOIDS*** - DRUGS FOR CANCER		
<i>tretinoin oral capsule</i>	1 or 1b*; OC	OC
*SELECTIVE ESTROGEN RECEPTOR DEGRADERS*** - DRUGS FOR CANCER		
ORSERDU ORAL TABLET 345 MG (<i>elacestrant hydrochloride</i>)	3; OC	PA; QL (1 tablet per 1 day); OC
ORSERDU ORAL TABLET 86 MG (<i>elacestrant hydrochloride</i>)	3; OC	PA; 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; 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
*TOPOISOMERASE I INHIBITORS*** - DRUGS FOR CANCER		
CAMPTOSAR INTRAVENOUS SOLUTION (<i>irinotecan hcl</i>)	3	SP
HYCAMTIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>topotecan hcl</i>)	3	SP
HYCAMTIN ORAL CAPSULE (<i>topotecan hcl</i>)	2; OC	PA; SP; OC
<i>irinotecan hcl intravenous solution</i>	1 or 1b*	SP
ONIVYDE INTRAVENOUS INJECTABLE (<i>irinotecan hcl liposome</i>)	3	LD; SP
TOPOTECAN HCL INTRAVENOUS SOLUTION	3	SP
<i>topotecan hcl intravenous solution reconstituted</i>	1 or 1b*	SP
*URINARY TRACT PROTECTIVE AGENTS*** - DRUGS FOR CANCER		
<i>mesna intravenous solution</i>	1 or 1b*	PA
MESNEX INTRAVENOUS SOLUTION (<i>mesna</i>)	3	PA
MESNEX ORAL TABLET (<i>mesna</i>)	2	PA
*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS*** - DRUGS FOR CANCER		
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; QL (84 capsules per 28 days); OC
FRUZAQLA ORAL CAPSULE 5 MG (<i>fruquintinib</i>)	3; OC	PA; 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
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

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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
ZALTRAP INTRAVENOUS SOLUTION <i>(ziv-aflibercept)</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>	3	PA; 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>	3	PA; 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)
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*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>selegiline hcl oral tablet</i>	1 or 1b*	
XADAGO ORAL TABLET 100 MG (safinamide mesylate)	3	PA; QL (1 tablet per 1 day)
XADAGO ORAL TABLET 50 MG (safinamide mesylate)	3	PA; QL (2 tablets per 1 day)
ZELAPAR ORAL TABLET DISPERSIBLE (selegiline hcl)	3	PA; QL (2 tablets per 1 day)
*CENTRAL/PERIPHERAL COMT INHIBITORS*** - DRUGS FOR PARKINSON		
TASMAR ORAL TABLET (tolcapone)	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 (carbidopa)	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*	
DHIVY ORAL TABLET (carbidopa-levodopa)	3	
DUOPA ENTERAL SUSPENSION (carbidopa-levodopa)	3	PA; LD; SP
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 48.75-195 MG (carbidopa-levodopa)	3	QL (12 capsules per 1 day)
RYTARY ORAL CAPSULE EXTENDED RELEASE 36.25-145 MG (carbidopa-levodopa)	3	QL (9 capsules per 1 day)
RYTARY ORAL CAPSULE EXTENDED RELEASE 61.25-245 MG (carbidopa-levodopa)	3	QL (10 capsules per 1 day)
SINEMET ORAL TABLET (carbidopa-levodopa)	3	
*NONERGOLINE DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR PARKINSON		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE (apomorphine hcl)	3	PA; LD; QL (2 mL per 1 day); SP
<i>apomorphine hcl subcutaneous solution cartridge</i>	1 or 1b*	PA; LD; QL (2 mL per 1 day); SP
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR (pramipexole dihydrochloride)	3	QL (1 tablet per 1 day)
NEUPRO TRANSDERMAL PATCH 24 HOUR (rotigotine)	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 (opicapone)	3	PA; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*	
*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)
<i>lurasidone hcl oral tablet 120 mg</i>	1 or 1b*	AL
<i>lurasidone hcl oral tablet 20 mg, 40 mg</i>	1 or 1b*	DO; AL
<i>lurasidone hcl oral tablet 60 mg</i>	1 or 1b*	AL; QL (1 tablet per 1 day)
<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>)	3	PA; LD; QL (1 capsule per 1 day); SP
NUPLAZID ORAL TABLET (<i>pimavanserin tartrate</i>)	3	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		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML (<i>paliperidone palmitate</i>)	3	AL; QL (5 mL per 180 days)
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)
<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)
*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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
VERSACLOZ ORAL SUSPENSION (<i>clozapine</i>)	3	AL; QL (18 mL per 1 day)
*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
SECUADO TRANSDERMAL PATCH 24 HOUR (<i>asenapine</i>)	3	ST; QL (1 patch per 1 day)
*DIBENZOTHAZEPINES*** - 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)
*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)
*PHENOTHIAZINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>chlorpromazine hcl injection solution</i>	1 or 1b*	AL
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 MAINTENA INTRAMUSCULAR PREFILLED SYRINGE (aripiprazole)	3	AL; QL (1 injection per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (aripiprazole)	3	AL; QL (1 injection per 30 days)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 5 MG (aripiprazole w/ sens-strip-pod)	3	ST; DO
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 20 MG, 30 MG (aripiprazole w/ sens-strip-pod)	3	ST; QL (1 tablet per 1 day)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 5 MG (aripiprazole w/ sens-strip-pod)	3	ST; DO
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 20 MG, 30 MG (aripiprazole w/ sens-strip-pod)	3	ST; QL (1 tablet per 1 day)
<i>aripiprazole oral solution</i>	1 or 1b*	AL; QL (30 mL per 1 day)
<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 (aripiprazole lauroxil)	3	AL; QL (1 syringe per 1 fill)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML (aripiprazole lauroxil)	3	AL; QL (1 kit per 60 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (aripiprazole lauroxil)	3	AL; QL (1 kit per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG (brexpiprazole)	3	ST; DO
REXULTI ORAL TABLET 4 MG (brexpiprazole)	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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 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)
*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)
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*	QL (1 tablet per 1 day)
BIKTARVY ORAL TABLET (<i>bictegravir-emtricitab-tenofovir</i>)	2	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	QL (1 tablet per 1 day)
COMPLERA ORAL TABLET (<i>emtricitab-rilpivir-tenofovir</i>)	3	PA; QL (1 tablet per 1 day)
DELSTRIGO ORAL TABLET (<i>doravirin-lamivudin-tenofovir df</i>)	3	QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 120-15 MG (<i>emtricitabine-tenofovir af</i>)	2	QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	2; \$0	QL (1 tablet per 1 day)
DOVATO ORAL TABLET (<i>dolutegravir-lamivudine</i>)	2	QL (1 tablet per 1 day)
<i>efavirenz-emtricitab-tenofovir df oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	1 or 1b*	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*	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	1 or 1b*; \$0	QL (1 tablet per 1 day)
EVOTAZ ORAL TABLET (<i>atazanavir-cobicistat</i>)	3	QL (1 tablet per 1 day)
GENVOYA ORAL TABLET (<i>elviteg-cobic-emtricit-tenofaf</i>)	2	QL (1 tablet per 1 day)
JULUCA ORAL TABLET (<i>dolutegravir-rilpivirine</i>)	3	PA; QL (1 tablet per 1 day)
KALETRA ORAL SOLUTION (<i>lopinavir-ritonavir</i>)	3	QL (16 mL per 1 day)
KALETRA ORAL TABLET 100-25 MG (<i>lopinavir-ritonavir</i>)	3	QL (10 tablets per 1 day)
KALETRA ORAL TABLET 200-50 MG (<i>lopinavir-ritonavir</i>)	3	QL (4 tablets per 1 day)
<i>lamivudine-zidovudine oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>lopinavir-ritonavir oral solution</i>	1 or 1b*	QL (16 mL per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	1 or 1b*	QL (10 tablets per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
ODEFSEY ORAL TABLET (<i>emtricitab-rilpivir-tenofov af</i>)	2	QL (1 tablet per 1 day)
PREZCOBIX ORAL TABLET (<i>darunavir-cobicistat</i>)	3	QL (1 tablet per 1 day)
STRIBILD ORAL TABLET (<i>elviteg-cobic-emtricit-tenofdf</i>)	2	QL (1 tablet per 1 day)
SYMTUZA ORAL TABLET (<i>darun-cobic-emtricit-tenofaf</i>)	2	QL (1 tablet per 1 day)
TRIUMEQ ORAL TABLET (<i>abacavir-dolutegravir-lamivud</i>)	2	QL (1 tablet per 1 day)
TRIUMEQ PD ORAL TABLET SOLUBLE	2	QL (6 tablets 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*	QL (4 tablets per 1 day)
SELZENTRY ORAL SOLUTION (<i>maraviroc</i>)	3	QL (62 mL per 1 day)
SELZENTRY ORAL TABLET (<i>maraviroc</i>)	3	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; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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	QL (2 tablets per 1 day)
ISENTRESS ORAL PACKET (<i>raltegravir potassium</i>)	3	QL (2 packets per 1 day)
ISENTRESS ORAL TABLET (<i>raltegravir potassium</i>)	3	QL (4 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG (<i>raltegravir potassium</i>)	3	QL (6 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG (<i>raltegravir potassium</i>)	3	QL (24 tablets per 1 day)
TIVICAY ORAL TABLET (<i>dolutegravir sodium</i>)	3	QL (2 tablets per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE (<i>dolutegravir sodium</i>)	3	QL (12 tablets per 1 day)
*ANTIRETROVIRALS - PROTEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
APTIVUS ORAL CAPSULE (<i>tipranavir</i>)	2	PA; QL (4 capsules per 1 day)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>darunavir oral tablet 600 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>darunavir oral tablet 800 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>fosamprenavir calcium oral tablet</i>	1 or 1b*	QL (4 tablets per 1 day)
NORVIR ORAL PACKET (<i>ritonavir</i>)	3	QL (12 packets per 1 day)
NORVIR ORAL TABLET (<i>ritonavir</i>)	3	QL (12 tablets per 1 day)
PREZISTA ORAL SUSPENSION (<i>darunavir</i>)	2	QL (14 mL per 1 day)
PREZISTA ORAL TABLET 150 MG (<i>darunavir</i>)	2	QL (6 tablets per 1 day)
PREZISTA ORAL TABLET 75 MG (<i>darunavir</i>)	2	QL (10 tablets per 1 day)
REYATAZ ORAL CAPSULE 200 MG (<i>atazanavir sulfate</i>)	3	QL (2 capsules per 1 day)
REYATAZ ORAL CAPSULE 300 MG (<i>atazanavir sulfate</i>)	3	QL (1 capsule per 1 day)
REYATAZ ORAL PACKET (<i>atazanavir sulfate</i>)	2	QL (5 packets per 1 day)
<i>ritonavir oral tablet</i>	1 or 1b*	QL (12 tablets per 1 day)
VIRACEPT ORAL TABLET 250 MG (<i>nelfinavir mesylate</i>)	2	QL (10 tablets per 1 day)
VIRACEPT ORAL TABLET 625 MG (<i>nelfinavir mesylate</i>)	2	QL (4 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
EDURANT ORAL TABLET (<i>rilpivirine hcl</i>)	2	PA; QL (1 tablet per 1 day)
<i>efavirenz oral capsule 200 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>efavirenz oral capsule 50 mg</i>	1 or 1b*	QL (12 capsules per 1 day)
<i>efavirenz oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>etravirine oral tablet 100 mg</i>	1 or 1b*	PA; QL (4 tablets per 1 day)
<i>etravirine oral tablet 200 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
INTELENCE ORAL TABLET 100 MG (<i>etravirine</i>)	3	PA; QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INTELENCE ORAL TABLET 200 MG (<i>etravirine</i>)	3	PA; QL (2 tablets per 1 day)
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	2	PA; QL (16 tablets per 1 day)
<i>nevirapine er oral tablet extended release 24 hour</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>nevirapine oral suspension</i>	1 or 1b*	QL (40 mL per 1 day)
<i>nevirapine oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
PIFELTRO ORAL TABLET (<i>doravirine</i>)	3	QL (1 tablet per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>abacavir sulfate oral solution</i>	1 or 1b*	QL (32 mL per 1 day)
<i>abacavir sulfate oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
ZIAGEN ORAL SOLUTION (<i>abacavir sulfate</i>)	3	QL (32 mL per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES**** - DRUGS FOR VIRAL INFECTIONS		
<i>emtricitabine oral capsule</i>	1 or 1b*; \$0	QL (1 capsule per 1 day)
EMTRIVA ORAL CAPSULE (<i>emtricitabine</i>)	3	QL (1 capsule per 1 day)
EMTRIVA ORAL SOLUTION (<i>emtricitabine</i>)	2	QL (29 mL per 1 day)
EPIVIR ORAL SOLUTION (<i>lamivudine</i>)	3	QL (32 mL per 1 day)
EPIVIR ORAL TABLET 150 MG (<i>lamivudine</i>)	3	PA; QL (2 tablets per 1 day)
EPIVIR ORAL TABLET 300 MG (<i>lamivudine</i>)	3	PA; QL (1 tablet per 1 day)
<i>lamivudine oral solution</i>	1 or 1b*	QL (32 mL per 1 day)
<i>lamivudine oral tablet 150 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
<i>lamivudine oral tablet 300 mg</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES*** - DRUGS FOR VIRAL INFECTIONS		
RETROVIR INTRAVENOUS SOLUTION (<i>zidovudine</i>)	2	
RETROVIR ORAL CAPSULE (<i>zidovudine</i>)	3	QL (6 capsules per 1 day)
RETROVIR ORAL SYRUP (<i>zidovudine</i>)	3	QL (64 mL per 1 day)
<i>zidovudine oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>zidovudine oral syrup</i>	1 or 1b*	QL (64 mL per 1 day)
<i>zidovudine oral tablet</i>	1 or 1b*	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	QL (1 tablet per 1 day)
VIREAD ORAL POWDER (<i>tenofovir disoproxil fumarate</i>)	2	QL (8 grams per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	2	QL (1 tablet per 1 day)
*ANTIRETROVIRALS ADJUVANTS*** - DRUGS FOR VIRAL INFECTIONS		
TYBOST ORAL TABLET (<i>cobicistat</i>)	3	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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*	
<i>foscarnet sodium intravenous solution</i>	1 or 1b*	
FOSCAVIR INTRAVENOUS SOLUTION (<i>foscarnet sodium</i>)	3	
GANCICLOVIR INTRAVENOUS SOLUTION	3	SP
GANCICLOVIR SODIUM INTRAVENOUS SOLUTION	3	SP
<i>ganciclovir sodium intravenous solution reconstituted</i>	1 or 1b*	SP
LIVTENCITY ORAL TABLET (<i>maribavir</i>)	3	PA; QL (4 tablets per 1 day)
PREVYMIS INTRAVENOUS SOLUTION (<i>letermovir</i>)	3	PA; QL (200 vials per 1 year); SP
PREVYMIS ORAL TABLET (<i>letermovir</i>)	3	PA; QL (224 tablets per 1 year); SP
VALCYTE ORAL SOLUTION RECONSTITUTED (<i>valganciclovir hcl</i>)	3	
VALCYTE ORAL TABLET (<i>valganciclovir hcl</i>)	3	
<i>valganciclovir hcl oral solution reconstituted</i>	1 or 1b*	
<i>valganciclovir hcl oral tablet</i>	1 or 1b*	
*HEPATITIS B AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>adefovir dipivoxil oral tablet</i>	1 or 1b*	PA; QL (1 tablet per 1 day); SP
BARACLUDE ORAL SOLUTION (<i>entecavir</i>)	2	PA; QL (20 mL per 1 day)
<i>entecavir oral tablet</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
<i>lamivudine oral tablet 100 mg</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
VEMLIDY ORAL TABLET (<i>tenofovir alafenamide fumarate</i>)	3	PA; 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>)	3	PA; QL (1 packet per 1 day); SP
EPCLUSA ORAL PACKET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	3	PA; QL (2 packets per 1 day); SP
EPCLUSA ORAL TABLET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	3	PA; QL (2 tablets per 1 day); SP
EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	3	PA; QL (1 tablet per 1 day); SP
HARVONI ORAL PACKET 33.75-150 MG (<i>ledipasvir-sofosbuvir</i>)	3	PA; QL (1 packet per 1 day); SP
HARVONI ORAL PACKET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	3	PA; QL (2 packets per 1 day); SP
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	3	PA; QL (2 tablets per 1 day); SP
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	3	PA; QL (1 tablet per 1 day); SP
VOSEVI ORAL TABLET (<i>sofosbuv-velpatasv-voxilaprev</i>)	3	PA; QL (1 tablet per 1 day); SP
*HEPATITIS C AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
PEGASYS SUBCUTANEOUS SOLUTION (<i>peginterferon alfa-2a</i>)	3	LD; QL (4 vials per 28 days); SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon alfa-2a</i>)	3	LD; QL (4 syringes per 28 days); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ribavirin oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day); SP
<i>ribavirin oral tablet</i>	1 or 1b*	QL (6 tablets 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*	
<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)
*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)
<i>oseltamivir phosphate oral suspension reconstituted</i>	1 or 1b*	QL (180 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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, 20 mg, 40 mg</i>	1 or 1b*	DO
<i>carvedilol phosphate er oral capsule extended release 24 hour 80 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>labetalol hcl intravenous solution prefilled syringe 10 mg/2ml</i>	3	
<i>labetalol hcl oral tablet 100 mg, 200 mg</i>	1 or 1b*	DO
<i>labetalol hcl oral tablet 300 mg</i>	1 or 1b*	QL (8 tablets per 1 day)
*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 NA CL 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	
<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*	
KASPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE (<i>metoprolol succinate</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*	
*BETA BLOCKERS NON-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE		
HEMANGEOL ORAL SOLUTION (<i>propranolol hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<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 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>clevipidine</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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<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 (amlodipine benzoate)	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 NA CL INTRAVENOUS SOLUTION	3	
<i>nicardipine hcl intravenous solution</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 (amlodipine besylate)	3	PA; QL (2 bottles per 30 days)
NYMALIZE ORAL SOLUTION (nimodipine)	3	QL (60 mL per 1 day)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (nifedipine)	3	DO
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG (nifedipine)	3	QL (2 tablets per 1 day)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 90 MG (nifedipine)	3	QL (1 tablet per 1 day)
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 8.5 MG (nisoldipine)	3	DO
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 34 MG (nisoldipine)	3	QL (1 tablet per 1 day)
<i>tiadylt er oral capsule extended release 24 hour 120 mg</i>	1 or 1b*	DO
<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 (diltiazem hcl er beads)	3	DO
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG (diltiazem hcl er beads)	3	QL (3 capsules per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG (diltiazem hcl er beads)	3	QL (2 capsules per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG, 420 MG (diltiazem hcl er beads)	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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 (verapamil hcl)	3	DO
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG (verapamil hcl)	3	QL (2 capsules per 1 day)
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG (verapamil hcl)	3	QL (1 capsule per 1 day)
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (verapamil hcl)	3	DO
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG (verapamil hcl)	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 (digoxin)	3	
LANOXIN PEDIATRIC INJECTION SOLUTION (digoxin)	2	
*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 (amlodipine-atorvastatin)	3	QL (1 tablet per 1 day)
CADUET ORAL TABLET 5-10 MG, 5-20 MG, 5-40 MG (amlodipine-atorvastatin)	3	DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*CARDIAC MYOSIN INHIBITORS*** - DRUGS FOR THE HEART		
CAMZYOS ORAL CAPSULE (<i>mavacamten</i>)	3	PA; LD; QL (1 capsule per 1 day); SP
*IMPOTENCE AGENT COMBINATIONS*** - DRUGS FOR THE HEART		
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION (<i>papaverine-phentolamine</i>)	3	
*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>)	3	PA; QL (1 tablet per 1 day); SP
*PROSTAGLANDIN - IMPOTENCE AGENTS*** - DRUGS FOR THE HEART		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT (<i>alprostadil vasodilator</i>)	3	PA
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		
<i>epoprostenol sodium intravenous solution reconstituted</i>	1 or 1b*	PA; LD; SP
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED (<i>epoprostenol sodium</i>)	3	PA; LD; SP
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK (<i>treprostinil diolamine</i>)	3	PA; LD; QL (1 pack per 28 days); SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK (<i>treprostinil diolamine</i>)	3	PA; LD; QL (1 pack per 28 days); SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK (<i>treprostinil diolamine</i>)	3	PA; LD; QL (1 pack per 28 days); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE (<i>treprostinil diolamine</i>)	3	PA; LD; SP
REMODULIN INJECTION SOLUTION (<i>treprostinil</i>)	3	PA; LD; SP
<i>treprostinil injection solution</i>	1 or 1b*	PA; LD; SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER (<i>treprostinil</i>)	3	PA; LD; QL (1 kit per 28 days); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO DPI MAINTENANCE KIT INHALATION POWDER (<i>treprostinil</i>)	3	PA; LD; QL (1 kit per 28 days); SP
TYVASO DPI TITRATION KIT INHALATION POWDER (<i>treprostinil</i>)	3	PA; LD; QL (1 kit per 1 lifetime); SP
TYVASO INHALATION SOLUTION (<i>treprostinil</i>)	3	PA; LD; QL (1 kit per 28 days); SP
TYVASO REFILL KIT INHALATION SOLUTION (<i>treprostinil</i>)	3	PA; LD; QL (1 kit per 28 days); SP
TYVASO STARTER KIT INHALATION SOLUTION (<i>treprostinil</i>)	3	PA; LD; QL (1 kit per 28 days); SP
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED (<i>epoprostenol sodium</i>)	3	PA; LD; SP
VENTAVIS INHALATION SOLUTION (<i>iloprost</i>)	3	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>)	3	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>)	3	PA; QL (1 kit per 21 days); SP
*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>ambrisentan oral tablet</i>	1 or 1b*	PA; LD; QL (1 tablet per 1 day); SP
<i>bosentan oral tablet</i>	1 or 1b*	PA; LD; QL (2 tablets per 1 day); SP
OPSUMIT ORAL TABLET (<i>macitentan</i>)	3	PA; LD; QL (1 tablet per 1 day); SP
TRACLEER ORAL TABLET SOLUBLE (<i>bosentan</i>)	3	PA; LD; QL (2 tablets per 1 day); SP
*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>alyq oral tablet</i>	1 or 1b*	PA; QL (2 tablets per 1 day); SP
<i>sildenafil citrate intravenous solution</i>	1 or 1b*	PA; QL (3 vial per 1 day); SP
<i>sildenafil citrate oral suspension reconstituted</i>	1 or 1b*	PA; QL (24 mL per 1 day); SP
<i>sildenafil citrate oral tablet 20 mg</i>	1 or 1b*	PA; QL (12 tablets per 1 day); SP
<i>tadalafil (pah) oral tablet</i>	1 or 1b*	PA; QL (2 tablets per 1 day); SP
TADLIQ ORAL SUSPENSION (<i>tadalafil (pah)</i>)	3	PA; QL (10 ml per 1 day); SP
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** - DRUGS FOR HIGH BLOOD PRESSURE		
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED (<i>selexipag</i>)	3	PA; LD; QL (2 vials per 1 day)
UPTRAVI ORAL TABLET (<i>selexipag</i>)	3	PA; LD; QL (2 tablets per 1 day); SP
UPTRAVI TITRATION ORAL TABLET THERAPY PACK (<i>selexipag</i>)	3	PA; LD; QL (1 pack per 365 days); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS*** - DRUGS FOR THE HEART		
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1 or 1b*	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>vardenafil hcl oral tablet dispersible</i>	1 or 1b*	PA
*SEPTAL AGENTS - ABLATION** - DRUGS FOR THE HEART		
ABLYSINOL INTRA-ARTERIAL SOLUTION (<i>dehydrated alcohol</i>)	3	
*SINUS NODE INHIBITORS** - DRUGS FOR HIGH BLOOD PRESSURE		
CORLANOR ORAL SOLUTION (<i>ivabradine hcl</i>)	3	PA; QL (4 ampules 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>)	3	PA; LD; QL (1 capsule per 1 day); SP
VYNDAQEL ORAL CAPSULE (<i>tafamidis meglumine (cardiac)</i>)	3	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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*	
<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)
CEFTRIAOXONE 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)
CEFTRIAOXONE 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*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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	
*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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<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>luteru 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-linyah oral tablet</i>	1 or 1a*; \$0	
<i>necon 0.5/35 (28) oral tablet</i>	1 or 1a*; \$0	
NEXTSTELLIS ORAL TABLET (drospirenone-estetrol)	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</i>	1 or 1a*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>eluryng vaginal ring</i>	1 or 1b*; \$0	
<i>etonogestrel-ethinyl estradiol (Enilloring Vaginal Ring)</i>	1 or 1b*; \$0	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	1 or 1b*; \$0	
<i>etonogestrel-ethinyl estradiol (Haloette Vaginal Ring)</i>	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	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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
*PROGESTIN CONTRACEPTIVES - IMPLANTS*** - BIRTH CONTROL PILLS		
NEXPLANON SUBCUTANEOUS IMPLANT (<i>etonogestrel</i>)	3	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>)	3	SP
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE (<i>levonorgestrel</i>)	3	SP
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE (<i>levonorgestrel</i>)	3	SP
SKYLA INTRAUTERINE INTRAUTERINE DEVICE (<i>levonorgestrel</i>)	3	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<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		
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	
DEPO-MEDROL INJECTION SUSPENSION (<i>methylprednisolone acetate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXABLISS ORAL TABLET THERAPY PACK	3	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE (<i>dexamethasone</i>)	2	
<i>dexamethasone oral elixir</i>	1 or 1a*	
<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 4 MG/ML	3	
DEXAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION PREFILLED SYRINGE	1 or 1b*	
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisolone sodium phosphate oral tablet dispersible 15 mg</i>	1 or 1a*	DO
PREDNISONE INTENSOL ORAL CONCENTRATE (<i>prednisone</i>)	3	
<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*	
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>)	3	PA; 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>)	3	PA; QL (1 injection per 1 knee)
*MINERALOCORTICOID*** - DRUGS FOR INFLAMMATION		
<i>fludrocortisone acetate oral tablet</i>	1 or 1b*	
*STEROID COMBINATIONS*** - DRUGS FOR INFLAMMATION		
BLT-25 INJECTION KIT (<i>triamcinolone & bupiv & lido</i>)	3	
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 - DECONGEST-ANALGESIC*** - DRUGS FOR COUGH AND COLD		
<i>cvs pe head cong + flu sev oral tablet</i>	1 or 1b*	
*ANTITUSSIVE-EXPECTORANT*** - DRUGS FOR COUGH AND COLD		
CODITUSSIN AC ORAL LIQUID	3	AL
<i>eq mucus relief dm max str oral tablet extended release 12 hour</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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
*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>eq allergy relief d 12 hour oral tablet extended release 12 hour</i>	1 or 1b*	
EQ ALLERGY RELIEF NASAL DECONG ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>cetirizine-pseudoephedrine</i>)	1 or 1b*	
<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)
*DECONGESTANT W/ EXPECTORANT*** - DRUGS FOR COUGH AND COLD		
<i>eq mucus relief d oral tablet extended release 12 hour</i>	1 or 1b*	
<i>eq mucus-d oral tablet extended release 12 hour</i>	1 or 1b*	
*DECONGESTANT-ANALGESIC*** - DRUGS FOR COUGH AND COLD		
<i>eq sinus & cold-d oral tablet extended release 12 hour</i>	1 or 1b*	
*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		
NINJACOF ORAL LIQUID (<i>chlorphedianol-pyrimilamine</i>)	2	
<i>promethazine-dm oral syrup</i>	3	QL (2 fills per 30 days)
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
NINJACOF-D ORAL LIQUID (<i>pse-pyrimilamine-chlorphedianol</i>)	2	
<i>pseudoeph-bromphen-dm oral syrup</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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		
CAPCOF ORAL SYRUP	3	AL; QL (300 mL per 5 days)
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		
CLEOCIN-T EXTERNAL LOTION (<i>clindamycin phosphate</i>)	3	ST; QL (4 mL per 1 day)
<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)
<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 5 %</i>	1 or 1b*	ST; QL (90 grams per 30 days)
<i>dapsone external gel 7.5 %</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		
<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)
<i>benzoyl peroxide-erythromycin external gel</i>	1 or 1b*	QL (46.6 grams per 30 days)
<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)

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<i>neuac external gel</i>	1 or 1b*	QL (45 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)
<i>adapalene external pad</i>	1 or 1b*	PA; QL (1 swab per 1 day)
AKLIEF EXTERNAL CREAM (<i>trifarotene</i>)	3	ST; QL (1 pump per 30 days)
<i>amnestem oral capsule</i>	2	PA
ARAZLO EXTERNAL LOTION (<i>tazarotene</i>)	3	ST; QL (45 grams per 30 days)
<i>claravis oral capsule</i>	2	PA
<i>isotretinoin oral capsule</i>	2	PA
<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 pump external gel 0.04 %, 0.1 %</i>	1 or 1b*	PA; QL (50 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	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	
*ANALGESICS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>hav ez penetrating pain relief external gel</i>	2	
*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 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 (miconazole-zinc oxide-petrolat)	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 (Klayesta External Powder)</i>	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 (naftifine hcl)	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-HISTAMINES - TOPICAL*** - DRUGS FOR THE SKIN		
TECNU RASH RELIEF EXTERNAL SOLUTION (diphenhydramine hcl)	1 or 1b*	
*ANTI-INFLAMMATORY AGENTS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>diclofenac sodium external gel 1 %</i>	1 or 1b*	QL (1000 gm per 30 days)
*ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL*** - DRUGS FOR THE SKIN		
VALCHLOR EXTERNAL GEL (mechlorethamine hcl (topical))	3	PA; QL (1 tube per 30 days)
*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL*** - DRUGS FOR THE SKIN		
CARAC EXTERNAL CREAM (fluorouracil)	3	ST; QL (30 gm per 365 days)
EFUDEX EXTERNAL CREAM (fluorouracil)	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 (fluorouracil)	3	ST; QL (40 gm per 365 days)

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*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	SP
*ANTIPRURITICS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>doxepin hcl external cream</i>	1 or 1b*	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)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>secukinumab</i>)	3	PA; LD; QL (2 syringes per 28 days); SP
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>secukinumab</i>)	3	PA; LD; QL (2 pens per 28 days); SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>secukinumab</i>)	3	PA; LD; QL (1 pen per 28 days); SP
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>secukinumab</i>)	3	PA; LD; QL (1 syringe per 28 days); SP
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>secukinumab</i>)	3	PA; LD; QL (1 pen per 28 days); SP
<i>methoxsalen rapid oral capsule</i>	1 or 1b*	SP
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>risankizumab-rzaa</i>)	3	PA; QL (1 unit per 12 weeks); SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>risankizumab-rzaa</i>)	3	PA; QL (1 unit per 12 weeks); SP
SPEVIGO INTRAVENOUS SOLUTION (<i>spesolimab-sbzo</i>)	3	PA; QL (2 vials per 1 year)
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>spesolimab-sbzo</i>)	3	PA; QL (2 syringes per 28 days)
STELARA SUBCUTANEOUS SOLUTION (<i>ustekinumab</i>)	3	PA; LD; QL (1 unit per 12 weeks); SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	3	PA; LD; QL (1 unit per 12 weeks); SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	3	PA; LD; QL (1 syringe per 12 weeks); SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>ixekizumab</i>)	3	PA; LD; QL (1 auto-injector per 28 days); SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML (<i>ixekizumab</i>)	3	PA; QL (1 syringe per 28 days); SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (<i>ixekizumab</i>)	3	PA; LD; QL (1 syringe per 28 days); SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	3	PA; QL (1 mL per 56 days); SP

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TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>guselkumab</i>)	3	PA; QL (1 pen/syringe per 28 Straight PA no ST embeddeds)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	3	PA; QL (1 mL per 56 days); SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (<i>guselkumab</i>)	3	PA; QL (1 pen/syringe per 28 Straight PA no ST embeddeds)
*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)
<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 0.05 % (<i>tazarotene</i>)	2	QL (60 grams per 30 days)
TAZORAC EXTERNAL GEL (<i>tazarotene</i>)	3	QL (100 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)
*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>eq docosanol external cream</i>	1 or 1b*	
<i>penciclovir external cream</i>	1 or 1b*	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		
OPZELURA EXTERNAL CREAM (<i>ruxolitinib phosphate</i>)	3	PA; QL (1 tube per 30 days)
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE SKIN		
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>dupilumab</i>)	3	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>dupilumab</i>)	3	PA; SP
*BURN PRODUCTS*** - DRUGS FOR THE SKIN		
<i>mafenide acetate external packet</i>	1 or 1b*	

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SILVADENE EXTERNAL CREAM (<i>silver sulfadiazine</i>)	3	
<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		
<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)
<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)
<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)
<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)
<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)
<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)

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<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)
<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)
<i>halobetasol propionate external ointment</i>	1 or 1b*	QL (50 grams per 30 days)
<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 2.5 %</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)
<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)
<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)

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<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)
*DEPIGMENTING COMBINATIONS*** - DRUGS FOR THE SKIN		
TRI-LUMA EXTERNAL CREAM (<i>fluocin-hydroquinone-tretinoin</i>)	3	
*EMOLLIENTS*** - DRUGS FOR THE SKIN		
CUTEMOL EXTERNAL CREAM (<i>emollient</i>)	2	
*ENZYMES - TOPICAL*** - DRUGS FOR THE SKIN		
NEXOBRID EXTERNAL GEL (<i>anacaulase-bcdb</i>)	3	PA; QL (440 grams per 2 days)
SANTYL EXTERNAL OINTMENT (<i>collagenase</i>)	3	PA; QL (30 grams per 30 days)
*EYELID CLEANSERS & LUBRICANTS*** - DRUGS FOR THE SKIN		
THERATEARS STERILID CLEANSER EXTERNAL SOLUTION (<i>eyelid cleansers</i>)	2	
*GLABELLAR LINES (FROWN LINES) AGENTS*** - DRUGS FOR THE SKIN		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>onabotulinumtoxinA (cosmetic)</i>)	3	PA
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>daxibotulinumtoxinA-lanm</i>)	3	PA
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)

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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)
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)
*KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS*** - DRUGS FOR THE SKIN		
CONDYLOX EXTERNAL GEL (<i>podofilox</i>)	3	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>burn gel external gel</i>	1 or 1b*	
<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*	
<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)
*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL*** - DRUGS FOR THE SKIN		
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; QL (1 implant per 2 monthss)
*MICROTUBULE INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN		
KLISYRI EXTERNAL OINTMENT (<i>tirbanibulin</i>)	3	ST; QL (5 packets per 1 fill)

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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)
*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)
*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)
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)
<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)
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)
*SCABICIDES & PEDICULICIDES*** - DRUGS FOR THE SKIN		
<i>crotan external lotion</i>	1 or 1b*	QL (60 mL 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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		
coal tar external solution	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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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; QL (60 grams per 30 days); SP
TARGRETIN EXTERNAL GEL (<i>bexarotene</i>)	3	PA; 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)
*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	
*VASCULAR AGENTS*** - DRUGS FOR THE SKIN		
<i>eq hair regrowth for women external foam</i>	1 or 1b*	
*WOUND CARE - GROWTH FACTOR AGENTS*** - DRUGS FOR THE SKIN		
REGANEX 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		
FILSUVEZ EXTERNAL GEL (<i>birch triterpenes</i>)	3	PA
KENDALL HYDROGEL WOUND DRESS EXTERNAL (<i>hydroactive dressings</i>)	3	
MEPILEX BORDER FLEX/CM EXTERNAL PAD (<i>wound dressings</i>)	2	
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	2	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)
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR NUTRITION		
*NUTRITIONAL SUPPLEMENTS*** - DRUGS FOR NUTRITION		
KATE FARMS GLUCOSE SUPPORT 1.2 ENTERAL LIQUID (<i>nutritional supplements</i>)	2	
KATE FARMS RENAL SUPPORT 1.8 ENTERAL LIQUID (<i>nutritional supplements</i>)	2	
NEOCATE SYNEO JUNIOR ORAL POWDER (<i>nutritional supplements</i>)	2	
DIGESTIVE AIDS - DRUGS FOR THE STOMACH		
*DIGESTIVE ENZYME COMBINATIONS*** - DRUGS FOR THE STOMACH		
<i>lipase concentrate-hp oral capsule</i>	2	
*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)
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>)	3	PA; 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>	1 or 1b*	PA; QL (4 tablet per 1 day)
<i>methazolamide oral tablet</i>	1 or 1b*	
<i>dichlorphenamide (Ormalvi Oral Tablet)</i>	1 or 1b*	PA; 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*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>)	3	PA; 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	
<i>toremide oral tablet</i>	1 or 1b*	
*OSMOTIC DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>mannitol intravenous solution</i>	1 or 1b*	
<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	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>)	3	PA; LD; SP
*ADENOSINE DEAMINASE SCID TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
REVCovi INTRAMUSCULAR SOLUTION (<i>elapegademaselvlr</i>)	3	PA
*ALPHA-MANNOSIDOSIS TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED (<i>velmanase alfa-tycv</i>)	3	PA
*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)
<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>	1 or 1b*	
<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>	1 or 1b*	SP
PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML	3	SP
RECLAST INTRAVENOUS SOLUTION (<i>zoledronic acid</i>)	3	PA; 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; SP
ZOLEDRONIC ACID INTRAVENOUS SOLUTION 4 MG/100ML	3	PA; SP
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	1 or 1b*	PA; QL (100 mL per 375 days); SP

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*CALCIMIMETIC AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
<i>cinacalcet hcl oral tablet 90 mg</i>	1 or 1b*	PA; QL (4 tablets per 1 day)
PARSABIV INTRAVENOUS SOLUTION (<i>etelcalcetide hcl</i>)	3	PA; LD
*CALCITONINS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>calcitonin (salmon) injection solution</i>	1 or 1b*	
<i>calcitonin (salmon) nasal solution</i>	1 or 1b*	QL (0.13 mL per 1 day)
MIACALCIN INJECTION SOLUTION (<i>calcitonin (salmon)</i>)	3	
*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*	
<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>)	3	PA; SP
ACTHAR INJECTION GEL (<i>corticotropin</i>)	3	PA; LD; SP
CORTROPHIN INJECTION GEL (<i>corticotropin</i>)	3	PA; LD; SP
*CORTISOL SYNTHESIS INHIBITORS*** - HORMONES		
ISTURISA ORAL TABLET (<i>osilodrostat phosphate</i>)	3	PA; QL (4 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>)	3	PA; SP
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED (<i>agalsidase beta</i>)	3	PA; LD; SP
GALAFOLD ORAL CAPSULE (<i>migalastat hcl</i>)	3	PA; QL (14 capsules per 30 days)
*GAA DEFICIENCY TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED (<i>alglucosidase alfa</i>)	3	PA; LD; SP

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NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED (<i>avalglucosidase alfa-ngpt</i>)	3	PA; LD; SP
OPFOLDA ORAL CAPSULE (<i>miglustat (gaa deficiency)</i>)	3	PA; LD; QL (8 capsules per 28 days); SP
POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED (<i>cipaglucosidase alfa-atga</i>)	3	PA; LD; SP
*GNRH/LHRH ANTAGONISTS*** - DRUGS FOR WOMEN		
<i>cetrotide subcutaneous kit</i>	1 or 1b*	PA; SP
CETROTIDE SUBCUTANEOUS KIT (<i>cetrotide</i>)	3	PA; SP
<i>fyremadel subcutaneous solution prefilled syringe</i>	1 or 1b*	PA; SP
GANIRELIX ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; 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)
*GROWTH HORMONE RECEPTOR ANTAGONISTS*** - DRUGS FOR GROWTH		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>pegvisomant</i>)	3	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>)	3	PA; LD; QL (1 package per 30 days)
*GROWTH HORMONES*** - DRUGS FOR GROWTH		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE (<i>somatropin</i>)	3	PA; QL (1 syringe per 1 day); SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE (<i>somatropin</i>)	3	PA; QL (1 vial per 1 day); SP
HUMATROPE INJECTION CARTRIDGE 12 MG, 6 MG (<i>somatropin</i>)	3	PA; QL (1 vial per 1 day); SP
HUMATROPE INJECTION CARTRIDGE 24 MG (<i>somatropin</i>)	3	PA; QL (1 injection per 1 day); SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	3	PA; LD; QL (1 vial per 1 day); SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	3	PA; LD; QL (1 vial per 1 day); SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	3	PA; LD; QL (1 vial per 1 day); SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG (<i>somatropin (non-refrigerated)</i>)	3	PA; LD; QL (1 vial per 1 day)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	3	PA; LD; QL (1 solution per 1 day)
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 7.6 MG, 9.1 MG (<i>lonapegsomatropin-tcgd</i>)	3	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>)	3	PA; LD; QL (4 cartridges per 28 days); SP

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Effective 11012024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS** - DRUGS FOR MENOPAUSE AND BONE LOSS		
XURIDEN ORAL PACKET (<i>uridine triacetate</i>)	3	PA; QL (4 packets per 1 day)
*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>	1 or 1b*	PA; SP
<i>nitisinone oral capsule 20 mg</i>	1 or 1b*	PA
NITYR ORAL TABLET (<i>nitisinone</i>)	3	PA
ORFADIN ORAL CAPSULE (<i>nitisinone</i>)	3	PA
ORFADIN ORAL SUSPENSION (<i>nitisinone</i>)	3	PA
*HOMOCYSTINURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>betaine oral powder</i>	1 or 1b*	
CYSTADANE ORAL POWDER (<i>betaine</i>)	3	
*HYPERAMMONEMIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>carglumic acid oral tablet soluble</i>	1 or 1b*	PA
*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)
ZEMPLAR INTRAVENOUS SOLUTION (<i>paricalcitol</i>)	3	PA
ZEMPLAR ORAL CAPSULE (<i>paricalcitol</i>)	3	PA
*HYPOPHOSPHATASIA (HPP) AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
STRENSIQ SUBCUTANEOUS SOLUTION (<i>asfotase alfa</i>)	3	PA
*INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)*** - DRUGS FOR THYROID		
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED (<i>teprotumumab-trbw</i>)	3	PA; LD; QL (8 fills per 168 days)
*INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)*** - HORMONES		
INCRELEX SUBCUTANEOUS SOLUTION (<i>mecasermin</i>)	3	PA; LD; SP

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*LEPTIN ANALOGUES*** - HORMONES		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>metreleptin</i>)	3	PA; 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>)	3	PA; QL (1 kit per 28 days); SP
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (<i>leuprolide acetate</i>)	3	PA; QL (1 syringe kit per 28 days); SP
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (<i>leuprolide acetate (3 month)</i>)	3	PA; QL (1 kit per 12 weekss); SP
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (3 month)</i>)	3	PA; QL (1 kit per 84 days); SP
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT (<i>leuprolide acetate (6 month)</i>)	3	PA; QL (1 kit per 24 weekss); SP
SUPPRELIN LA SUBCUTANEOUS KIT (<i>histrelin acetate</i>)	3	PA; LD; QL (1 kit per 365 days); SP
SYNAREL NASAL SOLUTION (<i>nafarelin acetate</i>)	3	PA; QL (5 bottle per 30 days); SP
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (<i>triptorelin pamoate</i>)	3	PA; 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>)	3	PA
*MUCOPOLYSACCHARIDOSIS I (MPS I) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
ALDURAZYME INTRAVENOUS SOLUTION (<i>laronidase</i>)	3	PA; LD; SP
*MUCOPOLYSACCHARIDOSIS II (MPS II) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
ELAPRASE INTRAVENOUS SOLUTION (<i>idursulfase</i>)	3	PA; LD; SP
*MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
VIMIZIM INTRAVENOUS SOLUTION (<i>elosulfase alfa</i>)	3	PA; LD; SP
*MUCOPOLYSACCHARIDOSIS VI (MPS VI) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
NAGLAZYME INTRAVENOUS SOLUTION (<i>galsulfase</i>)	3	PA; LD; SP
*MUCOPOLYSACCHARIDOSIS VII (MPS VII) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
MEPSEVII INTRAVENOUS SOLUTION (<i>vestronidase alfa-vjbc</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*NATRIURETIC PEPTIDES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED (vosoritide)	3	PA; LD; QL (1 vial per 1 day); SP
*NEUROKININ 3 (NK3) RECEPTOR ANTAGONISTS*** - HORMONES		
VEOZAH ORAL TABLET (fezolinetant)	3	PA; QL (1 tablet per 1 day)
*NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS*** - HORMONES		
KERENDIA ORAL TABLET (finerenone)	3	PA; QL (1 tablet per 1 day)
*OVULATION STIMULANTS-GONADOTROPINS*** - DRUGS FOR WOMEN		
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA; SP
GONAL-F INJECTION SOLUTION RECONSTITUTED (follitropin alfa)	3	PA; SP
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR (follitropin alfa)	3	PA; SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED (follitropin alfa)	3	PA; SP
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED (menotropins)	3	PA; SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED (chorionic gonadotropin)	2	PA; SP
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (choriogonadotropin alfa)	3	PA; SP
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED (chorionic gonadotropin)	3	PA; SP
*OVULATION STIMULANTS-SYNTHETIC*** - DRUGS FOR WOMEN		
CLOMID ORAL TABLET (clomiphene citrate)	1 or 1b*	PA
*PARATHYROID HORMONE AND DERIVATIVES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR (teriparatide)	3	QL (1 pen per 28 days); SP
<i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml</i>	3	QL (1 pen per 28 days); SP
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	QL (1 pen per 28 days); SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR (abaloparatide)	3	LD; QL (1 pen per 30 days); SP
*PHENYLKETONURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>sapropterin dihydrochloride</i> (Javygtor Oral Packet)	1 or 1b*	PA; LD
<i>sapropterin dihydrochloride</i> (Javygtor Oral Tablet)	1 or 1b*	PA; LD
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML (pegvaliase-pqpz)	3	PA; LD; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>pegvaliase-pqpz</i>)	3	PA; LD; QL (1 syringe per 1 day); SP
<i>sapropterin dihydrochloride oral packet</i>	1 or 1b*	PA; LD; SP
<i>sapropterin dihydrochloride oral tablet</i>	1 or 1b*	PA; LD; SP
*RANK LIGAND (RANKL) INHIBITORS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>denosumab</i>)	3	PA; QL (1 syringe per 180 days); SP
XGEVA SUBCUTANEOUS SOLUTION (<i>denosumab</i>)	3	PA; QL (1 vial per 28 days); SP
*SCLEROSTIN INHIBITORS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>romosozumab-aqqg</i>)	3	PA; 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>)	3	PA; LD; QL (4 tablets per 1 day)
JYNARQUE ORAL TABLET THERAPY PACK (<i>tolvaptan</i>)	3	PA; QL (1 carton per 28 days)
<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	3	PA; LD; QL (1 syringe/vial per 28 days); SP
MYCAPSSA ORAL CAPSULE DELAYED RELEASE (<i>octreotide acetate</i>)	3	PA; QL (4 capsules per 1 day)
<i>octreotide acetate injection solution</i>	1 or 1b*	PA; SP
<i>octreotide acetate intramuscular kit 20 mg</i>	1 or 1b*	PA; QL (2 kits per 28 days)
<i>octreotide acetate intramuscular kit 30 mg</i>	1 or 1b*	PA; QL (1 kit per 28 days)
<i>octreotide acetate subcutaneous solution prefilled syringe</i>	1 or 1b*	PA; SP
SANDOSTATIN INJECTION SOLUTION (<i>octreotide acetate</i>)	3	PA; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 30 MG (<i>octreotide acetate</i>)	3	PA; QL (1 kit per 28 days); SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 20 MG (<i>octreotide acetate</i>)	3	PA; QL (2 kits per 28 days); SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (<i>pasireotide pamoate</i>)	3	PA; QL (1 kit per 28 days)
SIGNIFOR SUBCUTANEOUS SOLUTION (<i>pasireotide diaspartate</i>)	3	PA; QL (2 mL per 1 day)

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SOMATULINE DEPOT SUBCUTANEOUS SOLUTION (<i>lanreotide acetate</i>)	3	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	
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK (<i>sodium phenylbutyrate</i>)	3	PA; LD; QL (1 kit per 30 days)
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK (<i>sodium phenylbutyrate</i>)	3	PA; LD; QL (1 kit per 30 days)
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK (<i>sodium phenylbutyrate</i>)	3	PA; LD; QL (1 kit per 30 days)
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK (<i>sodium phenylbutyrate</i>)	3	PA; LD; QL (1 kit per 30 days)
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK (<i>sodium phenylbutyrate</i>)	3	PA; LD; QL (1 kit per 30 days)
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK (<i>sodium phenylbutyrate</i>)	3	PA; LD; QL (1 kit per 30 days)
PHEBURANE ORAL PELLETT (<i>sodium phenylbutyrate</i>)	3	PA; 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	
DDAVP ORAL TABLET 0.1 MG (<i>desmopressin acetate</i>)	3	DO
DDAVP ORAL TABLET 0.2 MG (<i>desmopressin acetate</i>)	3	QL (6 tablets per 1 day)
DDAVP PF INJECTION SOLUTION (<i>desmopressin acetate</i>)	3	
<i>desmopressin ace spray refrig nasal solution</i>	1 or 1b*	
<i>desmopressin acetate injection solution</i>	1 or 1b*	
DESMOPRESSIN ACETATE NASAL SOLUTION	3	LD; QL (5 mL per 30 days)
<i>desmopressin acetate oral tablet 0.1 mg</i>	1 or 1b*	DO
<i>desmopressin acetate oral tablet 0.2 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>desmopressin acetate pf injection solution</i>	1 or 1b*	
<i>desmopressin acetate spray nasal solution</i>	1 or 1b*	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL (<i>desmopressin acetate</i>)	3	PA; 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*	

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<i>vasopressin-sodium chloride intravenous solution</i>	3	
VASOSTRICT INTRAVENOUS SOLUTION (<i>vasopressin-dextrose</i>)	3	
*X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML (<i>burosumab-twza</i>)	3	PA; LD; QL (2 vials per 28 days); SP
CRYSVITA SUBCUTANEOUS SOLUTION 20 MG/ML (<i>burosumab-twza</i>)	3	PA; LD; QL (8 vials per 28 days); SP
CRYSVITA SUBCUTANEOUS SOLUTION 30 MG/ML (<i>burosumab-twza</i>)	3	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)
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)

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<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)
PREMARIN INJECTION SOLUTION RECONSTITUTED (<i>estrogens conjugated</i>)	2	
PREMARIN ORAL TABLET (<i>estrogens conjugated</i>)	2	QL (1 tablet per 1 day)
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB*** - DRUGS FOR WOMEN		
DUAVEE ORAL TABLET (<i>conj estrogens-basedoxifene</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	
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*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH		
*BILE ACID SYNTHESIS DISORDER AGENTS*** - DRUGS FOR THE STOMACH		
CHOLBAM ORAL CAPSULE (<i>cholic acid</i>)	3	PA; QL (4 capsule per 1 day)
*FARNESOID X RECEPTOR (FXR) AGONISTS*** - DRUGS FOR THE STOMACH		
OCALIVA ORAL TABLET (<i>obeticholic acid</i>)	3	PA; LD; QL (1 tablet per 1 day); SP
*GALLSTONE SOLUBILIZING AGENTS*** - DRUGS FOR THE STOMACH		
URSO FORTE ORAL TABLET (<i>ursodiol</i>)	3	
<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		
<i>lubiprostone oral capsule</i>	1 or 1b*	QL (2 capsules per 1 day)
*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>)	3	PA; 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)

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*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)
*ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS*** - DRUGS FOR THE STOMACH		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG <i>(odevixibat)</i>	3	PA; QL (30 pellets per 1 day)
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG <i>(odevixibat)</i>	3	PA; QL (10 pellets per 1 day)
BYLVAY ORAL CAPSULE 1200 MCG <i>(odevixibat)</i>	3	PA; QL (5 capsules per 1 day)
BYLVAY ORAL CAPSULE 400 MCG <i>(odevixibat)</i>	3	PA; QL (15 capsules per 1 day)
LIVMARLI ORAL SOLUTION 19 MG/ML <i>(maralixibat chloride)</i>	3	PA; QL (60 mL per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML <i>(maralixibat chloride)</i>	3	PA; 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)
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)
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)
<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)

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*INTEGRIN RECEPTOR ANTAGONISTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED (<i>vedolizumab</i>)	3	PA; LD; QL (1 vial per 56 days); SP
*INTERLEUKIN ANTAGONISTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
SKYRIZI INTRAVENOUS SOLUTION (<i>risankizumab-rzaa</i>)	3	PA; QL (30 mL per 365 days); SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE (<i>risankizumab-rzaa</i>)	3	PA; QL (1 kit per 56 days); SP
STELARA INTRAVENOUS SOLUTION (<i>ustekinumab</i>)	3	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 10 gm/15ml</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>)	3	PA; QL (1 carton per 1 lifetime)
VOWST ORAL CAPSULE (<i>fecal microb spores, live-brpk</i>)	3	PA; 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)
*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)
<i>lanthanum carbonate oral tablet chewable</i>	1 or 1b*	QL (3 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)
*TRYPTOPHAN HYDROXYLASE INHIBITORS*** - DRUGS FOR DIARRHEA		
XERMELO ORAL TABLET (<i>telotristat etiprate</i>)	3	PA; QL (3 tablets per 1 day)

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*TUMOR NECROSIS FACTOR ALPHA BLOCKERS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED (<i>infliximab-axxq</i>)	3	PA; LD; SP
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED (<i>infliximab</i>)	3	PA; LD; 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>ketamine hcl-sodium chloride intravenous solution 1250-0.9 mg/250ml-%, 2500-0.9 mg/250ml-%, 500-0.9 mg/250ml-%</i>	3	
<i>propofol intravenous emulsion</i>	1 or 1b*	
<i>propofol-lipuro intravenous emulsion</i>	1 or 1b*	
*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		
<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)

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*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)
<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)
*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>	3	PA; LD; SP
PROCYSBI ORAL CAPSULE DELAYED RELEASE <i>(cysteamine bitartrate)</i>	3	PA
PROCYSBI ORAL PACKET <i>(cysteamine bitartrate)</i>	3	PA
*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>	3	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	

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*PROSTATIC HYPERTROPHY AGENT COMBINATIONS*** - DRUGS FOR THE PROSTATE		
<i>dutasteride-tamsulosin hcl oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
*SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)*** - DRUGS FOR THE URINARY SYSTEM		
OXLUMO SUBCUTANEOUS SOLUTION (<i>lumasiran sodium</i>)	3	PA
RIVFLOZA SUBCUTANEOUS SOLUTION (<i>nedosiran sodium</i>)	3	PA; QL (2 syringes per 30 days); SP
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>nedosiran sodium</i>)	3	PA; QL (1 syringe per 30 days); SP
*URINARY ANALGESICS*** - DRUGS FOR INFECTIONS		
<i>eq urinary pain relief max st oral tablet 99.5 mg</i>	1 or 1b*	
*URINARY STONE AGENTS*** - DRUGS FOR THE URINARY SYSTEM		
LITHOSTAT ORAL TABLET (<i>acetohydroxamic acid</i>)	3	
<i>tiopronin oral tablet</i>	1 or 1b*	PA; QL (10 tablet per 1 day)
<i>tiopronin oral tablet delayed release</i>	1 or 1b*	PA; QL (10 tablet per 1 day)
*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 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 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>)	3	PA; LD; QL (0.08 mL per 1 day); SP
*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>	3	PA; LD

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*AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA*** - DRUGS FOR THE BLOOD		
GIVLAARI SUBCUTANEOUS SOLUTION (<i>givosiran sodium</i>)	3	PA
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE BLOOD		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML (<i>emicizumab-kxwh</i>)	3	PA; LD; SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML (<i>emicizumab-kxwh</i>)	3	PA; SP
*ANTIHEMOPHILIC PRODUCTS*** - DRUGS TO PREVENT BLEEDING		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophil factor (rahf-pfm)</i>)	3	PA; LD; SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
AFSTYLA INTRAVENOUS KIT (<i>antihemophil fact single chain</i>)	3	PA; LD; SP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor-vwf</i>)	3	PA; LD; SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix</i>)	3	PA; LD; SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix (rfixfc)</i>)	3	PA; LD; SP
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihem fact fc-vwf-xten-ehtl</i>)	3	PA; LD; SP
BALFAXAR INTRAVENOUS SOLUTION RECONSTITUTED (<i>prothrombin complex human-lans</i>)	3	
BENEFIX INTRAVENOUS KIT (<i>coagulation factor ix (recomb)</i>)	3	PA; LD; SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor x (human)</i>)	3	PA; LD; SP
CORIFACT INTRAVENOUS KIT (<i>factor xiii concentrate human</i>)	3	PA; LD; SP
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihem fact (bdd-rfviiiifc)</i>)	3	PA; LD; SP
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemoph fact rcmb gpeg-exei</i>)	3	PA; LD; SP
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED (<i>antiinhibitor coagulant cmplx</i>)	3	PA; LD; SP
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	3	PA; LD; SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor</i>)	3	PA; LD; SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor-vwf</i>)	3	PA; LD; SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix (rix-fp)</i>)	3	PA; LD; SP

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IXINITY INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix (recomb)</i>)	3	PA; LD; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED (<i>ahf (bdd-rfviii peg-aucl)</i>)	3	PA; LD; SP
KCENTRA INTRAVENOUS KIT (<i>prothrombin complex conc human</i>)	3	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor</i>)	3	PA; LD; SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor</i>)	3	PA; LD; SP
KOGENATE FS INTRAVENOUS KIT (<i>antihem factor recomb (rfviii)</i>)	3	PA; LD; SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophil factor (rahf-pfm)</i>)	3	PA; LD; SP
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophil fact bd truncated</i>)	3	PA; LD; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor viia recomb</i>)	3	PA; LD; SP
NUWIQ INTRAVENOUS KIT (<i>antihem fact (bdd-rfviii,sim)</i>)	3	PA; LD; SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihem fact (bdd-rfviii,sim)</i>)	3	PA; LD; SP
<i>obizur intravenous solution reconstituted</i>	3	PA; LD; SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED (<i>factor ix complex</i>)	3	PA; LD; SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix glycopeg</i>)	3	PA; LD; SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihem factor recomb (rfviii)</i>)	3	PA; LD; SP
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	3	PA; LD; SP
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor viia-jncw</i>)	3	PA; LD; SP
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor xiii a-sub</i>)	3	PA; LD; SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED (<i>von willebrand factor (recomb)</i>)	3	PA; LD; SP
WILATE INTRAVENOUS KIT (<i>antihemophilic factor-vwf</i>)	3	PA; LD; SP
XYNTHA INTRAVENOUS KIT (<i>antihem fact (bdd-rfviii,mor)</i>)	3	PA; LD; SP
XYNTHA SOLOFUSE INTRAVENOUS KIT (<i>antihem fact (bdd-rfviii,mor)</i>)	3	PA; LD; SP
*ANTI-VON WILLEBRAND FACTOR AGENTS*** - DRUGS FOR THE BLOOD		
CABLIVI INJECTION KIT (<i>caplacizumab-yhdp</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*BRADYKININ B2 RECEPTOR ANTAGONISTS*** - DRUGS FOR THE BLOOD		
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	1 or 1b*	PA; LD; QL (18 syringes per 30 days); SP
<i>sajazir subcutaneous solution prefilled syringe</i>	1 or 1b*	PA; LD; QL (18 syringes per 30 days)
*C1 ESTERASE INHIBITORS*** - DRUGS FOR THE BLOOD		
BERINERT INTRAVENOUS KIT (<i>c1 esterase inhibitor (human)</i>)	3	PA; LD; QL (24 kits per 30 days); SP
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED (<i>c1 esterase inhibitor (human)</i>)	3	PA; LD; QL (20 vials per 30 days); SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT (<i>c1 esterase inhibitor (human)</i>)	3	PA; LD; QL (24 vials per 28 days); SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	3	PA; LD; QL (16 vials per 28 days); SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED (<i>c1 esterase inhibitor (recomb)</i>)	3	PA; LD; QL (16 vials per 30 days); SP
*COMPLEMENT C1 INHIBITORS*** - DRUGS FOR THE BLOOD		
ENJAYMO INTRAVENOUS SOLUTION (<i>sutimlimab-jome</i>)	3	PA; LD; QL (6 vials per 2 weeks); SP
*COMPLEMENT C3 INHIBITORS*** - DRUGS FOR THE BLOOD		
EMPAVELI SUBCUTANEOUS SOLUTION (<i>pegcetacoplan</i>)	3	PA; QL (200 mL per 30 days)
*COMPLEMENT C5 INHIBITORS*** - DRUGS FOR THE BLOOD		
PIASKY INJECTION SOLUTION (<i>crovalimab-akkz</i>)	3	PA; QL (3 vials per 28 days); SP
SOLIRIS INTRAVENOUS SOLUTION (<i>eculizumab</i>)	3	PA; LD; QL (8 vials per 28 days); SP
ULTOMIRIS INTRAVENOUS SOLUTION (<i>ravulizumab-cwvz</i>)	3	PA; LD; QL (12 vials per 56 days); SP
VEOPOZ INJECTION SOLUTION (<i>pozelimab-bbfg</i>)	3	PA; QL (2 vials per 1 week)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>zilucoplan sodium</i>)	3	PA; 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>)	3	PA; QL (6 capsules per 1 day)
*COMPLEMENT FACTOR B INHIBITORS*** - DRUGS FOR THE BLOOD		
FABHALTA ORAL CAPSULE (<i>iptacopan hcl</i>)	3	PA; QL (2 capsules per 1 day)
*COMPLEMENT FACTOR D INHIBITORS*** - DRUGS FOR THE BLOOD		
VOYDEYA ORAL TABLET (<i>danicopan</i>)	3	PA; QL (6 tablets per 1 day)
VOYDEYA ORAL TABLET THERAPY PACK (<i>danicopan</i>)	3	PA; QL (6 tablets per 1 day)

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*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*	
*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	
*HUMAN PROTEIN C*** - DRUGS FOR THE BLOOD		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>protein c concentrate (human)</i>)	3	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>)	3	PA; LD; QL (1 vial per 28 days); SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>lanadelumab-flyo</i>)	3	PA; LD; QL (1 syringe per 28 days); SP
*PLASMA KALLIKREIN INHIBITORS*** - DRUGS FOR THE BLOOD		
KALBITOR SUBCUTANEOUS SOLUTION (<i>ecallantide</i>)	3	PA; LD; QL (36 vials per 30 days); SP
ORLADEYO ORAL CAPSULE (<i>berotralstat hcl</i>)	3	PA; 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	

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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	
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION (<i>plasma human</i>)	3	
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED (<i>plasminogen human-tvmh</i>)	3	PA; 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>)	3	PA; QL (2 tablets per 1 day)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK (<i>mitapivat sulfate</i>)	3	PA; 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>)	3	PA; QL (2 tablets per 1 day)

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*THIENOPYRIDINE DERIVATIVES*** - DRUGS FOR THE BLOOD		
<i>clopidogrel bisulfate oral tablet</i>	1 or 1b*	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>)	3	
*TISSUE PLASMINOGEN ACTIVATORS*** - DRUGS FOR THE BLOOD		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED (<i>alteplase</i>)	3	
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED (<i>alteplase</i>)	3	
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>)	3	PA; LD; SP
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED (<i>taliglucerase alfa</i>)	3	PA; LD; SP
<i>miglustat oral capsule</i>	1 or 1b*	PA; QL (3 capsules per 1 day); SP
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED (<i>velaglucerase alfa</i>)	3	PA; LD; SP
<i>miglustat</i> (Yargesa Oral Capsule)	1 or 1b*	PA; QL (3 capsules per 1 day); SP
*AMINO ACIDS*** - DRUGS FOR NUTRITION		
<i>l-glutamine oral packet</i>	1 or 1b*	PA; LD; SP
*COBALAMINS*** - DRUGS FOR NUTRITION		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1 or 1a*	
<i>dodex injection solution</i>	1 or 1a*	
<i>hydroxocobalamin acetate intramuscular solution</i>	1 or 1b*	
*CXCR4 RECEPTOR ANTAGONIST*** - DRUGS FOR NUTRITION		
APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>motixafortide acetate</i>)	3	PA
MOZOBIL SUBCUTANEOUS SOLUTION (<i>plerixafor</i>)	3	PA; LD; SP
<i>plerixafor subcutaneous solution</i>	1 or 1b*	PA; LD; SP
XOLREMDI ORAL CAPSULE (<i>mavoxifafor</i>)	3	PA; 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; SP

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*ERYTHROID MATURATION AGENTS*** - DRUGS FOR NUTRITION		
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>luspaterecept-amt</i>)	3	PA; LD; SP
*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)*** - DRUGS FOR NUTRITION		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION (<i>darbepoetin alfa</i>)	3	PA; QL (4 vials per 28 days); SP
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>)	3	PA; QL (4 syringes per 28 days); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>darbepoetin alfa</i>)	3	PA; QL (4 syringes per 30 days); SP
EPOGEN INJECTION SOLUTION (<i>epoetin alfa</i>)	3	PA; QL (12 mL per 28 days); SP
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE (<i>methoxy peg-epoetin beta</i>)	3	PA; QL (2 syringes per 28 days)
PROCRIT INJECTION SOLUTION (<i>epoetin alfa</i>)	3	PA; QL (12 mL per 28 days); SP
RETACRIT INJECTION SOLUTION (<i>epoetin alfa-epbx</i>)	3	PA; 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 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		
GRANIX SUBCUTANEOUS SOLUTION (<i>tbo-filgrastim</i>)	3	PA; SP
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>tbo-filgrastim</i>)	3	PA; SP

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NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT (pegfilgrastim)	3	PA; QL (2 injectors/kits per 28 days); SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (pegfilgrastim)	3	PA; QL (2 syringes per 28 days); SP
NEUPOGEN INJECTION SOLUTION (filgrastim)	3	PA; SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE (filgrastim)	3	PA; SP
NIVESTYM INJECTION SOLUTION (filgrastim-aafi)	3	PA; SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE (filgrastim-aafi)	3	PA; SP
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LD; SP
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (eflapegrastim-xnst)	3	PA; LD; QL (2 syringes per 28 days); SP
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (pegfilgrastim-cbqv)	3	PA; QL (2 syringes per 28 days); SP
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (pegfilgrastim-cbqv)	3	PA; QL (2 syringes per 28 days); SP
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (pegfilgrastim-cbqv)	3	PA; QL (2 syringes per 28 days); SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE (filgrastim-sndz)	3	PA; SP
*GRANULOCYTE/MACROPHAGE COLONY-STIMULATING FACTOR(GM-CSF)*** - DRUGS FOR NUTRITION		
LEUKINE INJECTION SOLUTION RECONSTITUTED (sargramostim)	3	PA; SP
*IRON*** - DRUGS FOR NUTRITION		
ACCRUFER ORAL CAPSULE (ferric maltol)	3	
FERAHEME INTRAVENOUS SOLUTION (ferumoxytol)	3	PA; QL (2 vials per 6 days); SP
FERRLECIT INTRAVENOUS SOLUTION (na ferric gluc cplx in sucrose)	3	PA; QL (16 vials per 8 weekss); SP
ferumoxytol intravenous solution	3	PA; QL (2 vials per 6 days); SP
INFED INJECTION SOLUTION (iron dextran)	3	PA; SP
na ferric gluc cplx in sucrose intravenous solution	1 or 1b*	PA; QL (16 vials per 8 weekss); SP
VENOFER INTRAVENOUS SOLUTION (iron sucrose)	3	PA; QL (15 mL per 84 days); SP
*SELECTIN BLOCKERS*** - DRUGS FOR NUTRITION		
ADAKVEO INTRAVENOUS SOLUTION (crizanlizumab-tmca)	3	PA; SP
*THROMBOPOIETIN (TPO) RECEPTOR AGONISTS*** - DRUGS FOR NUTRITION		
DOPTELET ORAL TABLET (avatrombopag maleate)	3	PA; LD; QL (2 tablets per 1 day); SP
MULPLETA ORAL TABLET (lusutrombopag)	3	PA; QL (1 tablet per 1 day); SP
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED (romiplostim)	3	PA; SP
PROMACTA ORAL PACKET 12.5 MG (eltrombopag olamine)	3	PA; LD; DO; SP

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PROMACTA ORAL PACKET 25 MG (<i>eltrombopag olamine</i>)	3	PA; LD; QL (3 dose-packs per 1 day); SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	3	PA; LD; DO; SP
PROMACTA ORAL TABLET 50 MG (<i>eltrombopag olamine</i>)	3	PA; LD; QL (3 tablets per 1 day); SP
PROMACTA ORAL TABLET 75 MG (<i>eltrombopag olamine</i>)	3	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)
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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		
*ANTIHISTAMINE HYPNOTIC COMBINATIONS*** - DRUGS FOR INSOMNIA		
<i>ft ibuprofen pm oral tablet</i>	1 or 1b*	
*ANTIHISTAMINE HYPNOTICS*** - DRUGS FOR INSOMNIA		
<i>eq sleep-aid oral tablet</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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>)	3	
<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)
*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS*** - DRUGS FOR INSOMNIA		
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)
<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 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		
QUVIVIQ ORAL TABLET (<i>daridorexant hcl</i>)	3	ST; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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>)	3	PA; QL (5 mL per 1 day)
<i>ramelteon oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>tasimelteon oral capsule</i>	1 or 1b*	PA; 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 acid</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)
<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/ascorbic acid 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)
SUTAB ORAL TABLET (<i>sodium sulfate-mag sulfate-kcl</i>)	2	QL (24 tablets per 30 days)
*BULK LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>cvs natural daily fiber oral powder 51.7 %</i>	1 or 1b*	
*LAXATIVES - MISCELLANEOUS*** - DRUGS TO PREVENT CONSTIPATION		
<i>clearlax oral powder</i>	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>constulose oral solution</i>	1 or 1b*	QL (60 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)
LACTULOSE ORAL PACKET	3	ST; QL (2 packets per 1 day)
<i>lactulose oral solution</i>	1 or 1b*	QL (60 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 glycerin rectal suppository</i>	1 or 1b*	
<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 LAXATIVE MIXTURES*** - DRUGS TO PREVENT CONSTIPATION		
FLEET SALINE ENEMA RECTAL ENEMA (<i>sodium phosphates</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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	
<i>phillips milk of magnesia oral suspension 400 mg/5ml</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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>eq chocolate laxative oral tablet chewable</i>	1 or 1b*	
<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	
<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	
*SURFACTANT LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>eq stool softener extra str oral capsule</i>	1 or 1b*	
<i>eq stool softener oral capsule 250 mg</i>	1 or 1b*	
<i>mm stool softener oral capsule</i>	1 or 1b*	
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 (bupivacaine-epinephrine)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
XYLOCAINE-MPF INJECTION SOLUTION (<i>lidocaine hcl</i>)	3	
*LOCAL ANESTHETICS - ESTERS*** - DRUGS FOR SEDATION		
<i>chloroprocaine hcl (pf) injection solution</i>	1 or 1b*	
NESACAINE INJECTION SOLUTION (<i>chloroprocaine hcl</i>)	3	
NESACAINE-MPF INJECTION SOLUTION (<i>chloroprocaine hcl</i>)	3	
MACROLIDES - DRUGS FOR INFECTIONS		
*AZITHROMYCIN*** - ANTIBIOTICS		
<i>azithromycin intravenous solution reconstituted</i>	1 or 1b*	
<i>azithromycin oral packet</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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*	
<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*	
*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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<i>true cover device</i>	2; \$0	
TRUSTEX COLOR CONDOMS + LUBE (<i>condoms latex lubricated</i>)	2; \$0	
TRUSTEX LUB/RIBBED/STUDD (<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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	
*DIAPERS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
HUGGIES LITTLE MOVERS SIZE 7 (<i>diapers & supplies</i>)	2	
HUGGIES LITTLE SNUGLER NEWBRN (<i>diapers & supplies</i>)	2	
HUGGIES LITTLE SNUGLERS SZ 3 (<i>diapers & supplies</i>)	2	
HUGGIES LITTLE SNUGLERS SZ 4 (<i>diapers & supplies</i>)	2	
HUGGIES LITTLE SNUGLERS SZ 5 (<i>diapers & supplies</i>)	2	
HUGGIES OVERNITES SIZE 3 (<i>diapers & supplies</i>)	2	
HUGGIES OVERNITES SIZE 4 (<i>diapers & supplies</i>)	2	
HUGGIES SNUG & DRY SIZE 1 (<i>diapers & supplies</i>)	2	
HUGGIES SNUG & DRY SIZE 2 (<i>diapers & supplies</i>)	2	
HUGGIES SNUG & DRY SIZE 3 (<i>diapers & supplies</i>)	2	
HUGGIES SNUG & DRY SIZE 5 (<i>diapers & supplies</i>)	2	
HUGGIES SPEC DELIVERY NEWBORN (<i>diapers & supplies</i>)	2	
HUGGIES SPEC DELIVERY SIZE 1 (<i>diapers & supplies</i>)	2	
HUGGIES SPEC DELIVERY SIZE 2 (<i>diapers & supplies</i>)	2	
HUGGIES SPEC DELIVERY SIZE 3 (<i>diapers & supplies</i>)	2	
HUGGIES SPEC DELIVERY SIZE 4 (<i>diapers & supplies</i>)	2	
HUGGIES SPEC DELIVERY SIZE 5 (<i>diapers & supplies</i>)	2	
HUGGIES SPEC DELIVERY SIZE 6 (<i>diapers & supplies</i>)	2	
HUGGIES+ LITTLE SNUGLER NEWBN (<i>diapers & supplies</i>)	2	
HUGGIES+ LITTLE SNUGLER SZ 1 (<i>diapers & supplies</i>)	2	
HUGGIES+ LITTLE SNUGLER SZ 2 (<i>diapers & supplies</i>)	2	
PAMPERS EASY UPS 2T-3T (<i>diapers & supplies</i>)	2	
PAMPERS EASY UPS 4T-5T (<i>diapers & supplies</i>)	2	
PAMPERS EASY UPS MLP 2T-3T (<i>diapers & supplies</i>)	2	
PAMPERS EASY UPS MLP 4T-5T (<i>diapers & supplies</i>)	2	
PAMPERS SWADDLERS SIZE 7 (<i>diapers & supplies</i>)	2	
*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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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 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 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)
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 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AURORA LANCET THIN 23G	2	QL (204 lancets per 30 days)
BD MICROTAINER LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
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 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 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)
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
DROPLET LANCETS ULTRA THIN 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
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)
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)
EASY TOUCH LANCETS 33G/TWIST (<i>lancets</i>)	2	QL (204 lancets per 30 days)
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)
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 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
E-Z JECT LANCET MICRO-THIN 33G (lancets)	2	QL (204 lancets per 30 days)
E-Z JECT LANCET SUPER THIN 30G (lancets)	2	QL (204 lancets per 30 days)
E-Z JECT LANCETS (lancets)	2	QL (204 lancets per 30 days)
E-Z JECT LANCETS 21G (lancets)	2	QL (204 lancets per 30 days)
E-Z JECT LANCETS THIN 26G (lancets)	2	QL (204 lancets per 30 days)
EZ-LETS LANCETS 21G (lancets)	2	QL (204 lancets per 30 days)
EZ-LETS LANCETS 26G (lancets)	2	QL (204 lancets per 30 days)
EZ-LETS LANCETS 28G (lancets)	2	QL (204 lancets per 30 days)
EZ-LETS LANCETS 30G (lancets)	2	QL (204 lancets per 30 days)
FIFTY50 SAFETY SEAL LANCETS (lancets)	2	QL (204 lancets per 30 days)
FIFTY50 UNILET LANCETS 33G (lancets)	2	QL (204 lancets per 30 days)
FINGERSTIX LANCETS (lancets)	2	QL (204 lancets per 30 days)
FORA LANCETS (lancets)	2	QL (204 lancets per 30 days)
FREESTYLE LANCETS (lancets)	2	QL (204 lancets per 30 days)
FREESTYLE LIBRE 14 DAY READER DEVICE (continuous glucose receiver)	2	PA; QL (1 unit per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR (continuous glucose sensor)	2	PA; QL (2 units per 28 days)
FREESTYLE LIBRE 2 READER DEVICE (continuous glucose receiver)	2	PA; QL (1 reader per 1 year)
FREESTYLE LIBRE 2 SENSOR (continuous glucose sensor)	2	PA; QL (2 units per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR (continuous glucose sensor)	2	PA; QL (2 sensors per 30 days)
FREESTYLE LIBRE 3 READER DEVICE (continuous glucose receiver)	2	PA; QL (1 unit per 1 year)
FREESTYLE LIBRE 3 SENSOR (continuous glucose sensor)	2	PA; QL (2 sensors per 28 days)
FREESTYLE LIBRE READER DEVICE (continuous glucose receiver)	2	PA; QL (1 unit per 365 days)
FREESTYLE UNISTICK II LANCETS (lancets)	2	QL (204 lancets per 30 days)
GENTEEL BUTTERFLY TOUCH LANCET (lancets)	2	QL (204 lancets per 30 days)
GLOBAL INJECT EASE LANCETS 28G	2	QL (204 lancets per 30 days)
GLOBAL INJECT EASE LANCETS 30G	2	QL (204 lancets per 30 days)
GLUCOCOM LANCETS 28G (lancets)	2	QL (204 lancets per 30 days)
GLUCOCOM LANCETS 30G (lancets)	2	QL (204 lancets per 30 days)
GLUCOCOM LANCETS 33G (lancets)	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 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 STERILE LANCETS (lancets)	2	QL (204 lancets per 30 days)
GOODSENSE COLOR LANCETS 33G	2	QL (204 lancets per 30 days)
GOODSENSE LANCETS 26G UNIV	2	QL (204 lancets per 30 days)
GOODSENSE LANCETS 30G	2	QL (204 lancets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)
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)
HY-VEE LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
HY-VEE THIN LANCETS	2	QL (204 lancets per 30 days)
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 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)
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LANCETS SUPER THIN 28G	2	QL (204 lancets per 30 days)
LANCETS THIN	2	QL (204 lancets per 30 days)
LANCETS ULTRA THIN (lancets)	2	QL (204 lancets per 30 days)
LANCETS ULTRA THIN 30G	2	QL (204 lancets per 30 days)
LIBERTY MEDICAL LANCETS (lancets)	2	QL (204 lancets per 30 days)
LITE TOUCH LANCETS	2	QL (204 lancets per 30 days)
LITETOUCH LANCETS (lancets)	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 (lancets)	2	QL (204 lancets per 30 days)
MEDLANCE PLUS LITE 25G (lancets)	2	QL (204 lancets per 30 days)
MEDLANCE PLUS SPECIAL 0.8MM (lancets)	2	QL (204 lancets per 30 days)
MEDLANCE PLUS SUPERLITE 30G (lancets)	2	QL (204 lancets per 30 days)
MEDLANCE PLUS UNIVERSAL 21G (lancets)	2	QL (204 lancets per 30 days)
MEIJER LANCETS (lancets)	2	QL (204 lancets per 30 days)
MEIJER LANCETS THIN (lancets)	2	QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 21G (lancets)	2	QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 30G (lancets)	2	QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 33G (lancets)	2	QL (204 lancets per 30 days)
MEIJER SUPER THIN LANCETS (lancets)	2	QL (204 lancets per 30 days)
MICROLET LANCETS (lancets)	2	QL (204 lancets per 30 days)
MINILINK REAL-TIME TRANSMITTER (continuous glucose transmitter)	3	PA
MINIMED 630G GUARDIAN PRESS (continuous glucose transmitter)	3	PA
MM TWIST LANCETS (lancets)	2	QL (204 lancets per 30 days)
MONOLET LANCETS (lancets)	2	QL (204 lancets per 30 days)
MONOLET OPD LANCETS (lancets)	2	QL (204 lancets per 30 days)
MONOLETTOR SAFETY LANCETS (lancets)	2	QL (204 lancets per 30 days)
MYGLUCOHEALTH LANCETS 30G (lancets)	2	QL (204 lancets per 30 days)
NOVA SAFETY LANCETS 23G (lancets)	2	QL (204 lancets per 30 days)
NOVA SAFETY LANCETS 28G (lancets)	2	QL (204 lancets per 30 days)
NOVA SUREFLEX LANCETS (lancets)	2	QL (204 lancets per 30 days)
ONETOUCH DELICA PLUS LANCET30G (lancets)	2	QL (204 lancets per 30 days)
ONETOUCH DELICA PLUS LANCET33G (lancets)	2	QL (204 lancets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<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 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)
PX LANCETS MICROTHIN 33G	2	QL (204 lancets per 30 days)
PX LANCETS ULTRA THIN 28G	2	QL (204 lancets per 30 days)
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 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 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 GL300 LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)
SINGLE-LET (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SM LANCETS 33G	2	QL (204 lancets per 30 days)
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 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)
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
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)
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 3 GENTLE (<i>lancets</i>)	2	QL (204 lancets 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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 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)
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)
*HOT/COLD COMBINATION THERAPY AIDS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>eq hot or cold large compress pad</i>	2	
*INCONTINENCE SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
DEPEND FRESH PROTECTION MENS (<i>incontinence supply disposable</i>)	2	
*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 yearss)
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)
*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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	ST; 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)
BD INSULIN SYRINGE (<i>insulin syringe-needle u-100</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 (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
CARETOUCH PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
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	3	ST; QL (200 needles per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 needles 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)
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 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" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML (<i>insulin syringe-needle u-100</i>)	3	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	3	ST; 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	3	ST; 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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	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 (<i>insulin syringe-needle u-100</i>)	3	ST; 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	ST; QL (200 syringes per 30 days)
HEALTHWISE MICRON PEN NEEDLES	3	ST; QL (200 needles per 30 days)
HEALTHWISE SHORT PEN NEEDLES	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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
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)
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)

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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	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)
SECURESAFE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
SECURESAFE 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	3	ST; QL (200 syringes per 30 days)
TECHLITE PEN NEEDLES (<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	ST; 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 (<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 (<i>insulin pen needle</i>)	3	ST; 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 SAFEPACK PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTIGUARD SAFEPACK 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	ST; QL (200 syringes per 30 days)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
ZEVRX INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
ZEVRX 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)
*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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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*** - DRUGS FOR MIGRAINE HEADACHES		
<i>dihydroergotamine mesylate injection solution</i>	1 or 1b*	PA; QL (24 mL per 28 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)
<i>frovatriptan succinate oral tablet</i>	1 or 1b*	ST; QL (9 tablets per 30 days)
<i>naratriptan hcl oral tablet</i>	1 or 1b*	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)
<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)
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*	
<i>sodium bicarbonate intravenous solution 4.2 %, 7.5 %</i>	1 or 1b*	
THAM INTRAVENOUS SOLUTION (tromethamine)	3	
*CALCIUM COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>calcium 600-vitamin d3 oral tablet</i>	1 or 1b*	
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*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (electrolyte-mb in dextrose)	3	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION (electrolyte-p in dextrose)	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 (electrolyte-m in dextrose)	3	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION (electrolyte-r in dextrose)	3	
<i>potassium cl in dextrose 5% intravenous solution</i>	1 or 1b*	
*ELECTROLYTES ORAL*** - DRUGS FOR NUTRITION		
<i>hydrating electrolyte oral packet</i>	2	
PEDIALYTE IMMUNE SUPPORT ORAL SOLUTION (oral electrolytes)	2	
*ELECTROLYTES PARENTERAL*** - DRUGS FOR NUTRITION		
ISOLYTE-S INTRAVENOUS SOLUTION (electrolyte-s)	3	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION (electrolyte-s (ph 7.4))	3	
KCL (0.149%) IN NACL 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 NACL 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 (electrolyte-r)	3	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION (electrolyte-r (ph 7.4))	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION (electrolyte-a)	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*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
<i>ft magnesium oxide oral tablet</i>	1 or 1b*	
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*	
<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	
POTASSIUM ACETATE INTRAVENOUS SOLUTION	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 10 meq, 20 meq, 8 meq</i>	1 or 1b*	
<i>potassium chloride er oral tablet extended release 15 meq</i>	3	
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 (Aquastat Sfr Intravenous Solution)</i>	1 or 1b*	
<i>bd posiflush intravenous solution</i>	1 or 1b*	
<i>sodium chloride flush (Bd Posiflush Safescrub Intravenous Solution)</i>	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>sodium chloride (pf) injection solution</i>	1 or 1b*	
<i>sodium chloride flush intravenous solution</i>	1 or 1b*	
<i>sodium chloride injection solution</i>	1 or 1b*	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	1 or 1b*	
*TRACE MINERAL COMBINATIONS*** - DRUGS FOR NUTRITION		
MULTITRACE-4 PEDIATRIC INTRAVENOUS SOLUTION (trace minerals cr-cu-mn-zn)	3	
MULTRYS INTRAVENOUS SOLUTION (trace minerals cu-mn-se-zn)	3	
THE LIQUILIFT TRACE INTRAVENOUS KIT (trace minerals cr-cu-mn-se-zn)	3	
TRALEMENT INTRAVENOUS SOLUTION (trace minerals cu-mn-se-zn)	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 (zinc acetate (oral))	3	
<i>zinc chloride intravenous solution</i>	3	
<i>zinc sulfate intravenous solution</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MISCELLANEOUS THERAPEUTIC CLASSES - VITAMINS AND MINERALS		
*ACTIVATED PHOSPHOINOSITIDE 3-KINASE DELTA SYNDROME AGENT*** - VITAMINS AND MINERALS		
JOENJA ORAL TABLET (<i>leniolisib phosphate</i>)	3; OC	PA; QL (2 tablets per 1 day); OC
*ALLOGENEIC THYMUS TISSUE*** - VITAMINS AND MINERALS		
RETHYMIC INTRAMUSCULAR IMPLANT (<i>allogeneic thymus tissue-agdc</i>)	3	
*ANTILEPROTICS*** - 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>)	3	PA; LD; SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>belimumab</i>)	3	PA; LD; QL (4 autoinjectors per 28 days); SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>belimumab</i>)	3	PA; LD; QL (4 pens per 28 days); SP
*CHELATING AGENTS*** - VITAMINS AND MINERALS		
DEPEN TITRATABS ORAL TABLET (<i>penicillamine</i>)	3	PA; QL (8 tablets per 1 day); SP
<i>penicillamine oral tablet</i>	1 or 1b*	PA; QL (8 tablets per 1 day); SP
<i>trientine hcl oral capsule 250 mg</i>	1 or 1b*	PA; QL (8 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	
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*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyclosporine modified oral solution</i>	1 or 1b*	
<i>cyclosporine oral capsule</i>	1 or 1b*	
<i>gengraf oral capsule</i>	1 or 1b*	
<i>gengraf oral solution</i>	1 or 1b*	
LUPKYNIS ORAL CAPSULE (<i>voclosporin</i>)	3	PA; QL (6 capsules per 1 day)
NEORAL ORAL CAPSULE (<i>cyclosporine modified</i>)	3	
NEORAL ORAL SOLUTION (<i>cyclosporine modified</i>)	3	
SANDIMMUNE INTRAVENOUS SOLUTION (<i>cyclosporine</i>)	3	SP
SANDIMMUNE ORAL CAPSULE (<i>cyclosporine</i>)	3	
*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>)	3	PA; LD; SP
*FARNESYLTRANSFERASE INHIBITORS**** - VITAMINS AND MINERALS		
ZOKINVY ORAL CAPSULE (<i>lonafarnib</i>)	3	PA; LD; QL (4 capsules per 1 day)
*FECAL INCONTINENCE BULKING AGENT - COMBINATIONS**** - VITAMINS AND MINERALS		
SOLESTA INJECTION GEL (<i>dextranomer-sodium hyaluronate</i>)	3	LD; SP
*HOMEOPATHIC PRODUCTS*** - VITAMINS AND MINERALS		
LICEFREEE EXTERNAL KIT (<i>homeopathic products</i>)	2	
*IMMUNE GLOBULIN IMMUNOSUPPRESSANTS**** - VITAMINS AND MINERALS		
ATGAM INTRAVENOUS SOLUTION (<i>lymphocyte,anti-thymo imm glob</i>)	3	SP
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>anti-thymocyte glob (rabbit)</i>)	3	SP
*IMMUNOMODULATORS - COMBINATIONS*** - VITAMINS AND MINERALS		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION (<i>efgartigimod alfa-hyalur-qvfc</i>)	3	PA; LD; QL (4 vials per 50 days); SP
*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	SP
CELLCEPT ORAL CAPSULE (<i>mycophenolate mofetil</i>)	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CELLCEPT ORAL SUSPENSION RECONSTITUTED (<i>mycophenolate mofetil</i>)	3	ST
CELLCEPT ORAL TABLET (<i>mycophenolate mofetil</i>)	3	ST
<i>mycophenolate mofetil hcl intravenous solution reconstituted</i>	1 or 1b*	SP
<i>mycophenolate mofetil intravenous solution reconstituted</i>	1 or 1b*	SP
<i>mycophenolate mofetil oral capsule</i>	1 or 1b*	
<i>mycophenolate mofetil oral suspension reconstituted</i>	1 or 1b*	
<i>mycophenolate mofetil oral tablet</i>	1 or 1b*	
<i>mycophenolate sodium oral tablet delayed release</i>	1 or 1b*	
<i>mycophenolic acid oral tablet delayed release</i>	1 or 1b*	
MYFORTIC ORAL TABLET DELAYED RELEASE (<i>mycophenolate sodium</i>)	3	
MYHIBBIN ORAL SUSPENSION (<i>mycophenolate mofetil</i>)	3	ST
*INTERLEUKIN-6 (IL-6) ANTAGONISTS*** - VITAMINS AND MINERALS		
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED (<i>siltuximab</i>)	3	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	
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>tacrolimus</i>)	3	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1 or 1b*	
PROGRAF INTRAVENOUS SOLUTION (<i>tacrolimus</i>)	2	SP
PROGRAF ORAL CAPSULE (<i>tacrolimus</i>)	3	
PROGRAF ORAL PACKET (<i>tacrolimus</i>)	3	
RAPAMUNE ORAL SOLUTION (<i>sirolimus</i>)	3	
RAPAMUNE ORAL TABLET (<i>sirolimus</i>)	3	
<i>sirolimus oral solution</i>	1 or 1b*	
<i>sirolimus oral tablet</i>	1 or 1b*	
<i>tacrolimus oral capsule</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZORTRESS ORAL TABLET (<i>everolimus</i>)	3	
*MISC NATURAL PRODUCTS*** - VITAMINS AND MINERALS		
DIM-PLUS ORAL CAPSULE (<i>misc natural products</i>)	2	
*MONOCLONAL ANTIBODIES*** - VITAMINS AND MINERALS		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>satralizumab-mwge</i>)	3	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	
UPLIZNA INTRAVENOUS SOLUTION (<i>inebilizumab-cdon</i>)	3	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>)	3	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>)	3	PA; QL (6 vials per 63 days); SP
VYVGART INTRAVENOUS SOLUTION (<i>efgartigimod alfa-fcab</i>)	3	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>)	3	PA; QL (1 packet per 1 day); SP
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG (<i>alpelisib</i>)	3	PA; LD; QL (1 tablet per 1 day); SP
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG (<i>alpelisib</i>)	3	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>patiomer sorbitex calcium</i>)	3	QL (8 packets per 1 day)
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM (<i>patiomer sorbitex calcium</i>)	3	QL (1 packet per 1 day)
VELTASSA ORAL PACKET 8.4 GM (<i>patiomer sorbitex calcium</i>)	3	QL (3 packets per 1 day)
*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*	
<i>azathioprine oral tablet</i>	1 or 1b*	
AZATHIOPRINE SODIUM INJECTION SOLUTION RECONSTITUTED	3	
IMURAN ORAL TABLET (<i>azathioprine</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ROCK INHIBITORS*** - VITAMINS AND MINERALS		
REZUROCK ORAL TABLET (<i>belumosudil mesylate</i>)	3; OC	PA; 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
*TYPE I INTERFERON (IFN) RECEPTOR ANTAGONISTS*** - VITAMINS AND MINERALS		
SAPHNELO INTRAVENOUS SOLUTION (<i>anifrolumab-fnia</i>)	3	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)
<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	

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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*	
*LOZENGES*** - DRUGS FOR THE MOUTH AND THROAT		
<i>medikoff drops mouth/throat lozenge 5.8 mg</i>	1 or 1b*	
*PROTECTANTS - MOUTH/THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
GELCLAIR MOUTH/THROAT GEL (<i>povidone-nahyaluron-glycyrrhet</i>)	3	
*SALIVA STIMULANTS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>cevimeline hcl oral capsule</i>	1 or 1b*	
EVOXAC ORAL CAPSULE (<i>cevimeline hcl</i>)	3	
<i>pilocarpine hcl oral tablet</i>	1 or 1b*	QL (4 tablets per 1 day)

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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	
*B-COMPLEX W/ C*** - DRUGS FOR NUTRITION		
<i>allbee/c oral tablet</i>	1 or 1b*; \$0	

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<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	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 (multiple vitamins-iron)	2; \$0	
*MULTIPLE VITAMINS W/ MINERALS & CALCIUM-FOLIC ACID*** - DRUGS FOR NUTRITION		
FOLGARD OS ORAL TABLET (multiple vit-min-calcium-fa)	3	
*MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID*** - DRUGS FOR NUTRITION		
QUFLORA FE ORAL TABLET CHEWABLE (multi vit-min-fluoride-fe-fa)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MULTIPLE VITAMINS W/ MINERALS*** - DRUGS FOR NUTRITION		
ALIVE CALCIUM BONE SUPPORT ORAL TABLET (<i>multiple vitamins-minerals</i>)	2	
<i>alive daily energy oral tablet</i>	2	
ALIVE HAIR, SKIN & NAILS ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	2	
CENTRUM MINIS WOMEN IMMUNE SUP ORAL TABLET (<i>multiple vitamins-minerals</i>)	2	
<i>gnp century adult oral tablet</i>	2	
<i>medi tab oral tablet</i>	3	
<i>thera-vite max-m oral tablet</i>	2	
*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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
ONE-A-DAY ESSENTIAL ORAL TABLET (<i>multiple vitamin</i>)	2; \$0	
ONE-A-DAY MENS 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	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
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	
<i>vitamins acd-fluoride oral solution</i>	1 or 1b*	
*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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)
<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-feaspgl-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-feaspgl-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-feaspgl-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)
ONE-A-DAY WOMENS PRENATAL ORAL (<i>prenatal vit-fe fum-fa-omega)</i>)	2; \$0	QL (1 EA 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
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>pre-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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAFOL GUMMIES ORAL TABLET CHEWABLE (prenatal vit-fe phos-fa-omega)	2	QL (3 gummies per 1 day)
VITAFOL-OB ORAL TABLET (prenatal vit-fe fumarate-fa)	3	ST; QL (1 tablet per 1 day)
VITAPEARL ORAL CAPSULE EXTENDED RELEASE (prenat-fefum-fered-fa-dha w/oa)	3	ST; QL (1 capsule per 1 day)
VITATHELY WITH GINGER ORAL TABLET (prenatal vit-fe fumarate-fa)	3	ST; QL (1 tablet per 1 day)
VIVA DHA ORAL CAPSULE (prenatal vit-fe fum-fa-omega)	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)
wesnatal dha complete oral	2	QL (2 units per 1 day)
*PRENATAL MV & MIN W/FE-FA-DHA*** - DRUGS FOR NUTRITION		
CITRANATAL 90 DHA ORAL (prenat w/o a-fecbgl-dss-fa-dha)	3	ST; QL (2 tablets per 1 day)
CITRANATAL ASSURE ORAL (prenat w/o a-fecbgl-dss-fa-dha)	3	ST; QL (2 units per 1 day)
CITRANATAL HARMONY ORAL CAPSULE (prenat-fefmcb-dss-fa-dha w/o a)	3	ST; QL (1 capsule per 1 day)
CITRANATAL MEDLEY ORAL CAPSULE (prenat-fecb-fefum-fa-dha w/o a)	3	ST; QL (1 capsule per 1 day)
ENFAMIL EXPECTA ORAL (prenatal mv-min-fe fum-fa-dha)	2; \$0	QL (2 tablets per 1 day)
NESTABS ONE ORAL CAPSULE (prenat-fe-methylfol-dha w/o a)	3	ST; QL (1 capsule per 1 day)
pnv-dha oral capsule	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)
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 (prenatal mv-min-fe fum-fa-dha)	2; \$0	QL (2 tablets per 1 day)
PRENATE DHA ORAL CAPSULE (prenat-feasp-meth-fa-dha w/o a)	3	ST; QL (1 capsule per 1 day)
PRENATE ENHANCE ORAL CAPSULE (prenat w/o a-fe-methfol-fa-dha)	3	ST; QL (1 capsule per 1 day)
PRENATE ESSENTIAL ORAL CAPSULE (prenat-feasp-meth-fa-dha w/o a)	3	ST; QL (1 capsule per 1 day)
PRENATE MINI ORAL CAPSULE (prenat-febn-feasp-meth-fa-dha)	3	ST; QL (1 capsule per 1 day)
PRENATE PIXIE ORAL CAPSULE (prenat-feasp-meth-fa-dha w/o a)	3	ST; QL (1 capsule per 1 day)
PRENATE RESTORE ORAL CAPSULE (prenat w/o a-fe-methfol-fa-dha)	3	ST; QL (1 capsule per 1 day)
SELECT-OB+DHA ORAL (prenatal vit-fepoly-fa-dha)	3	ST; QL (2 units per 1 day)
TRISTART DHA ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
PRENATE AM ORAL TABLET (<i>prenatal ca-b6-b12-fa-ginger</i>)	3	ST; QL (1 tablet per 1 day)
VITAFOL STRIPS ORAL FILM (<i>prenatal-b6-b12-d3-folic acid</i>)	2	ST; QL (1 EA per 1 day)
*VITAMIN D & K*** - DRUGS FOR NUTRITION		
<i>d3 + k2 oral capsule</i>	2	
*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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
*CENTRAL MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
<i>baclofen oral tablet 10 mg, 5 mg</i>	1 or 1b*	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 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 oral tablet 10 mg, 5 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>metaxalone oral tablet</i>	1 or 1b*	ST; QL (4 tablets per 1 day)
<i>methocarbamol injection solution</i>	1 or 1b*	
<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*	
ROBAXIN INJECTION SOLUTION (methocarbamol)	3	
<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 6 MG (tizanidine hcl)	3	ST; QL (6 capsules per 1 day)
ZANAFLEX ORAL TABLET (tizanidine hcl)	3	ST; QL (9 tablets per 1 day)
*DIRECT MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED (dantrolene sodium)	3	
DANTRIUM ORAL CAPSULE (dantrolene sodium)	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 (dantrolene sodium)	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)
*RETINOIC ACID RECEPTOR GAMMA SELECTIVE AGONISTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
SOHONOS ORAL CAPSULE 1 MG (palovarotene)	3	PA; LD; QL (4 capsules per 1 day); SP

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SOHONOS ORAL CAPSULE 1.5 MG (<i>palovarotene</i>)	3	PA; LD; QL (2 capsules per 1 day); SP
SOHONOS ORAL CAPSULE 10 MG (<i>palovarotene</i>)	3	PA; LD; QL (14 capsules per 365 days); SP
SOHONOS ORAL CAPSULE 2.5 MG, 5 MG (<i>palovarotene</i>)	3	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>)	3	PA
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	3	PA
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE (<i>cross-linked hyaluronate</i>)	3	PA
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	3	PA
HYALGAN INTRA-ARTICULAR SOLUTION (<i>sodium hyaluronate (viscosup)</i>)	3	PA
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	3	PA
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>hyaluronan</i>)	3	PA
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>hyaluronan</i>)	3	PA
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>hyaluronan</i>)	3	PA
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	3	PA
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	3	PA
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>hylan g-f 20</i>)	3	PA
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>hylan g-f 20</i>)	3	PA
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	3	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
*ANESTHETIC COMBINATIONS** - ALLERGY		
<i>lidocaine hcl-oxymetazoline nasal solution prefilled syringe</i>	3	
*ANTI-HISTAMINE-STEROID*** - ALLERGY		
<i>azelastine-fluticasone nasal suspension</i>	3	QL (1 bottle per 30 days)
DYMISTA NASAL SUSPENSION (<i>azelastine-fluticasone</i>)	3	QL (1 bottle per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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*	QL (1 bottle per 30 days)
<i>mometasone furoate nasal suspension</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	
*SYSTEMIC DECONGESTANTS*** - ALLERGY		
<i>eq sinus & congestion max str oral tablet</i>	1 or 1b*	
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES		
*ALS AGENT COMBINATIONS*** - DRUGS FOR NERVES AND MUSCLES		
RELYVRIO ORAL PACKET (<i>phenylbutyrate-taurursodiol</i>)	3	PA; LD; QL (56 packets per 28 days); SP
*ALS AGENTS - MISCELLANEOUS*** - DRUGS FOR NERVES AND MUSCLES		
RADICAVA ORS ORAL SUSPENSION (<i>edaravone</i>)	3	PA; LD; QL (1 kit per 28 days); SP
RADICAVA ORS STARTER KIT ORAL SUSPENSION (<i>edaravone</i>)	3	PA; LD; QL (1 starter kit per 1 lifetime); SP
*BENZATHIAZOLES*** - DRUGS FOR NERVES AND MUSCLES		
<i>riluzole oral tablet</i>	1 or 1b*	PA; QL (4 tablets per 1 day); SP
TEGLUTIK ORAL SUSPENSION (<i>riluzole</i>)	3	PA; QL (40 mL per 1 day)
*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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*FRIEDRICH'S ATAXIA AGENTS - NRF2 PATHWAY ACTIVATORS*** - DRUGS FOR NERVES AND MUSCLES		
SKYCLARYS ORAL CAPSULE (<i>omaveloxolone</i>)	3	PA; QL (3 capsules per 1 day)
*MUSCULAR DYSTROPHY - GENE THERAPY AGENTS*** - DRUGS FOR NERVES AND MUSCLES		
AMONDYS 45 INTRAVENOUS SOLUTION	3	PA
EXONDYS 51 INTRAVENOUS SOLUTION (<i>eteplirsen</i>)	3	PA
VILTEPSO INTRAVENOUS SOLUTION (<i>viltolarsen</i>)	3	PA
VYONDYS 53 INTRAVENOUS SOLUTION (<i>golodirsen</i>)	3	PA
*MUSCULAR DYSTROPHY - HISTONE DEACETYLASE INHIBITORS** - DRUGS FOR NERVES AND MUSCLES		
DUVYZAT ORAL SUSPENSION (<i>givinostat hcl</i>)	3	PA; QL (12 mL per 1 day)
*NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS*** - DRUGS FOR NERVES AND MUSCLES		
BOTOX INJECTION SOLUTION RECONSTITUTED (<i>onabotulinumtoxinA</i>)	3	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>abobotulinumtoxinA</i>)	3	PA; SP
MYOBLOC INTRAMUSCULAR SOLUTION (<i>rimabotulinumtoxinB</i>)	3	PA; SP
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>incobotulinumtoxinA</i>)	3	PA; 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>)	3	PA; QL (120 mL per 1 day)
*SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS*** - DRUGS FOR NERVES AND MUSCLES		
EVRYSDI ORAL SOLUTION RECONSTITUTED (<i>risdiplam</i>)	3	PA; 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	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>)	3	PA; LD; QL (2 bottles per 30 days); SP
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMOFLIPID INTRAVENOUS EMULSION (<i>fat emul fish oil/plant based</i>)	3	
*MISC. NUTRITIONAL SUBSTANCES*** - DRUGS FOR NUTRITION		
<i>asian ginseng oral capsule</i>	2	
OVEGA-3 ORAL CAPSULE 250 MG (<i>omega-3 fatty acids</i>)	2	
*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 OPTHALMIC SUSPENSION (<i>brinzolamide-brimonidine</i>)	2	QL (8 mL per 30 days)
*ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS*** - DRUGS FOR THE EYE		
<i>lubricant eye pm ophthalmic ointment</i>	1 or 1b*	
REFRESH P.M. OPTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	1 or 1b*	
*ARTIFICIAL TEARS AND LUBRICANTS*** - DRUGS FOR THE EYE		
EYES ALIVE OPTHALMIC SOLUTION (<i>carboxymethylcellulose sodium</i>)	1 or 1b*	
*BETA-BLOCKERS - OPTHALMIC COMBINATIONS*** - DRUGS FOR GLAUCOMA		
<i>brimonidine tartrate-timolol ophthalmic solution</i>	1 or 1b*	QL (15 mL 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 - OPTHALMIC*** - DRUGS FOR GLAUCOMA		
<i>betaxolol hcl ophthalmic solution</i>	1 or 1b*	QL (0.5 mL per 1 day)
BETIMOL OPTHALMIC SOLUTION (<i>timolol hemihydrate</i>)	3	QL (15 mL per 30 days)
BETOPTIC-S OPTHALMIC SUSPENSION (<i>betaxolol hcl</i>)	2	QL (15 mL per 30 days)
<i>carteolol hcl ophthalmic solution</i>	1 or 1a*	
<i>levobunolol hcl ophthalmic solution</i>	1 or 1b*	
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
*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*	
*OPHTHALMIC - MULTIPLE RECEPTOR ANGIOGENESIS INHIBITORS*** - DRUGS FOR THE EYE		
VABYSMO INTRAVITREAL SOLUTION (<i>faricimab-svoa</i>)	3	PA; LD; SP
*OPHTHALMIC ANTIALLERGIC*** - DRUGS FOR ITCHY EYE		
<i>azelastine hcl ophthalmic solution</i>	1 or 1b*	QL (1 bottle per 24 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)
*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)

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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)
*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
<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>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*OPHTHALMIC COMPLEMENT C5 INHIBITORS*** - DRUGS FOR THE EYE		
IZERVAY INTRAVITREAL SOLUTION (<i>avacincaptad pegol</i>)	3	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*	
FLUORESCEIN 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		
XDEMVY OPHTHALMIC SOLUTION (<i>lotilaner</i>)	3	PA; QL (1 bottle per 1 fill)
*OPHTHALMIC IMMUNOMODULATORS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<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)
*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 ANESTHETIC - COMBINATIONS*** - DRUGS FOR THE EYE		
<i>bup-lido intraocular solution prefilled syringe</i>	3	
<i>lidocaine hcl-bupivacaine hcl intraocular solution prefilled syringe</i>	3	
*OPHTHALMIC LOCAL ANESTHETICS*** - DRUGS FOR THE EYE		
AKTEN OPHTHALMIC GEL (<i>lidocaine hcl</i>)	3	
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*	

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*OPHTHALMIC NERVE GROWTH FACTORS*** - DRUGS FOR THE EYE		
OXERVATE OPHTHALMIC SOLUTION (<i>cenegermin-bkbj</i>)	3	PA; 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)
*OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS*** - DRUGS FOR THE EYE		
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED (<i>verteporfin</i>)	3	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	
*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)

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<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		
<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)
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>)	3	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 0.5 %</i>	1 or 1b*	QL (30 mL per 30 days)
MAXIDEX OPHTHALMIC SUSPENSION (<i>dexamethasone</i>)	3	
OZURDEX INTRAVITREAL IMPLANT (<i>dexamethasone</i>)	3	PA; LD; SP
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>)	3	PA
YUTIQ INTRAVITREAL IMPLANT (<i>fluocinolone acetonide</i>)	3	PA

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*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>)	3	
CELLUGEL INTRAOCULAR SOLUTION (<i>hypromellose</i>)	3	
HEALON DUET PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate</i>)	3	
HEALON GV PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate</i>)	3	
HEALON PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate</i>)	3	
HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate</i>)	3	
PROVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate</i>)	3	
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	
*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>)	3	PA; QL (60 mL per 28 days)
*PROSTAGLANDINS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA		
<i>bimatoprost ophthalmic solution</i>	1 or 1b*	
DURYSTA INTRAOCULAR IMPLANT (<i>bimatoprost</i>)	3	PA; QL (2 applicators per 1 lifetime); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<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)
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-dbl</i>)	3	PA; LD; SP
BYOOVIZ INTRAVITREAL SOLUTION (<i>ranibizumab-nuna</i>)	3	PA; LD; SP
CIMERLI INTRAVITREAL SOLUTION (<i>ranibizumab-eqrn</i>)	3	PA; LD; SP
EYLEA HD INTRAVITREAL SOLUTION (<i>aflibercept</i>)	3	PA; LD; SP
EYLEA INTRAVITREAL SOLUTION (<i>aflibercept</i>)	3	PA; LD; SP
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE (<i>aflibercept</i>)	3	PA; LD; SP
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE (<i>ranibizumab</i>)	3	PA; LD; SP
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION (<i>ranibizumab</i>)	3	LD; SP
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION (<i>ranibizumab</i>)	3	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		
CETRALAX 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		
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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>)	3; \$0	PA; QL (2 syringe per 180 days)
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>nirsevimab-alip</i>)	3; \$0	PA; QL (1 syringe per 1 lifetime)
PEMGARDA INTRAVENOUS SOLUTION (<i>pemivibart</i>)	3	
SYNAGIS INTRAMUSCULAR SOLUTION (<i>palivizumab</i>)	3	PA; LD; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*BACTERIAL MONOCLONAL ANTIBODIES*** - BIOLOGICAL AGENTS		
ZINPLAVA INTRAVENOUS SOLUTION (<i>bezlotoxumab</i>)	3	PA
*IMMUNE SERUMS*** - BIOLOGICAL AGENTS		
BABYBIG INTRAVENOUS SOLUTION RECONSTITUTED (<i>botulism immune globulin human</i>)	3	
CNJ-016 INTRAVENOUS SOLUTION (<i>vaccinia immune globulin human</i>)	3	
CUTAQUIG SUBCUTANEOUS SOLUTION (<i>immune globulin (human)-hipp</i>)	3	PA; LD; SP
CYTOGAM INTRAVENOUS SOLUTION (<i>cytomegalovirus immune glob</i>)	3	SP
GAMASTAN INTRAMUSCULAR INJECTABLE (<i>immune globulin (human)</i>)	3	PA; LD; SP
GAMUNEX-C INJECTION SOLUTION (<i>immune globulin (human)</i>)	3	PA; LD; SP
HEPAGAM B INJECTION SOLUTION (<i>hepatitis b immune globulin</i>)	3	SP
HIZENTRA SUBCUTANEOUS SOLUTION (<i>immune globulin (human)</i>)	3	PA; LD; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	3	PA; LD; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 GM/50ML (<i>immune globulin (human)</i>)	3	PA; SP
HYPERHEP B INTRAMUSCULAR SOLUTION (<i>hepatitis b immune globulin</i>)	3	LD; SP
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>hepatitis b immune globulin</i>)	3	LD; SP
HYPERRAB INJECTION SOLUTION (<i>rabies immune globulin</i>)	3	SP
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>rho d immune globulin</i>)	3	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>)	3	SP
KEDRAB INJECTION SOLUTION	3	SP
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>rho d immune globulin</i>)	3	LD; QL (2 fills per 365 days); SP
NABI-HB INTRAMUSCULAR SOLUTION (<i>hepatitis b immune globulin</i>)	3	LD; SP
OCTAGAM INTRAVENOUS SOLUTION (<i>immune globulin (human)</i>)	3	PA; LD; SP
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>rho d immune globulin</i>)	3	LD; QL (2 fills per 365 days); SP
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE (<i>rho d immune globulin</i>)	3	LD; QL (2 fills per 365 days); SP
VARIZIG INTRAMUSCULAR SOLUTION (<i>varicella-zoster immune glob</i>)	3	
WINRHO SDF INJECTION SOLUTION (<i>rho d immune globulin</i>)	3	QL (2 fills per 365 days); SP
XEMBIFY SUBCUTANEOUS SOLUTION (<i>immune globulin (human)-klhw</i>)	3	PA; LD; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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*	
<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>pipercillin sod-tazobactam so intravenous solution reconstituted</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<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*	
PHARMACEUTICAL ADJUVANTS		
*SEMI SOLID VEHICLES***		
<i>ft petroleum jelly external gel</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)
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)
*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		
<i>sodium oxybate oral solution</i>	3	PA; QL (18 mL per 1 day)
XYREM ORAL SOLUTION (<i>sodium oxybate</i>)	3	PA; QL (18 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIDEMENTIA AGENT COMBINATIONS*** - DRUGS FOR ALZHEIMER'S DISEASE		
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK (<i>memantine hcl-donepezil hcl</i>)	2	QL (1 pack per 1 one-time fill)
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		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>inotersen sodium</i>)	3	PA; QL (4 syringes per 28 days)
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>eplontersen sodium</i>)	3	PA; 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		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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)
*MOVEMENT DISORDER DRUG THERAPY*** - DRUGS FOR THE NERVOUS SYSTEM		
AUSTEDO ORAL TABLET (<i>deutetrabenazine</i>)	3	PA; QL (4 tablets per 1 day); SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG (<i>deutetrabenazine</i>)	3	PA; 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>)	3	PA; QL (1 tablet per 1 day); SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK (<i>deutetrabenazine</i>)	3	PA; QL (2 kits per 1 year); SP
INGREZZA ORAL CAPSULE 40 MG (<i>valbenazine tosylate</i>)	3	PA; LD; DO; SP
INGREZZA ORAL CAPSULE 60 MG, 80 MG (<i>valbenazine tosylate</i>)	3	PA; LD; QL (1 capsule per 1 day); SP
INGREZZA ORAL CAPSULE SPRINKLE 40 MG (<i>valbenazine tosylate</i>)	3	PA; DO; SP
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG (<i>valbenazine tosylate</i>)	3	PA; QL (1 capsule per 1 day); SP
INGREZZA ORAL CAPSULE THERAPY PACK (<i>valbenazine tosylate</i>)	3	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
*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>teriflunomide oral tablet</i>	1 or 1b*	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>)	3	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	3	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	3	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	3	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	3	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	3	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	3	PA; LD; QL (2 packs per 46 weekss); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MULTIPLE SCLEROSIS AGENTS - INTERFERONS*** - DRUGS FOR MULTIPLE SCLEROSIS		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT (<i>interferon beta-1a</i>)	3	PA; QL (4 kits per 28 days); SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT (<i>interferon beta-1a</i>)	3	PA; QL (4 kits per 28 days); SP
BETASERON SUBCUTANEOUS KIT (<i>interferon beta-1b</i>)	3	PA; LD; QL (15 kits per 30 days); SP
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	3	PA; LD; QL (2 syringes per 28 days); SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>peginterferon beta-1a</i>)	3	PA; QL (1 ML per 28 days); SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	3	PA; LD; QL (1 ML per 28 days); SP
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>peginterferon beta-1a</i>)	3	PA; QL (1 ML per 28 days); SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	3	PA; LD; QL (1 ML per 28 days); SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>interferon beta-1a</i>)	3	PA; QL (12 ML per 28 days); SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>interferon beta-1a</i>)	3	PA; QL (4.2 ML per 28 days); SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>interferon beta-1a</i>)	3	PA; QL (12 syringes per 28 days); SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>interferon beta-1a</i>)	3	PA; QL (1 pack per 1 fill); SP
*MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR MULTIPLE SCLEROSIS		
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>ofatumumab</i>)	3	PA; LD; QL (1 syringe per 28 days); SP
*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<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
VUMERITY ORAL CAPSULE DELAYED RELEASE (<i>diroximel fumarate</i>)	3	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>)	3	PA; LD; QL (2 tablets per 1 day); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dalfampridine er oral tablet extended release 12 hour</i>	1 or 1b*	PA; LD; QL (2 tablets per 1 day); SP
*MULTIPLE SCLEROSIS AGENTS**** - DRUGS FOR MULTIPLE SCLEROSIS		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	3	PA; QL (12 syringe per 28 days); SP
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	3	PA; QL (1 syringe per 1 day); SP
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	3	PA; QL (12 syringe per 28 days); SP
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	3	PA; QL (1 syringe per 1 day); SP
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	3	PA; 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)
<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 (pmdd) oral tablet 10 mg</i>	1 or 1b*	DO
<i>fluoxetine hcl (pmdd) oral tablet 20 mg</i>	1 or 1b*	QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PSEUDOBLBAR 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		
<i>ergoloid mesylates oral tablet</i>	1 or 1b*	QL (3 tablets 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)
*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)
*SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>vutrisiran sodium</i>)	3	PA; LD; QL (1 syringe per 90 days); SP
ONPATTRO INTRAVENOUS SOLUTION (<i>patisiran sodium</i>)	3	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	PA; 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 21 mg/24hr</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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 (nicotine)	2; \$0	
NICORETTE MINI MOUTH/THROAT LOZENGE (nicotine polacrilex)	2; \$0	
NICORETTE MOUTH/THROAT GUM (nicotine polacrilex)	2; \$0	
NICORETTE MOUTH/THROAT LOZENGE (nicotine polacrilex)	2; \$0	
NICORETTE STARTER KIT MOUTH/THROAT GUM (nicotine polacrilex)	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 (nicotine)	3; \$0	PA; QL (16 cartridges per 1 day)
NICOTROL NS NASAL SOLUTION (nicotine)	3; \$0	PA; 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	PA; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>varenicline tartrate oral tablet 1 mg</i>	1 or 1b*; \$0	PA; QL (2 tablet per 1 day)
<i>varenicline tartrate(continue) oral tablet</i>	1 or 1b*; \$0	PA; QL (2 tablet per 1 day)
*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>fingolimod hcl oral capsule</i>	1 or 1b*	PA; QL (1 capsule per 1 day); SP
GILENYA ORAL CAPSULE 0.25 MG (<i>fingolimod hcl</i>)	3	PA; QL (1 capsule per 1 day); SP
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	3	PA; LD; QL (4 tablets per 1 day); SP
MAYZENT ORAL TABLET 1 MG, 2 MG (<i>siponimod fumarate</i>)	3	PA; LD; QL (1 tablet per 1 day); SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (<i>siponimod fumarate</i>)	3	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>)	3	PA; LD; QL (1 pack per 1 fill); SP
PONVORY ORAL TABLET (<i>ponesimod</i>)	3	PA; LD; QL (1 tablet per 1 day); SP
PONVORY STARTER PACK ORAL TABLET THERAPY PACK (<i>ponesimod</i>)	3	PA; LD; QL (1 pack per 1 one time fill); SP
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK (<i>ozanimod hcl</i>)	3	PA; LD; QL (1 pack per 1 fill); SP
ZEPOSIA ORAL CAPSULE (<i>ozanimod hcl</i>)	3	PA; LD; QL (1 capsule per 1 day); SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK (<i>ozanimod hcl</i>)	3	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>)	3	PA; LD; SP
GLASSIA INTRAVENOUS SOLUTION (<i>alpha1-proteinase inhibitor</i>)	3	PA; LD; SP
PROLASTIN-C INTRAVENOUS SOLUTION (<i>alpha1-proteinase inhibitor</i>)	3	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED (<i>alpha1-proteinase inhibitor</i>)	3	PA; LD; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*CFTR POTENTIATORS*** - DRUGS FOR CYSTIC FIBROSIS		
KALYDECO ORAL PACKET (<i>ivacaftor</i>)	3	PA; QL (2 packets per 1 day)
KALYDECO ORAL TABLET (<i>ivacaftor</i>)	3	PA; 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>)	3	PA; QL (2 packets per 1 day)
ORKAMBI ORAL PACKET 75-94 MG (<i>lumacaftor-ivacaftor</i>)	3	PA; QL (2 units per 1 day)
ORKAMBI ORAL TABLET (<i>lumacaftor-ivacaftor</i>)	3	PA; QL (4 tablet per 1 day)
SYMDEKO ORAL TABLET THERAPY PACK (<i>tezacaftor-ivacaftor</i>)	3	PA; QL (1 carton per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK (<i>elexacaftor-tezacaftor-ivacaft</i>)	3	PA; QL (1 carton per 28 days)
TRIKAFTA ORAL THERAPY PACK (<i>elexacaftor-tezacaftor-ivacaft</i>)	3	PA; QL (1 carton per 28 days)
*CYSTIC FIBROSIS AGENTS - MISCELLANEOUS*** - DRUGS FOR CYSTIC FIBROSIS		
BRONCHITOL INHALATION CAPSULE (<i>mannitol (cystic fibrosis)</i>)	3	PA; LD; QL (560 tablets per 28 days); SP
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE (<i>mannitol (cystic fibrosis)</i>)	3	PA; LD; QL (1 test per 1 fill); SP
*HYDROLYTIC ENZYMES*** - DRUGS FOR THE LUNGS		
PULMOZYME INHALATION SOLUTION (<i>dornase alfa</i>)	3	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>)	3	PA; LD; QL (2 capsules per 1 day); SP
*PULMONARY FIBROSIS AGENTS*** - DRUGS FOR THE LUNGS		
<i>pirfenidone oral capsule</i>	1 or 1b*	PA; LD; QL (9 capsule per 1 day); SP
<i>pirfenidone oral tablet 267 mg</i>	1 or 1b*	PA; LD; QL (9 tablets per 1 day); SP
<i>pirfenidone oral tablet 534 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>pirfenidone oral tablet 801 mg</i>	1 or 1b*	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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*FLUOROCYCLINES*** - ANTIBIOTICS		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED (eravacycline dihydrochloride)	3	
*GLYCYLCYCLINES*** - ANTIBIOTICS		
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED	3	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED (tigecycline)	3	
*TETRACYCLINES*** - ANTIBIOTICS		
<i>demeclocycline hcl oral tablet</i>	1 or 1b*	
<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, 50 mg</i>	1 or 1b*	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
<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*	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED (minocycline hcl)	3	
<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)
<i>mondoxyne nl oral capsule</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>targadox oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>tetracycline hcl oral capsule</i>	1 or 1b*	QL (4 capsules 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*	
<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	
<i>euthyrox oral tablet</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 (levothyroxine sodium)	3	
THYQUIDITY ORAL SOLUTION (levothyroxine sodium)	3	
<i>thyroid oral tablet</i>	3	
TIROSINT ORAL CAPSULE (levothyroxine sodium)	3	
TIROSINT-SOL ORAL SOLUTION (levothyroxine sodium)	3	
<i>unithroid oral tablet</i>	1 or 1a*	
TOXOIDS - BIOLOGICAL AGENTS		
*TOXOID COMBINATIONS*** - VACCINES		
ADACEL INTRAMUSCULAR SUSPENSION (tetanus-diphth-acell pertussis)	3; \$0	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (tetanus-diphth-acell pertussis)	3; \$0	
DAPTACEL INTRAMUSCULAR SUSPENSION (diphth-acell pertussis-tetanus)	3; \$0	
INFANRIX INTRAMUSCULAR SUSPENSION (diphth-acell pertussis-tetanus)	3; \$0	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (dtap-ipv vaccine)	3; \$0	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (dtap-hepatitis b recomb-ipv)	3; \$0	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (dtap-ipv-hib vaccine)	3; \$0	
QUADRACEL INTRAMUSCULAR SUSPENSION (dtap-ipv vaccine)	3; \$0	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (dtap-ipv vaccine)	3; \$0	
TDVAX INTRAMUSCULAR SUSPENSION (tetanus-diphtheria toxoids td)	3; \$0	
TENIVAC INTRAMUSCULAR INJECTABLE (tetanus-diphtheria toxoids td)	3; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 PREFILLED SYRINGE 0.25 MG/5ML, 0.5 MG/5ML, 1 MG/10ML	3	
ATROPINE SULFATE INTRAVENOUS SOLUTION	3	
*H-2 ANTAGONIST-ANTACID COMBINATIONS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>goodsense dual action complete oral tablet chewable</i>	1 or 1b*	
*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>eq famotidine oral tablet</i>	1 or 1b*	
<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*	
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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*	
*PROTON PUMP INHIBITORS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<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>ft acid reducer oral capsule delayed release 20 mg</i>	1 or 1b*	
<i>lansoprazole oral capsule delayed release 30 mg</i>	1 or 1b*	
NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED (<i>esomeprazole sodium</i>)	3	
<i>omeprazole oral capsule delayed release</i>	1 or 1b*	
<i>pantoprazole sodium intravenous solution reconstituted</i>	1 or 1b*	
<i>pantoprazole sodium oral tablet delayed release</i>	1 or 1b*	
<i>pantoprazole sodium-nacl intravenous solution</i>	3	
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED (<i>pantoprazole sodium</i>)	3	
*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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
TALICIA ORAL CAPSULE DELAYED RELEASE (<i>amoxicill-rifabutin-omeprazole</i>)	3	ST; 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)
<i>fesoterodine fumarate er oral tablet extended release 24 hour</i>	1 or 1b*	QL (1 tablet 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)
<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)
<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)
*URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS*** - DRUGS FOR THE BLADDER		
<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	QL (3 bottles per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>mirabegron</i>)	3	QL (1 tablet per 1 day)
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** - DRUGS FOR THE BLADDER		
<i>bethanechol chloride oral tablet</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (measles, mumps & rubella vac)	3; \$0	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (measles-mumps-rubella-varicell)	3; \$0	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (hepatitis a-hep b recomb vac)	3; \$0	
*VIRAL VACCINES*** - VACCINES		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED (rsv pre-fusion f a&b vac rcmb)	3; \$0	QL (1 injection per 1 lifetime)
ACAM2000 INJECTION SOLUTION RECONSTITUTED (smallpox vaccine)	3; \$0	
AFLURIA INTRAMUSCULAR SUSPENSION (influenza virus vaccine split)	2; \$0	QL (1 mL per 1 one-time fill)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (influenza virus vacc split pf)	2; \$0	QL (1 mL per 1 one-time fill)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED (rsvpref3 vac recomb adjuvanted)	3; \$0	PA; AL; QL (1 injection per 1 lifetime)
AUDENZ INTRAMUSCULAR EMULSION (influenza a (h5n1) subunit adj)	2	
AUDENZ INTRAMUSCULAR PREFILLED SYRINGE (influenza a (h5n1) subunit adj)	2	
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (covid-19 mrna virus vaccine)	2; \$0	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED (dengue virus vaccine live tetr)	3	
ENGERIX-B INJECTION SUSPENSION (hepatitis b vac recombinant)	3; \$0	
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE (hepatitis b vac recombinant)	3; \$0	
ERVEBO INTRAMUSCULAR SUSPENSION (ebola zaire virus vaccine live)	3	
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (influenza vac a&b surf ant adj)	2; \$0	QL (1 mL per 1 one-time fill)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (influenza virus vacc split pf)	2; \$0	QL (1 mL per 1 one-time fill)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (influenza vac recombinant ha)	2; \$0	QL (1 fill per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION (influenza vac tiss-cult subunt)	2; \$0	QL (1 fill per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (influenza vac tiss-cult subunt)	2; \$0	QL (1 fill per 180 days)
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (influenza virus vacc split pf)	2; \$0	QL (1 mL per 1 one-time fill)
FLUMIST NASAL LIQUID (influenza virus vaccine live)	2; \$0	QL (1 fill per 180 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
PREHEVBRIO INTRAMUSCULAR SUSPENSION (<i>hepatitis b vac 3-antigen rmb</i>)	3; \$0	
RABAERT 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	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>covid-19 mrna virus vaccine</i>)	2; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STAMARIL INJECTION SUSPENSION RECONSTITUTED	3	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (tick-borne encephalitis vacc)	3	
VAQTA INTRAMUSCULAR SUSPENSION (hepatitis a vaccine)	3; \$0	
VARIVAX INJECTION SUSPENSION RECONSTITUTED (varicella virus vaccine live)	3; \$0	
YF-VAX SUBCUTANEOUS INJECTABLE (yellow fever vaccine)	3	
VAGINAL AND RELATED PRODUCTS - DRUGS FOR WOMEN		
*IMIDAZOLE-RELATED ANTIFUNGALS*** - DRUGS FOR INFECTIONS		
eq miconazole 3-day combo vaginal kit	1 or 1b*	
eq miconazole 7 vaginal cream	1 or 1b*	
ft miconazole 3 comb pack-supp vaginal kit	1 or 1b*	
ft miconazole 3 combo pack vaginal kit	1 or 1b*	
GYNAZOLE-1 VAGINAL CREAM (butoconazole nitrate (1 dose))	3	
miconazole 3 vaginal suppository	1 or 1b*	
terconazole vaginal cream 0.4 %	1 or 1b*	QL (90 grams per 30 days)
terconazole vaginal cream 0.8 %	1 or 1b*	QL (40 grams per 30 days)
terconazole vaginal suppository	1 or 1b*	QL (6 suppositories per 30 days)
*MISCELLANEOUS VAGINAL PRODUCTS*** - DRUGS FOR WOMEN		
INTRAROSA VAGINAL INSERT (prasterone)	3	ST; QL (1 insert per 1 day)
*SPERMICIDES*** - BIRTH CONTROL PILLS		
ENCARE VAGINAL SUPPOSITORY (nonoxynol-9)	2; \$0	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL (nonoxynol-9)	2; \$0	
TODAY SPONGE VAGINAL (nonoxynol-9)	2; \$0	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM (nonoxynol-9)	2; \$0	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL (nonoxynol-9)	2; \$0	
*VAGINAL ANTI-INFECTIVES*** - DRUGS FOR INFECTIONS		
CLEOCIN VAGINAL CREAM (clindamycin phosphate)	3	
CLEOCIN VAGINAL SUPPOSITORY (clindamycin phosphate)	2	
clindamycin phosphate vaginal cream	1 or 1b*	
CLINDESSE VAGINAL CREAM (clindamycin phosphate (1 dose))	3	
metronidazole vaginal gel	1 or 1b*	
NUVESSA VAGINAL GEL (metronidazole)	3	
VANAZOLE VAGINAL GEL (metronidazole)	1 or 1b*	
XACIATO VAGINAL GEL (clindamycin phosphate)	3	PA; QL (1 applicator per 1 fill)
*VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS*** - DRUGS FOR WOMEN		
PHEXXI VAGINAL GEL (lactic ac-citric ac-pot bitart)	3	\$0

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*VAGINAL ESTROGENS*** - DRUGS FOR WOMEN		
<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 (0.02 EA per 1 day)
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)
<i>yuvafem vaginal tablet</i>	1 or 1b*	QL (18 tablet per 28 days)
*VAGINAL PROGESTINS*** - DRUGS FOR WOMEN		
CRINONE VAGINAL GEL 4 % (<i>progesterone</i>)	3	SP
CRINONE VAGINAL GEL 8 % (<i>progesterone</i>)	3	PA; 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	
<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	
*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
*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	
EMERPHEID INTRAVENOUS SOLUTION (<i>ephedrine sulfate (pressors)</i>)	3	
EMERPHEID INTRAVENOUS SOLUTION PREFILLED SYRINGE (<i>ephedrine sulfate (pressors)</i>)	3	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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*	
<i>norepinephrine bitartrate intravenous solution 2 mg/ml</i>	3	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION 10 MG/ML	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>true vitamin d3 oral capsule 50 mcg (2000 ut)</i>	1 or 1b*	
<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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Index

1ST TIER UNIFINE PENTIPS	172	<i>acyclovir</i>	94, 118	ALBUKED 5	147
1ST TIER UNIFINE PENTIPS PLUS	172	<i>acyclovir sodium</i>	94	ALBUMIN HUMAN	147
<i>abacavir sulfate</i>	92	ADACEL	226	ALBUMINEX	148
<i>abacavir sulfate-lamivudine</i>	89	ADAKVEO	151	ALBUMIN-ZLB	148
ABELCET	50	<i>adalimumab-adbm (2 pen)</i>	16	ALBURX	148
ABILIFY MAINTENA	88	<i>adalimumab-adbm (2 syringe)</i>	17	ALBUTEIN	148
ABILIFY MYCITE MAINTENANCE KIT	88	<i>adalimumab-adbm(cd/uc/hs strt)</i>	17	<i>albuterol sulfate</i>	30
ABILIFY MYCITE STARTER KIT	88	<i>adalimumab-adbm(ps/uv starter)</i>	17	ALBUTEROL SULFATE	30
<i>abiraterone acetate</i>	64	<i>adapalene</i>	115	<i>albuterol sulfate hfa</i>	30
ABLYSINOL	102	ADASUVE	87	ALCAINE	208
ABRAXANE	79	ADCETRIS	67	<i>alclometasone dipropionate</i>	119
ABRYSVO	231	ADDYI	221	ALDACTONE	127
ABSORICA	115	<i>adefovir dipivoxil</i>	93	ALDURAZYME	132
ABSORICA LD	115	ADEMPAS	101	ALECENSA	66
ACAM2000	231	<i>adenosine</i>	28	<i>alendronate sodium</i>	128
<i>acamprosate calcium</i>	216	ADIPEX-P	12	<i>alfuzosin hcl er</i>	142
<i>acarbose</i>	41	ADRENALIN	234	ALIMTA	65
ACCOLATE	31	ADRENALIN-NACL	234	ALIQOPA	81
ACCRUFER	151	<i>adriamycin</i>	74	<i>aliskiren fumarate</i>	58
ACCU-CHEK AVIVA PLUS	125	ADTHYZA	225	ALIVE CALCIUM BONE SUPPORT	193
ACCU-CHEK FASTCLIX LANCETS	163	ADVANCED MOBILE LANCET	163	<i>alive daily energy</i>	193
ACCU-CHEK GUIDE TEST	125	ADVATE	144	ALIVE HAIR, SKIN & NAILS	193
ACCU-CHEK SAFE-T PRO LANCETS	163	ADVOCATE INSULIN PEN NEEDLE	172	ALKINDI SPRINKLE	110
ACCU-CHEK SMARTVIEW	125	ADVOCATE INSULIN PEN NEEDLES	173	<i>allbee/c</i>	190
ACCU-CHEK SOFTCLIX LANCETS	163	ADVOCATE INSULIN SYRINGE	173	<i>allopurinol</i>	143
ACCURETIC	55	ADVOCATE LANCETS	163	<i>allopurinol sodium</i>	143
<i>accutane</i>	115	ADVOCATE LANCETS 30G	163	<i>almotriptan malate</i>	180
ACCU-TREND GLUCOSE	126	ADVOCATE SAFETY LANCETS	163	<i>aloe vera leaf juice</i>	15
<i>acebutolol hcl</i>	95	ADVOCATE SAFETY LANCETS 26G	163	<i>alogliptin benzoate</i>	42
ACETADOTE	47	ADYNOVATE	144	<i>alogliptin-metformin hcl</i>	42
<i>acetaminophen</i>	19	<i>adzynma</i>	143	<i>alogliptin-pioglitazone</i>	42
<i>acetaminophen-codeine</i>	21	AEMCOLO	59	<i>alophen</i>	157
<i>acetazolamide</i>	126	<i>afirmelle</i>	104	ALOPRIM	143
<i>acetazolamide er</i>	126	AFLURIA	231	ALORA	136
<i>acetazolamide sodium</i>	126	AFLURIA PRESERVATIVE FREE	231	<i>alosetron hcl</i>	139
<i>acetic acid</i>	142, 212	AFSTYLA	144	ALPHAGAN P	209
<i>acetylcysteine</i>	47, 113	<i>aftera</i>	108	ALPHANATE	144
<i>acitretin</i>	117	<i>afterpill</i>	108	ALPHANINE SD	144
ACTHAR	129	AGAMATRIX ULTRA-THIN LANCETS	163	<i>alprazolam</i>	27
ACTHAR GEL	129	AGGRASTAT	147	<i>alprazolam er</i>	27
ACTHIB	230	AGRYLIN	148	ALPRAZOLAM INTENSOL	27
ACTIFLOVIT EAR HEALTH	199	AIMOVIG	179	<i>alprazolam xr</i>	27
ACTIFOAM COLLAGEN SPONGE	152	<i>aimsco lubricated</i>	160	ALPROLIX	144
ACTI-LANCE 28G	163	AIMSCO TWIST LANCETS 32G	163	<i>altafluor benox</i>	208
ACTI-LANCE LITE LANCETS 28G	163	AIMSCO TWIST LANCETS 33G	163	<i>altavera</i>	104
ACTI-LANCE SPECIAL LANCETS 17G	163	AJOVY	179	ALTUVIHO	144
ACTI-LANCE UNIVERSAL 23G	163	AKEEGA	71	ALUNBRIG	66
ACTIMMUNE	76	<i>ak-fluor</i>	208	<i>alvimopan</i>	140
ACTIVASE	149	AKLIEF	115	<i>alyacen 1/35</i>	104
ACTIVELLA	136	AKOVAZ	234	<i>alyacen 7/7/7</i>	110
ACTONEL	128	AKTEN	208	<i>alyq</i>	101
ACULAR	209	AKYNZEO	48	<i>amantadine hcl</i>	83
ACULAR LS	209	AKYNZEO (READY-TO-USE)	48	AMBISOME	50
ACUVAIL	209	AKYNZEO (TO-BE-DILUTED)	48	<i>ambrisentan</i>	101
		<i>ala-cort</i>	119	<i>amcinonide</i>	119
		<i>albendazole</i>	26	AMELUZ	123
		ALBUKED 25	147	<i>amethyst</i>	108
				<i>amidate</i>	141
				<i>amikacin sulfate</i>	16
				<i>amiloride hcl</i>	127
				<i>amiloride-hydrochlorothiazide</i>	126

<i>aminocaproic acid</i>	152	APADAZ	24	<i>aspirin ec low strength</i>	20
<i>aminophylline</i>	32	<i>apap-caff-dihydrocodeine</i>	21	<i>aspirin low dose</i>	20
AMINOSYN II	203	APHEXDA	149	<i>aspirin regimen</i>	20
<i>aminosyn ii</i>	203	APOKYN	84	<i>aspirin-dipyridamole er</i>	148
AMINOSYN-PF	203	<i>apomorphine hcl</i>	84	ASPRUZYO SPRINKLE	26
AMINOSYN-PF 7%	203	APONVIE	49	ASSURE COMFORT LANCETS	
<i>amiodarone hcl</i>	28	<i>apraclonidine hcl</i>	209	28G	163
<i>amitriptyline hcl</i>	40	<i>aprepitant</i>	49	ASSURE ID DUO PRO PEN	
<i>amlodipine besy-benazepril hcl</i>	54	APRETUDE	91	NEEDLES	173
<i>amlodipine besylate</i>	96	<i>apri</i>	104	ASSURE ID PRO PEN NEEDLES ..	173
<i>amlodipine besylate-valsartan</i>	56	APRISO	139	ASSURE ID SAFETY PEN	
<i>amlodipine-atorvastatin</i>	99	APTIOM	34	NEEDLES	173
<i>amlodipine-olmesartan</i>	56	APTIVUS	91	ASSURE LANCE LANCETS	163
<i>amlodipine-valsartan-hctz</i>	57	<i>aq insulin syringe</i>	173	ASSURE LANCE LANCETS 21G ..	163
AMMONUL	135	<i>aqinject pen needle</i>	173	ASSURE LANCE PLUS SAFETY	
<i>amnesteem</i>	115	AQUALANCE LANCETS 30G	163	25G	163
AMNIOFIX	124	AQUASOL A	235	ASSURE LANCE PLUS SAFETY	
AMNIOTEXT	124	<i>aquastat</i>	183	30G	163
AMONDYS 45	203	<i>Aquastat Sfr</i>	183	ASSURE LANCE SAFETY	
<i>amoxapine</i>	40	ARAKODA	62	LANCET 28G	163
<i>amoxicill-clarithro-lansopraz</i>	229	ARALAST NP	223	ASTAGRAF XL	186
<i>amoxicillin</i>	215	<i>aranelle</i>	110	ATABEX EC	195
<i>amoxicillin-pot clavulanate</i>	215	ARANESP (ALBUMIN FREE)	150	ATABEX OB	195
<i>amoxicillin-pot clavulanate er</i>	215	ARAVA	19	<i>atazanavir sulfate</i>	91
AMPHADASE	185	ARAZLO	115	ATELVIA	128
AMPHENOL-40	124	ARCALYST	17	<i>atenolol</i>	95
<i>amphetamine sulfate</i>	11	AREXVY	231	<i>atenolol-chlorthalidone</i>	58
<i>amphetamine-dextroamphet er</i>	11	<i>arformoterol tartrate</i>	30	ATGAM	185
<i>amphetamine-dextroamphetamine</i>	11	ARGATROBAN	34	<i>atomoxetine hcl</i>	11
<i>amphet-dextroamphet 3-bead er</i>	11	ARGATROBAN IN SODIUM		<i>atorvastatin calcium</i>	53
<i>amphotericin b</i>	50	CHLORIDE	34	<i>atovaquone</i>	59
<i>amphotericin b liposome</i>	50	<i>argyle sterile saline</i>	142	<i>atovaquone-proguanil hcl</i>	62
<i>ampicillin</i>	215	<i>argyle sterile water</i>	186	<i>atracurium besylate</i>	203
<i>ampicillin sodium</i>	215	ARICEPT	217	ATROPINE SULFATE	206, 227
<i>ampicillin-sulbactam sodium</i>	215	ARIKAYCE	16	ATROVENT HFA	30
AMPYRA	219	<i>aripiprazole</i>	88	<i>aubra eq</i>	104
AMVISC	211	ARISTADA	88	AUDENZ	231
AMVUTTRA	221	ARISTADA INITIO	88	AUGMENTIN	215
<i>anagrelide hcl</i>	148	ARIXTRA	33	AUGMENTIN ES-600	215
ANALPRAM-HC	26	<i>armodafinil</i>	13	AUGTYRO	74
ANAPROX DS	18	ARMOUR THYROID	225	<i>aum insulin safety pen needle</i>	173
ANASCORP	213	ARNUITY ELLIPTA	31	AUM MINI INSULIN PEN	
<i>anastrozole</i>	76	AROMASIN	76	NEEDLE	173
ANAVIP	213	ARRANON	65	<i>aum pen needle</i>	173
ANCOBON	50	<i>arsenic trioxide</i>	76	AUM READYGARD DUO PEN	
ANDEXXA	47	ARTESUNATE	62	NEEDLE	173
ANECTINE	202	<i>articadent dental</i>	158	AUM SAFETY PEN NEEDLE	173
ANESTHESIA S/I-40A	141	ARTISS	152	AURORA LANCET SUPER THIN	
ANESTHESIA S/I-40H	141	ARZERRA	67	30G	163
ANESTHESIA S/I-40S	141	ASCLERA	188	AURORA LANCET THIN 23G	164
ANGELIQ	136	<i>ascomp-codeine</i>	21	AURORA PEN NEEDLES	173
ANGIOMAX	33	ASCOR	235	<i>aurovela 1.5/30</i>	104
ANKTIVA	76	<i>asenapine maleate</i>	87	<i>aurovela 1/20</i>	104
ANNOVERA	107	<i>ashlyna</i>	108	<i>aurovela 24 fe</i>	104
ANORO ELLIPTA	29	<i>asian ginseng</i>	205	<i>aurovela fe 1.5/30</i>	104
<i>anti-oxidant</i>	193	ASPARLAS	75	<i>aurovela fe 1/20</i>	104
ANTIVENIN LATRODECTUS		<i>aspirin</i>	20	AURYXIA	140
MACTANS	213	<i>aspirin 81</i>	20	AUSTEDO	218
ANTIVENIN MICRURUS		<i>aspirin adult low dose</i>	20	AUSTEDO XR	218
FULVIUS	213	<i>aspirin adult low strength</i>	20	AUSTEDO XR PATIENT	
ANTIVERT	49	<i>aspirin childrens</i>	20	TITRATION	218
ANUSOL-HC	26	<i>aspirin ec adult low dose</i>	20	AVASTIN	82
ANZEMET	48	<i>aspirin ec low dose</i>	20	<i>aviane</i>	104

AVITENE	152	<i>bayer low dose</i>	20	BESPONSA	67
AVITENE FLOUR	152	BCG VACCINE	230	BESREMI	76
AVONEX PEN	219	<i>b-compleet-100</i>	191	BETADINE OPHTHALMIC PREP	207
AVONEX PREFILLED	219	<i>b-compleet-50</i>	191	<i>betaine</i>	131
AVSOLA	141	<i>b-complex</i>	191	<i>betamethasone dipropionate</i>	119
AVYCAZ	102	<i>b-complex (folic acid)</i>	191	<i>betamethasone dipropionate aug</i>	119
<i>ayuna</i>	104	<i>b-complex balanced</i>	190	<i>betamethasone valerate</i>	119
AYVAKIT	73	<i>b-complex plus b-12</i>	190	BETASERON	219
<i>azacitidine</i>	65	<i>b-complex/b-12</i>	190	<i>betaxolol hcl</i>	95, 205
AZACTAM	61	<i>b-complex/electrolytes</i>	191	<i>bethanechol chloride</i>	229
<i>azasan</i>	187	<i>b-complex/vitamin c</i>	190	BETHKIS	16
AZASITE	206	<i>b-complex-c</i>	191	BETIMOL	205
<i>azathioprine</i>	187	<i>b-complex-c (w/folic acid)</i>	190	BETOPTIC-S	205
AZATHIOPRINE SODIUM	187	BD AUTOSHIELD DUO	173	<i>better b complex</i>	191
<i>azelaic acid</i>	123	<i>bd heparin posiflush</i>	33	<i>bexarotene</i>	81, 125
<i>azelastine hcl</i>	202, 206	BD INSULIN SYR ULTRAFINE II	173	BEXSERO	230
<i>azelastine-fluticasone</i>	201	BD INSULIN SYRINGE	173	BEYAZ	105
AZESCO	195	BD INSULIN SYRINGE HALF-UNIT	173	BEYFORTUS	213
AZILECT	83	BD INSULIN SYRINGE MICROFINE	173	<i>bicalutamide</i>	64
<i>azithromycin</i>	159, 160	BD INSULIN SYRINGE U/F	173	BICILLIN C-R	215
<i>aztreonam</i>	61	BD INSULIN SYRINGE U/F 1/2UNIT	173	BICILLIN C-R 900/300	215
AZULFIDINE	139	BD INSULIN SYRINGE U/F 1/2UNIT	173	BICILLIN L-A	215
AZULFIDINE EN-TABS	139	BD INSULIN SYRINGE U-500	173	BIDIL	100
<i>azurette</i>	104	BD INSULIN SYRINGE ULTRAFINE	173	<i>big 100</i>	191
<i>b complex (lipotropics)</i>	199	BD INSULIN SYRINGE ULTRAFINE	173	<i>big 100 (biotin)</i>	191
<i>b complex 100 tr</i>	191	BD INSULIN SYRINGE ULTRAFINE	173	BIJUVA	136
<i>b complex formula 1 (lipotrop)</i>	199	BD MICROTAINER LANCETS	164	BIKTARVY	89
<i>b complex formula 1 (w/ fa)</i>	191	BD PEN NEEDLE MICRO U/F	173	BILTRICIDE	26
<i>b complex-b12</i>	190	BD PEN NEEDLE MINI U/F	173	<i>bimatoprost</i>	123, 211
<i>b complex-c</i>	191	BD PEN NEEDLE NANO 2ND GEN	173	BINOSTO	128
B COMPLEX-C-BIOTIN-E-FA	191	BD PEN NEEDLE NANO U/F	173	BIORPHEN	234
<i>b complex-c-folic acid</i>	190	BD PEN NEEDLE ORIGINAL U/F	173	BIOTHRAX	230
<i>b-100 b-complex</i>	191	BD PEN NEEDLE SHORT U/F	173	<i>bis subcit-metronid-tetracyc</i>	228
<i>b-100 complex cr</i>	191	<i>bd posiflush</i>	183	<i>bisacodyl</i>	157
<i>b-100 tr</i>	191	<i>Bd Posiflush Safescrub</i>	183	<i>bisacodyl ec</i>	157
<i>b-50 complex</i>	191	BD SAFETYGLIDE INSULIN SYRINGE	173	<i>bismuth/metronidaz/tetracyclin</i>	229
BABYBIG	214	BD VEO INSULIN SYR U/F 1/2UNIT	173	<i>bisoprolol fumarate</i>	95
<i>bac</i>	19	BD VEO INSULIN SYRINGE U/F 1/2UNIT	173	<i>bisoprolol-hydrochlorothiazide</i>	58
<i>bacitracin</i>	206	BELBUCA	24	<i>bivalirudin trifluoroacetate</i>	34
<i>bacitracin-polymyxin b</i>	207	BELEODAQ	71	<i>bleomycin sulfate</i>	74
<i>bacitra-neomycin-polymyxin-hc</i>	209	BELRAPZO	63	BLINCYTO	69
<i>baclofen</i>	200	<i>benazepril hcl</i>	55	<i>blisovi 24 fe</i>	105
BACTRIM	59	<i>benazepril-hydrochlorothiazide</i>	55	<i>blisovi fe 1.5/30</i>	105
BACTRIM DS	59	<i>bendamustine hcl</i>	63	<i>blisovi fe 1/20</i>	105
<i>balance b-100</i>	199	BENDEKA	63	BLOXIVERZ	63
<i>balance b-50</i>	191	BENEFIX	144	BLT-25	112
<i>balanced b complex</i>	191	BENLYSTA	184	BONJESTA	49
<i>balanced b-100</i>	191	BENTYL	227	BOOSTRIX	226
<i>balanced b-50 complex</i>	199	BENZALKONIUM CHLORIDE	89	<i>bortezomib</i>	73
<i>balanced b-50/fa</i>	191	BENZHYDROCODONE-ACETAMINOPHEN	24	<i>bosentan</i>	101
BALCOLTRA	104	BENZONIDAZOLE	26	BOSULIF	69
BALFAXAR	144	<i>benzonatate</i>	112	<i>boswellia</i>	15
<i>balsalazide disodium</i>	139	<i>benzoyl peroxide-erythromycin</i>	114	BOTOX	203
BALVERSA	70	<i>benzphetamine hcl</i>	12	BOTOX COSMETIC	121
<i>balziva</i>	105	<i>benztropine mesylate</i>	83	BRAFTOVI	69
BANZEL	34	BEOVU	212	BREO ELLIPTA	29
BAQSIMI ONE PACK	41	BERINERT	146	BREVIBLOC	95
BAQSIMI TWO PACK	41	BESIVANCE	206	BREVIBLOC IN NACL	95
BARACLUDGE	93			BREVIBLOC PREMIXED	95
BARHEMSYS	49			BREVIBLOC PREMIXED DS	95
BAVENCIO	68			BREVITAL SODIUM	141
BAXDELA	137			BREXAFEMME	50
<i>bayer aspirin ec low dose</i>	20			<i>Breyna</i>	29

BREZTRI AEROSPHERE	29	<i>calcium 600-vitamin d3</i>	180	CARETOUCH TWIST MC	
BRIDION	47	<i>calcium acetate</i>	140	LANCETS 30G	164
<i>brillyn</i>	105	<i>calcium acetate (phos binder)</i>	140	<i>carglumic acid</i>	131
BRILINTA	147	CALCIUM GLUCONATE	180	<i>carisoprodol</i>	200
<i>brimonidine tartrate</i>	123, 209	CALCIUM GLUCONATE-NACL	180	<i>carmustine</i>	80
<i>brimonidine tartrate-timolol</i>	205	CALDOLOR	18	CARNITOR	129
<i>brinzolamide</i>	207	CALMAID	15	CARNITOR SF	129
BRIVIACT	34	CALQUENCE	70	CAROSPIR	127
BRIXADI	24	CAMCEVI	78	<i>carteolol hcl</i>	205
BRIXADI (WEEKLY)	24	<i>camila</i>	109	<i>cartia xt</i>	96
<i>bromfenac sodium</i>	209	CAMPTOSAR	82	<i>carvedilol</i>	95
<i>bromfenac sodium (once-daily)</i>	209	<i>camrese</i>	108	<i>carvedilol phosphate er</i>	95
<i>bromocriptine mesylate</i>	83	<i>camrese lo</i>	108	CASODEX	64
BROMSITE	209	CAMZYOS	100	CASPOFUNGIN ACETATE	50
BRONCHITOL	224	CANASA	139	CATAPRES-TTS-1	57
BRONCHITOL TOLERANCE		CANCIDAS	49	CATAPRES-TTS-2	57
TEST	224	<i>candesartan cilexetil</i>	57	CATAPRES-TTS-3	57
BROVANA	30	<i>candesartan cilexetil-hctz</i>	56	CATHFLO ACTIVASE	149
BRUKINSA	70	CAPCOF	114	CAVERJECT	100
BSS	208	<i>capecitabine</i>	65	CAVERJECT IMPULSE	100
BSS PLUS	208	CAPLYTA	85	CAYA	162
<i>budesonide</i>	26, 31, 32, 110	CAPRELSA	72	CAYSTON	61
<i>budesonide er</i>	110	<i>captopril</i>	55	<i>cefaclor</i>	103
<i>budesonide-formoterol fumarate</i>	29	<i>captopril-hydrochlorothiazide</i>	55	CEFACTOR ER	103
<i>bumetanide</i>	127	CAPVAXIVE	230	<i>cefadroxil</i>	102
BUMEX	127	CARAC	116	<i>cefazolin sodium</i>	102
BUPIVACAINE FISIOPHARMA	159	CARAFATE	228	CEFAZOLIN SODIUM	102
<i>bupivacaine hcl (pf)</i>	159	<i>carbamazepine</i>	35	CEFAZOLIN SODIUM-	
<i>bupivacaine-epinephrine</i>	158	<i>carbamazepine er</i>	34, 35	DEXTROSE	102
<i>bupivacaine-epinephrine (pf)</i>	158	<i>carbidopa</i>	84	<i>cefazolin sodium-dextrose</i>	102
<i>bup-lido</i>	208	<i>carbidopa-levodopa</i>	84	<i>cefdinir</i>	103
<i>buprenorphine</i>	24	<i>carbidopa-levodopa er</i>	84	<i>cefepime hcl</i>	104
<i>buprenorphine hcl</i>	24	<i>carbidopa-levodopa-entacapone</i>	84	CEFEPIME HCL	104
<i>buprenorphine hcl-naloxone hcl</i>	24	<i>carbinoxamine maleate</i>	51	CEFEPIME-DEXTROSE	104
<i>bupropion hcl</i>	38	<i>carbinoxamine maleate er</i>	51	<i>cefixime</i>	103
<i>bupropion hcl er (smoking det)</i>	221	<i>carboplatin</i>	64	CEFOTAN	103
<i>bupropion hcl er (sr)</i>	38	<i>carboprost tromethamine</i>	213	<i>cefotaxime sodium</i>	103
<i>bupropion hcl er (xl)</i>	38	CARDENE IV	96	<i>cefotetan disodium</i>	103
<i>burn gel</i>	122	CARDIZEM	96	<i>cefoxitin sodium</i>	103
<i>bupirone hcl</i>	27	CARDURA	58	CEFOXITIN SODIUM-DEXTROSE	
<i>busulfan</i>	63	CARDURA XL	142	.....	103
BUSULFEX	64	CAREFINE PEN NEEDLES	173	<i>cefpodoxime proxitil</i>	103
<i>butalbital-acetaminophen</i>	19	CAREONE INSULIN SYRINGE	173	<i>cefprozil</i>	103
<i>butalbital-apap-caff-cod</i>	21	CAREONE LANCET SUPER THIN		<i>ceftazidime</i>	103
<i>butalbital-apap-caffeine</i>	19, 20	30G	164	<i>ceftriaxone sodium</i>	103
<i>butalbital-asa-caff-codeine</i>	21	CAREONE LANCET THIN 23G	164	CEFTRIAZONE SODIUM	103
<i>butalbital-aspirin-caffeine</i>	20	CAREONE UNIFINE PENTIPS		<i>ceftriaxone sodium in dextrose</i>	103
<i>butorphanol tartrate</i>	24	PLUS	173	CEFTRIAZONE SODIUM-	
BYFAVO	154	CARESENS LANCETS	164	DEXTROSE	103
BYLVAY	139	CARESENS LANCETS 30G	164	<i>cefuroxime axetil</i>	103
BYLVAY (PELLETS)	139	CARETOUCH INSULIN SYRINGE		<i>cefuroxime sodium</i>	103
BYOOVIZ	212	.....	173	<i>celecoxib</i>	17
CABENUVA	89	CARETOUCH PEN NEEDLES	173	CELESTONE SOLUSPAN	112
<i>cabergoline</i>	129	CARETOUCH SAFETY LANCETS	164	CELLCEPT	185, 186
CABLIVI	145	CARETOUCH SAFETY LANCETS		CELLCEPT INTRAVENOUS	185
CABOMETYX	72	26G	164	CELLUGEL	211
CADUET	99	CARETOUCH TWIST LANCETS		CELONTIN	38
<i>caffeine citrate</i>	12	28G	164	CENTRUM MINIS WOMEN	
<i>calcipotriene</i>	118	CARETOUCH TWIST LANCETS		IMMUNE SUP	193
<i>calcipotriene-betameth diprop</i>	125	30G	164	<i>cephalexin</i>	103
<i>calcitonin (salmon)</i>	129	CARETOUCH TWIST LANCETS		CEPROTIN	147
<i>calcitrene</i>	118	33G	164	CERDELGA	149
<i>calcitriol</i>	118, 131			CEREBYX	37

CEREZYME	149	CLARINEX	51	<i>clonidine hcl</i>	57
CERVIDIL	213	CLARINEX-D 12 HOUR	113	<i>clonidine hcl er</i>	11
<i>cetirizine hcl</i>	51	<i>clarithromycin</i>	160	<i>clopidogrel bisulfate</i>	149
CETRAXAL	212	<i>clarithromycin er</i>	160	<i>clorazepate dipotassium</i>	27
<i>cetorelix acetate</i>	130	CLASSIC PRENATAL	195	<i>clotrimazole</i>	121, 188
CETROTIDE	130	CLEANLET LANCETS 28G	164	<i>clotrimazole-betamethasone</i>	115, 116
<i>cevimeline hcl</i>	189	<i>clearlax</i>	155	<i>clozapine</i>	86, 87
<i>charlotte 24 fe</i>	105	CLEMASTINE FUMARATE	51	C-NATE DHA	195
<i>chateal eq</i>	105	<i>clemastine fumarate</i>	51	CNJ-016	214
CHEMET	46	CLENPIQ	155	COAGADEX	144
<i>childrens aspirin</i>	20	CLEOCIN	61, 233	COAGUCHEK LANCETS	164
<i>chloramphenicol sod succinate</i>	60	CLEOCIN PHOSPHATE	61	<i>coal tar</i>	124
<i>chlordiazepoxide hcl</i>	27	CLEOCIN-T	114	COARTEM	62
<i>chlordiazepoxide-amitriptyline</i>	217	CLEVER CHEK LANCETS	164	COCAINE HCL	202
<i>chlordiazepoxide-clidinium</i>	227	CLEVER CHOICE COMFORT EZ	164, 173	CODEINE SULFATE	22
<i>chlorhexidine gluconate</i>	188	CLEVER CHOICE LANCETS 21G	164	<i>codeine sulfate</i>	22
<i>chloroprocaine hcl (pf)</i>	159	CLEVER CHOICE LANCETS 23G	164	CODITUSSIN AC	112
<i>chloroquine phosphate</i>	62	CLEVER CHOICE LANCETS 28G	164	CODITUSSIN DAC	113
<i>chlorothiazide sodium</i>	127	CLEVIPREX	96	<i>colchicine</i>	143
<i>chlorpromazine hcl</i>	87	CLICKFINE PEN NEEDLES	173	<i>colchicine-probenecid</i>	143
CHLORPROMAZINE HCL	87	CLIMARA	136	<i>colesevelam hcl</i>	53
<i>chlorthalidone</i>	127	CLIMARA PRO	136	COLESTID	53
<i>chlorzoxazone</i>	200	Clindacin.....	114	<i>colestipol hcl</i>	53
CHOLBAM	138	<i>clindacin etz</i>	114	<i>colistimethate sodium (cba)</i>	62
<i>cholestyramine</i>	53	<i>clindacin-p</i>	114	COLUMVI	69
<i>cholestyramine light</i>	52	<i>clindamycin hcl</i>	61	COLY-MYCIN M	62
CHORIONIC GONADOTROPIN	133	<i>clindamycin palmitate hcl</i>	61	COMBIPATCH	136
CHOSEN LANCETS 30G	164	<i>clindamycin phos-benzoyl perox</i>	114	COMBIVENT RESPIMAT	29
CHOSEN SAFETY LANCETS 28G	164	<i>clindamycin phosphate</i>	61, 114, 233	COMBOGESIC	17
<i>chromic chloride</i>	183	<i>clindamycin phosphate in d5w</i>	61	COMETRIQ (100 MG DAILY DOSE)	72
<i>ciclodan</i>	116	CLINDAMYCIN PHOSPHATE IN NACL	61	COMETRIQ (140 MG DAILY DOSE)	72
<i>ciclopirox</i>	116	<i>clindamycin-tretinoin</i>	114	COMETRIQ (60 MG DAILY DOSE)	72
<i>ciclopirox olamine</i>	116	CLINDESSE	233	COMFORT ASSIST INSULIN SYRINGE	174
<i>cidofovir</i>	93	CLINIMIX E/DEXTROSE (2.75/5)	203	COMFORT ASSURED LANCETS 28G	164
<i>cilostazol</i>	147	CLINIMIX E/DEXTROSE (4.25/10)	204	COMFORT ASSURED LANCETS 33G	164
CILOXAN	207	CLINIMIX E/DEXTROSE (4.25/5)	204	COMFORT EZ INSULIN SYRINGE	174
CIMDUO	89	CLINIMIX E/DEXTROSE (5/15)	204	COMFORT EZ MICRO PEN NEEDLES	174
CIMERLI	212	CLINIMIX E/DEXTROSE (5/20)	204	COMFORT EZ PEN NEEDLES	174
<i>cimetidine</i>	227	CLINIMIX E/DEXTROSE (8/10)	204	COMFORT EZ PRO PEN NEEDLES	174
<i>cimetidine hcl</i>	227	CLINIMIX E/DEXTROSE (8/14)	204	COMFORT EZ SHORT PEN NEEDLES	174
<i>cinacalcet hcl</i>	129	CLINIMIX E/DEXTROSE (8/14)	204	COMFORT TOUCH INSULIN PEN NEED	174
CINQAIR	31	CLINIMIX/DEXTROSE (4.25/10)	204	COMFORT TOUCH LANCETS 31G	164
CINRYZE	146	CLINIMIX/DEXTROSE (4.25/5)	204	COMFORT TOUCH PLUS LANCETS 28G	164
CINVANTI	49	CLINIMIX/DEXTROSE (5/15)	204	COMFORT TOUCH PLUS LANCETS 30G	164
CIPRO	137	CLINIMIX/DEXTROSE (5/20)	204	COMFORT TOUCH TWIST LANCET 30G	164
<i>ciprofloxacin hcl</i>	137, 207, 212	CLINIMIX/DEXTROSE (6/5)	204	COMIRNATY	231
<i>ciprofloxacin in d5w</i>	137	CLINIMIX/DEXTROSE (8/10)	204	COMPLERA	89
<i>ciprofloxacin-dexamethasone</i>	212	CLINIMIX/DEXTROSE (8/14)	204	COMPLETE NATAL DHA	198
<i>ciprofloxacin-fluocinolone pf</i>	212	<i>clinisol sf</i>	204		
<i>cisatracurium besylate</i>	203	CLINOLIPID	204		
<i>cisatracurium besylate (pf)</i>	203	<i>clinpro 5000</i>	189		
<i>cisplatin</i>	64	<i>clobazam</i>	34		
CISPLATIN	64	<i>clobetasol propionate</i>	119		
<i>citalopram hydrobromide</i>	39	<i>clobetasol propionate e</i>	119		
CITRANATAL 90 DHA	198	<i>clobetasol propionate emulsion</i>	119		
CITRANATAL ASSURE	198	<i>clocortolone pivalate</i>	119		
CITRANATAL B-CALM	195	<i>clodan</i>	119		
CITRANATAL HARMONY	198	<i>clofarabine</i>	65		
CITRANATAL MEDLEY	198	CLOMID	133		
<i>citrate of magnesia</i>	157	<i>clomipramine hcl</i>	40		
<i>citroma</i>	157	<i>clonazepam</i>	34		
<i>cladribine</i>	65	<i>clonidine</i>	58		
<i>claravis</i>	115				

COMPLETENATE	195	CVS LANCETS ULTRA-THIN 30G	164	DARZALEX	67
<i>complex b-100</i>	191	<i>cvs magnesium citrate</i>	157	DARZALEX FASPRO	75
COMPLEX B-100-INOSITOL	199	<i>cvs milk of magnesia</i>	157	<i>dasatinib</i>	69
<i>complex b-50 prolonged release</i>	191	<i>cvs natural daily fiber</i>	155	<i>dasetta 1/35</i>	105
<i>compro</i>	87	<i>cvs nicotine</i>	221	<i>dasetta 7/7/7</i>	110
CO-NATAL FA	195	<i>cvs nicotine polacrilex</i>	221	DAUNORUBICIN HCL	75
CONCEPT DHA	195	<i>cvs pe head cong + flu sev</i>	112	DAURISMO	71
CONCEPT OB	195	CVS PRENATAL	195	DAVIMET-FLUORIDE	194
<i>condoms</i>	160	<i>cvs purelax</i>	156	DAXXIFY	121
CONDYLOX	122	<i>cvs super b complex/c</i>	191	DAYBUE	203
CONJUPRI	96	CVS ULTRA THIN LANCETS	164	DAYPRO	18
<i>constulose</i>	156	<i>cyanocobalamin</i>	149	<i>daysee</i>	108
CONTRACE	13	CYANOKIT	47	DDAVP	135
COPASIL	124	<i>cyclobenzaprine hcl</i>	200	DDAVP PF	135
COPAXONE	220	CYCLOGYL	206	<i>deblitane</i>	109
COPIKTRA	81	CYCLOMYDRIL	206	<i>decitabine</i>	65
CORIFACT	144	<i>cyclopentolate hcl</i>	206	<i>deferasirox</i>	46, 47
CORLANOR	102	<i>cyclophosphamide</i>	80	<i>deferasirox granules</i>	46
CORTEF	110	CYCLOPHOSPHAMIDE	80	<i>deferiprone</i>	47
CORTENEMA	26	<i>cycloserine</i>	63	<i>deferoxamine mesylate</i>	47
CORTIFOAM	26	<i>cyclosporine</i>	185, 208	DEFITELIO	149
CORTISPORIN-TC	212	<i>cyclosporine modified</i>	184, 185	DEFLUX	143
CORTROPHIN	129	CYGNUS DUAL	124	DELESTROGEN	136
CORVERT	29	CYKLOKAPRON	152	DELSTRIGO	89
COSELA	80	<i>cyproheptadine hcl</i>	52	<i>delyla</i>	105
COSENTYX	117	CYRAMZA	82	DELZICOL	139
COSENTYX (300 MG DOSE)	117	<i>cyred eq</i>	105	<i>demeclocycline hcl</i>	225
COSENTYX SENSOREADY (300		CYSTADANE	131	DEMEROL	22
MG)	117	CYSTADROPS	211	DEMSEER	56
COSENTYX SENSOREADY PEN ..	117	CYSTAGON	142	DENAVIR	118
COSENTYX UNOREADY	117	CYSTARAN	211	DENG VAXIA	231
COTELLIC	72	<i>cytarabine</i>	65	<i>denta 5000 plus</i>	189
CREON	126	<i>cytarabine (pf)</i>	65	<i>denta 5000 plus sensitive</i>	188
CRESEMBA	50	CYTOGAM	214	<i>dentagel</i>	189
CRINONE	234	CYTOMEL	225	DEPEN TITRATABS	184
CROFAB	213	CYTOTEC	229	DEPEND FRESH PROTECTION	
<i>cromolyn sodium</i>	30, 138, 206	<i>d3 + k2</i>	199	MENS	172
<i>crotan</i>	123	<i>dacarbazine</i>	76	DEPO-ESTRADIOL	136
<i>cryselle-28</i>	105	<i>dactinomycin</i>	74	DEPO-MEDROL	110
CRYSVITA	136	<i>daily multiple vitamins</i>	193	DEPO-PROVERA	109
<i>cupric chloride</i>	183	<i>daily value multivitamin</i>	193	DEPO-SUBQ PROVERA 104	109
CURAE	108	<i>daily vitamins</i>	193	DEPO-TESTOSTERONE	25
<i>curity sterile saline</i>	142	<i>daily vite</i>	193	DERMOTIC	213
CUTAQUIG	214	<i>daily vite multivitamin/iron</i>	192	DESCOVY	89
CUTEMOL	121	<i>daily vites</i>	193	DESFERAL	47
CUVPOSA	228	<i>daily-vite</i>	193	<i>desflurane</i>	141
<i>cvs aspirin adult low dose</i>	20	<i>daily-vite multivitamin</i>	193	<i>desipramine hcl</i>	40
<i>cvs aspirin adult low strength</i>	20	<i>dalfampridine er</i>	220	<i>desloratadine</i>	52
<i>cvs aspirin ec</i>	20	DALIRESP	31	<i>desmopressin ace spray refrig</i>	135
<i>cvs aspirin low dose</i>	20	DALVANCE	60	<i>desmopressin acetate</i>	135
<i>cvs aspirin low strength</i>	20	<i>danazol</i>	25	DESMOPRESSIN ACETATE	135
<i>cvs b complex plus c</i>	191	DANTRIUM	200	<i>desmopressin acetate pf</i>	135
<i>cvs balanced b50</i>	199	<i>dantrolene sodium</i>	200	<i>desmopressin acetate spray</i>	135
<i>cvs c-lax laxative</i>	157	DANYELZA	67	<i>desogestrel-ethinyl estradiol</i>	104
<i>cvs folic acid</i>	150	<i>dapagliflozin pro-metformin er</i>	45	<i>desonide</i>	119
<i>cvs gentle laxative</i>	157	<i>dapagliflozin propanediol</i>	44	<i>desoximetasone</i>	119, 120
<i>cvs gentle laxative womens</i>	157	<i>dapsone</i>	61, 114	DESVENLAFAXINE ER	40
<i>cvs inner ear plus</i>	199	DAPTACEL	226	<i>desvenlafaxine succinate er</i>	40
CVS LANCETS 21G	164	DAPTOMYCIN	60	DEXABLISS	111
CVS LANCETS MICRO THIN 33G	164	<i>daptomycin-sodium chloride</i>	60	<i>dexamethasone</i>	111
CVS LANCETS ORIGINAL	164	DARAPRIM	62	DEXAMETHASONE INTENSOL ..	111
CVS LANCETS THIN 26G	164	<i>darifenacin hydrobromide er</i>	229	<i>dexamethasone sod phos + rfid</i>	111
CVS LANCETS ULTRA THIN 30G	164	<i>darunavir</i>	91	<i>dexamethasone sod phosphate pf</i>	111

DEXAMETHASONE SOD PHOSPHATE PF	111	DILTIAZEM HCL	97	<i>drosipren-eth estrad-levomefol</i>	105
<i>dexamethasone sodium phosphate</i>	111, 210	<i>diltiazem hcl er</i>	97	<i>drosiprenone-ethinyl estradiol</i>	105
DEXAMETHASONE SODIUM PHOSPHATE	111	<i>diltiazem hcl er beads</i>	96, 97	DROXIA	149
DEXCOM G6 RECEIVER	164	<i>diltiazem hcl er coated beads</i>	97	<i>droxidopa</i>	234
DEXCOM G6 SENSOR	164	<i>dilt-xr</i>	97	DRUG MART LANCETS THIN 26G	165
DEXCOM G6 TRANSMITTER	164	DIMENHYDRINATE	49	DRUG MART ON-THE-GO LANCET 30G	165
DEXCOM G7 RECEIVER	164	<i>dimethyl fumarate</i>	219	DRUG MART UNIFINE PENTIPS PLUS	174
DEXCOM G7 SENSOR	165	<i>dimethyl fumarate starter pack</i>	219	DRUG MART UNIFINE PENTIPS PLUS	174
DEXMEDETOMIDINE HCL	155	DIM-PLUS	187	DRUG MART UNILET LANCETS 28G	165
<i>dexmedetomidine hcl</i>	155	DIPENTUM	139	DRUG MART UNILET LANCETS 30G	165
<i>dexmedetomidine hcl in nacl</i>	155	<i>diphenhydramine hcl</i>	51	DRUG MART UNILET LANCETS 33G	165
DEXMEDETOMIDINE HCL-DEXTROSE	155	<i>diphenoxylate-atropine</i>	46	DSUVIA	22
<i>dexmethylphenidate hcl</i>	13	DIPRIVAN	141	DUAVEE	137
<i>dexmethylphenidate hcl er</i>	13	<i>dipyridamole</i>	148	DUETACT	46
<i>dextrazoxane</i>	77	DISCOVISC	211	<i>dulcolax</i>	157
<i>dextrazoxane hcl</i>	77	<i>disopyramide phosphate</i>	28	<i>dulcolax milk of magnesia</i>	157
DEXTENZA	210	<i>disulfiram</i>	216	DUOBRII	125
<i>dextroamphetamine sulfate</i>	11	DIURIL	127	DUOPA	84
<i>dextroamphetamine sulfate er</i>	11	<i>divalproex sodium</i>	38	DUOVISC	211
<i>dextrose</i>	204	<i>divalproex sodium er</i>	38	DUPIXENT	118
DEXTROSE	204	DIVIGEL	136	<i>duramorph</i>	22
DEXTROSE 5%/ELECTROLYTE #48	180	<i>dobutamine hcl</i>	99	DUREX EXTRA SENSITIVE THIN	161
<i>dextrose in lactated ringers</i>	180	DOBUTAMINE-DEXTROSE	99	DUREX REALFEEL	161
DEXTROSE-SODIUM CHLORIDE	181	DOCETAXEL	79	DUREX TROPICAL	161
<i>dextrose-sodium chloride</i>	181	DOCIVYX	79	DUREZOL	210
DEXYCU	210	<i>dodex</i>	149	DUROLANE	201
DHIVY	84	<i>dofetilide</i>	29	DURYSTA	211
DIACOMIT	35	DOJOLVI	204	<i>dutasteride</i>	141
<i>dialyvit 800</i>	190	<i>dolishale</i>	108	<i>dutasteride-tamsulosin hcl</i>	143
DIATHRIVE LANCET ULTRA THIN 30	165	<i>donepezil hcl</i>	217	DUVYZAT	203
DIATHRIVE LANCETS	165	DOPAMINE HCL	99	<i>dyclopro</i>	122
DIATHRIVE PEN NEEDLE	174	DOPAMINE-DEXTROSE	99	DYMISTA	201
<i>diazepam</i>	27, 28, 34	DOPRAM	12	DYSPORT	203
<i>diazepam intensol</i>	27	DOPTelet	151	<i>e.e.s. 400</i>	160
<i>diazoxide</i>	41	<i>dorzolamide hcl</i>	207	<i>ear health formula</i>	199
DIBENZYLINe	56	<i>dorzolamide hcl-timolol mal</i>	205	<i>ear health plus</i>	199
<i>dichlorphenamide</i>	126	<i>dorzolamide hcl-timolol mal pf</i>	205	EASY COMFORT INSULIN SYRINGE	174
<i>diclofenac potassium</i>	18	<i>dotti</i>	136	<i>easy comfort insulin syringe</i>	174
<i>diclofenac sodium</i>	18, 116, 117, 209	DOVATO	89	EASY COMFORT LANCETS	165
<i>diclofenac sodium er</i>	18	<i>doxazosin mesylate</i>	58	EASY COMFORT LANCETS TWIST TOP	165
<i>diclofenac-misoprostol</i>	17	<i>doxepin hcl</i>	40, 117, 154	EASY COMFORT PEN NEEDLES	174
<i>dicloxacillin sodium</i>	216	<i>doxercalciferol</i>	131	EASY GLIDE PEN NEEDLES	174
<i>dicyclomine hcl</i>	227	DOXIL	75	EASY TOUCH FLIPLOCK INSULIN SY	174
<i>diethylpropion hcl</i>	12	<i>doxorubicin hcl</i>	75	EASY TOUCH INSULIN SAFETY SYR	174
<i>diethylpropion hcl er</i>	12	<i>doxorubicin hcl liposomal</i>	75	EASY TOUCH INSULIN SYRINGE	174, 175
DIFICID	160	<i>doxy 100</i>	225	EASY TOUCH LANCETS 21G	165
<i>diflorasone diacetate</i>	120	<i>doxycycline hyclate</i>	225	EASY TOUCH LANCETS 23G	165
DIFLUCAN	50	<i>doxycycline monohydrate</i>	225	EASY TOUCH LANCETS 26G	165
<i>diflunisal</i>	20	<i>doxylamine-pyridoxine</i>	49	EASY TOUCH LANCETS 28G	165
<i>difluprednate</i>	210	DRISDOL	235	EASY TOUCH LANCETS 28G/TWIST	165
DIGIFAB	47	<i>dronabinol</i>	49		
<i>digoxin</i>	99	<i>droperidol</i>	27		
<i>dihydroergotamine mesylate</i>	180	DROPLET INSULIN SYRINGE	174		
DILANTIN	37	DROPLET LANCETS ULTRA THIN 30G	165		
DILANTIN INFATABS	37	DROPLET MICRON	174		
DILANTIN-125	37	DROPLET PEN NEEDLES	174		
DILAUDID	22	DROPLET PERSONAL LANCETS 30G	165		
<i>diltiazem hcl</i>	97	DROPSAFE SAFETY PEN NEEDLES	174		
		DROPSAFE SAFETY SYRINGE/NEEDLE	174		

EASY TOUCH LANCETS 30G	165	EMBRACE LANCETS ULTRA		<i>epitol</i>	35
EASY TOUCH LANCETS		THIN 30G	165	EPIVIR	92
30G/TWIST	165	EMBRACE PEN NEEDLES	175	EPKINLY	69
EASY TOUCH LANCETS 32G	165	EMBRACE PRESSURE		<i>eplerenone</i>	58
EASY TOUCH LANCETS		ACTIVATED 21G	165	EPOGEN	150
32G/TWIST	165	EMBRACE PRESSURE		<i>epoprostenol sodium</i>	100
EASY TOUCH LANCETS		ACTIVATED 28G	165	<i>eptifibatide</i>	147
33G/TWIST	165	EMEND	49	<i>eq allergy relief</i>	51
EASY TOUCH PEN NEEDLES	175	EMERPHED	234	<i>eq allergy relief childrens</i>	52
EASY TOUCH SAFETY LANCETS		EMGALITY	179	<i>eq allergy relief d 12 hour</i>	113
21G	165	EMGALITY (300 MG DOSE)	179	EQ ALLERGY RELIEF NASAL	
EASY TOUCH SAFETY LANCETS		EMPAVELI	146	DECONG	113
23G	165	EMPLICITI	68	<i>eq aspirin adult low dose</i>	20
EASY TOUCH SAFETY LANCETS		EMSAM	38	<i>eq aspirin low dose</i>	20
26G	165	<i>emtricitabine</i>	92	<i>eq chocolate laxative</i>	158
EASY TOUCH SAFETY LANCETS		<i>emtricitabine-tenofovir df</i>	89, 90	<i>eq clearlax</i>	156
28G	165	EMTRIVA	92	<i>eq docosanol</i>	118
EASY TOUCH SAFETY PEN		EMVERM	26	<i>eq famotidine</i>	227
NEEDLES	175	<i>Emzahh</i>	109	<i>eq gentle laxative</i>	158
EASY TOUCH SHEATHLOCK		<i>enalapril maleate</i>	55	<i>eq hair regrowth for women</i>	125
SYRINGE	175	<i>enalaprilat</i>	55	<i>eq hemorrhoid relief</i>	26
<i>easygel</i>	189	<i>enalapril-hydrochlorothiazide</i>	55	<i>eq hot or cold large compress</i>	172
<i>ec-naproxen</i>	18	ENBRACE HR	195	<i>eq laxative</i>	156
<i>econazole nitrate</i>	121	ENBREL	19	<i>eq magnesium citrate</i>	157
<i>econtra one-step</i>	108	ENBREL MINI	19	<i>eq miconazole 3-day combo</i>	233
<i>ecotrin low strength</i>	20	ENBREL SURECLICK	19	<i>eq miconazole 7</i>	233
ECOZA	121	ENCARE	233	<i>eq mucus relief d</i>	113
EDARBI	57	ENDO AVITENE	152	<i>eq mucus relief dm max str</i>	112
EDARBYCLOR	56	<i>endocet</i>	24	<i>eq mucus-d</i>	113
EDECRIIN	127	ENDOMETRIN	234	<i>eq nicotine</i>	221
<i>edetate calcium disodium</i>	47	<i>endur-b</i>	191	<i>eq nicotine polacrilex</i>	221
EDEX	100	ENFAMIL EXPECTA	198	<i>eq nicotine step 3</i>	221
EDLUAR	154	ENGERIX-B	231	<i>eq sinus & cold-d</i>	113
EDURANT	91	ENHERTU	75	<i>eq sinus & congestion max str</i>	202
<i>efavirenz</i>	91	<i>Enilloring</i>	108	<i>eq sleep-aid</i>	153
<i>efavirenz-emtricitab-tenofo df</i>	89	ENJAYMO	146	<i>eq stomach relief</i>	46
<i>efavirenz-lamivudine-tenofovir</i>	89	ENLITE GLUCOSE SENSOR	165	<i>eq stool softener</i>	158
EFUDEX	116	<i>enoxaparin sodium</i>	33	<i>eq stool softener extra str</i>	158
EGRIFTA SV	130	<i>enpresse-28</i>	110	<i>eq urinary pain relief max st</i>	143
ELAHERE	75	<i>enskyce</i>	105	<i>eql aspirin low dose</i>	20
ELAPRASE	132	ENSPRYNG	187	<i>eql b complex 50</i>	192
ELCYS	204	ENSTILAR	125	<i>eql b-100 complex</i>	192
ELELYSO	149	<i>entacapone</i>	84	<i>eql clearlax</i>	156
ELEPSIA XR	35	<i>entecavir</i>	93	EQL COLOR LANCETS 21G	165
ELESTRIN	136	ENTRESTO	100	EQL COLOR LANCETS MICRO	
<i>eletriptan hydrobromide</i>	180	ENTYVIO	140	33G	165
ELFABRIO	129	<i>enulose</i>	140	<i>eql gentle laxative</i>	158
ELIGARD	78, 79	ENVARBUS XR	186	EQL INSULIN SYRINGE	175
<i>elinest</i>	105	EPANED	55	<i>eql laxative</i>	158
ELIQUIS	32, 33	EPCLUSA	93	<i>eql magnesium citrate</i>	157
ELIQUIS DVT/PE STARTER		EPHEDRINE SULFATE		EQL PRENATAL FORMULA	196
PACK	32	(PRESSORS)	234	<i>eql super b complex/vitamin c</i>	190
ELITEK	77	EPICORD	124	EQL SUPER THIN LANCETS 30G	165
<i>elite-ob</i>	195	EPIDIOLEX	35	EQL THIN LANCETS 26G	165
ELIXOPHYLLIN	32	EPIFIX	124	EQUETRO	85
ELLA	108	EPIFIX MICRONIZED	124	ERAXIS	50
ELLECE	75	EPIFOAM	124	ERBITUX	70
ELMIRON	142	<i>epinastine hcl</i>	206	<i>ergocalciferol</i>	235
ELOCTATE	144	<i>epinephrine</i>	234, 235	<i>ergoloid mesylates</i>	221
ELREXFIO	69	EPINEPHRINE	235	<i>ergotamine-caffeine</i>	180
<i>eluryng</i>	108	<i>epinephrine (anaphylaxis)</i>	234	<i>eribulin mesylate</i>	79
ELZONRIS	76	EPINEPHRINE PF	235	ERIVEDGE	71
		EPINEPHRINESNAP	234	ERLEADA	64

<i>erlotinib hcl</i>	70	EXELDERM	121	FERRLECIT	151
<i>errin</i>	109	EXELON	217	<i>ferumoxytol</i>	151
ERTACZO	121	<i>exemestane</i>	76	<i>fesoterodine fumarate er</i>	229
<i>ertapenem sodium</i>	60	<i>ex-lax ultra</i>	158	FETROJA	104
ERVEBO	231	EXONDYS 51	203	FETZIMA	40
<i>ery</i>	114	EXTENCILLINE	215	FETZIMA TITRATION	40
ERYGEL	114	EYES ALIVE	205	FIBRICOR	53
<i>ery-tab</i>	160	EYLEA	212	FIBRYGA	144
ERYTHROCIN LACTOBIONATE	160	EYLEA HD	212	FIFTY50 PEN NEEDLES	175
<i>erythromycin</i>	114, 160, 207	E-Z JECT LANCET MICRO-THIN 33G	166	FIFTY50 SAFETY SEAL LANCETS	166
<i>erythromycin base</i>	160	E-Z JECT LANCET SUPER THIN 30G	166	SYR	175
<i>erythromycin ethylsuccinate</i>	160	E-Z JECT LANCETS	166	FIFTY50 UNILET LANCETS 33G	166
<i>erythromycin lactobionate</i>	160	E-Z JECT LANCETS 21G	166	FILSPARI	142
<i>escitalopram oxalate</i>	39	E-Z JECT LANCETS THIN 26G	166	FILSUVEZ	125
ESKATA	124	<i>ezetimibe</i>	54	FINACEA	123
<i>esmolol hcl</i>	95	<i>ezetimibe-simvastatin</i>	54	<i>finasteride</i>	125, 141
ESMOLOL HCL	95	EZ-LETS LANCETS 21G	166	FINGERSTIX LANCETS	166
<i>esmolol hcl-sodium chloride</i>	95	EZ-LETS LANCETS 26G	166	<i>finingolmod hcl</i>	223
<i>esomeprazole magnesium</i>	228	EZ-LETS LANCETS 28G	166	FINTEPLA	35
<i>esomeprazole sodium</i>	228	EZ-LETS LANCETS 30G	166	<i>Finzala</i>	105
ESPEROCT	144	<i>fa-8</i>	150	FIRDAPSE	63
<i>estarylla</i>	105	FABHALTA	146	FIRMAGON	78
<i>estazolam</i>	154	FABRAZYME	129	FIRMAGON (240 MG DOSE)	78
<i>estradiol</i>	137, 234	<i>falmina</i>	105	FIRVANQ	60
<i>estradiol valerate</i>	137	<i>famciclovir</i>	94	<i>flac</i>	213
<i>estradiol-norethindrone acet</i>	136	<i>famotidine</i>	227	FLAGYL	59
ESTRING	234	<i>famotidine (pf)</i>	227	FLANAX	18
ESTROFACTORS	193	<i>famotidine premixed</i>	227	FLAREX	210
ESTROGEL	137	FANAPT	85	FLAVOVIT EAR HEALTH	199
<i>eszopiclone</i>	154	FANAPT TITRATION PACK	85	<i>flavoxate hcl</i>	230
<i>ethacrynate sodium</i>	127	FANTASY LUBRICATED	161	<i>flecainide acetate</i>	28
<i>ethacrynic acid</i>	127	FANTASY LUBRICATED/SPERMICIDE	161	FLEET SALINE ENEMA	156
ETHAMOLIN	188	FARESTON	64	FLEXBUMIN	148
<i>ethosuximide</i>	38	FARXIGA	44	FLOLAN	100
<i>ethynodiol diac-eth estradiol</i>	105	FASENRA	31	FLORAFOL PEDIATRIC	194
<i>etodolac</i>	18	FASENRA PEN	31	FLORIVA	182, 195
<i>etodolac er</i>	18	FASLODEX	77	FLORIVA PLUS	194
<i>etomidate</i>	141	FC2 FEMALE CONDOM	160	<i>floxuridine</i>	65
<i>etonogestrel-ethinyl estradiol</i>	108	<i>febuxostat</i>	143	FLUAD	231
ETOPOPHOS	79	FEIBA	144	FLUARIX	231
<i>etoposide</i>	79	<i>felbamate</i>	37	FLUBLOK	231
<i>etravirine</i>	91	<i>felodipine er</i>	97	FLUCELVAX	231
EUCRISA	123	FEMARA	76	<i>fluconazole</i>	51
EUFLEXXA	201	FEMCAP	160	FLUCONAZOLE IN SODIUM CHLORIDE	50
EULEXIN	64	FEMLYV	105	<i>fluconazole in sodium chloride</i>	51
<i>euthyrox</i>	225	FEMRING	234	<i>flucytosine</i>	50
EVAMIST	137	<i>fenofibrate</i>	53	<i>fludarabine phosphate</i>	65
EVENITY	134	<i>fenofibrate micronized</i>	53	<i>fludrocortisone acetate</i>	112
<i>everolimus</i>	72, 186	<i>fenofibric acid</i>	53	FLULAVAL	231
EVERSENSE E3 SENSOR/HOLDER	165	FENOGLIDE	53	<i>flumazenil</i>	47
EVERSENSE E3 SMART TRANSMITTER	165	FENSOLVI (6 MONTH)	132	FLUMIST	231
EVERSENSE SENSOR/HOLDER	165	<i>fentanyl</i>	22	<i>flunisolide</i>	202
EVERSENSE SMART TRANSMITTER	165	<i>fentanyl citrate</i>	22	<i>fluocinolone acetonide</i>	120, 213
EVISTA	134	FENTANYL CITRATE (PF)	22	<i>fluocinolone acetonide body</i>	120
EVKEEZA	52	<i>fentanyl citrate (pf)</i>	22	<i>fluocinolone acetonide scalp</i>	120
EVOMELA	80	<i>fentanyl citrate pf</i>	22	<i>fluocinonide</i>	120
EVOTAZ	90	FENTANYL CITRATE PF	22	<i>fluocinonide emulsified base</i>	120
EVOXAC	189	FERAHEME	151	<i>fluorescein</i>	208
EVRYSDI	203	FERRIPROX	47	FLUORESCIN SODIUM/BENOXINATE	208
		FERRIPROX TWICE-A-DAY	47		

<i>fluorescein-benoxinate</i>	208	FREESTYLE LIBRE 14 DAY	GATTEX	138
FLUORESCITE	208	READER	<i>gavilax</i>	156
<i>fluoridex</i>	189	FREESTYLE LIBRE 14 DAY	GAVILYTE-C	155
<i>fluoridex daily renewal</i>	189	SENSOR	<i>gavilyte-g</i>	155
<i>fluoridex enhanced whitening</i>	189	FREESTYLE LIBRE 2 READER	Gavilyte-N With Flavor Pack.....	155
FLUORIDEX SENSITIVITY		FREESTYLE LIBRE 2 SENSOR	GAVRETO	73
RELIEF	188	FREESTYLE LIBRE 3 PLUS	GAZYVA	67
<i>fluorometholone</i>	210	SENSOR	<i>gefitinib</i>	70
<i>fluorouracil</i>	65, 116	FREESTYLE LIBRE 3 READER	GELCLAIR	189
<i>fluoxetine hcl</i>	39	FREESTYLE LIBRE 3 SENSOR	GELFILM	152
FLUOXETINE HCL	39	FREESTYLE LIBRE READER	GEL-FLOW NT	152
<i>fluoxetine hcl (pmd)</i>	220	FREESTYLE UNISTICK II	GELFOAM	152
<i>fluphenazine decanoate</i>	87	LANCETS	GELFOAM COMPRESSED SIZE	
<i>fluphenazine hcl</i>	87	<i>fresenius propoven</i>	100	152
<i>flurandrenolide</i>	120	FRESKARO MAGNESIUM	GELFOAM DENTAL PACK SIZE 4	
FLURA-SAFE	208	CITRATE.....	.....	152
<i>flurazepam hcl</i>	154	<i>frovatriptan succinate</i>	GELFOAM SPONGE	152
<i>flurbiprofen</i>	18	FRUZAQLA	GELFOAM SPONGE SIZE 100	153
<i>flurbiprofen sodium</i>	209	<i>ft acid reducer</i>	GELFOAM SPONGE SIZE 200	153
<i>fluticasone furoate-vilanterol</i>	29	<i>ft aspirin</i>	GELFOAM SPONGE SIZE 50	153
<i>fluticasone propionate</i>	120, 202	<i>ft aspirin low dose</i>	GEL-ONE	201
<i>fluticasone propionate diskus</i>	32	<i>ft b-100 complex pr</i>	GELSYN-3	201
<i>fluticasone propionate hfa</i>	32	<i>ft clearlax</i>	GEMCITABINE HCL	65
<i>fluticasone-salmeterol</i>	29	<i>ft folic acid</i>	<i>gemcitabine hcl</i>	65
<i>fluvastatin sodium</i>	53	<i>ft ibuprofen pm</i>	<i>gemfibrozil</i>	53
<i>fluvoxamine maleate</i>	39	<i>ft laxative</i>	<i>gemmily</i>	105
<i>fluvoxamine maleate er</i>	39	<i>ft magnesium citrate</i>	<i>generlac</i>	140
FLUZONE	232	<i>ft magnesium oxide</i>	<i>gengraf</i>	185
FLUZONE HIGH-DOSE	232	<i>ft melatonin extra strength</i>	GENOTROPIN	130
FML FORTE	210	<i>ft miconazole 3 comb pack-supp</i>	GENOTROPIN MINIQUICK	130
FML LIQUIFILM	210	<i>ft miconazole 3 combo pack</i>	<i>gentamicin in saline</i>	16
<i>focinvez</i>	49	<i>ft milk of magnesia</i>	<i>gentamicin sulfate</i>	16, 115, 207
<i>folate</i>	150	<i>ft nicotine</i>	GENTEEL BUTTERFLY TOUCH	
FOLGARD OS	192	<i>ft nicotine mini</i>	LANCET	166
<i>folic acid</i>	150	<i>ft petroleum jelly</i>	<i>gentle laxative</i>	157, 158
FOLIVANE-OB	196	FULL SPECTRUM B/VITAMIN C	<i>gentlelax</i>	156
FOLOTYN	65	<i>fulvestrant</i>	GENVOYA	90
<i>foltabs 800</i>	150	FUNGIMEZ	GEODON	85
<i>fomepizole</i>	47	FUROSCIX	GIAPREZA	235
<i>fondaparinux sodium</i>	33	<i>furosemide</i>	GILENYA	223
FORA LANCETS	166	FUZEON	GILOTRIF	70
FORANE	141	FYARRO	GIMOTI	138
<i>formaldehyde</i>	89	<i>fyavolv</i>	GIVLAARI	144
<i>formoterol fumarate</i>	30	FYCOMPA	GLASSIA	223
FORTEO	133	<i>fyremadel</i>	<i>glatiramer acetate</i>	220
FORTIFY OPTIMA WOMENS		<i>g tussin ac</i>	<i>glatopa</i>	220
ADV CARE	46	<i>gabapentin</i>	GLEOSTINE	80
FOSAMAX	128	<i>gabapentin (once-daily)</i>	GLIADEL WAFER	80
FOSAMAX PLUS D	128	GALAFOLD	<i>glimepiride</i>	45
<i>fosamprenavir calcium</i>	91	<i>galantamine hydrobromide</i>	<i>glipizide</i>	45
<i>fosaprepitant dimeglumine</i>	49	<i>galantamine hydrobromide er</i>	<i>glipizide er</i>	45
<i>foscarnet sodium</i>	93	Gallifrey.....	<i>glipizide xl</i>	45
FOSCAVIR	93	GALZIN	<i>glipizide-metformin hcl</i>	45
<i>fosfomycin tromethamine</i>	62	GAMASTAN	GLOBAL EASE INJECT PEN	
<i>fosinopril sodium</i>	55	GAMIFANT	NEEDLES	175
<i>fosinopril sodium-hctz</i>	55	GAMUNEX-C	GLOBAL EASY GLIDE INSULIN	
<i>fosphenytoin sodium</i>	37	GANCICLOVIR	SYR	175
FOSRENOL	140	GANCICLOVIR SODIUM	GLOBAL EASY GLIDE PEN	
FOTIVDA	73	<i>ganciclovir sodium</i>	NEEDLES	175
FRAGMIN	33	GANIRELIX ACETATE	GLOBAL INJECT EASE INSULIN	
<i>fraiche 5000 dental</i>	189	GARDASIL 9	SYR	175
FREESTYLE LANCETS	166	GASTROCROM	GLOBAL INJECT EASE	
		<i>gatifloxacin</i>	LANCETS 28G	166

GLOBAL INJECT EASE			
LANCETS 30G	166	<i>gnp womens gentle laxative</i>	158
GLOBAL INSULIN SYRINGES	175	GOCOVRI	83
GLOPERBA	143	<i>gohibic</i>	146
GLUCAGON EMERGENCY	41, 42	GOJJI STERILE LANCETS	166
GLUCOCOM LANCETS 28G	166	<i>goldenseal root</i>	15
GLUCOCOM LANCETS 30G	166	GOLYTELY	155
GLUCOCOM LANCETS 33G	166	GONAL-F	133
GLUCOPRO INSULIN SYRINGE	175	GONAL-F RFF	133
<i>glyburide</i>	45	GONAL-F RFF REDIJECT	133
<i>glyburide micronized</i>	45	<i>goodsense aspirin</i>	21
<i>glyburide-metformin</i>	45	<i>goodsense aspirin low dose</i>	20
GLYCATE	228	<i>goodsense bisacodyl ec</i>	158
<i>glycine</i>	142	<i>goodsense bisacodyl laxative</i>	158
<i>glycine urologic</i>	142	<i>goodsense clearlax</i>	156
<i>glycolax</i>	156	GOODSENSE CLICKFINE PEN	
GLYCOPHOS	182	NEEDLE	175
<i>glycopyrrolate</i>	228	GOODSENSE COLOR LANCETS	
GLYCOPYRROLATE	228	33G	166
GLYCOPYRROLATE PF	228	<i>goodsense dual action complete</i>	227
<i>glycopyrrolate pf</i>	228	GOODSENSE LANCETS 26G	
<i>glydo</i>	122	UNIV	166
GLYRX-PF	228	GOODSENSE LANCETS 30G	166
GLYXAMBI	44	GOODSENSE LANCETS 30G	
<i>gnp adult aspirin low strength</i>	20	UNIV	167
<i>gnp aspirin</i>	20	GOODSENSE LANCETS 33G	167
<i>gnp aspirin low dose</i>	20	GOODSENSE LANCETS 33G	
<i>gnp b-100 complex</i>	192	UNIV	167
<i>gnp b-50 complex</i>	192	<i>goodsense magnesium citrate</i>	157
<i>gnp b-complex plus vitamin c</i>	190	<i>goodsense milk of magnesia</i>	157
<i>gnp century adult</i>	193	<i>goodsense nicotine</i>	221, 222
<i>gnp clearlax</i>	156	GOODSENSE PEN NEEDLE	
GNP CLICKFINE PEN NEEDLES	175	PENFINE	175
<i>gnp cranberry plus prob w/vitc</i>	15	GOPRELTO	202
<i>gnp essential one daily</i>	193	GRALISE	220
<i>gnp folic acid</i>	150	<i>granisetron hcl</i>	48
<i>gnp gentle laxative</i>	158	GRANIX	150
GNP INSULIN SYRINGE	175	<i>grape seed</i>	15
GNP INSULIN SYRINGES	175	GRASTEK	14
GNP INSULIN SYRINGES		<i>griseofulvin microsize</i>	50
28GX1/2"	175	<i>griseofulvin ultramicrosize</i>	50
GNP INSULIN SYRINGES		<i>guaifenesin-codeine</i>	113
29GX1/2"	175	<i>guanfacine hcl</i>	58
GNP INSULIN SYRINGES		<i>guanfacine hcl er</i>	11
30GX5/16"	175	GUARDIAN 4 GLUCOSE SENSOR	167
GNP INSULIN SYRINGES		GUARDIAN 4 TRANSMITTER	167
31GX5/16"	175	GUARDIAN CONNECT	
GNP LANCETS 21G	166	TRANSMITTER	167
GNP LANCETS THIN 26G	166	GUARDIAN LINK 3	
<i>gnp magnesium citrate</i>	157	TRANSMITTER	167
<i>gnp milk of magnesia</i>	157	GUARDIAN REAL-TIME	
<i>gnp nicotine</i>	221	REPLACE PED	167
<i>gnp nicotine mini</i>	221	GUARDIAN SENSOR (3)	167
<i>gnp nicotine polacrilex</i>	221	GUARDIAN SENSOR 3	167
GNP PRENATAL	196	GVOKE HYOPEN 1-PACK	42
GNP STERILE LANCETS 28G	166	GVOKE HYOPEN 2-PACK	42
GNP STERILE LANCETS 30G	166	GVOKE KIT	42
GNP STERILE LANCETS 33G	166	GVOKE PFS	42
GNP ULTICARE PEN NEEDLES	175	GYNAZOLE-1	233
GNP ULTIGUARD SAFEPACK		<i>habitrol</i>	222
NEEDLE	175	HAEGARDA	146
GNP ULTRA COM INSULIN		HAEMOLANCE	167
SYRINGE	175	HAEMOLANCE LOW FLOW	
		LANCETS	167
		HAEMOLANCE PLUS	167
		HAEMOLANCE PLUS HIGH	
		FLOW	167
		HAEMOLANCE PLUS LOW	
		FLOW	167
		HAEMOLANCE PLUS MAX	
		FLOW	167
		HAEMOLANCE PLUS	
		PEDIATRIC FLOW	167
		<i>hailey 1.5/30</i>	105
		<i>hailey 24 fe</i>	105
		<i>hailey fe 1.5/30</i>	105
		<i>hailey fe 1/20</i>	105
		HALAVEN	79
		<i>halcinonide</i>	120
		HALCION	154
		HALDOL DECANOATE	86
		<i>halobetasol propionate</i>	120
		<i>Haloette</i>	108
		<i>haloperidol</i>	86
		<i>haloperidol decanoate</i>	86
		<i>haloperidol lactate</i>	86
		HARVONI	93
		<i>hav ez penetrating pain relief</i>	115
		HAVRIX	232
		HEALON DUET PRO	211
		HEALON GV PRO	211
		HEALON PRO	211
		HEALON5 PRO	211
		HEALTHWISE INSULIN	
		SYR/NEEDLE	175
		HEALTHWISE MICRON PEN	
		NEEDLES	175
		HEALTHWISE SHORT PEN	
		NEEDLES	175
		<i>healthy hair/skin/nails</i>	193
		<i>healthylax</i>	156
		<i>heather</i>	109
		<i>h-e-b aspirin</i>	21
		H-E-B INCONTROL LANCETS	
		28G	167
		H-E-B INCONTROL LANCETS	
		30G	167
		H-E-B INCONTROL LANCETS	
		33G	167
		H-E-B INCONTROL PEN	
		NEEDLES	175
		H-E-B INCONTROL UNIFINE	
		PENTIP	175
		HECTOROL	131
		HELIDAC THERAPY	229
		HEMABATE	213
		HEMADY	111
		HEMANGEOL	95
		HEMLIBRA	144
		HEMOPIL M	144
		HEPAGAM B	214
		<i>heparin (porcine) in nacl</i>	33
		HEPARIN (PORCINE) IN NACL	33
		<i>heparin na (pork) lock flsh pf</i>	33
		HEPARIN SOD (PORCINE) IN	
		D5W	33
		<i>heparin sod (porcine) in d5w</i>	33

<i>heparin sod (pork) lock flush</i>	33	HUGGIES+ LITTLE SNUGGLER		HYPERHEP B	214
<i>heparin sodium (porcine)</i>	33	NEWBN	162	HYPERRAB	214
HEPARIN SODIUM (PORCINE)	33	HUGGIES+ LITTLE SNUGGLER		HYPERRHO S/D	214
<i>heparin sodium (porcine) pf</i>	33	SZ 1	162	HYPERSAL	113
HEPARIN SODIUM (PORCINE)		HUGGIES+ LITTLE SNUGGLER		HYPERTET	214
PF	33	SZ 2	162	HY-VEE LANCETS	167
HEPLISAV-B	232	HUMALOG	42, 43	HY-VEE THIN LANCETS	167
HEPZATO W/50MM CATHETER ... 80		HUMALOG JUNIOR KWIKPEN ... 42		<i>ibandronate sodium</i>	128
HEPZATO W/62MM CATHETER ... 80		HUMALOG KWIKPEN	42	IBRANCE	77
HER STYLE	108	HUMALOG MIX 50/50	42	<i>ibu</i>	18
HERCEPTIN	67	HUMALOG MIX 50/50 KWIKPEN .. 42		<i>ibuprofen</i>	18
HERCEPTIN HYLECTA	75	HUMALOG MIX 75/25	42	<i>ibuprofen lysine</i>	18
HERZUMA	67	HUMALOG MIX 75/25 KWIKPEN .. 42		<i>ibutilide fumarate</i>	29
<i>hetastarch-nacl</i>	147	HUMATE-P	144	<i>icatibant acetate</i>	146
HETLIOZ LQ	155	HUMATIN	16	<i>iclevia</i>	108
HEXATRIONE	111	HUMATROPE	130	<i>icosapent ethyl</i>	52
HEXTEND	147	HUMIRA (2 PEN)	17	IDAMYCIN PFS	75
HIBERIX	230	HUMIRA (2 SYRINGE)	17	<i>idarubicin hcl</i>	75
<i>hidex 6-day</i>	111	HUMIRA-CD/UC/HS STARTER 17		IDELVION	144
HIGH POTENCY		HUMIRA-PSORIASIS/UEVIT		IDHIFA	78
MULTIVITAMIN	193	STARTER	17	IFE-BIMIX 30/1	100
HIPREX	62	HUMULIN 70/30	43	IFEX	80
HIZENTRA	214	HUMULIN 70/30 KWIKPEN 43		<i>ifosfamide</i>	80
<i>hm clearlax</i>	156	HUMULIN N	43	IFOSFAMIDE	80
<i>hm milk of magnesia</i>	157	HUMULIN N KWIKPEN	43	IGALMI	155
<i>hm nicotine polacrilex</i>	222	HUMULIN R	43	IHEEZO	208
HM ULTICARE INSULIN		HUMULIN R U-500		ILARIS	17
SYRINGE	175	(CONCENTRATED)	43	ILEVRO	209
HM ULTICARE MINI PEN		HUMULIN R U-500 KWIKPEN 43		ILIDERM	123
NEEDLES	175	HYALGAN	201	ILUVIEN	210
HM ULTICARE SHORT PEN		HYCANTIN	82	<i>imatinitib mesylate</i>	69
NEEDLES	175	HYCODAN	112	IMBRUVICA	70
HUGGIES LITTLE MOVERS SIZE		<i>hydralazine hcl</i>	58	IMCIVREE	13
7	162	<i>hydrating electrolyte</i>	181	IMDELLTRA	69
HUGGIES LITTLE SNUGGLER		HYDREA	76	IMFINZI	68
NEWBRN	162	<i>hydrochlorothiazide</i>	127	<i>imipenem-cilastatin</i>	59
HUGGIES LITTLE SNUGGLERS		<i>hydrocod poli-chlorphe poli er</i> 114		<i>imipramine hcl</i>	40
SZ 3	162	<i>hydrocodone bitartrate er</i>	22	<i>imipramine pamoate</i>	41
HUGGIES LITTLE SNUGGLERS		<i>hydrocodone bit-homatrop mbr</i> 112		<i>imiquimod</i>	122
SZ 4	162	<i>hydrocodone-acetaminophen</i> 21, 22		<i>imiquimod pump</i>	122
HUGGIES LITTLE SNUGGLERS		<i>hydrocodone-ibuprofen</i>	22	IMJUDO	67
SZ 5	162	<i>hydrocortisone</i>	26, 111, 120	IMMPHENTIV	235
HUGGIES OVERNITES SIZE 3 162		<i>hydrocortisone (perianal)</i>	26	IMOGAM RABIES-HT	214
HUGGIES OVERNITES SIZE 4 162		<i>hydrocortisone ace-pramoxine</i>	26	IMOVAX RABIES	232
HUGGIES SNUG & DRY SIZE 1 ... 162		<i>hydrocortisone butyrate</i>	120	IMPAVIDO	59
HUGGIES SNUG & DRY SIZE 2 ... 162		<i>hydrocortisone sod suc (pf)</i>	111	IMURAN	187
HUGGIES SNUG & DRY SIZE 3 ... 162		<i>hydrocortisone valerate</i>	120	IMVEXXY MAINTENANCE PACK	
HUGGIES SNUG & DRY SIZE 5 ... 162		<i>hydrocortisone-acetic acid</i>	213	.....	234
HUGGIES SPEC DELIVERY		<i>hydromet</i>	112	IMVEXXY STARTER PACK	234
NEWBORN	162	<i>hydromorphone hcl</i>	22	IN TOUCH STERILE LANCETS	
HUGGIES SPEC DELIVERY SIZE		<i>hydromorphone hcl er</i>	22	30G	167
1	162	HYDROMORPHONE HCL PF	22	<i>inatal gt</i>	196
HUGGIES SPEC DELIVERY SIZE		<i>hydromorphone hcl pf</i>	22	INBRIJA	83
2	162	<i>hydroxocobalamin acetate</i>	149	<i>incassia</i>	109
HUGGIES SPEC DELIVERY SIZE		HYDROXYCHLOROQUINE		INCONTROL ULTICARE PEN	
3	162	SULFATE	62	NEEDLES	175
HUGGIES SPEC DELIVERY SIZE		<i>hydroxychloroquine sulfate</i>	62	INCRELEX	131
4	162	<i>hydroxyurea</i>	76	<i>indapamide</i>	127
HUGGIES SPEC DELIVERY SIZE		<i>hydroxyzine hcl</i>	27	INDERAL XL	96
5	162	<i>hydroxyzine pamoate</i>	27	<i>indomethacin</i>	18
HUGGIES SPEC DELIVERY SIZE		HYFTOR	122	<i>indomethacin er</i>	18
6	162	HYLENEX	185	<i>indomethacin sodium</i>	18
		HYMOVIS	201	INFANRIX	226

INFED.....	151	ivermectin.....	26, 123	KCL (0.149%) IN NAACL	181
INFLIXIMAB.....	141	IWILFIN.....	81	<i>kcl (0.149%) in nacl</i>	181
INFUMORPH 200.....	22	IXCHIQ.....	232	KCL (0.298%) IN NAACL	181
INFUMORPH 500.....	22	IXEMPRA KIT.....	79	<i>kcl in dextrose-nacl</i>	181
INFUVITE ADULT.....	193	IXIARO.....	232	KCL IN DEXTROSE-NAACL	181
INFUVITE PEDIATRIC.....	195	IXINITY.....	145	KCL-LACTATED RINGERS-D5W	181
INGREZZA.....	218	IYUZEH.....	212	KEDBUMIN	148
INLYTA.....	82	IZERVAY.....	208	KEDRAB	214
INNOPRAN XL.....	96	<i>jaimiess</i>	108	<i>kelnor 1/35</i>	105
INQOVI.....	75	JAKAFI	78	<i>kelnor 1/50</i>	106
INREBIC.....	78	<i>jantoven</i>	32	KENALOG-10	111
INSPRA.....	58	JANUMET	42	KENALOG-40	111
INSTAT.....	153	JANUMET XR	42	KENALOG-80	111
INSULIN LISPRO.....	43	JANUVIA	42	KENDALL HYDROGEL WOUND	
INSULIN LISPRO (1 UNIT DIAL).....	43	JARDIANCE	44	DRESS	125
INSULIN LISPRO JUNIOR.....		<i>jasmiel</i>	105	KENGREAL	147
KWIKPEN	43	JATENZO	25	KEPIVANCE	77
INSULIN LISPRO PROT &		<i>Javygtor</i>	133	KERENDIA	133
LISPRO	43	JAYPIRCA	70	KESIMPTA	219
INSULIN SYRINGE.....	175	JELMYTO	75	KETALAR	141
<i>insulin syringe-needle u-100</i>	176	JEMPERLI	68	<i>ketamine hcl</i>	141
INSULIN SYRINGE-NEEDLE U-		<i>jencycla</i>	109	<i>ketamine hcl-sodium chloride</i>	141
100	176	JENLIVA		<i>ketoconazole</i>	50, 121
INSUPEN PEN NEEDLES.....	176	PRENATAL/POSTNATAL	196	<i>ketodan</i>	121
INTELENCE.....	91, 92	JEUVEAU	121	<i>ketoprofen er</i>	18
INTERCEED.....	153	JEVTANA	79	<i>ketorolac tromethamine</i>	18, 209
INTERCEED (TC7).....	153	<i>jinteli</i>	136	KETOROLAC TROMETHAMINE ..	18
INTRALIPID.....	204	JIVI	145	KEYTRUDA	68
INTRAROSA.....	233	JOENJA	184	KHAPZORY	77
<i>introvale</i>	108	<i>jolessa</i>	108	KIMMTRAK	69
INVEGA HAFYERA.....	85, 86	<i>Joyeaux</i>	105	<i>kimono</i>	161
INVEGA SUSTENNA.....	86	JUBLIA	121	KIMONO COLORS	161
INVEGA TRINZA.....	86	<i>juleber</i>	105	KIMONO MAXX-LARGE FLARE	161
INVELTYS.....	210	JULUCA	90	<i>kimono micro thin</i>	161
IONOSOL-MB IN D5W.....	181	<i>junel 1.5/30</i>	105	<i>kimono micro thin plus</i>	161
IOPIDINE.....	209	<i>junel 1/20</i>	105	<i>kimono plus</i>	161
IPOL.....	232	<i>junel fe 1.5/30</i>	105	<i>kimono ps</i>	161
<i>ipratropium bromide</i>	30, 202	<i>junel fe 1/20</i>	105	<i>kimono ps plus</i>	161
<i>ipratropium-albuterol</i>	29	<i>junel fe 24</i>	105	<i>kimono sensation</i>	161
<i>irbesartan</i>	57	JUXTAPID	54	<i>kimono sensation plus</i>	161
<i>irbesartan-hydrochlorothiazide</i>	56	JYLAMVO	65	KIMONO SPECIAL	161
IRESSA	70	JYNARQUE	134	KIMYRSA	60
<i>irinotecan hcl</i>	82	JYNNEOS	232	KINNEY LANCETS	167
ISENTRESS	91	KABIVEN	205	KINNEY THIN LANCETS	167
ISENTRESS HD	91	KADCYLA	75	KINRAY INSULIN SYRINGE	176
<i>isibloom</i>	105	<i>kaitlib fe</i>	105	KINRIX	226
<i>isoflurane</i>	141	KALBITOR	147	KISQALI (200 MG DOSE)	77
ISOLYTE-P IN D5W	181	KALETRA	90	KISQALI (400 MG DOSE)	77
ISOLYTE-S	181	<i>kalliga</i>	105	KISQALI (600 MG DOSE)	77
ISOLYTE-S PH 7.4	181	KALYDECO	224	KLARON	114
<i>isoniazid</i>	63	KAMELEON LUBRICATED	161	<i>Klayesta</i>	116
<i>isoproterenol hcl</i>	30	KANJINTI	68	KLISYRI	122
ISORDIL TITRADOSE	27	KANUMA	132	<i>klor-con</i>	182
<i>isosorb dinitrate-hydralazine</i>	100	KAPSPARGO SPRINKLE	95	<i>klor-con 10</i>	182
<i>isosorbide dinitrate</i>	27	KARBINAL ER	51	<i>klor-con m10</i>	182
<i>isosorbide mononitrate</i>	27	KARDIAMEMBRANE	124	<i>klor-con m15</i>	182
<i>isosorbide mononitrate er</i>	27	<i>kariva</i>	104	<i>klor-con m20</i>	182
<i>isotretinoin</i>	115	KATE FARMS GLUCOSE		KLOXXADO	47
<i>isradipine</i>	97	SUPPORT 1.2	126	<i>kls aspirin low dose</i>	21
ISTODAX	71	KATE FARMS RENAL SUPPORT		<i>kls laxaclear</i>	156
ISTURISA	129	1.8	126	<i>kls quit2</i>	222
<i>itraconazole</i>	51	KATERZIA	97	<i>kls quit4</i>	222
<i>ivabradine hcl</i>	102	KCENTRA	145		

KMART VALU INSULIN SYRINGE 29G	176	LANCETS 33G	167	<i>levoleucovorin calcium</i>	77
KMART VALU INSULIN SYRINGE 30G	176	LANCETS MICRO THIN 33G	167	<i>levoleucovorin calcium pf</i>	77
KOATE	145	LANCETS SUPER THIN	167	<i>levonest</i>	110
KOATE-DVI	145	LANCETS SUPER THIN 28G	168	<i>levonorgest-eth est & eth est</i>	108
<i>kobee</i>	191	LANCETS THIN	168	<i>levonorgest-eth estrad 91-day</i>	109
KOGENATE FS	145	LANCETS ULTRA THIN	168	<i>levonorgest-eth estradiol-iron</i>	106
KORSUVA	188	LANCETS ULTRA THIN 30G	168	<i>levonorgestrel</i>	108
KOSELUGO	72	LANOXIN	99	<i>levonorgestrel-ethinyl estrad</i>	106, 108
KOSHER PRENATAL PLUS IRON	196	LANOXIN PEDIATRIC	99	<i>levonorg-eth estrad triphasic</i>	110
<i>Kourzeq</i>	190	LANREOTIDE ACETATE	134	LEVOPHED	235
KOVALTRY	145	<i>lansoprazole</i>	228	<i>levora 0.15/30 (28)</i>	106
<i>kp aspirin</i>	21	<i>lanthanum carbonate</i>	140	<i>levorphanol tartrate</i>	22
<i>kp b complex-c</i>	190	LANTUS	43	<i>levo-t</i>	226
<i>kp bisacodyl</i>	158	LANTUS SOLOSTAR	43	LEVOTHYROXINE SODIUM	226
<i>kp folic acid</i>	150	<i>lapatinib ditosylate</i>	73	<i>levothyroxine sodium</i>	226
KP PRENATAL MULTIVITAMINS	196	<i>larin 1.5/30</i>	106	<i>levoxyl</i>	226
K-PHOS	182	<i>larin 1/20</i>	106	LEVULAN KERASTICK	123
K-PHOS NO 2	142	<i>larin 24 fe</i>	106	<i>l-glutamine</i>	149
K-PHOS-NEUTRAL	182	<i>larin fe 1.5/30</i>	106	LIBERTY MEDICAL LANCETS	168
KPN PRENATAL	196	<i>larin fe 1/20</i>	106	LIBRAX	227
KRAZATI	71	LASIX	127	LIBTAYO	68
KRINTAFEL	62	<i>latanoprost</i>	212	LICEFREEE	185
KRISTALOSE	156	LATISSE	123	<i>lidocaine</i>	122
KROGER HEALTHPRO LANCET 26G	167	LAVARE WOUND WASH	125	<i>lidocaine hcl</i>	122, 159, 188
KROGER INSULIN SYRINGE	176	<i>laxative</i>	158	<i>lidocaine hcl (cardiac)</i>	28
KROGER LANCETS	167	<i>layolis fe</i>	106	LIDOCAINE HCL (CARDIAC) PF	28
KROGER LANCETS 21G	167	LAZCLUZE	70	<i>lidocaine hcl (cardiac) pf</i>	28
KROGER LANCETS MICRO THIN 33G	167	LEADER INSULIN SYRINGE	176	<i>lidocaine hcl (pf)</i>	159
KROGER LANCETS SUPER THIN	167	LEADER UNIFINE PENTIPS	176	<i>lidocaine hcl urethral/mucosal</i>	122
KROGER LANCETS THIN	167	LEADER UNIFINE PENTIPS PLUS	176	<i>lidocaine hcl-bupivacaine hcl</i>	208
KROGER LANCETS THIN 26G	167	<i>leena</i>	110	<i>lidocaine hcl-oxymetazoline</i>	201
KROGER LANCETS ULTRATHIN 30G	167	<i>leflunomide</i>	19	<i>lidocaine in d5w</i>	28
KROGER PEN NEEDLES	176	<i>lenalidomide</i>	185	<i>lidocaine viscous hcl</i>	188
KRYSTEXXA	143	LENTOCILIN	215	<i>lidocaine-epinephrine</i>	158
K-TAB	182	LENVIMA (10 MG DAILY DOSE)	82	<i>lidocaine-epinephrine (pf)</i>	158
<i>kurvelo</i>	106	LENVIMA (12 MG DAILY DOSE)	82	<i>lidocaine-prilocaine</i>	125
KYLEENA	109	LENVIMA (14 MG DAILY DOSE)	82	LILETTA (52 MG)	109
KYPROLIS	73	LENVIMA (18 MG DAILY DOSE)	82	LINCOCIN	61
<i>labetalol hcl</i>	95	LENVIMA (20 MG DAILY DOSE)	82	<i>lincomycin hcl</i>	61
<i>lacosamide</i>	35	LENVIMA (24 MG DAILY DOSE)	83	<i>linezolid</i>	61
<i>lactated ringers</i>	181, 186	LENVIMA (4 MG DAILY DOSE)	83	<i>linezolid in sodium chloride</i>	61
LACTULOSE	156	LENVIMA (8 MG DAILY DOSE)	83	LINZESS	138
<i>lactulose</i>	156	LEQVIO	54	<i>liothyronine sodium</i>	226
<i>lactulose encephalopathy</i>	140	<i>lessina</i>	106	<i>lipase concentrate-hp</i>	126
LAGEVRIO	94	<i>letrozole</i>	76	<i>lipo flavonoid plus</i>	199
<i>lamivudine</i>	92, 93	<i>leucovorin calcium</i>	77	LIPOFEN	53
<i>lamivudine-zidovudine</i>	90	LEUKERAN	80	<i>lipoflavovit</i>	199
<i>lamotrigine</i>	35	LEUKINE	151	LIPOTRIAD	199
<i>lamotrigine er</i>	35	<i>leuprolide acetate</i>	79	<i>liraglutide</i>	44
<i>lamotrigine starter kit-blue</i>	35	<i>leuprolide acetate (3 month)</i>	79	<i>lisdexamfetamine dimesylate</i>	11
<i>lamotrigine starter kit-green</i>	35	<i>levalbuterol hcl</i>	30	<i>lisinopril</i>	55
<i>lamotrigine starter kit-orange</i>	35	<i>levalbuterol tartrate</i>	30	<i>lisinopril-hydrochlorothiazide</i>	55
LAMPIT	59	<i>levamlodipine maleate</i>	97	LITE TOUCH LANCETS	168
LAMZEDE	128	<i>levetiracetam</i>	35, 36	LITETOUCH INSULIN SYRINGE	176
LANCETS	167	<i>levetiracetam er</i>	35	LITETOUCH LANCETS	168
LANCETS 30G	167	LEVETIRACETAM IN NACL	35	LITETOUCH PEN NEEDLES	176
		<i>levobunolol hcl</i>	205	LITFULO	115
		<i>levocarnitine</i>	129	<i>lithium</i>	85
		<i>levocarnitine sf</i>	129	<i>lithium carbonate</i>	85
		<i>levocetirizine dihydrochloride</i>	52	<i>lithium carbonate er</i>	85
		<i>levofloxacin</i>	137, 207	LITHOSTAT	143
		<i>levofloxacin in d5w</i>	137	LIVE BETTER LANCET SUPER THIN	168

LIVMARLI	139	LUZU	121	<i>meclizine hcl</i>	49
LIVTENCITY	93	LYBALVI	223	<i>meclofenamate sodium</i>	18
<i>lmd in d5w</i>	147	<i>lyleq</i>	109	<i>medi tab</i>	193
<i>lmd in nacl</i>	147	<i>lyllana</i>	137	MEDIC INSULIN SYRINGE	176
LO LOESTRIN FE	104	LYNPARZA	81	MEDICHOICE SAFETY LANCET	168
LODINE	18	LYRICA CR	220	MEDICHOICE SAFETY LANCET	
LODOSYN	84	LYSODREN	64	EXTRA	168
<i>loestrin 1.5/30 (21)</i>	106	LYTGObI (12 MG DAILY DOSE)	70	MEDICHOICE SAFETY LANCET	
<i>loestrin 1/20 (21)</i>	106	LYTGObI (16 MG DAILY DOSE)	70	NORM	168
<i>loestrin fe 1.5/30</i>	106	LYTGObI (20 MG DAILY DOSE)	71	MEDICINE SHOPPE PEN	
<i>loestrin fe 1/20</i>	106	LYUMJEV	43	NEEDLES	176
<i>lofexidine hcl</i>	216	LYUMJEV KWIKPEN	43	<i>medikoff drops</i>	189
<i>lojaimiess</i>	109	<i>lyza</i>	109	MEDLANCE PLUS EXTRA 21G	168
LOKELMA	187	<i>maca root</i>	15	MEDLANCE PLUS LITE 25G	168
LOMAIRA	12	MACROBID	62	MEDLANCE PLUS SPECIAL	
LOMOTIL	46	MACRODANTIN	62	0.8MM	168
LONGS INSULIN SYRINGE	176	<i>mafenide acetate</i>	118	MEDLANCE PLUS SUPERLITE	
LONGS LANCETS STANDARD	168	MAGELLAN INSULIN SAFETY		30G	168
LONGS LANCETS THIN	168	SYR	176	MEDLANCE PLUS UNIVERSAL	
LONGS LANCETS ULTRA THIN ..	168	<i>magnesium citrate</i>	157	21G	168
LONSURF	75	MAGNESIUM SULFATE	182	MEDROL	111
<i>loperamide hcl</i>	46	MAGNESIUM SULFATE IN D5W ..	182	<i>medroxyprogesterone acetate</i>	109, 216
LOPID	53	MALARONE	62	<i>mefenamic acid</i>	18
<i>lopinavir-ritonavir</i>	90	<i>malathion</i>	123	<i>mefloquine hcl</i>	62
LOQTORZI	68	<i>manganese chloride</i>	182	<i>mega multiple/chelated mineral</i>	199
<i>lorazepam</i>	28	<i>mannitol</i>	127	<i>megestrol acetate</i>	81, 216
<i>lorazepam intensol</i>	28	MARATHON MEDICAL PENTIPS	176	MELJER LANCETS	168
LORBRENA	66	<i>maraviroc</i>	90	MELJER LANCETS THIN	168
<i>loryna</i>	106	MARCAINE	159	MELJER LANCETS UNIVERSAL	
<i>losartan potassium</i>	57	MARCAINE PRESERVATIVE		21G	168
<i>losartan potassium-hctz</i>	56	FREE	159	MELJER LANCETS UNIVERSAL	
LOTEMAX	210	MARCAINE/EPINEPHRINE	158	30G	168
LOTEMAX SM	210	MARCAINE/EPINEPHRINE PF	159	MELJER LANCETS UNIVERSAL	
LOTENSIN	56	MAR-COF CG EXPECTORANT	113	33G	168
LOTENSIN HCT	55	MARGENZA	68	MELJER PEN NEEDLES	176
<i>loteprednol etabonate</i>	210	MARINOL	49	MELJER SUPER THIN LANCETS ..	168
<i>lovastatin</i>	53	<i>marlissa</i>	106	MEKINIST	72
<i>low-ogestrel</i>	106	MARPLAN	39	MEKTOVI	72
<i>loxapine succinate</i>	87	MASONATAL	196	<i>meloxicam</i>	18
<i>lo-zumandimine</i>	106	MATULANE	76	<i>melphalan hcl</i>	80
<i>lubiprostone</i>	138	<i>matzim la</i>	97	<i>memantine hcl</i>	220
<i>lubricant eye pm</i>	205	MAVENCLAD (10 TABS)	218	<i>memantine hcl er</i>	220
LUCENTIS	212	MAVENCLAD (4 TABS)	218	MENEST	137
LUGOLS STRONG IODINE	89	MAVENCLAD (5 TABS)	218	MENOPUR	133
<i>luliconazole</i>	121	MAVENCLAD (6 TABS)	218	MENOSTAR	137
LUMAKRAS	71, 72	MAVENCLAD (7 TABS)	218	MENQUADFI	230
LUMIGAN	212	MAVENCLAD (8 TABS)	218	MENVEO	230
LUMIZYME	129	MAVENCLAD (9 TABS)	218	<i>meperidine hcl</i>	22
LUNSUMIO	69	MAX SLEEP JUNIOR	15	MEPILEX BORDER FLEX/CM	125
LUPKYNIS	185	MAXICOMFORT II PEN NEEDLE	176	<i>meprobamate</i>	27
LUPRON DEPOT (1-MONTH)	79	MAXI-COMFORT INSULIN		MEPRON	59
LUPRON DEPOT (3-MONTH)	79	SYRINGE	176	MEPSEVII	132
LUPRON DEPOT (4-MONTH)	79	MAXI-COMFORT SAFETY PEN		<i>mercaptopurine</i>	65
LUPRON DEPOT (6-MONTH)	79	NEEDLE	176	<i>meropenem</i>	60
LUPRON DEPOT-PED (1-MONTH)		MAXICOMFORT SYR 27G X 1/2"	176	MEROPENEM-SODIUM	
LUPRON DEPOT-PED (3-MONTH)		MAXIDEX	210	CHLORIDE	60
LUPRON DEPOT-PED (6-MONTH)		MAXITROL	209	<i>merzee</i>	106
LUPRON DEPOT-PED (6-MONTH)		<i>maxi-tuss ac</i>	113	<i>mesalamine</i>	139
LUPRON DEPOT-PED (6-MONTH)		MAXI-TUSS CD	114	<i>mesalamine er</i>	139
LUPRON DEPOT-PED (6-MONTH)		<i>maxx</i>	161	<i>mesalamine-cleanser</i>	139
LUPRON DEPOT-PED (6-MONTH)		<i>maxx plus</i>	161	<i>mesna</i>	82
<i>lurasidone hcl</i>	85	MAYZENT	223	MESNEX	82
LUTATHERA	76	MAYZENT STARTER PACK	223	MESTINON	63
<i>lutera</i>	106				

<i>metaxalone</i>	200	MIDAZOLAM HCL-SODIUM		MONOVISC	201
<i>metformin hcl</i>	41	CHLORIDE	154	<i>montelukast sodium</i>	31
<i>metformin hcl er</i>	41	<i>midazolam-sodium chloride (pf)</i>	154	MORPHINE SULFATE	23
METHADONE HCL	22	<i>midodrine hcl</i>	235	<i>morphine sulfate</i>	23
<i>methadone hcl</i>	23	MIFEPRX	128	<i>morphine sulfate (concentrate)</i>	23
<i>methadone hcl intensol</i>	23	<i>mifepristone</i>	44, 128	<i>morphine sulfate (pf)</i>	23
METHADOSE	23	<i>migergot</i>	180	MORPHINE SULFATE (PF)	23
<i>methadose</i>	23	<i>miglitol</i>	41	<i>morphine sulfate er</i>	23
METHADOSE SUGAR-FREE	23	<i>miglustat</i>	149	<i>morphine sulfate er beads</i>	23
<i>methazolamide</i>	126	<i>mili</i>	106	MOTOFEN	46
<i>methenamine hippurate</i>	62	<i>milk of magnesia</i>	157	MOUNJARO	43
<i>methergine</i>	213	<i>milrinone lactate</i>	99	MOVANTIK	140
<i>methimazole</i>	225	<i>milrinone lactate in dextrose</i>	99	MOVIPREP	155
<i>methocarbamol</i>	200	<i>mimvey</i>	136	MOXIFLOXACIN HCL	137
<i>methotrexate sodium</i>	65	<i>mineral oil heavy</i>	156	<i>moxifloxacin hcl</i>	137, 207
<i>methotrexate sodium (pf)</i>	65	MINILINK REAL-TIME		<i>moxifloxacin hcl (2x day)</i>	207
<i>methoxsalen rapid</i>	117	TRANSMITTER	168	<i>moxifloxacin hcl in nacl</i>	137
<i>methscopolamine bromide</i>	228	MINIMED 630G GUARDIAN		MOZOBIL	149
<i>methsuximide</i>	38	PRESS	168	MRESVIA	232
<i>methyldopa</i>	58	MINOCIN	225	MS INSULIN SYRINGE	176
<i>methylene blue</i>	47	<i>minocycline hcl</i>	225	MULPLETA	151
<i>methylene blue (antidote)</i>	47	<i>minoxidil</i>	58	MULTAQ	29
<i>methylergonovine maleate</i>	213	MIOCHOL-E	206	MULTI PRENATAL	196
<i>methylphenidate</i>	14	MIOSTAT	206	<i>multi vitamin</i>	193
<i>methylphenidate hcl</i>	14	<i>mirabegron er</i>	229	MULTI VITAMIN W/D-3	193
<i>methylphenidate hcl er</i>	14	MIRAPEX ER	84	<i>multiple electro type 1 ph 5.5</i>	181
<i>methylphenidate hcl er (cd)</i>	13	MIRCERA	150	<i>multiple electro type 1 ph 7.4</i>	181
<i>methylphenidate hcl er (la)</i>	13	MIRENA (52 MG)	109	<i>multiple vitamin-folic acid</i>	193
<i>methylphenidate hcl er (osm)</i>	13	<i>mirtazapine</i>	38	<i>multiple vitamins</i>	193
METHYLPHENIDATE HCL ER		MIRVASO	123	<i>multiple vitamins essential</i>	193
(OSM)	14	<i>misoprostol</i>	229	<i>multiple vitamins/iron</i>	192
<i>methylphenidate hcl er (xr)</i>	14	<i>mitigo</i>	23	MULTITRACE-4 PEDIATRIC	183
<i>methylprednisolone</i>	111	<i>mitomycin</i>	75, 207	MULTIVITAMIN	193
<i>methylprednisolone sodium succ</i>	111	MITOSOL	207	<i>multi-vitamin</i>	193
<i>metoclopramide hcl</i>	138	<i>mm allergy relief 24 hour</i>	52	<i>multivitamin adult</i>	193
<i>metolazone</i>	127	<i>mm aspirin</i>	21	<i>multivitamin iron-free</i>	193
<i>metoprolol succinate er</i>	95	<i>mm clearlax</i>	156	<i>multivitamin plus iron adult</i>	192
<i>metoprolol tartrate</i>	95	MM INSULIN SYRINGE/NEEDLE	176	<i>multivitamin w/fluoride</i>	194
<i>metoprolol-hydrochlorothiazide</i>	58	MM PEN NEEDLES	176	<i>multivitamin/fluoride</i>	194, 195
METROCREAM	123	<i>mm stool softener</i>	158	<i>multi-vitamin/fluoride</i>	194
METRONIDAZOLE	59	MM TWIST LANCETS	168	<i>multi-vitamin/fluoride/iron</i>	194
<i>metronidazole</i>	59, 123, 233	M-M-R II	230	<i>multi-vitamin/iron</i>	192
<i>metyrosine</i>	56	M-NATAL PLUS	196	MULTI-VIT-FLOR	195
<i>mexiletine hcl</i>	28	<i>modafinil</i>	14	MULTRYS	183
MI PASTE	162	MODERNA COVID-19 VAC 6M-		<i>mupirocin</i>	115
MI PASTE PLUS	162	11Y	232	<i>mutamycin</i>	75
MIACALCIN	129	<i>moexipril hcl</i>	56	MVASI	83
<i>Mibelas 24 Fe</i>	106	<i>molindone hcl</i>	87	<i>my choice</i>	108
MICAFUNGIN SODIUM	50	<i>mometasone furoate</i>	120, 202	<i>my way</i>	108
<i>micafungin sodium-nacl</i>	50	<i>mondoxyne nl</i>	225	MYALEPT	132
<i>miconazole 3</i>	233	MONJUVI	66	MYCAMINE	50
<i>miconazole-zinc oxide-petrolat</i>	116	MONOJECT BONE MARROW		MYCAPSSA	134
MICRHOGAM ULTRA-		BIOPSY	159	<i>mycophenolate mofetil</i>	186
FILTERED PLUS	214	<i>monoject flush syringe</i>	183	<i>mycophenolate mofetil hcl</i>	186
MICRODOT PEN NEEDLE	176	MONOJECT INSULIN SYRINGE ..	176	<i>mycophenolate sodium</i>	186
<i>microgestin 1.5/30</i>	106	<i>monoject sodium chloride flush</i>	183	<i>mycophenolic acid</i>	186
<i>microgestin 1/20</i>	106	MONOJECT ULTRA COMFORT		MYDCOMBI	206
<i>microgestin fe 1.5/30</i>	106	SYRINGE	176	MYDRIACYL	206
<i>microgestin fe 1/20</i>	106	MONOLET LANCETS	168	MYFEMBREE	136
MICROLET LANCETS	168	MONOLET OPD LANCETS	168	MYFORTIC	186
<i>midazolam hcl</i>	154	MONOLETTOR SAFETY		MYGLUCOHEALTH LANCETS	
<i>midazolam hcl (pf)</i>	154	LANCETS	168	30G	168
		<i>mono-lyyah</i>	106	MYHIBBIN	186

MYLERAN	64	NEOSTIGMINE		<i>nitazoxanide</i>	59
MYLOTARG	67	METHYLSULFATE	63	NITHIODOLE	46
MYOBLOC	203	NEO-SYNALAR	115	<i>nitisinone</i>	131
MYRBETRIQ	229	NEOX 100	124	NITRO-BID	27
MYTESI	46	NEOX CORD 1K	124	NITRO-DUR	27
MYXRDLIN	43	<i>nephro vitamins</i>	190	<i>nitrofurantoin</i>	62
<i>na ferric gluc cplx in sucrose</i>	151	NEPHRO-VITE	190	<i>nitrofurantoin macrocrystal</i>	62
<i>na sulfate-k sulfate-mg sulf</i>	155	NERLYNX	73	<i>nitrofurantoin monohyd macro</i>	62
NABI-HB	214	NESACAINE	159	<i>nitroglycerin</i>	26, 27
<i>nabumetone</i>	18	NESACAINE-MPF	159	NITROGLYCERIN	27
<i>nadolol</i>	96	NESTABS	196	<i>nitroglycerin in d5w</i>	27
<i>nafcillin sodium</i>	216	NESTABS DHA	196	NITROLINGUAL	27
NAFCILLIN SODIUM IN		NESTABS ONE	198	<i>nitroprusside sodium</i>	58
DEXTROSE	216	<i>neuac</i>	115	<i>nitroprusside sodium-nacl</i>	58
<i>naftifine hcl</i>	116	NEULASTA	151	NITROSTAT	27
NAFTIN	116	NEULASTA ONPRO	151	NITYR	131
NAGLAZYME	132	NEUPOGEN	151	<i>niva thyroid</i>	226
<i>nalbuphine hcl</i>	24	NEUPRO	84	NIVA-PLUS	196
<i>nalmefene hcl</i>	47	NEVANAC	209	NIVESTYM	151
<i>naloxone hcl</i>	47, 48	<i>nevirapine</i>	92	<i>nizatidine</i>	227
<i>naltrexone hcl</i>	48	<i>nevirapine er</i>	92	NOCDURNA	135
NAMENDA TITRATION PAK	220	<i>new day</i>	108	<i>nora-be</i>	109
NAMZARIC	217	NEXAVAR	73	<i>norelgestromin-eth estradiol</i>	107
<i>naproxen</i>	19	NEXIUM I.V.	228	<i>norepinephrine bitartrate</i>	235
<i>naproxen dr</i>	18	NEXLETOL	52	<i>norethin ace-eth estrad-fe</i>	106
<i>naproxen sodium</i>	19	NEXLIZET	52	<i>norethindrone</i>	110
<i>naratriptan hcl</i>	180	NEXOBRID	121	<i>norethindrone acetate</i>	216
NARDIL	39	NEXPLANON	109	<i>norethindrone acet-ethinyl est</i>	106
NAROPIN	159	NEXTERONE	29	<i>norethindrone-eth estradiol</i>	136
NATACYN	207	NEXTSTELLIS	106	<i>norethindron-ethinyl estrad-fe</i>	110
<i>natal pnv</i>	196	NEXVIAZYME	130	<i>norethin-eth estradiol-fe</i>	106
NATALVIT	196	<i>niacin (antihyperlipidemic)</i>	54	<i>norgesic</i>	200
NATAZIA	109	<i>niacin er (antihyperlipidemic)</i>	54	<i>norgestimate-eth estradiol</i>	106
<i>nateglinide</i>	44	<i>niacor</i>	54	<i>norgestim-eth estrad triphasic</i>	110
NATESTO	25	<i>nicardipine hcl</i>	97, 98	NORLIQVA	98
NATROBA	123	NICARDIPINE HCL IN NACL	97	<i>norlyroc</i>	110
<i>nat-rul b-50</i>	199	NICODERM CQ	222	<i>normal saline flush</i>	183
<i>nat-rul daily-vite+iron</i>	192	NICORETTE	222	NORMOSOL-M IN D5W	181
NAYZILAM	34	NICORETTE MINI	222	NORMOSOL-R	181
<i>nebivolol hcl</i>	95	NICORETTE STARTER KIT	222	NORMOSOL-R IN D5W	181
NEBUPENT	59	NICOTINE	222	NORMOSOL-R PH 7.4	181
<i>Nebusal</i>	113	<i>nicotine</i>	222	NORPACE	28
<i>necon 0.5/35 (28)</i>	106	<i>nicotine mini</i>	222	NORPACE CR	28
NEEVO DHA	196	<i>nicotine polacrilex</i>	222	NORPRAMIN	41
<i>nefazodone hcl</i>	39	<i>nicotine polacrilex mini</i>	222	<i>nortrel 0.5/35 (28)</i>	107
<i>nelarabine</i>	65	<i>nicotine step 1</i>	222	<i>nortrel 1/35 (21)</i>	107
NEOCATE SYNEO JUNIOR	126	<i>nicotine step 2</i>	222	<i>nortrel 1/35 (28)</i>	107
NEOMULTIVITE	193	<i>nicotine step 3</i>	222	<i>nortrel 7/7/7</i>	110
<i>neomycin sulfate</i>	16	NICOTROL	222	<i>nortriptyline hcl</i>	41
<i>neomycin-bacitracin zn-polymyx</i>	207	NICOTROL NS	222	NORVIR	91
<i>neomycin-polymyxin b gu</i>	142	<i>nifedipine</i>	98	NOURIANZ	83
<i>neomycin-polymyxin-dexameth</i>	210	<i>nifedipine er</i>	98	NOVA SAFETY LANCETS 23G	168
<i>neomycin-polymyxin-gramicidin</i>	207	<i>nifedipine er osmotic release</i>	98	NOVA SAFETY LANCETS 28G	168
<i>neomycin-polymyxin-hc</i>	210, 212	<i>nikki</i>	106	NOVA SUREFLEX LANCETS	168
NEONATAL COMPLETE	196	<i>nilutamide</i>	64	NOVAREL	133
NEONATAL PLUS	196	<i>nimodipine</i>	98	<i>novavax covid-19 vaccine</i>	232
<i>neonatal prenatal</i>	196	NINJACOF	113	<i>novite</i>	193
NEONATAL VITAMIN	196	NINJACOF-D	113	NOVOEIGHT	145
<i>neo-polycin</i>	207	NINJACOF-XG	113	NOVOFINE PEN NEEDLE	176
<i>neo-polycin hc</i>	210	NINLARO	73	NOVOFINE PLUS PEN NEEDLE	176
NEOPROFEN	19	NIPENT	76	NOVOSEVEN RT	145
NEORAL	185	NIPRIDE RTU	58	NOXAFIL	51
		<i>nisoldipine er</i>	98	<i>np thyroid</i>	226

NPLATE	151	OMECLAMOX-PAK	229	OPSYNVI	100
NUBEQA	64	<i>omega-3-acid ethyl esters</i>	52	<i>option 2</i>	108
NUCALA	31	OMEGAVEN	204	OPTIONS GYNOL II	
NUCYNTA	23	<i>omeprazole</i>	228	CONTRACEPTIVE	233
NUDEXTA	221	OMIDRIA	211	OPVEE	48
NULIBRY	132	OMNICAP	193	OPZELURA	118
NULOJIX	188	OMNIFLEX DIAPHRAGM	162	ORABLOC	159
NUMBRINO	202	OMNIPOD 5 DEXG7G6 INTRO		ORALAIR	15
NUPLAZID	85	GEN 5	172	<i>oralone</i>	190
NURTEC	179	OMNIPOD 5 DEXG7G6 PODS GEN		ORAPRED ODT	111
NUTRILIPID	204	5	172	ORAVIG	188
NUTROPIN AQ NUSPIN 10	130	OMNIPOD 5 LIBRE2 PLUS G6	172	ORBACTIV	60
NUTROPIN AQ NUSPIN 20	130	OMNIPOD 5 LIBRE2 PLUS G6		ORENITRAM	100
NUTROPIN AQ NUSPIN 5	130	PODS	172	ORENITRAM MONTH 1	100
NUVARING	108	OMNIPOD CLASSIC PODS (GEN		ORENITRAM MONTH 2	100
NUVESSA	233	3)	172	ORENITRAM MONTH 3	100
NUWIQ	145	OMNIPOD DASH INTRO (GEN 4)	172	ORFADIN	131
NUZYRA	224	OMNIPOD DASH PDM (GEN 4)	172	ORGOVYX	78
<i>nyamyc</i>	116	OMNIPOD DASH PODS (GEN 4)	172	ORIAHNN	136
<i>nylia 1/35</i>	107	ONCASPAR	76	ORILISSA	130
<i>nylia 7/7/7</i>	110	<i>once daily</i>	193	ORKAMBI	224
NYMALIZE	98	<i>ondansetron</i>	48	ORLADEYO	147
<i>nystatin</i>	50, 116, 188	<i>ondansetron hcl</i>	48	<i>orlistat</i>	13
<i>nystatin-triamcinolone</i>	116	<i>one daily</i>	194	<i>Ormalvi</i>	126
<i>nystop</i>	116	<i>one daily essential</i>	193	<i>orphenadrine citrate</i>	200
OB COMPLETE	196	<i>one daily essentials</i>	194	<i>orphenadrine citrate er</i>	200
OB COMPLETE ONE	196	<i>one daily multivitamin adult</i>	194	ORPHENADRINE-ASPIRIN-	
OB COMPLETE PETITE	196	<i>one daily multivitamin/iron</i>	192	CAFFEINE	200
OB COMPLETE PREMIER	196	ONE VITE DAILY		<i>orphengesic forte</i>	200
OB COMPLETE/DHA	196	MULTIVITAMIN	194	ORSERDU	81
<i>obizur</i>	145	ONE VITE WOMENS	196	ORTHOVISC	201
OCALIVA	138	ONE VITE WOMENS PLUS	196	<i>oseltamivir phosphate</i>	94
<i>ocella</i>	107	ONE-A-DAY ESSENTIAL	194	<i>osmitrol</i>	127
OCTAGAM	214	ONE-A-DAY MENS	194	OSMOLEX ER	83
OCTAPLAS BLOOD GROUP A	148	ONE-A-DAY WOMENS		OSPHENA	134
OCTAPLAS BLOOD GROUP AB	148	PRENATAL	196	OTEZLA	19
OCTAPLAS BLOOD GROUP B	148	<i>one-daily multi vitamins</i>	194	OTOVEL	213
OCTAPLAS BLOOD GROUP O	148	<i>one-daily multi-vitamin</i>	194	OTREXUP	16
<i>octreotide acetate</i>	134	<i>one-daily multi-vitamin/iron</i>	192	OVEGA-3	205
OCUFLOX	207	<i>one-daily/iron</i>	192	OVIDE	123
ODACTRA	15	ONELAX MAGNESIUM CITRATE		OVIDREL	133
ODEFSEY	90	.....	157	<i>oxacillin sodium</i>	216
ODOMZO	71	ONETOUCH DELICA PLUS		OXACILLIN SODIUM IN	
OFEV	224	LANCET30G	168	DEXTROSE	216
<i>ofloxacin</i>	137, 207, 212	ONETOUCH DELICA PLUS		<i>oxaliplatin</i>	64
OGIVRI	68	LANCET33G	168	<i>oxaprozin</i>	19
OGSIVEO	71	ONETOUCH ULTRA	126	<i>oxazepam</i>	28
OHTUVAYRE	31	ONETOUCH ULTRA BLUE TEST	126	<i>oxcarbazepine</i>	36
OJEMDA	69	ONETOUCH ULTRA TEST	126	<i>oxcarbazepine er</i>	36
OJJAARA	78	ONETOUCH ULTRASOFT 2		OXERVATE	209
<i>olanzapine</i>	88, 89	LANCETS	169	<i>oxiconazole nitrate</i>	121
<i>olanzapine-fluoxetine hcl</i>	223	ONETOUCH VERIO	126	OXISTAT	122
OLINVYK	23	ONGENTYS	84, 85	OXLUMO	143
<i>olmesartan medoxomil</i>	57	ONIVYDE	82	<i>oxybutynin chloride</i>	229
<i>olmesartan medoxomil-hctz</i>	56	ONPATTRO	221	<i>oxybutynin chloride er</i>	229
<i>olmesartan-amlodipine-hctz</i>	57	ONTRUZANT	68	<i>oxycodone hcl</i>	23
<i>olopatadine hcl</i>	202	ONUREG	65	OXYCODONE-	
OLPRUVA (2 GM DOSE)	135	<i>opcicon one-step</i>	108	ACETAMINOPHEN	24
OLPRUVA (3 GM DOSE)	135	OPDIVO	68	<i>oxycodone-acetaminophen</i>	24
OLPRUVA (4 GM DOSE)	135	OPDUALAG	66	<i>oxymorphone hcl</i>	23
OLPRUVA (5 GM DOSE)	135	OPFOLDA	130	<i>oxymorphone hcl er</i>	23
OLPRUVA (6 GM DOSE)	135	OPILL	110	<i>oxytocin</i>	213
OLPRUVA (6.67 GM DOSE)	135	OPSUMIT	101	OZEMPIC (0.25 OR 0.5 MG/DOSE)	44

OZEMPIC (1 MG/DOSE)	44	PARNATE	39	PFIZER COVID-19 VAC-TRIS 5-11Y	232
OZEMPIC (2 MG/DOSE)	44	<i>paroxetine hcl</i>	39	<i>pfizer covid-19 vac-tris 6m-4y</i>	232
OZURDEX	210	<i>paroxetine hcl er</i>	39	<i>pfizerpen</i>	215
<i>pacerone</i>	29	<i>paroxetine mesylate</i>	223	PHARMACIST CHOICE	
<i>paclitaxel</i>	79	PARSABIV	129	LANCETS	169
PACLITAXEL PROTEIN-BOUND		PAXIL	39	PHARMACY COUNTER	
PART	80	PAXLOVID (150/100)	93	LANCETS	169
PADCEV	68	PAXLOVID (300/100)	93	PHEBURANE	135
PALFORZIA (12 MG DAILY DOSE)	14	<i>pazopanib hcl</i>	73	<i>phendimetrazine tartrate</i>	12
PALFORZIA (120 MG DAILY DOSE)	14	PC UNIFINE PENTIPS	176	PHENDIMETRAZINE TARTRATE ER	12
PALFORZIA (160 MG DAILY DOSE)	14	PEDIALYTE IMMUNE SUPPORT	181	<i>phenelzine sulfate</i>	39
PALFORZIA (20 MG DAILY DOSE)	14	PEDIAPRED	111	PHENERGAN	52
PALFORZIA (200 MG DAILY DOSE)	14	PEDIARIX	226	<i>phenobarbital</i>	154
PALFORZIA (240 MG DAILY DOSE)	14	PEDMARK	81	<i>phenobarbital sodium</i>	154
PALFORZIA (3 MG DAILY DOSE)	14	PEDVAX HIB	230	<i>phenoxybenzamine hcl</i>	56
PALFORZIA (300 MG MAINTENANCE)	14	<i>peg 3350</i>	156	<i>phentermine hcl</i>	12
PALFORZIA (300 MG TITRATION)	14	<i>peg 3350-kcl-na bicarb-nacl</i>	155	<i>phentolamine mesylate</i>	56
PALFORZIA (40 MG DAILY DOSE)	14	<i>peg-3350/electrolytes</i>	155	<i>phenylephrine hcl</i>	206
PALFORZIA (6 MG DAILY DOSE)	14	<i>peg-3350/electrolytes/ascorbat</i>	155	PHENYLEPHRINE HCL (PRESSORS)	235
PALFORZIA (80 MG DAILY DOSE)	14	PEGASYS	93	PHENYTEK	37
PALFORZIA INITIAL ESCALATION	14	<i>peg-kcl-nacl-nasulf-na asc-c</i>	155	<i>phenytoin</i>	37
PALINGEN FLOW	124	PEG-PREP	155	<i>phenytoin infatabs</i>	37
PALINGEN HYDROMEMBRANE	124	PEMAZYRE	71	<i>phenytoin sodium</i>	37
PALINGEN INOVOFLO	124	<i>pemetrexed</i>	65	<i>phenytoin sodium extended</i>	37
PALINGEN MEMBRANE	124	<i>pemetrexed disodium</i>	65	PHESGO	75
PALINGEN XPLUS HYDROMEMBRANE	124	<i>pemetrexed ditromethamine</i>	65	PHEXXI	233
PALINGEN XPLUS MEMBRANE	124	PEMFEXY	65	<i>philith</i>	107
<i>paliperidone er</i>	86	PEMGARDA	213	<i>phillips milk of magnesia</i>	157
PALONOSETRON HCL	48	PEMRYDI RTU	65	<i>phospha 250 neutral</i>	182
<i>palonosetron hcl</i>	48	PEN NEEDLES	176	PHOSPHOLINE IODIDE	206
PALYNZIQ	133, 134	PEN NEEDLES 5/16"	176	<i>phosphorous</i>	182
PAMELOR	41	PENBRAYA	230	<i>phospho-trin 250 neutral</i>	182
<i>pamidronate disodium</i>	128	<i>penciclovir</i>	118	<i>phospho-trin k500</i>	182
PAMIDRONATE DISODIUM	128	<i>penicillamine</i>	184	PHOTOFRIN	76
PAMPERS EASY UPS 2T-3T	162	PENICILLIN G POT IN DEXTROSE	215	PHOTREXA-PHOTREXA VISCOUS KIT	209
PAMPERS EASY UPS 4T-5T	162	<i>penicillin g potassium</i>	215	PHOXILLUM B22K4/0	184
PAMPERS EASY UPS MLP 2T-3T	162	<i>penicillin g sodium</i>	215	PHOXILLUM BK4/2.5	184
PAMPERS EASY UPS MLP 4T-5T	162	<i>penicillin v potassium</i>	215	<i>physiolyte</i>	186
PAMPERS SWADDLERS SIZE 7	162	PENTACEL	226	<i>physiosol irrigation</i>	186
PANCREAZE	126	PENTAM	59	<i>phytonadione</i>	235
PANHEMATIN	147	<i>pentamidine isethionate</i>	59	PIASKY	146
PANRETIN	117	PENTASA	139	PIFELTRO	92
<i>pantoprazole sodium</i>	228	<i>pentazocine-naloxone hcl</i>	25	<i>pilocarpine hcl</i>	189, 206
<i>pantoprazole sodium-nacl</i>	228	PENTIPS	176	<i>pimecrolimus</i>	122
PARADIGM REAL-TIME TRANSMITTER	169	<i>pentobarbital sodium</i>	154	<i>pimozide</i>	221
PARAGARD INTRAUTERINE COPPER	108	<i>pentoxifylline er</i>	147	<i>pintrea</i>	104
<i>paraplatin</i>	64	PEPCID	227	<i>pindolol</i>	96
<i>paricalcitol</i>	131	PERFECT LANCETS 28G	169	<i>pioglitazone hcl</i>	46
PARLODEL	83	PERFECT LANCETS 30G	169	<i>pioglitazone hcl-glimepiride</i>	46
		PERFECT POINT SAFETY LANCETS	169	<i>pioglitazone hcl-metformin hcl</i>	46
		PERFOROMIST	30	PIP LANCETS 28G	169
		PERIDEX	188	PIP LANCETS 30G	169
		PERIKABIVEN	205	<i>pip pen needles 31g x 5mm</i>	177
		<i>perindopril erbumine</i>	56	<i>pip pen needles 32g x 4mm</i>	177
		<i>periogard</i>	188	<i>piperacillin sod-tazobactam so</i>	215
		PERJETA	68	PIQRAY (200 MG DAILY DOSE)	81
		<i>permethrin</i>	123	PIQRAY (250 MG DAILY DOSE)	81
		<i>perphenazine</i>	88	PIQRAY (300 MG DAILY DOSE)	81
		<i>perphenazine-amitriptyline</i>	220	<i>pirfenidone</i>	224
		PERSERIS	86		
		PERTZYE	126		

<i>piroxicam</i>	19	PRECISION SURE-DOSE	PRETOMANID	63
PITOCIN	213	SYRINGE	<i>prevalite</i>	53
PLASMA-LYTE A	181	PRED MILD	PREVDUO	46
PLEGRIDY	219	<i>prednisolone</i>	PREVENT DROPSAFE PEN	
PLEGRIDY STARTER PACK	219	<i>prednisolone acetate</i>	NEEDLES	177
<i>plenamine</i>	204	<i>prednisolone sodium phosphate</i> ..	PREVENT SAFETY PEN	
PLENVU	155	PREDNISOLONE SODIUM	NEEDLES	177
<i>plerixafor</i>	149	PHOSPHATE	PREVIDENT	189
PLUVICTO	76	<i>prednisone</i>	PREVIDENT 5000 BOOSTER	
PNEUMOVAX 23	230	PREDNISONE INTENSOL	PLUS	189
<i>pnv prenatal plus multivit+dha</i>	196	PREFERRED PLUS INSULIN	PREVIDENT 5000 DRY MOUTH ...	189
PNV TABS 20-1	196	SYRINGE	PREVIDENT 5000 ENAMEL	
<i>pnv-dha</i>	198	PREFERRED PLUS LANCETS	PROTECT	188
PNV-DHA+DOCUSATE	198	COLORED	PREVIDENT 5000 KIDS	189
PNV-OMEGA	196	PREFERRED PLUS LANCETS	PREVIDENT 5000 ORTHO	
<i>pnv-select</i>	196	THIN	DEFENSE	189
<i>podofilox</i>	122	PREFERRED PLUS UNIFINE	PREVIDENT 5000 PLUS	189
POLIVY	67	PENTIPS	PREVIDENT 5000 SENSITIVE	189
<i>polocaine</i>	159	<i>pregabalin</i>	PREVNAR 20	230
<i>polocaine-mpf</i>	159	<i>pregabalin er</i>	PREVYMIS	93
<i>polycin</i>	207	PREGEN DHA	PREZCOBIX	90
<i>polyethylene glycol 3350</i>	156	PREGENNA	PREZISTA	91
<i>polymyxin b sulfate</i>	62	PREGNYL	PRIFTIN	63
<i>polymyxin b-trimethoprim</i>	207	PREHEVBRIO	PRIMACARE	197
POLY-TUSSIN AC	114	PREMARIN	PRIMADOPHILUS KIDS	46
POLY-VI-FLOR	195	PREMARIN	PRIMAQUINE PHOSPHATE	62
POLY-VI-FLOR/IRON	194	PREMASOL	PRIMAXIN IV	59
POMALYST	71	PREMESISRX	<i>primidone</i>	36
POMBILITI	130	PREMPHASE	PRIORIX	231
PONVORY	223	PREMPRO	PRISMASOL B22GK 4/0	184
PONVORY STARTER PACK	223	PRENA1 PEARL	PRISMASOL BGK 0/2.5	184
<i>portia-28</i>	107	PRENAISSANCE	PRISMASOL BGK 2/0	184
PORTRAZZA	70	PRENAISSANCE PLUS	PRISMASOL BGK 2/3.5	184
<i>posaconazole</i>	51	PRENATAL	PRISMASOL BGK 4/0/1.2	184
POSFREA	48	PRENATAL (W/IRON & FA)	PRISMASOL BGK 4/2.5	184
POSIMIR	159	PRENATAL 19	PRISMASOL BK 0/0/1.2	184
POTASSIUM ACETATE	182	<i>prenatal 19</i>	PRO COMFORT INSULIN	
POTASSIUM CHLORIDE	183	<i>prenatal 19</i>	SYRINGE	177
<i>potassium chloride</i>	183	PRENATAL COMPLETE	PRO COMFORT LANCETS 30G ...	169
<i>potassium chloride crys er</i>	183	PRENATAL FORTE	PRO COMFORT LANCETS 31G ...	169
<i>potassium chloride er</i>	183	PRENATAL MULTIVITAMIN +	PRO COMFORT PEN NEEDLES ...	177
POTASSIUM CHLORIDE IN		DHA	<i>pro comfort safety lancets 30g</i>	169
NACL	181	PRENATAL ONE DAILY	PROAIR RESPICLICK	30
<i>potassium chloride in nacl</i>	181	PRENATAL PLUS	<i>probenecid</i>	143
<i>potassium citrate er</i>	142	PRENATAL PLUS	<i>probioflex</i>	46
<i>potassium cl in dextrose 5%</i>	181	VITAMIN/MINERAL	<i>procainamide hcl</i>	28
POTASSIUM PHOSPHATES	182	MINERAL	PROCARDIA XL	98
<i>potassium phosphates</i>	182	<i>prenatal vitamins</i>	<i>procentra</i>	11
<i>potassium phosphates(66 meq k)</i>	182	PRENATAL VITAMINS	<i>prochlorperazine</i>	88
POTASSIUM PHOSPHATES(71		PRENATAL/IRON	<i>prochlorperazine edisylate</i>	88
MEQ K)	182	PRENATAL-U	<i>prochlorperazine maleate</i>	88
POTELIGEO	66	PRENATE	PROCRIT	150
PRALUENT	54	PRENATE AM	PROCTOCORT	26
<i>pramipexole dihydrochloride</i>	84	PRENATE DHA	PROCTOFOAM HC	26
<i>pramipexole dihydrochloride er</i>	84	PRENATE ELITE	<i>procto-med hc</i>	26
PRAMOSONE	124	PRENATE ENHANCE	<i>proctosol hc</i>	26
PRAMOTIC	212	PRENATE ESSENTIAL	<i>proctozone-hc</i>	26
<i>prasugrel hcl</i>	149	PRENATE MINI	PROCYSBI	142
<i>pravastatin sodium</i>	53	PRENATE PIXIE	PRODIGY INSULIN SYRINGE	177
PRAXBIND	47	PRENATE RESTORE	PRODIGY LANCETS 28G	169
<i>praziquantel</i>	26	PRENATRIX	PRODIGY SAFETY LANCETS 26G	
<i>prazosin hcl</i>	58	PRENATRYL.....	.....	169
PRECEDEX	155	PREPIDIL		
		PRESTALIA		

PRODIGY TWIST TOP LANCETS			
28G	169	QBREXZA	123
PROFILNINE	145	<i>qc aspirin low dose</i>	21
<i>progesterone</i>	216	<i>qc b50 prolonged release</i>	192
PROGLYCEM	42	<i>qc b-complex/vitamin c</i>	190
PROGRAF	186	<i>qc childrens aspirin</i>	21
PROLASTIN-C	223	<i>qc daily multivitamins/iron</i>	192
PROLEKIN	76	<i>qc essentials</i>	194
PROLIA	134	<i>qc folic acid</i>	150
PROMACTA	151, 152	<i>qc gentle laxative</i>	158
<i>promethazine hcl</i>	52	<i>qc gentle laxative womens</i>	158
<i>promethazine vc</i>	113	<i>qc glycerin</i>	156
<i>promethazine-codeine</i>	114	QC LANCETS SUPER THIN 30G ...169	
<i>promethazine-dm</i>	113	QC LANCETS ULTRA THIN	169
<i>promethazine-phenylephrine</i>	113	<i>qc laxative</i>	158
<i>promethegan</i>	52	<i>qc magnesium citrate</i>	157
<i>propafenone hcl</i>	28	<i>qc milk of magnesia</i>	157
<i>propafenone hcl er</i>	28	<i>qc natura-lax</i>	156
<i>proparacaine hcl</i>	208	<i>qc nicotine transdermal system</i>	222
PROPECIA	125	QC PEN NEEDLES	177
PROPEL	202	QC PRENATAL	197
PROPEL MINI	202	QC UNIFINE PENTIPS	177
PROPEL MINI SDS	202	QC UNILET LANCETS 28G	169
<i>propofol</i>	141	QC UNILET LANCETS MICRO	
<i>propofol-lipuro</i>	141	THIN	169
<i>propranolol hcl</i>	96	QDOLO	23
<i>propranolol hcl er</i>	96	QINLOCK	73
<i>propylthiouracil</i>	225	QSYMIA	12
PROQUAD	231	QUADRACEL	226
PRO-RED AC	114	QUALAQUIN	62
PROSCAR	141	<i>quazepam</i>	154
PROSOL	204	QUDEXY XR	36
PROSTIN VR	187	QUELICIN	202
<i>protamine sulfate</i>	148	QUESTRAN	53
PROTONIX	228	QUESTRAN LIGHT	53
PROTOPAM CHLORIDE	47	<i>quetiapine fumarate</i>	87
<i>protriptyline hcl</i>	41	<i>quetiapine fumarate er</i>	87
PROVAYBLUE	47	QUFLORA FE	192
PROVERA	216	QUFLORA FE PEDIATRIC	194
PROVIDA OB	197	QUFLORA PEDIATRIC	195
PROVISC	211	<i>quin b strong b-25</i>	192
<i>pseudoeph-bromphen-dm</i>	113	<i>quinapril hcl</i>	56
<i>Pulmosal</i>	113	<i>quinapril-hydrochlorothiazide</i>	55
PULMOZYME	224	<i>quinidine gluconate er</i>	28
PURE COMFORT LANCETS 30G	169	<i>quinidine sulfate</i>	28
PURE COMFORT PEN NEEDLE ...177		<i>quinine sulfate</i>	62
<i>pure comfort safety pen needle</i>	177	QUINTABS	194
PURIXAN	65	QULIPTA	179
PX EXTRA SHORT PEN		QUVIVIQ	154
NEEDLES	177	QUZYTTR	52
PX INSULIN SYRINGE	177	QVAR REDHALER	32
PX LANCETS MICROTHIN 33G ...169		<i>ra aspirin adult low dose</i>	21
PX LANCETS ULTRA THIN 28G ..169		<i>ra aspirin adult low strength</i>	21
PX MINI PEN NEEDLES	177	<i>ra aspirin childrens</i>	21
PX PEN NEEDLE	177	<i>ra aspirin ec</i>	21
PYLERA	229	<i>ra aspirin ec adult low st</i>	21
<i>pyrazinamide</i>	63	<i>ra balanced b-100</i>	192
<i>pyridostigmine bromide</i>	63	<i>ra balanced b-100 cr</i>	192
<i>pyridostigmine bromide er</i>	63	<i>ra balanced b-50</i>	192
<i>pyrimethamine</i>	62	<i>ra balanced b-50 tr</i>	192
PYRUKYND	148	<i>ra b-complex</i>	190
PYRUKYND TAPER PACK	148	<i>ra b-complex with b-12</i>	190
QBRELIS	56	RA E-ZJECT LANCETS 28G	169
		RA E-ZJECT LANCETS THIN 26G	
		.....	169
		RA E-ZJECT LANCETS THIN 28G	
		.....	169
		RA E-ZJECT LANCETS ULTRA	
		THIN	169
		<i>ra folic acid</i>	150
		RA INSULIN SYRINGE	177
		<i>ra laxative</i>	156, 158
		<i>ra magnesium citrate</i>	157
		<i>ra milk of magnesia</i>	157
		<i>ra mini nicotine</i>	222
		<i>ra nicotine</i>	222
		<i>ra nicotine gum</i>	222
		<i>ra nicotine polacrilex</i>	222
		RA PEN NEEDLES	177
		RA PRENATAL	197
		RA PRENATAL FORMULA	197
		<i>ra womens laxative</i>	158
		RABAVERT	232
		RADICAVA ORS	202
		RADICAVA ORS STARTER KIT ...202	
		RADIOGARDASE	47
		RAGWITEK	15
		<i>raloxifene hcl</i>	134
		<i>ramelteon</i>	155
		<i>ramipril</i>	56
		<i>ranolazine er</i>	26
		RAPAMUNE	186
		RAPIVAB	94
		<i>rasagiline mesylate</i>	83
		RASUVO	16
		RAVICTI	135
		<i>raya sure pen needle</i>	177
		RAYALDEE	131
		<i>react</i>	108
		READYLANCE SAFETY	
		LANCETS	169
		REALITY INSULIN SYRINGE	177
		REALITY LANCETS	169
		REALITY LATEX CONDOMS	161
		REALITY LATEX/ULTRA	
		TEXTURED	161
		REALITY LATEX/ULTRA THIN ...161	
		REALITY TRIGGER LANCETS ...169	
		REBIF	219
		REBIF REBIDOSE	219
		REBIF REBIDOSE TITRATION	
		PACK	219
		REBIF TITRATION PACK	219
		REBINYN	145
		REBLOZYL	150
		REBYOTA	140
		RECARBRIO	60
		RECLAST	128
		<i>reclipsen</i>	107
		RECOMBINATE	145
		RECOMBIVAX HB	232
		RECOTHROM	153
		RECOTHROM SPRAY KIT	153
		RECTIV	26
		REFRESH P.M.	205
		REGLAN	138

REGONOL.....	63	RIASTAP.....	145	SAFETY LANCET 30G/PRESSURE	
REGRANEX.....	125	<i>ribavirin</i>	94, 95	ACT.....	170
RELENZA DISKHALER.....	94	RIDAURA.....	17	SAFETY LANCETS.....	170
RELEUKO.....	151	<i>rifabutin</i>	63	SAFETY LANCETS 21G.....	170
RELION INSULIN SYRINGE.....	177	RIFADIN.....	63	SAFETY LANCETS 23G.....	170
RELION LANCETS MICRO-THIN		<i>rifampin</i>	63	SAFETY LANCETS 28G.....	170
30G.....	169	RIGHTEST GL300 LANCETS	169	<i>safety pen needles</i>	177
RELION LANCETS THIN 26G.....	169	<i>riluzole</i>	202	SAFYRAL.....	107
RELION LANCETS ULTRA-THIN		<i>rimantadine hcl</i>	94	<i>sajazir</i>	146
30G.....	169	RIMSO-50	142	SALAGEN.....	190
RELION MINI PEN NEEDLES.....	177	<i>ringers</i>	181	SANCUSO.....	48
RELION PEN NEEDLES.....	177	<i>ringers irrigation</i>	186	SANDIMMUNE.....	185
RELION SHORT PEN NEEDLES.....	177	RINVOQ	16	SANDOSTATIN.....	134
RELION ULTRA THIN LANCETS		RINVOQ LQ	16	SANDOSTATIN LAR DEPOT.....	134
30G.....	169	RIOMET	41	SANTYL.....	121
RELION ULTRA THIN PLUS		<i>risanoid plus</i>	199	SAPHNELO.....	188
LANCETS.....	169	<i>risedronate sodium</i>	128	<i>sapropterin dihydrochloride</i>	134
RELISTOR.....	140	<i>risperidone</i>	86	<i>saps health plus lancets</i>	170
RELNATE DHA.....	197	<i>risperidone microspheres er</i>	86	SAPS HEALTH TWIST TOP	
RELYVRIO.....	202	<i>ritonavir</i>	91	LANCETS.....	170
REMERON.....	38	RITUXAN	67	SAPS TWIST TOP LANCETS	170
REMERON SOLTAB.....	38	RITUXAN HYCELA	75	SAPSCARE TWIST TOP	
REMESENSE.....	162	<i>rivastigmine</i>	217	LANCETS.....	170
REMICADE.....	141	<i>rivastigmine tartrate</i>	217	SARCLISA	67
<i>remifentanil hcl</i>	23	<i>rivelsa</i>	109	SAVELLA.....	217
REMODULIN.....	100	RIVFLOZA	143	SAVELLA TITRATION PACK	217
RENACIDIN.....	142	RIXUBIS	145	<i>saw palmetto berries</i>	15
<i>renal vitamin</i>	190	<i>rizatriptan benzoate</i>	180	SAXENDA	12
<i>rena-vite</i>	190	ROBAXIN	200	<i>sb bisacodyl laxative ec</i>	158
RENOVA.....	115	ROBINUL	228	<i>sb childrens aspirin</i>	21
RENOVA PUMP.....	115	ROBINUL-FORTE	228	<i>sb gentle lax-women</i>	158
<i>repaglinide</i>	44	ROCKLATAN	208	SB INSULIN SYRINGE	177
REPATHA.....	54	<i>rocuronium bromide</i>	203	SB LANCETS THIN	170
REPATHA PUSHTRONEX		<i>roflumilast</i>	31	SB LANCETS ULTRA THIN	170
SYSTEM.....	54	ROLVEDON	151	<i>sb low dose asa ec</i>	21
REPATHA SURECLICK.....	54	<i>romidepsin</i>	71	<i>sb magnesium citrate</i>	157
RESTASIS.....	208	<i>ropinirole hcl</i>	84	<i>sb milk of magnesia</i>	157
RESTASIS MULTIDOSE.....	208	<i>ropinirole hcl er</i>	84	<i>sb polyethylene glycol 3350</i>	156
RESTORIL.....	154	<i>ropivacaine hcl</i>	159	SCENESSE	122
RETACRIT.....	150	<i>rosuvastatin calcium</i>	53, 54	<i>scopolamine</i>	49
RETEVMO.....	74	ROTARIX	232	SECUADO	87
RETHYMIC.....	184	ROTATEQ	232	SECURESAFE INSULIN SYRINGE	
RETISERT.....	210	ROWASA	139	.....	177
RETROVIR.....	92	<i>roweepra</i>	36	SECURESAFE SAFETY PEN	
REVCOVI.....	128	ROXICODONE	24	NEEDLES.....	177
REVLIMID.....	185	ROXYBOND	24	SELECT-OB	197
<i>revonto</i>	200	ROZLYTREK	74	SELECT-OB+DHA	198
REXALL LANCETS ULTRA THIN		RUBRACA	81	<i>selegiline hcl</i>	83, 84
30G.....	169	RUCONEST	146	SELENIOS ACID	183
REXTOVY.....	48	<i>rufinamide</i>	36	<i>selenium sulfide</i>	118
REXULTI.....	88	RUKOBIA	90	SELZENTRY	90
REYATAZ.....	91	RUXIENCE	67	SE-NATAL 19	197
REZDIFFRA.....	138	RYANODEX	200	<i>sensorcaine</i>	159
REZIPRES.....	235	RYBELSUS	44	<i>sensorcaine/epinephrine</i>	159
REZLIDHIA.....	78	RYBREVANT	73	<i>sensorcaine-mpf</i>	159
REZUROCK.....	188	RYDAPT	73	<i>sensorcaine-mpf/epinephrine</i>	159
REZZAYO.....	50	RYDEX	114	SENSORCAINE-	
RHOFADE.....	123	RYLAZE	76	MPF/EPINEPHRINE	159
RHOGAM ULTRA-FILTERED		RYPLAZIM	148	SEREVENT DISKUS	30
PLUS.....	214	RYSTIGGO	187	SEROSTIM	130
RHOPHYLAC.....	214	RYTARY	84	<i>sertraline hcl</i>	39
RHOPRESSA.....	209	RYTELO	80	<i>setlakin</i>	109
RIABNI.....	67			<i>sevelamer carbonate</i>	140

<i>sevelamer hcl</i>	140	SMART SENSE THIN LANCETS	<i>sps (sodium polystyrene sulf)</i>	187
SEVENFACT	145	26G	<i>sronyx</i>	107
<i>sevoflurane</i>	141	SMARTEST LANCETS 28G	<i>ssd</i>	119
SEZABY	154	SMOFLIPID	<i>st joseph aspirin</i>	21
<i>sf</i>	189	<i>smooth lax</i>	<i>st joseph low dose</i>	21
<i>sf 5000 plus</i>	189	<i>sod benz-sod phenylacet</i>	STAMARIL	233
SFROWASA	139	SODIUM ACETATE	STELARA	117, 140
<i>sharobel</i>	110	<i>sodium acetate</i>	STERILANCE TL	170
SHINGRIX	232	<i>sodium bicarbonate</i>	<i>sterile water for irrigation</i>	186
SIGNIFOR	134	<i>sodium chloride</i>	STIOLTO RESPIMAT	29
SIGNIFOR LAR	134	<i>sodium chloride (pf)</i>	STIVARGA	73
SIKLOS	149	<i>sodium chloride flush</i>	STRAVIX	125
<i>sildenafil citrate</i>	101, 102	<i>sodium fluoride</i>	STRENSIQ	131
<i>silodosin</i>	142	<i>sodium fluoride 5000 enamel</i>	<i>streptomycin sulfate</i>	16
SILVADENE	119	<i>sodium fluoride 5000 plus</i>	<i>stress b complex/iron</i>	192
<i>silver sulfadiazine</i>	119	<i>sodium fluoride 5000 ppm</i>	<i>stress formula</i>	194
SIMBRINZA	205	<i>sodium fluoride 5000 sensitive</i>	<i>stress formula (folic acid)</i>	190
<i>simliya</i>	104	SODIUM IODIDE I-131	<i>stress formula/iron</i>	192
<i>simpesse</i>	109	SODIUM NITRITE	<i>stress formula/zinc/energy</i>	194
SIMPONI	17	<i>sodium nitroprusside</i>	<i>stresstabs energy</i>	194
SIMPONI ARIA	17	<i>sodium oxybate</i>	STRIBILD	90
SIMULECT	187	<i>sodium phenylbutyrate</i>	STRIVERDI RESPIMAT	30
<i>simvastatin</i>	54	<i>sodium phosphates</i>	STROMECTOL	26
SINEMET	84	<i>sodium polystyrene sulfonate</i>	STRONTIUM CHLORIDE SR-89	76
SINGLE-LET	170	<i>sodium tetradecyl sulfate</i>	SUBLOCADE	25
<i>sirolimus</i>	186	SODIUM THIOSULFATE	<i>subvenite</i>	36
SIRTURO	63	SOHONOS	<i>subvenite starter kit-blue</i>	36
SIVEXTRO	61	SOLESTA	<i>subvenite starter kit-green</i>	36
SKYCLARYS	203	<i>solifenacin succinate</i>	<i>subvenite starter kit-orange</i>	36
SKYLA	109	SOLIQUA	SUCCINYLCHOLINE CHLORIDE	202
SKYRIZI	117, 140	SOLIRIS	SUCRAID	126
SKYRIZI PEN	117	SOLOSEC	<i>sucrafate</i>	228
SKYTROFA	130	SOLTAMOX	SUFENTANIL CITRATE	24
SLYND	110	SOLU-CORTEF	<i>sugammadex sodium</i>	47
<i>sm aspirin adult low strength</i>	21	SOLU-MEDROL	SULAR	98
<i>sm aspirin ec low strength</i>	21	SOLU-MEDROL (PF)	<i>sulconazole nitrate</i>	122
<i>sm aspirin low dose</i>	21	SOLUS V2 LANCETS 28G	<i>sulfacetamide sodium</i>	211
<i>sm b super vitamin complex</i>	190	SOLUS V2 TWIST LANCETS 30G	<i>sulfacetamide sodium (acne)</i>	114
<i>sm b100 complex</i>	192	SOMATULINE DEPOT	<i>sulfacetamide-prednisolone</i>	210
<i>sm balanced b-100</i>	191	SOMAVERT	<i>sulfadiazine</i>	224
<i>sm balanced b-50</i>	191	SOOLANTRA	<i>sulfamethoxazole-trimethoprim</i>	59
<i>sm b-complex</i>	192	<i>sorafenib tosylate</i>	SULFAMYLON	119
SM B-COMPLEX/VITAMIN C	190	SORBITOL	<i>sulfasalazine</i>	139
<i>sm childrens aspirin</i>	21	SORBITOL-MANNITOL	<i>sulfatrim pediatric</i>	59
<i>sm clearlax</i>	156	SOTALOL HCL	<i>sulindac</i>	19
<i>sm folic acid</i>	150	<i>sotalol hcl</i>	<i>sumatriptan</i>	180
<i>sm gentle laxative</i>	158	<i>sotalol hcl (af)</i>	<i>sumatriptan succinate</i>	180
SM LANCETS 33G	170	SOTRADECOL	<i>sumatriptan succinate refill</i>	180
<i>sm milk of magnesia</i>	157	<i>sotradecol</i>	<i>sunitinib malate</i>	73
<i>sm multiple vitamins essential</i>	194	SOTYLIZE	SUNLENCA	90
<i>sm multiple vitamins/iron</i>	192	SPEVIGO	SUNOSI	13
<i>sm nicotine</i>	222	SPIKEVAX	SUPARTZ FX	201
<i>sm nicotine polacrilex</i>	222	<i>spinosad</i>	<i>super b complex/fa/vit c</i>	190
SM ONE DAILY PRENATAL	197	SPIRIVA HANDHALER	<i>super b complex/vitamin c</i>	191
SM PRENATAL VITAMINS	197	SPIRIVA RESPIMAT	<i>super b-complex</i>	192
<i>sm super b complex/c</i>	191	<i>spironolactone</i>	<i>super b-complex + vitamin c</i>	191
<i>sm vitamin b complex/vitamin c</i>	191	<i>spironolactone-hctz</i>	<i>super b-complex/vit c/fa</i>	190
SMART SENSE COLOR LANCETS		SPORANOX	<i>super dec b-100</i>	192
33G	170	SPRAVATO (56 MG DOSE)	<i>super quints b-50</i>	192
SMART SENSE STANDARD		SPRAVATO (84 MG DOSE)	SUPER THIN LANCETS	170
LANCETS	170	<i>sprintec 28</i>	SUPPRELIN LA	132
SMART SENSE SUPER THIN		SPRITAM	SUPRANE	141
LANCETS	170	SPRYCEL		

SURE COMFORT INSULIN		TAMIFLU	94	<i>terrell</i>	141
SYRINGE	177	<i>tamoxifen citrate</i>	65	TESTOPEL	25
SURE COMFORT LANCETS 18G ..	170	<i>tamsulosin hcl</i>	142	<i>testosterone</i>	25
SURE COMFORT LANCETS 21G ..	170	<i>taperdex 12-day</i>	112	<i>testosterone cypionate</i>	25
SURE COMFORT LANCETS 23G ..	170	<i>taperdex 6-day</i>	112	<i>testosterone enanthate</i>	25
SURE COMFORT LANCETS 28G ..	170	<i>taperdex 7-day</i>	112	TETANUS-DIPHThERIA	
SURE COMFORT LANCETS 30G ..	170	<i>targadox</i>	225	TOXOIDS TD	227
SURE COMFORT PEN NEEDLES ..	177	TARGRETIN	125	<i>tetrabenazine</i>	218
<i>sure comfort pen needles</i>	177	<i>tarina 24 fe</i>	107	<i>tetracaine hcl</i>	208
<i>surebiotic probiotic support</i>	46	<i>tarina fe 1/20 eq</i>	107	<i>tetracycline hcl</i>	225
SURELITE LANCETS	170	TARON-C DHA	197	TEVIMBRA	68
SURGICEL FIBRILLAR	153	TARPEYO	112	TEZSPIRE	32
SURGICEL NU-KNIT	153	TASIGNA	69	TGT LANCET MICRO THIN 33G ..	170
SURGICEL SNOW 1"X2"	153	<i>tasimelteon</i>	155	TGT LANCET THIN 26G	170
SURGICEL SNOW 2"X4"	153	TASMAR	84	TGT LANCET ULTRA THIN 30G ..	170
SURGICEL SNOW 4"X4"	153	<i>tavaborole</i>	123	THALITONE	127
SUSTOL	48	TAVALISSE	148	THALOMID	184
SUSVIMO (IMPLANT 1ST FILL) ..	212	TAVNEOS	146	THAM	180
SUSVIMO (IMPLANT REFILL)	212	<i>taysofy</i>	107	THE LIQUILIFT TRACE	183
SUTAB	155	TAYTULLA	107	THEO-24	32
SUTENT	73	<i>tazarotene</i>	118	<i>theophylline</i>	32
<i>syeda</i>	107	<i>tazicef</i>	103	<i>theophylline er</i>	32
SYFOVRE	207	TAZICEF	103	THERA	194
SYLVANT	186	TAZORAC	118	<i>thera-tabs</i>	194
SYMBYAX	223	TAZVERIK	72	THERATEARS STERILID	
SYMDEKO	224	TDVAX	226	CLEANSER	121
SYMLINPEN 120	41	TECENTRIQ	68	<i>thera-vite max-m</i>	193
SYMLINPEN 60	41	TECENTRIQ HYBREZA	75	THEREMS	194
SYMPAZAN	34	TECHLITE AST LANCETS	170	<i>thiamine hcl</i>	235
SYMPROIC	140	TECHLITE INSULIN SYRINGE	177	<i>thioridazine hcl</i>	88
SYMTUZA	90	TECHLITE LANCETS	170	<i>thiotepa</i>	64
SYNAGIS	213	TECHLITE LANCETS 26G	170	<i>thiothixene</i>	89
SYNAREL	132	TECHLITE PEN NEEDLES	177	<i>thrive</i>	222
SYNDROS	49	TECHLITE PLUS PEN NEEDLES ..	177	THRIVITE RX	197
SYNJARDY	45	TECNU RASH RELIEF	116	THROMBATE III	148
SYNJARDY XR	45	TECVAyli	69	THROMBI-GEL 10	152
SYNOJOYNT	201	TEFLARO	104	THROMBI-GEL 100	152
SYNTHROID	226	TEGLUTIK	202	THROMBI-GEL 40	152
SYNVISC	201	TEGSEDI	217	THROMBIN-JMI	153
SYNVISC ONE	201	<i>telmisartan</i>	57	THROMBIN-JMI EPISTAXIS	153
SYRINGE AVITENE	153	<i>telmisartan-amlodipine</i>	56	THROMBI-PAD	152
<i>tab-a-vite</i>	194	<i>telmisartan-hctz</i>	57	THROMBOGEN	153
<i>tab-a-vite/beta carotene</i>	194	<i>temazepam</i>	154	THYMOGLOBULIN	185
<i>tab-a-vite/iron</i>	192	TEMBEXA	94	THYQUIDITY	226
TAB-A-VITE/IRON/BETA		TEMODAR	78	<i>thyroid</i>	226
CAROTENE	192	<i>temozolomide</i>	78	<i>tiadylt er</i>	98
TABLOID	65	<i>temsirolimus</i>	72	<i>tiagabine hcl</i>	37
TABRECTA	72	<i>tencon</i>	20	TIAZAC	98
TACHOSIL	153	TENIVAC	226	TIBSOVO	78
TACLONEX	125	<i>tenofovir disoproxil fumarate</i>	92	TICE BCG	76
<i>tacrolimus</i>	122, 186	TENORETIC 100	58	TICOVAC	233
<i>tadalafil</i>	102	TENORETIC 50	58	TIGAN	49
<i>tadalafil (pah)</i>	101	TEPADINA	64	TIGECYCLINE	225
TADLIQ	101	TEPEZZA	131	<i>tilia fe</i>	110
TAFINLAR	69	TEPMETKO	72	<i>timolol maleate</i>	96, 205
<i>tafluprost (pf)</i>	212	<i>terazosin hcl</i>	58	<i>timolol maleate (once-daily)</i>	205
TAGRISSO	70	<i>terbinafine hcl</i>	50	<i>timolol maleate ocudose</i>	205
<i>take action</i>	108	<i>terbutaline sulfate</i>	30	<i>timolol maleate pf</i>	205
TAKHZYRO	147	<i>terconazole</i>	233	TIMOPTIC OCUDOSE	206
TALICIA	229	<i>teriflunomide</i>	218	<i>tinidazole</i>	59
TALTZ	117	<i>teriparatide</i>	133	<i>tiopronin</i>	143
TALVEY	69	TERIPARATIDE	133	<i>tiotropium bromide monohydrate</i>	31
TALZENNA	81	TERLIVAZ	135	<i>tirofiban hcl in nacl</i>	147

TIROSINT	226	<i>tranexamic acid</i>	152	TRI-VI-FLORO	195
TIROSINT-SOL	226	TRANEXAMIC ACID-NACL	152	<i>tri-vite/fluoride</i>	195
TISSEEL	152	<i>tranylcypromine sulfate</i>	39	<i>trivora (28)</i>	110
TISSUEBLUE	211	TRAVASOL	204	<i>tri-vylibra</i>	110
<i>tis-u-sol</i>	186	TRAVEL LANCETS ADVANCED		<i>tri-vylibra lo</i>	110
TIVDAK	68	28G	170	TRODELVY	82
TIVICAY	91	<i>travoprost (bak free)</i>	212	TROGARZO	90
TIVICAY PD	91	TRAZIMERA	68	TROPHAMINE	204
<i>tizanidine hcl</i>	200	<i>trazodone hcl</i>	39	<i>tropicamide</i>	206
<i>tm-daily vite</i>	194	TREANDA	64	<i>tropium chloride</i>	229
TNKASE	149	TRECATOR	63	<i>tropium chloride er</i>	229
TOBI PODHALER	16	TRELEGY ELLIPTA	29	<i>true comfort insulin syringe</i>	178
TOBRADEX	210	TRELSTAR MIXJECT	79	TRUE COMFORT INSULIN	
TOBRADEX ST	210	TREMFYA	117, 118	SYRINGE	178
<i>tobramycin</i>	16, 207	<i>treprostinil</i>	100	TRUE COMFORT PEN NEEDLES	178
<i>tobramycin sulfate</i>	16	TRESIBA	43	TRUE COMFORT PRO INSULIN	
<i>tobramycin-dexamethasone</i>	210	TRESIBA FLEXTOUCH	43	SYR	178
TOBREX	207	<i>tretinoin</i>	81, 115	TRUE COMFORT PRO PEN	
TODAY SPONGE	233	<i>tretinoin microsphere</i>	115	NEEDLES	178
TODAYS HEALTH PEN NEEDLES		<i>tretinoin microsphere pump</i>	115	<i>true comfort safety lancets</i>	171
.....	177	TRETTEN	145	TRUE COMFORT TWIST TOP	
TODAYS HEALTH SHORT PEN		TREXALL	66	LANCETS	171
NEEDLE	178	<i>trezix</i>	21	<i>true cover</i>	161
TODAYS HEALTH THIN		<i>triamcinolone acetonide</i>	120, 121, 190	<i>true daily vite</i>	194
LANCETS 28G	170	<i>triamcinolone in absorbase</i>	121	<i>true folic acid</i>	150
TODAYS HEALTH THIN		<i>triamterene</i>	127	<i>true laxative</i>	156
LANCETS 30G	170	<i>triamterene-hctz</i>	127	<i>true multivitamin</i>	194
TOLAK	116	<i>triazolam</i>	154	<i>true vitamin d3</i>	235
<i>tolcapone</i>	84	TRICARE	197	TRUEPLUS 5-BEVEL PEN	
<i>tolmetin sodium</i>	19	TRICOR	53	NEEDLES	178
TOLSURA	51	<i>Tridacaine Ii</i>	122	TRUEPLUS INSULIN SYRINGE	178
<i>tolterodine tartrate</i>	229	<i>Tridacaine Iii</i>	122	TRUEPLUS LANCETS 26G	171
<i>tolterodine tartrate er</i>	229	<i>triderm</i>	121	TRUEPLUS LANCETS 28G	171
<i>tolvaptan</i>	134	<i>trientine hcl</i>	184	TRUEPLUS LANCETS 30G	171
TOPCARE CLICKFINE PEN		TRIESENCE	210	TRUEPLUS LANCETS 33G	171
NEEDLES	178	<i>tri-estarylla</i>	110	TRUEPLUS PEN NEEDLES	178
TOPCARE LANCETS MICRO-		<i>trifluoperazine hcl</i>	88	TRUEPLUS SAFETY LANCETS	
THIN 33G	170	<i>trifluridine</i>	207	28G	171
TOPCARE ULTRA COMFORT		<i>trihexyphenidyl hcl</i>	83	TRULICITY	44
INS SYR	178	TRIJARDY XR	44	TRUMENBA	230
<i>topiramate</i>	36, 37	TRIKAFTA	224	TRUQAP	66
<i>topiramate er</i>	36	<i>tri-legest fe</i>	110	TRUSKIN	125
TOPOTECAN HCL	82	<i>tri-lynyah</i>	110	TRUSTEX COLOR CONDOMS +	
<i>topotecan hcl</i>	82	<i>tri-lo-estarylla</i>	110	LUBE	161
<i>toremifene citrate</i>	65	<i>tri-lo-marzia</i>	110	TRUSTEX	
TORISEL	72	<i>tri-lo-mili</i>	110	LUB/RIBBED/STUDED	161
<i>Torpenz</i>	72	<i>tri-lo-sprintec</i>	110	TRUSTEX LUB/SPERMICIDE EX	
<i>torse mide</i>	127	TRI-LUMA	121	ST	161
TOTALVISC	211	TRILURON	201	TRUSTEX LUB/SPERMICIDE XL	161
TOUJEO MAX SOLOSTAR	43	<i>trimethobenzamide hcl</i>	49	TRUSTEX LUBRICATED	161
TOUJEO SOLOSTAR	43	TRIMETHOPRIM	59	TRUSTEX LUBRICATED EX	
<i>tovet</i>	120	<i>tri-mili</i>	110	LARGE	161
TPN ELECTROLYTES	182	<i>trimipramine maleate</i>	41	TRUSTEX LUBRICATED EXTRA	
TPOXX	94	TRINATAL RX 1	197	ST	161
TRACLEER	101	<i>trinate</i>	197	TRUSTEX	
TRALEMENT	183	TRINTELLIX	39	LUBRICATED/SPERMICIDE	161
TRAMADOL HCL	24	TRIPTODUR	132	TRUSTEX NATURAL CONDOMS	
<i>tramadol hcl</i>	24	TRISENOX	76	+ LUBE	161
<i>tramadol hcl (er biphasic)</i>	24	<i>tri-sprintec</i>	110	TRUSTEX NON-LUBRICATED	161
<i>tramadol hcl er</i>	24	TRISTART DHA	198	TRUSTEX RIA LUB/SPERMICIDE	
<i>tramadol-acetaminophen</i>	25	TRIUMEQ	90	.....	161
<i>trandolapril</i>	56	TRIUMEQ PD	90	TRUSTEX RIA LUBRICATED	161
<i>trandolapril-verapamil hcl er</i>	54	TRI-VI-FLOR	195		

TRUSTEX RIA NON-LUBRICATED.....	161	ULTRA FLO INSULIN SYRINGE..	178	UNIVERSAL 1 LANCETS THIN 33G.....	171
TRUSTEX-NONOXYNOL-9/RIB/STUD.....	161	ULTRA THIN LANCETS 31G.....	171	UNIVERSAL 1 LANCETS ULTRA THIN.....	171
TRUXIMA.....	67	ULTRA THIN PEN NEEDLES.....	178	UPLIZNA.....	187
TUKYSA.....	68	ULTRACARE INSULIN SYRINGE	178	UPNEEQ.....	211
TURALIO.....	73	ULTRA-CARE LANCETS 30G.....	171	UPTRAVI.....	101
TURPENTINE.....	122	ULTRACARE PEN NEEDLES.....	178	UPTRAVI TITRATION.....	101
Turqoz.....	107	ULTRAFOAM SPONGE 2X6.25X7CM.....	153	UROCIT-K 10.....	142
TUSNEL C.....	113	ULTRAFOAM SPONGE 8X12.5X1CM.....	153	UROCIT-K 15.....	142
TUXARIN ER.....	114	ULTRAFOAM SPONGE 8X12.5X3CM.....	153	URSO FORTE.....	138
TWINRIX.....	231	ULTRAFOAM SPONGE 8X25X1CM.....	153	<i>ursodiol</i>	138
TWIRLA.....	107	ULTRAFOAM SPONGE 8X6.25X1CM.....	153	UVADEX.....	76
<i>twist top lancets 30g</i>	171	ULTRA-THIN II AUTO LANCET..	171	VABOMERE.....	60
TYBLUME.....	107	ULTRA-THIN II INS SYR SHORT.	178	VABYSMO.....	206
TYBOST.....	92	ULTRA-THIN II INSULIN SYRINGE.....	178	<i>valacyclovir hcl</i>	94
<i>tydemy</i>	107	ULTRA-THIN II LANCETS.....	171	VALCHLOR.....	116
TYGACIL.....	225	ULTRA-THIN II MINI PEN NEEDLE.....	178	VALCYTE.....	93
TYMLOS.....	133	ULTRA-THIN II PEN NEEDLE SHORT.....	178	<i>valganciclovir hcl</i>	93
TYPHIM VI.....	230	UNASYN.....	216	<i>valproate sodium</i>	38
TYVASO.....	101	UNIFINE PENTIPS.....	178	<i>valproic acid</i>	38
TYVASO DPI INSTITUTIONAL KIT.....	100	UNIFINE PENTIPS PLUS.....	178	<i>valrubicin</i>	75
TYVASO DPI MAINTENANCE KIT.....	101	UNIFINE PROTECT PEN NEEDLE.....	178, 179	<i>valsartan</i>	57
TYVASO DPI TITRATION KIT.....	101	UNIFINE SAFECONTROL PEN NEEDLE.....	179	<i>valsartan-hydrochlorothiazide</i>	57
TYVASO REFILL KIT.....	101	UNIFINE ULTRA PEN NEEDLE.....	179	VALSTAR.....	75
TYVASO STARTER KIT.....	101	UNILET COMFORTOUCH LANCET.....	171	VALTOCO 10 MG DOSE.....	34
TZIELD.....	41	UNILET EXCELITE.....	171	VALTOCO 15 MG DOSE.....	34
UBRELVY.....	179	UNILET EXCELITE II.....	171	VALTOCO 20 MG DOSE.....	34
UCERIS.....	112	UNILET G.P. LANCET.....	171	VALTOCO 5 MG DOSE.....	34
UDENYCA.....	151	UNILET G.P. SUPERLITE LANCET.....	171	VALUE HEALTH INSULIN SYRINGE.....	179
UDENYCA ONBODY.....	151	UNILET GP 28 ULTRA THIN.....	171	VALUE PLUS LANCET STANDARD 21G.....	172
ULTANE.....	141	UNILET LANCET.....	171	VALUE PLUS LANCETS SUPER THIN.....	172
ULTICARE INSULIN SAFETY SYR.....	178	UNILET MICRO-THIN 33G.....	171	VALUE PLUS LANCETS THIN 26G.....	172
ULTICARE INSULIN SYR 1/2 UNIT.....	178	UNILET SUPERLITE LANCET.....	171	VANOCIN.....	60
ULTICARE INSULIN SYRINGE.....	178	UNILET SUPER-THIN 30G.....	171	VANCOMYCIN HCL.....	60, 61
ULTICARE MICRO PEN NEEDLES.....	178	UNILET ULTRA-THIN 28G.....	171	<i>vancomycin hcl</i>	61
ULTICARE MINI PEN NEEDLES.....	178	UNISTIK 3 GENTLE.....	171	<i>vancomycin hcl in dextrose</i>	60
ULTICARE PEN NEEDLES.....	178	UNISTIK PRO SAFETY LANCET.....	171	VANCOMYCIN HCL IN DEXTROSE.....	60
ULTICARE SHORT PEN NEEDLES.....	178	UNISTIK SAFETY LANCETS 28G.....	171	VANCOMYCIN HCL IN NAACL.....	60
ULTIGUARD SAFEPACK PEN NEEDLE.....	178	UNISTIK SAFETY LANCETS 30G.....	171	VANDAZOLE.....	233
ULTIGUARD SAFEPACK SYR/NEEDLE.....	178	UNISTIK TOUCH SAFETY LANC 21G.....	171	VANFLYTA.....	73
ULTILET CLASSIC LANCETS.....	171	UNISTIK TOUCH SAFETY LANC 23G.....	171	VANISHPOINT INSULIN SYRINGE.....	179
ULTILET LANCETS.....	171	UNISTIK TOUCH SAFETY LANC 28G.....	171	VAQTA.....	233
ULTILET PEN NEEDLE.....	178	UNISTIK TOUCH SAFETY LANC 30G.....	171	<i>vardenafil hcl</i>	102
ULTILET SAFETY LANCETS.....	171	UNISTIK TOUCH SAFETY LANC 30G.....	171	<i>varenicline tartrate</i>	222, 223
ULTILET SAFETY LANCETS 23G.....	171	UNITHROID.....	226	<i>varenicline tartrate (starter)</i>	222
ULTIVA.....	24	UNITUXIN.....	67	<i>varenicline tartrate(continue)</i>	223
ULTOMIRIS.....	146	UNIVERSAL 1 LANCETS THIN 26G.....	171	VARITHENA.....	188
<i>ultra b-100 complex</i>	199			VARIVAX.....	233
ULTRA COMFORT INSULIN SYRINGE.....	178			VARIZIG.....	214
ULTRA FLO INSULIN PEN NEEDLES.....	178			VARUBI (180 MG DOSE).....	49
ULTRA FLO INSULIN SYR 1/2 UNIT.....	178			VASCEPA.....	52
				VASERETIC.....	55
				<i>vasopressin</i>	135
				<i>vasopressin +rfd</i>	135
				<i>vasopressin-sodium chloride</i>	136
				VASOSTRICT.....	136

VAXCHORA	230	VIGAMOX	207	VOYDEYA	146
VAXELIS	227	Vigpoder.....	37	VP INSULIN SYRINGE	179
VAXNEUVANCE	230	VIJOICE	187	VPRIV	149
VAZCULEP	235	<i>vilazodone hcl</i>	39	VRAYLAR	85
VCF VAGINAL CONTRACEPTIVE	233	VILTEPSO	203	VUMERITY	219
VECAMYL	58	VIMIZIM	132	VUSION	116
VECTIBIX	70	VINATE DHA RF	197	<i>vyfemla</i>	107
<i>vecuronium bromide</i>	203	<i>vinblastine sulfate</i>	80	VYLEESI	218
VELCADE	73	<i>vincristine sulfate</i>	80	<i>vylibra</i>	107
VELETRI	101	<i>vinorelbine tartrate</i>	80	VYNDAMAX	102
<i>velivet</i>	110	VIOKACE	126	VYNDAQEL	102
VELPHORO	140	<i>viorele</i>	104	VYONDYS 53	203
VELTASSA	187	VIRACEPT	91	VYVANSE	12
VEMLIDY	93	VIRAZOLE	95	VYVGART	187
VENCLEXTA	68	VIREAD	92	VYVGART HYTRULO	185
VENCLEXTA STARTING PACK	69	VISCOAT	211	VYXEOS	75
VENIPUNCTURE PX1 PHLEBOTOMY	125	VISIONBLUE	211	VYZULTA	212
<i>venlafaxine hcl</i>	40	VISTOGARD	47	WAINUA	217
<i>venlafaxine hcl er</i>	40	VISUDYNE	209	WAKIX	13
VENOFER	151	<i>vit e-vit c-beta carotene</i>	194	WALGREENS LANCETS	172
VENTAVIS	101	VITAFOL FE+	199	WALGREENS LANCETS MICRO THIN	172
VEOPOZ	146	VITAFOL GUMMIES	198	WALGREENS LANCETS SUPER THIN	172
VEOZAH	133	VITAFOL STRIPS	199	WALGREENS THIN LANCETS	172
<i>verapamil hcl</i>	99	VITAFOL ULTRA	199	WALGREENS ULTRA THIN LANCETS	172
<i>verapamil hcl er</i>	98, 99	VITAFOL-OB	198	<i>warfarin sodium</i>	32
VEREGEN	115	VITAFOL-OB+DHA	199	<i>water for irrigation, sterile</i>	186
VERELAN	99	VITAFOL-ONE	199	WEGMANS UNIFINE PENTIPS PLUS	179
VERELAN PM	99	<i>vitalee</i>	194	WEGOXY	12
VERIFINE INSULIN PEN NEEDLE	179	VITALIPID N INFANT	195	WELIREG	71
VERIFINE INSULIN SYRINGE	179	VITAMEDMD ONE	199	<i>wera</i>	107
VERIFINE PLUS PEN NEEDLE	179	RX/QUATREFOLIC	199	<i>wesnatal dha complete</i>	198
VERIFINE SAFE LANCET MINI 21G	172	<i>vitamin b complex</i>	190	<i>wes-phos 250 neutral</i>	182
VERIFINE SAFE LANCET MINI 23G	172	<i>vitamin b complex w/b-12</i>	190	WESTAB PLUS	198
VERIFINE SAFE LANCET MINI 28G	172	<i>vitamin d (ergocalciferol)</i>	235	WESTGEL DHA	199
VERIFINE SAFE LANCET MINI 30G	172	<i>vitamin k1</i>	235	WIDE-SEAL DIAPHRAGM 60	163
VERIFINE UNIVERSAL LANCETS 28G	172	<i>vitamin-b complex</i>	190	WIDE-SEAL DIAPHRAGM 65	163
VERIFINE UNIVERSAL LANCETS 30G	172	<i>vitamins acd-fluoride</i>	195	WIDE-SEAL DIAPHRAGM 70	163
VERIFINE UNIVERSAL LANCETS 33G	172	VITAPEARL	198	WIDE-SEAL DIAPHRAGM 75	163
VERKAZIA	208	VITATHELY WITH GINGER	198	WIDE-SEAL DIAPHRAGM 80	163
VERQUVO	102	VITATRUE	199	WIDE-SEAL DIAPHRAGM 85	163
VERSACLOZ	87	<i>vitex fruit</i>	15	WIDE-SEAL DIAPHRAGM 90	163
VERZENIO	77	VITLIPID N ADULT	194	WIDE-SEAL DIAPHRAGM 95	163
<i>vestura</i>	107	VITLIPID N INFANT	195	WILATE	145
VFEND	51	VITRAKVI	74	WINREVAIR	101
VIBATIV	61	VIVA DHA	198	WINRHO SDF	214
VIBERZI	138	VIVAGUARD LANCETS	172	<i>wixela inhub</i>	29
VICTOZA	44	VIVAGUARD LANCETS 30G	172	<i>womans laxative</i>	158
VIDAZA	66	VIVAGUARD SAFETY LANCETS 28G	172	<i>womens laxative</i>	158
<i>vienna</i>	107	<i>vivimusta</i>	64	<i>wymzya fe</i>	107
<i>vigabatrin</i>	37	VIVITROL	48	XACDURO	59
<i>vigadrone</i>	37	VIVJOA	50	XACIATO	233
Vigadrone.....	37	VIVOTIF	230	XADAGO	84
VIGAFYDE	37	VIZIMPRO	70	XALKORI	66
		<i>volnea</i>	104	XARACOLL	159
		VONJO	78	XARELTO	33
		VONVENDI	145	XARELTO STARTER PACK	33
		VORANIGO	78	XATMEP	66
		VORAXAZE	77	XCOPRI	37
		<i>voriconazole</i>	51	XCOPRI (250 MG DAILY DOSE)	37
		VOSEVI	93		
		VOWST	140		
		VOXZOGO	133		

XCOPRI (350 MG DAILY DOSE)	37	<i>zaleplon</i>	154	<i>zumandimine</i>	107
XDEMIVY	208	ZALTRAP	83	ZURZUVAE	38
XELJANZ	16	ZALVIT	198	ZYCLARA	122
XELJANZ XR	16	ZANAFLEX	200	ZYCLARA PUMP	122
XELPROS	212	ZANOSAR	80	ZYDELIG	81
XEMBIFY	214	ZARXIO	151	ZYKADIA	66
XENPOZYME	128	ZEGALOGUE	42	ZYLET	210
XEOMIN	203	ZEJULA	81	ZYNLONTA	66
XERAVA	225	ZELAPAR	84	ZYNYZ	68
XERESE	118	ZELBORAF	69	ZYPREXA RELPREVV	89
XERMELO	140	ZEMAIRA	223	ZYVOX	61, 62
XGEVA	134	ZEMDRI	16		
XIAFLEX	185	ZEMPLAR	131		
XIFAXAN	59	<i>zenatane</i>	115		
XIGDUO XR	45	ZENPEP	126		
XIIDRA	206	<i>zenzedi</i>	12		
XIPERE	210	ZEPBOUND	12		
XOFIGO	76	ZEPOSIA	223		
XOFLUZA (40 MG DOSE)	94	ZEPOSIA 7-DAY STARTER PACK	223		
XOFLUZA (80 MG DOSE)	94	ZEPOSIA STARTER KIT	223		
XOLAIR	29, 30	ZEPZELCA	64		
XOLREMDI	149	ZERBAXA	102		
XOSPATA	73	ZESTORETIC	55		
XPHOZAH	129	ZEVALIN Y-90	75		
XPOVIO (100 MG ONCE WEEKLY)	74	ZEVRX INSULIN SYRINGE	179		
XPOVIO (40 MG ONCE WEEKLY)	74	ZEVRX PEN NEEDLES	179		
XPOVIO (40 MG TWICE WEEKLY)	74	ZEVRX TWIST TOP LANCETS 30G	172		
XPOVIO (60 MG ONCE WEEKLY)	74	ZIAGEN	92		
XPOVIO (60 MG TWICE WEEKLY)	74	<i>zidovudine</i>	92		
XPOVIO (80 MG ONCE WEEKLY)	74	ZILBRYSQ	146		
XPOVIO (80 MG TWICE WEEKLY)	74	ZILRETTA	112		
XTANDI	64	ZILXI	123		
<i>xulane</i>	107	ZIMHI	48		
XULTOPHY	44	<i>zinc chloride</i>	183		
XURIDEN	131	<i>zinc sulfate</i>	183		
XYLOCAINE	159	ZINPLAVA	214		
XYLOCAINE/EPINEPHRINE	159	ZIOPTAN	212		
XYLOCAINE-MPF	159	ZIPHEX	198		
XYLOCAINE-MPF/EPINEPHRINE	159	<i>ziprasidone hcl</i>	85		
XYNTHA	145	<i>ziprasidone mesylate</i>	85		
XYNTHA SOLOFUSE	145	ZIRGAN	207		
XYOSTED	25	ZITHROMAX	160		
XYREM	216	ZITHROMAX TRI-PAK	160		
Yargesa.....	149	ZITHROMAX Z-PAK	160		
YASMIN 28	107	ZOKINVY	185		
YAZ	107	ZOLADEX	79		
YCANTH	122	<i>zoledronic acid</i>	128		
YERVOY	67	ZOLEDRONIC ACID	128		
YF-VAX	233	ZOLINZA	71		
<i>yl balanced b-100</i>	192	<i>zolmitriptan</i>	180		
<i>yl folic acid</i>	150	<i>zolpidem tartrate</i>	154		
YONDELIS	82	<i>zolpidem tartrate er</i>	154		
YOSPRALA	148	<i>zonisamide</i>	37		
YUPELRI	31	ZONTIVITY	148		
YUTIQ	210	ZORTRESS	187		
<i>yuvaferm</i>	234	ZORYVE	118		
<i>zafemy</i>	107	ZOSYN	216		
<i>zafirlukast</i>	31	<i>zovia 1/35 (28)</i>	107		
		ZOVIRAX	118		
		ZTALMY	37		
		ZUBSOLV	25		
		ZULRESSO	38		

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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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. (TTY/TDD: 711)

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'doowól 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>.